Subject Access Request

Patient	Mr Patrick Southern
Date of birth	15-Dec-1977 (age 47)
Gender	M
NHS number	6510878186
Patient's address	11 Kebbell Lodge High Street Brighton BN2 1SU
Date range selected	Full record
Organisation	Aiker Legal
Reference	

Problems

Active

22-July-2025 Dr Elizabeth Howard (EHoward251)
Adjustment disorder

07-May-2025 Dr Paul Lewis ()
Emotionally unstable personality disorder

07-May-2025 Dr Paul Lewis ()
Korsakoff's psychosis

26-Nov-2024 Chelsea Spencer ()
Allergy to penicillin

18-Jun-2024 Dr Sean Mitchell (SEM251)
Mixed anxiety and depressive disorder

04-Jan-2022 Mr PCTIltd DOCMAN (docman)
Admitted to alcohol detoxification centre
(Portsmouth) (Combined with Admitted to alcohol detoxification centre)

07-Sept-2021 Ms Joy Benzie (JB)
Admitted to alcohol detoxification centre

02-July-2021 Dr Sean Mitchell (SEM251)
Alcohol dependence

04-Aug-2019 Mr PCTIltd DOCMAN (docman)
Complex partial epileptic seizure

12-Feb-2019 Dr Neil Singh (NSINGH251)
Epilepsy

15-Mar-2010 Ms Niki Zorpa (NZ)
[D]Restlessness and agitation

Significant Past

07-May-2025 Dr Paul Lewis ()
Complex posttraumatic stress disorder

02-July-2021 Dr Sean Mitchell (SEM251)
Misuses drugs

22-Mar-2021 Mr PCTIltd DOCMAN (docman)
Alcohol intoxication

21-Mar-2021 Mr PCTIltd DOCMAN (docman)
Alcohol intoxication

23-Dec-2020 Mr PCTIltd DOCMAN (docman)
Incision and drainage of abscess
overlying index MCPJ - left

12-Oct-2020 Mr PCTIltd DOCMAN (docman)
Suicidal

09-Oct-2020 Mr PCTIltd DOCMAN (docman)
Suicidal

13-July-2020 Mr PCTIltd DOCMAN (docman)
Alcohol withdrawal-induced convulsion

22-Jun-2020 Mr PCTIltd DOCMAN (docman)
Seizure

18-Jun-2019 Mr PCTIltd DOCMAN (docman)
[D]Seizure NOS

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25-Oct-2018 Dr Hilary Nash (HN251)
[D]Seizure NOS

18-Oct-2018 Mr PCTlltd DOCMAN (docman)
Primary repair of tendon
- ruptured distal bicep - left

09-Oct-2018 Ms Joy Benzie (JB)
Rupture biceps tendon
left distal

02-Jun-2009 Ms Niki Zorpa (NZ)
Alcohol problem drinking

Minor Past

19-Nov-2024 Mr PCTlltd DOCMAN (docman)
Sciatica

02-May-2023 Dr Samantha Barker (SAB)
Dental swelling

03-Feb-2023 Dr Syeda Hussaini (SHussaini251)
Pustular psoriasis

22-May-2022 Mr PCTlltd DOCMAN (docman)
Minor head injury

06-Aug-2019 Dr Neil Singh (NSINGH251)
Low mood

18-Jun-2019 Dr Neil Singh (NSINGH251)
Testicular pain (Left)

09-Oct-2018 Mr PCTlltd DOCMAN (docman)
Injury arm (Left)

26-May-2018 Mr PCTlltd DOCMAN (docman)
Simple paraumbilical hernia

11-Nov-2017 Dr Charlotte Beecham (CBEE251)
[D]Lump, localized and superficial

12-Dec-2016 Mr PCTlltd DOCMAN (docman)
Laceration of arm (Left)
wrist and forearm

Consultations

16-Jan-2027 Mr Sukhraj Chahil () Administration note

Additional	Date

13-Oct-2025 Ms Melanie Jones (MJones251) Ardingly Court SurgeryGP Surgery

Comment	Comment UC form completed and posted back

09-Oct-2025 Dr Olivia Lemareka (OLemareka251) Ardingly Court SurgeryGP Surgery

History	History Review of mental health.
History	History After discussing with Dr TS - agreed to move all 600mg trazadone to the evening and stop the Prazosin.
History	History Sleeping much better now taking Trazadone in the eve but struggling during the day with social anxiety.
History	History Relapsed with alcohol last week.
History	History 8 days sober again today.
History	History Attending AA meetings locally.
History	History Last seizure within the last couple of weeks but reports they are better than they have been in the past.
History	History Takes both Keppra and Valproate for epilepsy
History	History Has neuro appointment coming up in Haywards Heath.
History	History Thinks has neuro appointment ?17th of this month.
History	History Has a chaperone who could drive Patrick there.
History	History Is eating at night waking up with boxes.
Comment	Comment Discussed to keep trazadone in the evening as helping with sleep but we will need support from MH re. day time anxiety and night time eating.
Comment	Comment Best to have plan from neuro first re. epilepsy meds as an increase in valproate may help mood etc but refer back to MHT once neuro letter received.

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03-Oct-2025 Ms Cher Rooney (CR251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447795625256
Comment	SMS text message sent to patient Dear Mr Southern, At the East Brighton Health Hub (over 18s) on Fri 3rd Oct 10am-1pm, DROP IN for help with completing everyday tasks safely, blood pressure check, medication advice, benefits and housing advice, suggestions for community activities and smoking cessation advice. The Health Hub is at Robert Lodge Community Space, 35-70 Manor Place, Brighton, BN2 5FG. Find out more on brightonhealthhub.org.uk or by phoning 07735 653032 to know which staff will be present at the Health Hub. Please note it is an information only line so please do not leave a message. Regards, Ardingly Court Surgery SMS sent on 02/10/2025 09:45:05

03-Oct-2025 Dr Elizabeth Howard (EHoward251) Ardingly Court SurgeryAdministration note

History	History UC form completed

30-Sept-2025 Miss Chanesse Gordon (CGordon251) Ardingly Court SurgeryGP Surgery

Comment	Comment UC Form in EH hanging file

25-Sept-2025 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Report Department for Work and Pensions Universal Credit*
Additional	Reports - administration

25-Sept-2025 Dr Olivia Lemareka (OLemareka251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number
Comment	SMS text message sent to patient Dear Mr Southern, Remember you have an appointment with me tomorrow at 11:40 at Ardingly Court Surgery. I hope to see you there. TO RESPOND, please follow this link: https://accurx.nhs.uk/c/p-k2ffa2ufn2 Thanks, Olivia Lemareka Ardingly Court Surgery Scheduled to send on 08/10/2025 14:00:00

22-Sept-2025 Dr Olivia Lemareka (OLemareka251) Ardingly Court SurgeryGP Surgery

History	History Significant struggle since coming out of Prision in July.
History	History Struggling with anxiety, fear and lack of routine.
History	History Struggling with memory problems likely linked to Korsakoff.
History	History MEds are helping but still not sleeping and high anxiety.
History	History 6 year old twins in Newhaven and is getting to see them.
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: adjustment disorder; Duration 22-Sep-2025 - 22-Dec-2025)*
Comment	Comment Extend FitNote
Comment	Comment Can discuss additional meds to Trazadone
Comment	Comment Should self refer to the wellbeing service for talking therapy.

14-Sept-2025 Mr Sukhraj Chahil () Administration note

Additional	Date

14-Sept-2025 Mr Sukhraj Chahil () Administration note

Additional	Date

14-Sept-2025 Mr Sukhraj Chahil () Administration note

Additional	Date

08-Sept-2025 Mrs Victoria Harman (VH251) Awaiting clinical code migration to EMIS Web

Comment	Influenza vaccination invitation third short message service text message sent (situation)
Comment	Patient mobile telephone number +447482390313
Comment	SMS text message sent to patient Dear Mr Southern, We've noticed that you haven't yet booked your free flu vaccine, please use the booking link or ignore if booked or select decline. Thanks, Vicky Ardingly Court Surgery To respond: https://accurx.nhs.uk/c/p-buwns2dsph (Expires in 7 days) Ardingly Court Surgery SMS sent on 08/09/2025 15:11:02

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01-Sept-2025 Mrs Victoria Harman (VH251) Awaiting clinical code migration to EMIS Web

Comment	Influenza vaccination invitation second short message service text message sent (situation)
Comment	Patient mobile telephone number +447482390313
Comment	SMS text message sent to patient Dear Mr Southern, This is a reminder that a free flu vaccine is available for you at the practice. Ignore if already booked or If you don't want one please select decline. Thanks, Vicky Ardingly Court Surgery To respond: https://accurx.nhs.uk/c/p-25gd7v8f3a (Expires in 7 days) Ardingly Court Surgery SMS sent on 01/09/2025 08:45:01

22-Aug-2025 Mrs Victoria Harman (VH251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447482390313
Comment	SMS text message sent to patient Dear Mr Southern, A free flu vaccine is available for you at the practice use the booking link below or select decline. Thanks, Vicky Ardingly Court Surgery To book: https://accurx.nhs.uk/c/p-ppp2yj5bqw (Expires in 7 days) Ardingly Court Surgery SMS sent on 22/08/2025 11:01:01

22-Aug-2025 Mrs Victoria Harman (VH251) Ardingly Court SurgeryGP Surgery

Additional	Influenza vaccination verbal invitation *influenza verbal invitation*

25-July-2025 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Ardingly Court Surgery To Specialist dental service*
Additional	Email sent to outside agency

23-July-2025 Ms Melanie Jones (MJones251) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral to dental service *Ref - SCFT - Special Care Dental Service (SCDS)*

23-July-2025 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Special care dental service*
Additional	Email received from third party

23-July-2025 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Specialist dental service*
Additional	Email received from third party

23-July-2025 Ms Melanie Jones (MJones251) Ardingly Court SurgeryGP Surgery

Comment	Comment Referral emailed to Special Care Dental Service (SCDS)

22-July-2025 Dr Elizabeth Howard (EHoward251) Ardingly Court SurgeryGP Surgery

Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: adjustment reaction; Duration 22-Jul-2025 - 22-Sep-2025)*
History	History got out of prison 9 days ago
History	History struggling to sleep and adjust to being outside, in old flat
History	History has 5 year old twins, mother is with someone else now
History	History 37 months sober, attending meetings
History	History would like trazodone increased as struggling to sleep but denies being depressed, says he is traumatised-addiction covered it up but now he has to deal with it himself, has had rehab for 7 months
History	History gone through meds
History	Seizure free since Jan 24
Problem	Adjustment disorder
Regime Review	Medication review

22-July-2025 Dr Elizabeth Howard (EHoward251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447482390313
Comment	SMS text message sent to patient Dear Mr Southern, To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-ta2kx8fjba Thanks, Dr Elizabeth Howard Ardingly Court Surgery Sent on 22/07/2025 at 16:58

22-July-2025 Dr Elizabeth Howard (EHoward251) Ardingly Court SurgeryAdministration note

Document	Referred to dentist *Morley Street Dentist-dental-patient-referral-form.docx*

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14-July-2025 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge summary HMP Lewes*	
Additional	Scanned document	

11-July-2025 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Registration form*	
Additional	Scanned document	

11-July-2025 Unknown Staff Member () Administration note

Additional	Discharge details This patient was given medication on discharge. This will be detailed in the medication module where the notes will contain the text TTO to indicate it was prescribed to take out and the date the supply will run until.	

11-July-2025 Miss Hannah McFall (HMcfall251) Ardingly Court SurgeryAdministration note

Additional	Patient allocated named accountable general practitioner	
Additional	Informing patient of named accountable general practitioner	

11-July-2025 Miss Hannah McFall (HMcfall251) Ardingly Court SurgeryAdministration note

History	H/O: allergies *penicillin*	
History	Standing height, 175.260 cm	175.26 cm
History	Body weight	95 kg
History	Alcohol consumption	0 U/week

11-July-2025 Miss Hannah McFall (HMcfall251) Ardingly Court SurgeryAdministration note

Examination	Body mass index	30.9 kg/m2

11-July-2025 Miss Hannah McFall (HMcfall251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447482390313	
Comment	SMS text message sent to patient Dear Mr Southern, We are pleased to inform you that you are now registered at Ardingly Court. Please see the attached leaflet for additional information about the Practice. If you have any queries please do not hesitate to call the surgery on 01273 688333, or you can use our e-Consult service https://accurx.nhs.uk/patient-initiated/G81006. Our opening hours are: 8:15 - 13:00 then 14:00 - 18:00 Monday to Friday. To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-ek7jxs28vb Thank you, Ardingly Court Surgery Sent on 11/07/2025 at 13:47	

10-July-2025 User Previous Practice () Administration note

Additional	Additional ** Care ended at HMP Lewes (GMS) **	

10-July-2025 Miss Debbie Drake () Administration note

Additional	Additional Attempted to see for HepA vaccine and discuss pre release. However, Mr Southern was in reception and had seen the nurse as he is being released today.	

10-July-2025 Public Health Clinic () GP Surgery

Additional	Additional No access visit for Physical Health - Nurse appointment with Public Health Clinic.	
Additional	Home visit - no reply	

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10-July-2025 Mr Moses Zona () Administration note

Additional	O/E - height	170 cm
Additional	Supply of discharge medication	
Additional	O/E - weight	90 kg
Additional	Body mass index	31.14 kg/m2
Additional	On prescription medication	
Additional	Discharge letter given to patient	
Additional	Released from prison	
Additional	Immediate	
Additional	Has no outstanding hospital/ Doctors appointments	
Additional	O/E - temperature	36.9 Cel
Additional	Overview Notes Given a weeks worth of medications. Patient said he is registered with a GP and he will arrange for more medications.	
Additional	SEAT (Secure Estate Assessment Toolkit) discharge screening	
Additional	Oxygen saturation at periphery	97 %
Additional	Pulse rate	78 {beats}/min

08-July-2025 Miss Debbie Drake () Administration note

Additional	Additional Mr Southern asked for a pre release health check, as he is leaving next week. I advised that I was not sure who did this, however would endevaour to find out. I have booked him in for Thursday as I can see he is eligible for a HepA vaccine. Patrick was concerned that his bloods were 'not good' and was worried that he had a blood condition. I can see that bloods were taken in June after a period of feeling unwell and that his CRP was high. To speak with him Thursday and advise re: health check.

03-July-2025 Dr Melissa Fegan () Administration note

25-Jun-2025 Ashley Acott () Administration note

Additional	Overview Notes Sought out Patrick in the mess, where he works. Spoke about his upcoming release. I had heard that Patrick wanted to set up an AA meeting on G wing, but this was a misunderstanding. He did, however, request laminated copies of "the promises", the 12 steps and 12 traditions for the walls on G wing. Patrick is confident about his future. He has learned a lot during his time at HMP Lewes.

24-Jun-2025 Mrs Claire Slater () Administration note

Additional	THIAMINE_24 Jun 2025 09:44_Adherence.txt
Additional	TRAZODONE_24 Jun 2025 09:44_Adherence.txt

23-Jun-2025 Mr Graham Pollock () Administration note

Additional	Overview Notes Pat stopped me to speak about his up-coming release and his plans to return to meetings in the community and re-engage with his children, whom he has missed a lot whilst in custody. He presented as quite confident about his future.

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23-Jun-2025 Dr Claudia Duarte () GP Surgery

Additional	Additional	URGENT
Additional	Additional	Dentist: CD
Additional	Additional	Nurse: charlotte?
Additional	Additional	MH checked - pt confirmed he is not allergic to any meds, no changes in his mh
Additional	Additional	SH: Smoker/vape: as recorded Alcohol: no
Additional	Additional	C/O:no pain, only wants a cleaning. pt was seen by ES in feb 2025
Additional	Additional	TMJ, S.glands, L.nodes, muscles of mastication - all NAD
Additional	Additional	i/o - Soft tissues and oral cancer screen - tongue, buccal mucosae, gingivae, palate, floor of mouth - all NAD
Additional	Additional	e/o- all NAD
Additional	Additional	Assessment: missing teeth, abrasion and teeth wear. generalised plaque, calculus and bleeding.
Additional	Additional	??
Additional	Additional	??Provisional Diagnosis - ??generalised plaque, calculus and bleeding.
Additional	Additional	I offered s/p, pt accepted.
Additional	Additional	?Today: full mouth us scaling + polishing
Additional	Additional	?OH, diet and stop smoking adv given.
Additional	Additional	?
Additional	Additional	?BPE: as recorded?
Additional	Additional	pt advised to come back in case of any problems/pain?
Additional	Dental general practitioner	Pt left happy with all questions answered.
Additional	Yes	
Additional	Informed consent given	
Additional	Yes	
Additional	No	
Additional	Yes	
Additional	Yes	
Additional	Seen by dental surgery - service	
Additional	Seen in establishment	
Additional	Has mental capacity to give consent	
Additional	Yes	
Additional	Urgent	
Additional	No	
Additional	No	
Additional	No	
Additional	Yes	
Additional	No	
Additional	Yes	
Additional	Oral, dental and salivary procedures	yes
Additional	No	
Additional	No	
Additional	No	

23-Jun-2025 Ms Kaide Morton () Administration note

Additional	LEVETIRACETAM_23 Jun 2025 16:57_Adherence.txt
Additional	LEVETIRACETAM_23 Jun 2025 16:57_Adherence.txt
Additional	PRAZOSIN_23 Jun 2025 16:57_Adherence.txt
Additional	VALUPAK MULTIVITAMIN_23 Jun 2025 16:57_Adherence.txt

20-Jun-2025 Miss Danielle Stent () Administration note

Additional	Scanned Image *Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 20 Jun 2025 09:09*

18-Jun-2025 Mr Graham Pollock () Administration note

Additional	Overview Notes Spoke to Patrick briefly at his place of work. He is due for release in a couple of weeks, with no licence, and is very confident about his future. He was very grateful for the support he has received in custody.

15-Jun-2025 Mrs Kayleigh Diaz Pratt () Administration note

Additional	SODIUM VALPROATE_15 Jun 2025 13:35_Adherence.txt
Additional	TRAZODONE_15 Jun 2025 13:35_Adherence.txt

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12-Jun-2025 Dr Melissa Fegan () GP Surgery

Additional	Additional here to review, Mr Southern says he has not felt well for the last ten days due to stress. He was very stressed as thought was being released, but feels calmer now as he knows his release date, and feels better. I advised him that his crp was high, and while I acknowledge his stress, we need to rule out a physical cause. Comprehanesive systems review done- up till a few days ago, he had a throbbing headaches which has settled. he has had a dry cough, a mild runny nose and looser stool, but no blood. no abdo pain, no chest pain, no skin infections/boils/abscesses, no fever, no throat or ear pain. has been off food he says with stress but eating and drinking better now. no seizures since january.
Additional	Additional he looks well; chest clear, heart sounds normal and no murmur, abdo soft, no skin rashes or infection, throat nad, no axillary or neck lympdaenopathy. urinalysis clear
Additional	Additional viral infection (cough/diarhoea) now resolving? certainly looks well, examines well. advised let us know if gets recurrence of sx

11-Jun-2025 Two Doctor () GP Surgery

Additional	Additional No access visit for GP Clinic appointment with Two Doctor.
Additional	Home visit - no reply

11-Jun-2025 Dr Ishmit Moonga () Awaiting clinical code migration to EMIS Web

Additional	Additional Patient was due to be seen today for 'general malaise'
Additional	Additional Unfortunately officers had run out of time to bring patient down due to the safer prescrbing metting overunning
Additional	Additional Having looked at his bloods, i can see his CRP is elevaed at 168. WCC normal. ALT mildly elevated
Additional	Additional Obs on 09/06/25 normal
Additional	Additional I have rebooked Patrick in for an urgent GP review tommorow
Additional	Additional I will also raise this with the nursing team so we can get some repeat obs tonight

11-Jun-2025 Petronella Moyo () Administration note

Additional	Oxygen saturation at periphery	98 %
Additional	Temperature	37.1 Cel
Additional	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	2 Unk UoM
Additional	Mentally alert	
Additional	Respiratory rate	18 {breaths}/min
Additional	Pulse rate	65 {beats}/min

10-Jun-2025 Miss Debbie Drake () Administration note

Additional	Additional Concern raised by SC - staff on wing have said that he is not seeming himself and has been reporting feeling unwell for 6 days. He had an appt on NIC ledger for 09/06 but was not seen. Moved appt to today, 10/06 so that this can be expedited.

10-Jun-2025 Natalya Couper () Administration note

Additional	Scanned Image *Appointment Letter Sender: Natalya Couper Recipient: Mr Patrick Southern Sent: 10 Jun 2025 12:17*

10-Jun-2025 Natalya Couper () Administration note

Additional	Informed consent given
Additional	Blood sample taken

10-Jun-2025 Auto-filed () Administration note

Investigation	Differential white blood cell count **Differential white blood cell count**Abnormality indicator: Satisfactory Clinical Information: GENERALLY UNWELL:		
	Differential white blood cell count		(No range available)
	Neutrophil count	5.1 10*9/L	(Range: 2 - 7)
	Lymphocyte count	1.8 10*9/L	(Range: 1 - 3)
	Monocyte count Above high reference limit	**1.3 10*9/L**	**(Range: 0.2 - 1)**
	Eosinophil count	0.2 10*9/L	(No range available)
	Basophil count	0.1 10*9/L	(No range available)

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10-Jun-2025 Auto-filed () Administration note

Investigation Urea and electrolytes

Urea and electrolytes Abnormality indicator: Normal EGFR COMMENT 1: eGFR should not be used in patients with acute renal impairment. Clinical Information: GENERALLY UNWELL:

Urea and electrolytes		(No range available)
Serum sodium level	136 mmol/L	(Range: 136 - 145)
Serum potassium level	4 mmol/L	(Range: 3.5 - 5.1)
Serum urea level	5.9 mmol/L	(Range: 2.8 - 8.1)
Serum creatinine level	94 umol/L	(Range: 59 - 104)
GFR calculated abbreviated MDRD	60 mL/min/1.73.ar	(Range: 60 - 90)

10-Jun-2025 Auto-filed () Administration note

Investigation Liver function tests

Liver function tests Abnormality indicator: Abnormal Clinical Information: GENERALLY UNWELLElevated ALT. Follow up with GP Follow-up action: Need to speak to doctor:

Liver function test		(No range available)
Serum albumin level Below low reference limit	**34 g/L**	**(Range: 35 - 52)**
Serum total protein Below low reference limit	**62 g/L**	**(Range: 66 - 87)**
Serum globulin level	28 g/L	(Range: 18 - 36)
Serum alkaline phosphatase level	60 [iU]/L	(Range: 40 - 129)
Serum total bilirubin level	7 umol/L	(No range available)
Serum alanine aminotransferase level Above high reference limit	**61 [iU]/L**	**(No range available)**

10-Jun-2025 Auto-filed () Administration note

Investigation C-REACTIVE PROTEIN (S)

C-REACTIVE PROTEIN (S) Abnormality indicator: Abnormal C-REACTIVE PROTEIN (S) Clinical Information: GENERALLY UNWELLSignificantly raised CRP. Needs urgent GP review Follow-up action: Need to speak to doctor:

Serum C reactive protein level Above high reference limit	**168 mg/L**	**(No range available)**

10-Jun-2025 Auto-filed () Administration note

Investigation Full blood count

Full blood count Abnormality indicator: Satisfactory Clinical Information: GENERALLY UNWELL:

Full blood count		(No range available)
Haemoglobin concentration	138 g/L	(Range: 135 - 180)
Total white blood count	8.4 10*9/L	(Range: 4 - 10)
Nucleated red blood cell count	0 10*9/L	(No range available)
Platelet count	229 10*9/L	(Range: 150 - 410)
Red blood cell count Below low reference limit	**4.42 10*12/L**	**(Range: 4.5 - 5.5)**
Haematocrit	0.405 Unk UoM	(Range: 0.4 - 0.54)
Mean cell volume	91.6 fL	(Range: 83 - 101)
Mean cell haemoglobin level	31.2 pg	(Range: 27 - 32)
Mean cell haemoglobin concentration This value has been converted from: 341.0 g/L	34.1 g/dL	(Range: 31 - 36)

09-Jun-2025 Mr Moses Zona () GP Surgery

Additional	Temperature	36.7 Cel
Additional	Oxygen saturation at periphery	97 %
Additional	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	0 Unk UoM
Additional	Mentally alert	
Additional	Respiratory rate	17 {breaths}/min
Additional	Pulse rate	88 {beats}/min
Additional	Clinical examination Patient reported that he has not been feeling well for the 5 days. He said the he had a headache continuously. Has been taking paracetamol with little effect. Not eating much, but managing to drink as normal for him. Bowels opening small amount, last time today. Passing urine as normal.	
Additional	Plan For bloods before GP appointment on Wednesday.	
Additional	Consultation	
Additional	Clinical history and observations Written retrospectively. Saw patient after report of general malaise.	

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08-Jun-2025 Mr Tebogo Mahumapelo () Administration note

Additional	Temperature	37.1 Cel
Additional	Oxygen saturation at periphery	97 %
Additional	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	0 Unk UoM
Additional	Mentally alert	
Additional	Respiratory rate	16 {breaths}/min
Additional	Pulse rate	82 {beats}/min
Additional	Clinical examination Alert , talkative , coherent , no signs of cofusion , no SOB good pallor , good capacity and well orientated to PPT No nasal congestion , no phlegm , no lightheadedness No nausea or vomiting , has furred tongue (white coating) Due to furred tongue could be prone to bacterial infection Denies any constipation , normal bowel movement	
Additional	Plan Adviced to hydrate himself Also to brush his tongue when brushing his teeth To report any further concerns Worsening advice given	
Additional	Consultation	
Additional	Clinical history and observations seen this afternoon in his cell c/o general malaise reports feeling hot and cold for the last 3/7 says can't say exactly what's wrong with hm apart from feeling exhausted and with body chills reports poor appetite but drinking well	

05-Jun-2025 Mrs Kayleigh Diaz Pratt () GP Surgery

Additional	IBUPROFEN_05 Jun 2025 09:27_Adherence.txt
Additional	PARACETAMOL_05 Jun 2025 09:27_Adherence.txt

05-Jun-2025 James Bugden () Administration note

Additional	Respiratory rate	17 {breaths}/min
Additional	Oxygen saturation at periphery	99 %
Additional	Temperature	36.7 Cel
Additional	Clinical history and observations Patient has been complaining of feeling generally un-well since completing a deep clean on tuesday	
Additional	Consultation	
Additional	Clinical examination Observed lying in his bed and generally feeling un-well. Complaining of slight un-well Not complaints of feeling dizzy or light-headed	
Additional	Plan Advised to keep himself hydrated and to inform health-care if he continues to feel more un-well	
Additional	Patient given advice	
Additional	Pulse rate	81 {beats}/min
Additional	Pulse regular	

31-May-2025 Mrs Kayleigh Diaz Pratt () Administration note

Additional	LEVETIRACETAM_31 May 2025 12:53_Adherence.txt
Additional	LEVETIRACETAM_31 May 2025 12:53_Adherence.txt
Additional	PRAZOSIN_31 May 2025 12:53_Adherence.txt
Additional	THIAMINE_31 May 2025 12:53_Adherence.txt
Additional	TRAZODONE_31 May 2025 12:53_Adherence.txt
Additional	TRAZODONE_31 May 2025 12:53_Adherence.txt
Additional	VALUPAK MULTIVITAMIN_31 May 2025 12:53_Adherence.txt

29-May-2025 Dr Paul Lewis () Administration note

Medication	Medication Trazodone 100mg capsules

28-May-2025 Geraldine Dodman () GP Surgery

Additional	Dental nurse
Additional	Additional Saw Pt with Officer Piper, requesting S & P has had previous treatment and was expecting to be finished, on w/l

28-May-2025 Miss M Hogg Amy () GP Surgery

Additional	Epilepsy
Additional	Additional I saw Patrick working in the staff mess and checked in to see how his epilepsy control was
Additional	Additional Patrick was very pleased to tell me that he has remained seizure free since January
Additional	Additional He continues to stay drug free too on the Minerva wing and is enjoying his responsibilities and job role
Additional	Additional Review as required

22-May-2025 Dr Paul Lewis () Administration note

Additional	TRAZODONE_22 May 2025 15:30_Adherence.txt

THIRD PARTY COPY

19-May-2025 Mr Graham Pollock () Administration note

Additional Overview Notes Patrick is now working in the staff mess and enjoying this. He seems to be calm and focused.

15-May-2025 Mrs Tracey Pumfrey () Administration note

Additional Additional ADMIN NOTE App letter for neurology received and will be handed to OPD to give to patient upon release

15-May-2025 Mrs Kayleigh Diaz Pratt () Administration note

Additional LEVETIRACETAM_15 May 2025 14:49_Adherence.txt
Additional LEVETIRACETAM_15 May 2025 14:49_Adherence.txt
Additional PRAZOSIN_15 May 2025 14:49_Adherence.txt
Additional THIAMINE_15 May 2025 14:49_Adherence.txt
Additional TRAZODONE_15 May 2025 14:49_Adherence.txt
Additional TRAZODONE_15 May 2025 14:49_Adherence.txt
Additional VALUPAK MULTIVITAMIN_15 May 2025 14:49_Adherence.txt

15-May-2025 Dr Margery Peyton-Jones () Administration note

Additional SODIUM VALPROATE_15 May 2025 16:37_Adherence.txt
Additional VALUPAK MULTIVITAMIN_15 May 2025 16:37_Adherence.txt

14-May-2025 Dr Paul Lewis () Administration note

Medication Medication Prazosin 500microgram tablets

14-May-2025 Mrs Kayleigh Diaz Pratt () GP Surgery

Additional Additional wk 7 - 1 pack of lozengers given

13-May-2025 Mr Thomas O'Sullivan () Administration note

Additional TRAZODONE_13 May 2025 15:33_Adherence.txt

13-May-2025 Oluwatoyin Bello () Administration note

09-May-2025 Miss Debbie Drake () Administration note

Additional Additional I saw Mr Southern today on the wing. He enquired about lozenges. He was given them last week and as per our schedule, is not due until next week. Advised C wing meds hatch about this to give this information to Patrick.

07-May-2025 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional Scanned Image
Hospital Letter/Appointment Letter Sender: LVH - Neurology Team Recipient: Mr Patrick Southern Sent: 15 May 2025 08:22

07-May-2025 Dr Paul Lewis () Administration note

Additional Seen by psychiatrist
Additional Initial psychiatric assessment
Additional

THIRD PARTY COPY

Psychiatric observation Background Initial assessment on 19/12/2025 Complex Background psychiatric history of Korsakoff syndrome and complex attachment disorder in childhood. Unfortunately, any full evaluation is compromised by his significant working memory difficulties. His concurrent physical diagnosis include epilepsy and Patrick informed me that his last seizure (after consulting his diary) was on 09/12/2024. On probing for underlying personality traits Patrick acknowledged the typical EUPD symptoms of unstable relationships, unstable sense of self, chronic emptiness, self-damaging impulsivity (in his case polysubstance misuse), suicidal ideation and thoughts of deliberate self-harm, episodic dysphoria with rapid changes in mood, disproportionate anger and irritability and paranoid ideation. In terms of complex PTSD symptoms Patrick experiences intrusive memories, flashbacks, autonomic arousal, persistent negative cognitions including anger fear guilt and shame, Increased anchor and irritability and reduced frustration tolerance hypervigilance and hyper arousal symptoms. Patrick acknowledged his self-harm and revealed recent scarring to his forearms undertaking with a razor blade. Of more concern Patrick informed me that he had also inflicted a laceration on to his neck for the first time. He did not make the current suicide ideation of force of deliberate self-help at the time of his assessment. In terms of depressed mood Patrick experiences variable emotional lability and changeable moods Throughout the day often precipitated by minor triggers. His sleep is disturbed with marked initial insomnia and his appetite intact. My impression in terms of working diagnosis was that his symptoms were consistent with Korsakov's syndrome, complex attachment disorder, EUPD and complex PTSD. Review 19/03/2025 Patrick informs me fatty has experienced improved mental health equilibrium since my initial review. He feels that he is in a better place and waiting vetting server D can undertake more enhanced roles within HMP Lewis post op Patrick informally on one occasion he was inadvertently given the wrong dose of Trazodone at lunchtime 150 mg instead of 50 mg but felt that his anxiety levels and hyperarousal levels were more contained on the increased dose. Patrick continues to experience vivid traumatic nightmares and persecutory dreams which are interfering with his sleep pattern causing him to awake in an animated state. Review 07/05/2025 Patrick informs me that he has maintained his overall mental health equilibrium since his last review and that his mood has remained euthymic with no further suicidal ideation of episodes of deliberate self-harm. On a further positive note he reports no current experience of nightmares or persecutory dreams. He remains adherent with his prescribed psychotropic medication Sodium Valproate 400mg BD, Trazodone 150mg BD and Hydroxyzine 20mg BD, Levetiracetam 750mg BD and Prazosin 1 mg nocte. MSE Caucasian male with extensive tattoos appropriately dressed in prison attire. Maintained rapport and eye contact. No evidence of self-neglect No evidence of psychomotor agitation. Speech normal in all qualities Mood euthymic self-rated 7/10 No evidence of formal thought disorder No evidence of perceptual abnormality. Cognition grossly intact but working memory impairment noted. Care Plan 1. Continue current medication Sodium Valproate 400mg BD, Levetiracetam 750mg BD, Prazosin 1mg nocte, increase Trazodone 50mg mane increasing further after 4/7 to 100mg mane in addition to 150mg BD (i.e TDS regimen). Discontinue Hydroxyzine 20mg BD. 2. Custodial Staff and IMHT to monitor mental state and inform psychiatrist of any concerns

Problem Emotionally unstable personality disorder
Problem Complex posttraumatic stress disorder
Problem Korsakoff's psychosis

07-May-2025 Dr Paul Lewis () Administration note

Additional TRAZODONE_07 May 2025 09:26_Adherence.txt

02-May-2025 Ms Teresa Turner () Administration note

Additional Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 02 May 2025 14:21

01-May-2025 Miss Debbie Drake () Administration note

Additional Overview Notes WEEK 5 DISPENSED as per KD task - lozenge only course.

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01-May-2025 Mrs Kayleigh Diaz Pratt () Administration note

Additional Additional Week 5 - 80 lozengers given on G wing - pt preference to continue with lozengers - please see task

30-Apr-2025 Mr Graham Pollock () Administration note

Additional Overview Notes Patrick always stops me to speak about how he is doing and I ave applied some acupressure beads, which he finds very beneficial for his sleep pattern.

29-Apr-2025 Natalya Couper () Administration note

Additional Overview Notes NRT Week 4 given by Israel- 7x21mg patches

28-Apr-2025 Miss Debbie Drake () Administration note

Additional Additional Seen this morning on G wing when administering vaccines. Mr Southern asked about evening medications, stating that he wasn't given some last night. Called wing to ask what medications these were as I was looking at the chart, however he stated he was given these. No other issues raised.

25-Apr-2025 Ms Teresa Turner () Administration note

Additional Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 25 Apr 2025 10:58

22-Apr-2025 Natalya Couper () GP Surgery

Additional Overview Notes NRT Week 3- 7x21mg patches and 1x box lozenges given by Kaide

22-Apr-2025 Mrs Claire Slater () Administration note

Additional THIAMINE_22 Apr 2025 11:12_Adherence.txt

22-Apr-2025 Mrs Claire Slater () Administration note

Additional LEVETIRACETAM_22 Apr 2025 11:20_Adherence.txt
Additional SODIUM VALPROATE_22 Apr 2025 11:20_Adherence.txt

22-Apr-2025 Mrs Claire Slater () Administration note

Additional TRAZODONE_22 Apr 2025 11:31_Adherence.txt
Additional TRAZODONE_22 Apr 2025 11:31_Adherence.txt

22-Apr-2025 Mrs Claire Slater () Administration note

Additional HYDROXYZINE_22 Apr 2025 11:38_Adherence.txt

22-Apr-2025 Mrs Claire Slater () Administration note

Additional LEVETIRACETAM_22 Apr 2025 11:41_Adherence.txt

22-Apr-2025 Mrs Claire Slater () Administration note

Additional VALUPAK MULTIVITAMIN_22 Apr 2025 11:44_Adherence.txt

18-Apr-2025 Chelsea Spencer () Administration note

18-Apr-2025 Mr Thomas O'Sullivan () GP Surgery

Additional Additional FP10 competed for regular medication as need to continue administration over BH weeken.
Additional Additional Levetiracetam 250 mg
Additional Additional :Levetiracetam 500mg
Additional Additional Trazodone
Additional Additional Hydroxyzine
Additional Additional And sodium valporate
Additional Additional Written FP10 by hand and given to pharmacy techs to supply.

THIRD PARTY COPY

18-Apr-2025 Chelsea Spencer () Administration note

Additional	Additional Urgent FP10 written by Tom O'Sullivan, dispensed at H.A.Baker in Lewes, consisted of: 12 x Levetiracetam 500mg tabs 14 x Levetiracetam 250mg tabs 14 x Hydroxyzine 10mg tabs 28 x Trazodone 50mg caps 30 x Epilim 200 GR tabs Will place in G wing cupboard on C wing, Pat usually has blisters so may not be happy with this but will be explained the circumstances and it is only short term, consider issuing daily IP of night meds at 17:00 for Pat to take later in the day?!?

16-Apr-2025 Dr Ishmit Moonga () Administration note

10-Apr-2025 Natalya Couper () GP Surgery

Additional	Overview Notes Week 2 NRT- 7x 21mg patches

09-Apr-2025 Mrs Kayleigh Diaz Pratt () Administration note

Additional	HYDROXYZINE_09 Apr 2025 10:30_Adherence.txt
Additional	LEVETIRACETAM_09 Apr 2025 10:30_Adherence.txt
Additional	TRAZODONE_09 Apr 2025 10:30_Adherence.txt
Additional	TRAZODONE_09 Apr 2025 10:30_Adherence.txt

07-Apr-2025 Mr Paul Scott-Harris () Administration note

07-Apr-2025 Dr Claudia Duarte () GP Surgery

Additional	Additional URGENT
Additional	Additional Dentist: CD
Additional	Additional Nurse: CS
Additional	Additional pt consent assessment
Additional	Additional pt will be released soon
Additional	Additional MH checked
Additional	Additional SH: Smoker: no vape: yes Alcohol: no
Additional	Additional C/O: No pain, pt grings his teeth and said he wants to rebuild them
Additional	Additional TMJ, S.glands, L.nodes, muscles of mastication - all NAD
Additional	Additional i/o - Soft tissues and oral cancer screen - tongue, buccal mucosae, gingivae, palate, floor of mouth - all NAD
Additional	Additional e/o- all NAD
Additional	Additional Assessment: UR3 and UR5 teeth wear, fillings covering tooth.
Additional	Additional Previous x-ray reviewed and discussed with pt
Additional	Additional Discussion: i explained to pt that he already has fillings there, and new fillings will not solve the problem, he needs crowns and a NG. Due to time, we will not be able to offer that to him, therefore, pt advised to call 111 and book a dentist outside the prison. Pt said the other dentist wanted to xla his teeth, bu he feels he did not need xla. I informed pt that as he has no pain and teeth have fillings, he does not need xlas right now. pt said he is happy to see a dentist outside prison. ?Risks of leaving oral condition untreated explained. pt understood
Additional	Additional Provisional Diagnosis - teeth wear.
Additional	Additional Pt advised to come back in case of any problems/pain
Additional	Dental general practitioner Pt left happy with all questions answered
Additional	Yes
Additional	Informed consent given
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Has mental capacity to give consent
Additional	Seen by dental surgery - service
Additional	Seen in establishment
Additional	Yes
Additional	Urgent
Additional	No
Additional	No
Additional	No
Additional	Yes
Additional	No
Additional	Yes
Additional	No
Additional	No
Additional	No
Additional	No

THIRD PARTY COPY

04-Apr-2025 Christina Stockham () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Clinic Letter Sender: Neurology Recipient: HMP Lewes Sent: 16 Apr 2025 11:59*

03-Apr-2025 Mrs Tracey Pumfrey () Administration note

Additional	Next hospital appointment

03-Apr-2025 Dr Margery Peyton-Jones () GP Surgery

Additional	Additional remote working.
Additional	Additional see task
Additional	Additional asked to repeat prozasin - report working well, not on rpeat, commenced by MH consultant and team.
Additional	Additional this is an off license drug - I cant see that this has been discussed with the pt in keeping with GMC requirements and should be specilast prescribed.
Additional	Additional as it has improved pt experience and now run out will sort term continuity prescribe and request consultant addes to repeats for ongoing.
Additional	Additional I would also suggest discussion with pt over dizziness nad take blood pressure to ensure hypothension not occuring

03-Apr-2025 Natalya Couper () GP Surgery

Additional	Overview Notes Week 1 NRT- 7x21mg patches and 1x box lozenges given

01-Apr-2025 Natalya Couper () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Other note Public health lead agreed. Task to pharmacy
Additional	Application by prisoner to see health professional
Additional	Presenting complaint 25/3/25 Requesting to start back on NRT as hasnt bought caps in 6 weeks.
Additional	Routine
Additional	Referral to nurse

31-Mar-2025 Mr Graham Pollock () Administration note

Additional	Overview Notes Pat stopped me to talk, as he always does when i go through G-wing, and appears to be in a very good space at the moment.

31-Mar-2025 Miss Charlotte Savage () Administration note

Additional	Additional received app saying please may i have my teeth rebuild another level if at all possible many thanks

25-Mar-2025 Christina Stockham () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Consent Form Sender: Probation Recipient: HMP Lewes Sent: 25 Mar 2025 11:39*

24-Mar-2025 Natalya Couper () GP Surgery

Additional	Plan Bloods sent off. Await results.	
Additional	Clinical examination PSA blood test done. Urine dip- negative. Well hydrated.	
Additional	Urine: looks clear	
Additional	Mid-stream urine sample	
Additional	Clinical history and observations Seen in nurse clinic. When trying to pass urine, finds there is a delay, thinks he is finished when he hasn't. Has cut down his caffeine intake. No symptoms when urinating, no burning, no stinging. Family history not known.	
Additional	Informed consent given	
Additional	Blood sample taken	
Additional	O/E - weight	95 kg
Additional	Body mass index	32.87 kg/m2
Additional	Urine leucocyte test = negative	
Additional	Urine blood test = negative	
Additional	Urine glucose test negative	
Additional	Urine protein test negative	
Additional	Urine nitrite negative	
Additional	Urine urobilinogen negative	

24-Mar-2025 Natalya Couper () Administration note

Additional	Scanned Image *Appointment Letter Sender: Natalya Couper Recipient: Mr Patrick Southern Sent: 24 Mar 2025 09:27*

THIRD PARTY COPY

24-Mar-2025 Auto-filed () Administration note

Investigation PSA, TOTAL (SERUM)
PSA, TOTAL (SERUM) Abnormality indicator: Normal Clinical Information: PSA PSA, TOTAL (SERUM): Serum prostate specific antigen level Please note, PSA 0.42 ug/L (No range available) ranges are age related thresholds as of 22/08/22.

21-Mar-2025 Mr Israel Shotayo () GP Surgery

21-Mar-2025 Miss Debbie Drake () Administration note

Additional Additional Saw Mr Southern on a recovery event. He stated that he was concerned he had issues with his prostate. He had noticed that he has had an increase in his urinary frequency; often waking 4/5 times a night to pass urine. Notes he does not urinate at 'full flow' and that his urine trickles. He has cut down on caffeine but states that this has not helped. Patrick does not know his family history as he lived in care. Liaised with GP - for urine dip, PSA blood test and GP to review after this.

19-Mar-2025 Dr Paul Lewis () Administration note

Additional Psychiatric observation Background Initial assessment on 19/12/2025 Complex Background psychiatric history of Korsakoff syndrome and complex attachment disorder in childhood. Unfortunately, any full evaluation is compromised by his significant working memory difficulties. His concurrent physical diagnosis include epilepsy and Patrick informed me that his last seizure (after consulting his diary) was on 09/12/2024. On probing for underlying personality traits Patrick acknowledged the typical EUPD symptoms of unstable relationships, unstable sense of self, chronic emptiness, self-damaging impulsivity (in his case polysubstance misuse), suicidal ideation and thoughts of deliberate self-harm, episodic dysphoria with rapid changes in mood, disproportionate anger and irritability and paranoid ideation. In terms of complex PTSD symptoms Patrick experiences intrusive memories, flashbacks, autonomic arousal, persistent negative cognitions including anger fear guilt and shame, Increased anchor and irritability and reduced frustration tolerance hypervigilance and hyper arousal symptoms. Patrick acknowledged his self-harm and revealed recent scarring to his forearms undertaking with a razor blade. Of more concern Patrick informed me that he had also inflicted a laceration on to his neck for the first time. He did not make the current suicide ideation of force of deliberate self-help at the time of his assessment In terms of depressed mood Patrick experiences variable emotional lability and changeable moods Throughout the day often precipitated by minor triggers. His sleep is disturbed with marked initial insomnia and his appetite intact. My impression in terms of working diagnosis was that his symptoms were consistent with Korsakov's syndrome, complex attachment disorder, EUPD and complex PTSD. Review 19/03/2025 Patrick informs me fatty has experienced improved mental health equilibrium since my initial review. He feels that he is in a better place and waiting vetting server D can undertake more enhanced roles within HMP Lewis post op Patrick informally on one occasion he was inadvertently given the wrong dose of Trazodone at lunchtime 150 mg instead of 50 mg but felt that his anxiety levels and hyperarousal levels were more contained on the increased dose. Patrick continues to experience vivid traumatic nightmares and persecutory dreams which are interfering with his sleep pattern causing him to awake in an animated state. MSE Caucasian male with extensive tattoos appropriately dressed in prison attire. Maintained rapport and eye contact. No evidence of self-neglect No evidence of psychomotor agitation. Speech normal in all qualities Mood euthymic self-rated 7/10 No evidence of formal thought disorder No evidence of perceptual abnormality. Cognition grossly intact but working memory impairment noted. Care Plan 1. Continue current medication Sodium Valproate 400mg BD, Levetiracetam 750mg BD. Hydroxyzine 20mg BD - increase Trazodone to 150mg BD add Prazosin as adjunct Prazosin 1mg nocte for Day 1 and 2 increasing to Prazosin 2mg nocte from Day 3 2. Custodial Staff and IMHT to monitor mental state and inform psychiatrist of any concerns
Additional Follow-up psychiatric assessment
Additional Seen by psychiatrist

19-Mar-2025 Dr Paul Lewis () Administration note

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18-Mar-2025 Mr Sukhraj Chahil () Administration note

Additional	Comment note GUARD WENT TO COLLEC - PX DECLINED WAS SEEN ON 16/1 - SO LIKELY THATS WHY HE DECLINED
Additional	Seen by ophthalmologist

14-Mar-2025 Ms Teresa Turner () Administration note

Additional	Scanned Image *Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 14 Mar 2025 08:56*

11-Mar-2025 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Hospital Letter/Appointment Letter Sender: LVH Epilesy Clinic Recipient: HMP Lewes Sent: 11 Mar 2025 12:12*

11-Mar-2025 Mrs Tracey Pumfrey () Administration note

Additional	Hospital department Epilsepy Clinic - OPD
Additional	not required
Additional	Hospital Lewes Victoria Hospital
Additional	Time 9.00am
Additional	Additional note Cosultation 1 hour

10-Mar-2025 Oluwatoyin Bello () Administration note

07-Mar-2025 Dr Ishmit Moonga () Administration note

Additional	Record Attachment *Letter to Patients Sender: HMP Lewes Recipient: Mr Patrick Southern Sent: 07 Mar 2025 12:24*

06-Mar-2025 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Clinic Letter Sender: dept of Neurology Sent: 13 Mar 2025 14:34*

27-Feb-2025 Mrs Tracey Pumfrey () Administration note

Additional	Record Attachment *Acrobat Document: Mr Southern - Hernia referral.pdf*
Additional	Record Attachment *Acrobat Document: Mr Sothern - Cardiolog refferal.pdf*

27-Feb-2025 Mr Paul New () GP Surgery

Additional	Pain
Additional	Index of independence in activities of daily living (Added from Questionnaire)
Additional	Normal mood (Added from Questionnaire)
Additional	General health good (Added from Questionnaire)
Additional	Ability to self care (Added from Questionnaire)
Additional	Walks steadily (Added from Questionnaire)
Additional	Physiotherapy pt completed pai nmx group
Additional	Discharge from physiotherapy service
Additional	Patient's condition improved
Additional	PPG MSK Physio Health Questionnaire EQ-5D-3L (27 Feb 2025 13:20) *PPG MSK Physio Health Questionnaire EQ-5D-3L (27 Feb 2025 13:20)*

THIRD PARTY COPY

26-Feb-2025 Dr Ishmit Moonga () GP Surgery

Additional	Additional Consult to discuss recent USS and neurology letter
Additional	Additional Had a telephone consultation with neurology last month for his seizures. During this appointment Patrick mentioned that he ocassionally suffers with 'blackout' episodes - subsequently advised us to refer to cardiology for further investigations
Additional	Additional Patrick strongly believes this episodes are related to his previous trauma/epilepsy - has frequent flashback to stabbings and memory will then go blank
Additional	Additional Also suffers with 'pre seizure auras' - sees flashing lights/colours in his vision. Ths will precipitate an episode
Additional	Additional He denies any exertional chest pains, palpitations or SOB. Usually very active and goes to gym daily. Recent ECG: NAD
Additional	Additional Also reviewed his USS - this showed a linea alba epigastric hernia
Additional	Additional Not causing any significant pain at present and fully reducible
Additional	Additional Appears well
Additional	Additional Abdomen soft + non tender
Additional	Additional Epigastric hernia fully reducible
Additional	Additional I agree these blackout episodes are more likely related to previous trauma, but need to rule out any other causes first - will refer to cardio as per neurology advice
Additional	Additional In terms of hernia will make routine surgical refferal. Not causing any significant symptoms at present, but risk of strangulation in the future - agrees and happy with plan
Additional	Additional I have also provided Patrick with an epimax sample bag for skin irritation post shaving
Additional	Additional Updated patrick that he has already been reffered to psychiatrist for medication review

26-Feb-2025 Dr Ishmit Moonga () Administration note

Additional	Record Attachment **Sensitive* Do Not Disclose Sender: HMP Lewes Recipient: General Surgery, Royal Sussex County Hospital Sent: 26 Feb 2025 11:33*
Additional	Choice and booking enhanced services administration
Referral	Referral to general surgeon *Spine Referral - UBRN: 000448801246 Sender: Dr Ishmit Moonga (HMP Lewes) Type: Unspecified Reason Referrer: Dr Ishmit Moonga at HMP Lewes (NHS England South (South East)) Status: Awaiting Triage Response - Please wait until 24th April 2025. If you have not been contacted by this date, call Hernia Referrals-University Hospitals Sussex NHS Trust-RXH01 using the referral details shown here. Hernia Referrals-University Hospitals Sussex NHS Trust-RXH01 0300 Referral Type: Hospital Urgency: Routine Message body: 47 year old male with an epigastric and umbilical hernia. See letter and USS report below. Referral Type: Outpatient*

26-Feb-2025 Dr Ishmit Moonga () Administration note

Additional	Record Attachment *Referral Sender: HMP Lewes Recipient: Cardiology, Royal Sussex County Hospital Sent: 26 Feb 2025 11:46*

26-Feb-2025 Dr Ishmit Moonga () Administration note

Additional	Choice and booking enhanced services administration
Referral	Referral to cardiologist *Spine Referral - UBRN: 000448804431 Sender: Dr Ishmit Moonga (HMP Lewes) Type: Unspecified Reason Referrer: Dr Ishmit Moonga at HMP Lewes (NHS England South (South East)) Status: Awaiting Triage Response - Please wait until 24th April 2025. If you have not been contacted by this date, call Cardiology - University Hospitals Sussex - Royal Sussex Brighton - RYR using the referral details shown here. Cardiology - University Hospitals Sussex - Royal Sussex Referral Type: Hospital Urgency: Routine Message body: Please see refferal letter below. 'blackout' episodes. Been seen by neurology who advised further cardiac investigations required. thanks. Referral Type: Outpatient*

25-Feb-2025 Ms Teresa Turner () Administration note

Additional	Scanned Image *Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 25 Feb 2025 09:21*

25-Feb-2025 Ms Teresa Turner () Administration note

Additional	Scanned Image *Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 25 Feb 2025 09:23*

21-Feb-2025 Miss Danielle Stent () Administration note

Additional	Scanned Image *Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 21 Feb 2025 08:32*

THIRD PARTY COPY

20-Feb-2025 Mr Paul New () GP Surgery

Additional	Pain
Additional	Consent obtained
Additional	Physiotherapy attended pain Mx group
Additional	Seen by physiotherapist

19-Feb-2025 Eileen Swanson () GP Surgery

Additional	Under care of dental surgeon
Additional	Additional Dentist:ES
Additional	Additional Nurse Present:GD
Additional	Additional Patient attended for exam appoitment
Additional	Additional Correct PPEworn on entering including masks and aprons
Additional	Additional MH: checked against systemone attime of appointment
Additional	Additional Discussed rx pat says no pain but v sharp edges on teeth cutting tongue
Additional	Additional pat happy to have comp build ups on ant edges
Additional	Additional Level 2 PPE worn throughout procedure by all members of dental team
Additional	Additional Patientconsented for treatment
Additional	Additional Patient understood and agrees to this UR31 ul12 ll32 lr321
Additional	Additional Warned of post operative pain, sensitivity, devitalisation of pulp if deep restoration and alsowarned filling may not hold - advised if this happens to place an App and will see patient again ? ?
Additional	Additional Isolated using cotton wool rolls
Additional	Additional Acid etched using 37% phosphoric acid
Additional	Additional Optibond FL used (prime and bond)
Additional	Additional Composite shade A3 added and cured incrementally
Additional	Additional Occlusion checked and adjusted accordingly
Additional	Additional Polished compositeusing polishing discs pat v happy ad pat to put in an app if needs adjusting? ?
Additional	Additional ?
Additional	Additional Recommended recall based on NICE guidance
Additional	Yes
Additional	Informed consent given
Additional	Yes
Additional	No
Additional	Yes
Additional	Yes
Additional	Seen by dental surgery - service
Additional	Seen in establishment
Additional	Has mental capacity to give consent
Additional	Yes
Additional	Follow up appointment
Additional	Insertion or fixation of tooth restoration
Additional	No
Additional	No
Additional	Yes
Additional	No
Additional	Yes
Additional	Oral, dental and salivary procedures Y
Additional	No
Additional	No
Additional	No

18-Feb-2025 Ms Teresa Turner () Administration note

Additional	Scanned Image *Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 18 Feb 2025 09:22*

18-Feb-2025 Ms Teresa Turner () Administration note

Additional	Scanned Image *Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 18 Feb 2025 10:04*

14-Feb-2025 Miss Danielle Stent () Administration note

Additional	Scanned Image *Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 14 Feb 2025 07:26*

13-Feb-2025 GP Surgery

13-Feb-2025 Mr Paul Scott-Harris () GP Surgery

Additional	Anticholinergic Cognitive Burden Scale score SODIUM 2 Unk UoM VALPROATE (1), HYDROXYZINE (1)

THIRD PARTY COPY

11-Feb-2025 Miss Danielle Stent () Administration note

Additional Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 11 Feb 2025 09:35

07-Feb-2025 Miss Danielle Stent () Awaiting clinical code migration to EMIS Web

Additional Scanned Image
Ultrasound or Scan results Sender: LVH US Result Recipient: HMP Lewes Sent: 10 Feb 2025 14:54

07-Feb-2025 Miss Danielle Stent () Administration note

Additional Next hospital appointment

04-Feb-2025 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional Scanned Image
Dentistry Sender: Medical History Form Sent: 05 Feb 2025 12:36

04-Feb-2025 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional Scanned Image
Dentistry Sender: Patient Declaration Sent: 05 Feb 2025 12:44

04-Feb-2025 Ms Teresa Turner () Administration note

Additional Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 04 Feb 2025 09:53

THIRD PARTY COPY

04-Feb-2025 Eileen Swanson () GP Surgery

Additional	Under care of dental surgeon
Additional	Additional Dentist:es
Additional	Additional Nurse Present:gd
Additional	Additional Patient attended for exam appoitment court 24/2/25 poss july
Additional	Additional Correct PPEworn on entering including masks and aprons
Additional	Additional MH: checked against systemone attime of appointment alcoholic dementia focal epuilepsy allergic to pen v
Additional	Additional smoker vapes
Additional	Additional alcohol consumption (historically) yes
Additional	Additional CO: biting gums with sharp teeth esp ur23 area and ur4 tender to biting
Additional	Additional pat was told that he hasnt got enough bone for p/p but would like one
Additional	Additional HPC
Additional	Additional E/O- to include TMJ, Lymph Nodes, mouth opening, asymmetry, scratches all over neck pat says self harm
Additional	Additional I/O ST(inc oral cancer screen)-
Additional	Additional I/O HT (inc tooth wear)- as charted gross wear and traumatic bite due to post teeth loss
Additional	Additional OH-
Additional	Additional BPE: recorded in exact
Additional	Additional Diagnosis/es gross wear on anterior rem teeth bruxer
Additional	Additional Treatment options discussed and to include- OHI
Additional	Additional consent cavit placed ur4 distal advised only temp and soft diet
Additional	Additional na i will build up a few of the incisors to increase FH a little and to balance the occlusion and if pat at hmp long enough will take imps to make a bg
Additional	Additional Dietary
Additional	Additional Smoking cessation
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Insertion of temporary restoration in tooth
Additional	No
Additional	No
Additional	Yes
Additional	Seen in establishment
Additional	Seen by dental surgery - service
Additional	Informed consent given
Additional	Has mental capacity to give consent
Additional	Initial
Additional	No
Additional	No
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Oral, dental and salivary procedures y
Additional	No
Additional	No
Additional	No

03-Feb-2025 Dr Ishmit Moonga () GP Surgery

Additional	Additional Appointment booked for medication review
Additional	Additional Currently on 200mg of trazadone in divided doses - 50mg lunch and 100mg eve
Additional	Additional he does not know why is is on the hydroxyzine - does not feel it really does anything for his anxiety - would like to come off this if possible and take an extra 50mg of trazadone in the morning instead
Additional	Additional He finds he feels much calmer and is able to function during the day after he had had his trazadone
Additional	Additional I offered to move his lunchtime trazadone to the morning, but he is worried about having long periods of the day without it
Additional	Additional he is also asking for his mutitamins and ketoconazole shampoo to be re-instated
Additional	Additional given lack of clinical benefit from hydroxyzine may need to consider stopping
Additional	Additional Could replace this with 50mg of trazadone
Additional	Additional Will task Dr lewis as these medications were initialed by a psychiatrist

03-Feb-2025 Ashley Acott () Administration note

Additional	Overview Notes 121 with Patrick. Settled on new wing, doing well. Substance free, 32 months abstinent from alcohol. Happily attending AA sessions and has all the literature he needs for the moment.

THIRD PARTY COPY

31-Jan-2025 Ms Teresa Turner () Administration note

Additional	Scanned Image *Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 31 Jan 2025 08:14*

31-Jan-2025 Ms Teresa Turner () Administration note

Additional	Scanned Image *Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 31 Jan 2025 08:27*

30-Jan-2025 Mr Paul New () GP Surgery

Additional	Pain
Additional	Seen by physiotherapist
Additional	Consent obtained
Additional	Physiotherapy pt attended pain Mx group & did well with group exercise & discusions

28-Jan-2025 Miss Danielle Stent () Administration note

Additional	Scanned Image *Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 28 Jan 2025 09:03*

27-Jan-2025 Miss Natalie Thomas () Administration note

Additional	Overview Notes Added to NDTMS

25-Jan-2025 Ismini Nestora () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Application by prisoner to see health professional
Additional	Other note App has been booked with GP
Additional	Urgent
Additional	Presenting complaint Requesting medication review, also requesting to have his meds in possession
Additional	Referral to GP

24-Jan-2025 Mr Paul Scott-Harris () Administration note

Medication	Medication Hydroxyzine 10mg tablets
Medication	Medication Levetiracetam 500mg tablets
Medication	Medication Trazodone 150mg tablets
Medication	Medication Trazodone 50mg capsules

24-Jan-2025 Mr Israel Shotayo () Administration note

Additional	Prisoner assessment for in-possession medication completed
Additional	IPRA (in possession risk assessment) - patient on medication at risk state 8 Unk UoM
Additional	Prisoner receiving prescribed medication

24-Jan-2025 Dr Ishmit Moonga () Administration note

23-Jan-2025 Avril Gillman () Administration note

Additional	Additional Glasses received from optician today

23-Jan-2025 Mr Paul New () GP Surgery

Additional	Pain
Additional	Seen by physiotherapist
Additional	Consent obtained
Additional	Physiotherapy returned to pain Mx group Did well with exercises Engaged in group discussions

23-Jan-2025 Mrs Kayleigh Diaz Pratt () Administration note

Additional	Additional glasses given to pt on G wing

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22-Jan-2025 Ms Teresa Turner () Administration note

Additional	Multi-agency meeting outcomes Consider Inpatient referral as per consultant's letter SC advises that he may be suitable for IFSL unit (when opened early February) Patient currently on CSU Daily blister packs to be provided - PSH Liaise with patient and prison about moving to Inpatient Unit for a period of observation Patient being seen every day by Healthcare Update care plan
Additional	Other professionals involved GP - MF Psychiatrist - PL Prescriber - MZ Prescriber /LTC - AH Prescriber/SMS - TS SMS Lead - SC
Additional	Assessment by multidisciplinary team
Additional	No
Additional	Multi-agency meeting outcomes Added by Dr Fegan Discuss patient's epilepsy letter
Additional	Health and wellbeing plan
Additional	No

21-Jan-2025 Miss Danielle Stent () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Hospital Letter/Appointment Letter Sender: LVH Radiology Recipient: HMP Lewes Sent: 22 Jan 2025 15:09*

21-Jan-2025 Dr Melissa Fegan () GP Surgery

Additional	Seen in segregation unit
Additional	Additional tells me no fits for 12 days

21-Jan-2025 Miss Danielle Stent () Administration note

Additional	Time @11:00 APPROX 30 MINS
Additional	Additional note ABDO US
Additional	not required
Additional	Hospital LVH
Additional	Hospital department RADIOLOLGY

20-Jan-2025 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Correspondence Sender: Neurology - Hurstwood Park - Haywards Heath Recipient: Mr Patrick Southern Sent: 13 Feb 2025 10:16*

20-Jan-2025 Dr Ishmit Moonga () GP Surgery

Additional	Seen in segregation unit
Additional	Additional In shower room . Appears well. Asking for another medication review. Wondering if he can come off levetiracetam as not had seizure in 11 days. Would also like to review his trazaone timing/dosage
Additional	Additional Advised will need to continue all ant-epileptic medication
Additional	Additional Can task IMHT to review trazadone dosage/time as requested

20-Jan-2025 Mrs Helen Stevens () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Segregation unit referral for good order and discipline
Additional	Seen in segregation unit
Additional	No thoughts of deliberate self harm
Additional	Admission to segregation unit
Additional	Seen by nurse
Additional	Other note
Additional	Review of admission to segregation unit Seen via a lockedcell door and confirmed that he is pleased to know he has now been told he can remain on CSU until a space for G wing is arranged. Patrick has been struggling with the prison transferring him out when he only has a short sentence to serve. Patrick complained of not receiving his lunchtime medications on time for several days now and this causes increased stress. Patrick reports that he is happy to remain on CSU and is on an open ACCT currently.

20-Jan-2025 Mrs Jacintha Dix () GP Surgery

Additional	Additional Call received from Duty Gov Mr Spires advising patient is asking for midday medication
Additional	Additional Confirmed he has not been medicated his midday Trazodone 50mg capsules. Identified staff member allocated on CSU & contacted team

19-Jan-2025 Dr Melissa Fegan () Administration note

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19-Jan-2025 Mr Herikanos Gorah () GP Surgery

Additional	Additional Telemeds has not been considered for this Referral
Additional	Seen in segregation unit
Additional	Seen by nurse
Additional	Segregation unit referral for good order and discipline
Additional	No suicidal thoughts
Additional	No thoughts of deliberate self harm
Additional	Other note
Additional	Review of admission to segregation unit Seen in csu round and no health concerns or issues were raised or reported by the patient. He is fit to be located on csu

18-Jan-2025 James Bugden () Administration note

Additional	Clinical history and observations 1. The patient has been reviewed on the CSU and he has not raised any issues to be addressed by the health-care team this morning

17-Jan-2025 Megan Grey () Administration note

Additional	Date

17-Jan-2025 Ashley Acott () Administration note

Referral	Referral for further care *Status: Care ongoing (Active) Recorded on: 17 Jan 2025 Recorded at: HMP Lewes (Y05199) Source of referral: Self-Referral Caseload holder: Ashley Acott Service offered: Psychosocial Substance Misuse Urgency: Routine Source of referral: Self-Referral Date of referral: 17 Jan 2025 08:27 Date of action: 17 Jan 2025 08:47 Appointment booked: 17 Jan 2025 08:48 Appointment date: 17 Jan 2025 15:00 Location: Prison Outcome of referral: Accepted Discharged: 10 Jul 2025 Reason For discharge: Discharged Type(s) of intervention: Transferred - not in custody Patient aware: true (HMP Lewes). Referral Type: Outpatient*

17-Jan-2025 Dr Ishmit Moonga () GP Surgery

Additional	Seen in segregation unit
Additional	Additional Still having a few issues with getting his medications on time but otherwise well. Also asking for b12 vitamins ?was previously prescribed
Additional	Additional Have checked chart and only prescribed thiamine

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17-Jan-2025 Ashley Acott () Administration note

Additional	Additional Telemeds is not considered to be suitable for this Referral	
Additional	Record Attachment *Acrobat Document: Southern consent.pdf*	
Additional	Record Attachment *Acrobat Document: Southern NDTMS.pdf*	
Additional	Previous history of heroin misuse	
Additional	No craving for drugs	
Additional	History of cocaine misuse	
Additional	Mild	
Additional	N/A	
Additional	History of heroin misuse	
Additional	Previous history of cocaine misuse	
Additional	No craving for drugs	
Additional	History of substance misuse Ketamine	
Additional	No craving for drugs	
Additional	No craving for drugs	
Additional	History of cannabis misuse	
Additional	Previous history of cannabis misuse	
Additional	None	
Additional	Lifestyle advice regarding alcohol	
Additional	Overview Notes Discussed the below: poly drug use, injecting drug use, low tolerance after a period of abstinence, signs and symptoms of overdose, what to do in an emergency and mixing medication with alcohol use.	
Additional	Yes	
Additional	Heterosexual	
Additional	NDTMS - Client is not a veteran of the British Armed Forces	
Additional	Substance misuse assessment	
Additional	Consent obtained	
Additional	Mild	
Additional	Mild	
Additional	Mild	
Additional	Mild	
Additional	None	
Additional	Mild	
Additional	NDTMS - Not known what help clients children/children living with client are receiving	
Additional	No. of children under 18 yrs living with client at least one night	0 Unk UoM
Additional	NDTMS - Client has parental responsibility for a child under 18	
Additional	NDTMS - Client engaged in mental health interventions outside of substance misuse treatment in 28 days prior to custody	
Additional	Dual Diagnosis	
Additional	Overview Notes 5 year old twin boys.	
Additional	None of the children live with client	
Additional	Overview Notes None	
Additional	NDTMS - Years since paid employment	4 a
Additional	NDTMS - Client has never received money or goods in exchange for sex	
Additional	NDTMS - Postcode of Residence BN2 1SU	
Additional	NDTMS - Clients current housing situation - Rented home only - self-contained - rents from a social landlord (local authority or housing association)	
Additional	NDTMS - Client not abusing someone close to them	
Additional	Overview Notes Patrick has been abstinent from all substances for around 6 weeks. Prior to this he was abstinent from alcohol for 30 months, but was using cannabis, ketamine and cocaine, infrequently. When he was 16/17 years old, Patrick used heroin daily for around a year. He has only ever injected speed once, many years ago, and has not injected opiates.	
Additional	Overview Notes To be explored at a later date. This assessment was completed while Patrick was exercising on CSU.	
Additional	Overview Notes The last 6 weeks only.	
Additional	Alcohol abuse	
Additional	NDTMS - Consumption in units per day	0 {units}
Additional	28 day history of alcohol use	0 d
Additional	Overview Notes His emotions, past trauma, his mental health.	
Additional	Overview Notes N/A	
Additional	Overview Notes Fine, no issues or concerns reported.	
Additional	Overview Notes Difficult, but accessing support from MH team. No thoughts to harm self or others today.	
Additional	Overview Notes Attending AA and very much enjoying it.	
Additional	Previously injecting drug user	
Additional	Has never shared drug injection equipment	

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17-Jan-2025 Mrs Helen Stevens () Administration note

Additional	Attended Assessment, Care in Custody and Teamwork review
Additional	Review status Seen for ACCT review on CSU. Patrick spoke in a very broad Scottsh accent and reported that he wants to stay in CSU as fears that he may attack a sex offender if he is put on a wing with one, confirmed that K wing would not be appropriate as he would cut their eyes ut. Spoke about possibly moving to G wing but aware that it would not happen overnight but reports being keen to move. Patrick was informed that his application would be reviewed by Rebecca Dodson. Risk to self - Spoke of not self harming this week and that he did not currently have thoughts. Stated that he does not wish to self harm as his scars will scare his children. Risk to others - will attack sex offenders if he is aware and on the same wing. Risk of substance misuse - has been clean of alcohol for 2/12 now and is keen to attend AA. SB Ash this morning from SMS. PLAN To be referred to G wing.
Additional	Comment note (Ongoing Episode). CM Burchett Anna - Chapliancy HSS IMHT Officer Rowlands

16-Jan-2025 Dr Melissa Fegan () GP Surgery

Additional	Seen in segregation unit
Additional	Additional asking to have final dose of trazadone in possession as not getting it till ten at night. he r3eported this. looking at his medications Im not sure whast he means will ask tech

16-Jan-2025 Miss M Hogg Amy () Administration note

16-Jan-2025 Optom One () GP Surgery

Additional	Additional No access visit for Optician appointment with Optom One.
Additional	Home visit - no reply

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16-Jan-2025 Mr Sukhraj Chahil () Administration note

Additional	Yes EPILEPSY MENTAL HEALTH MEDS
Additional	No
Additional	No
Additional	No
Additional	Comment note WOULDLIKE NEW SVD AND SVN SPEX - ASKED IF LAST PAIR WERE OK, SAYS HE HAS DEMENTIA, CANT REMEMEBR
Additional	Comment note 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.
Additional	Comment note NO TARGET LOSS AT 30CM WITH 15MM TARGET, NEGATIVE AMSLER r&l
Additional	Comment note NONE
Additional	Comment note 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.
Additional	Comment note 63 MAHMOOD
Additional	Seen by ophthalmologist
Additional	Comment note 1XSVD 1XSVN EYES HEALTHY RECALL 24/24
Additional	Comment note 66 DI JONES
Additional	No
Additional	No
Additional	No
Additional	Comment note NO DIAB NO GLAUC NO HT NO INJ NO INFEC NO HES NO SX
Additional	No
Additional	Comment note N5
Additional	Comment note N5
Additional	Comment note NMD
Additional	Comment note +1.25
Additional	Comment note 6/6
Additional	Comment note 6/6
Additional	Comment note +1.25
Additional	Comment note NMD
Additional	Comment note OK C RX
Additional	Comment note 14AVG
Additional	Comment note 15AVG
Additional	Comment note OK C RX
Additional	Comment note FULL AND SMOOTH
Additional	Comment note +1.50/
Additional	Comment note +1.00/

16-Jan-2025 Physiotherapist 1 () GP Surgery

Additional	Additional No access visit for Physiotherapy appointment with Physiotherapist 1.
Additional	Home visit - no reply

15-Jan-2025 Dr Ishmit Moonga () GP Surgery

Additional	Seen in segregation unit
Additional	Additional Patrick has been feeling very frustrated and irritable today. States was given medications at wrong time/issues with his evening medications. this has subsequently had an impact on his mood and anxiety
Additional	Additional Some of this medication is for his seizures so important he has everything on time
Additional	Additional Asking why this happened
Additional	Additional Will speak to pharmacy about this - all medication/times have been prescribed accurately on drug chart

14-Jan-2025 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Results Sender: ECG Results Sent: 15 Jan 2025 08:47*

14-Jan-2025 Dr Melissa Fegan () GP Surgery

Additional	Seen in segregation unit says his head is mental and he cant sleep, but medicationc changed recently which have helped
Additional	Additional i note opinion alrteady been sought from IMHT

14-Jan-2025 Dr Melissa Fegan () Administration note

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14-Jan-2025 Miss Danielle Stent () Administration note

Additional	Scanned Image *Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 14 Jan 2025 14:30*

14-Jan-2025 Miss Danielle Stent () Administration note

Additional	Scanned Image *Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 14 Jan 2025 14:33*

14-Jan-2025 Natalya Couper () GP Surgery

Additional	12 lead ECG ECG as per neurologist request
Additional	Clinical history and observations Seen in nurse clinic.
Additional	ECG requested
Additional	Informed consent for procedure
Additional	Plan Sent ecg copy to admin for scanning to his notes.
Additional	Clinical examination ECG done as per request from neurologist. GP Dr Fegan reviewed ecg, nad.

14-Jan-2025 Ismini Nestora () Administration note

Additional	Plan Informed CSU regarding his seizures at night and during the checks that the do at night to be aware. Discussed at the BUZZ meeting that when we will have available bed to be transfer. ECG according to the Neuro letter will be done today.
Additional	Clinical examination Discsussed with pt that according to his Neuro letter that we have receievd that we will close monitor for a while at night due to his seizures that pt reports that he has. He will stay at the current moment at the CSU and will be transfer to inpatient unit in one point. Pt became upset and said that he is happy where he is and doesn't want to move and since they increase his medications doesn't experience any seizures. Explained that we will need to be monitor for a while and this need to be done only at the healthcare. Seemed tha he accepted it.
Additional	Consultation
Additional	Clinical history and observations After BUZZ meeting discussion.

13-Jan-2025 Dr Ishmit Moonga () GP Surgery

Additional	Seen in segregation unit
Additional	Additional Seen in cell. Appears well. Asking for some extra dressing for wounds on arms
Additional	Additional Will ask for some more to be provided

13-Jan-2025 James Bugden () Administration note

Additional	Unplanned first attendance
Additional	Informing of incident 13/1/24@11:20
Additional	Prisoner health - healthcare emergency response
Additional	Hospital admission avoided
Additional	Other note 1. PATIENT REVIEWED POST GP REVIEW IN THE CSU THIS AFTERNOON. THE PATIENT HAS TWO OLD SELF HARM MARKS ON HIS LEFT AND RIGHT OUTER ASPECT OF HIS FORE-ARM AND THIS HAS NOW FULLY HEALED. THE PATIENT HAS STATED THAT THESE WOUNDS ARE RUBBING THROUGHOUT THE DAY. SOME NEW DRESSINGS GIVEN TO THE PATIENT AND HE IS HAPPY TO APPLY THESE HIMSELF

13-Jan-2025 Mr Paul Scott-Harris () Administration note

12-Jan-2025 Mr Herikanos Gorah () GP Surgery

Additional	Admission to segregation unit

12-Jan-2025 Mr Herikanos Gorah () GP Surgery

Additional	Additional Telemeds has not been considered for this Referral
Additional	Segregation unit referral for good order and discipline
Additional	Seen in segregation unit
Additional	No thoughts of deliberate self harm
Additional	No suicidal thoughts
Additional	Review of admission to segregation unit Seen in csu round and no health care issues were raised or reported by the patient. He is fit to be located on csu. He is on an ACCT document
Additional	Seen by nurse

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11-Jan-2025 Mrs Oluwakemi Bashorun () GP Surgery

Additional	Review of admission to segregation unit Pt was seen for CSU rounds with the wing officers and gov Pt stated that he was fine and no healthcare concern reported Pt presented calm, alert and polite on approach. Pt maintained good eye contact on approach Pt rewmains on an ACCT document and due for review on 17/01/25
Additional	H/O: deliberate self harm
Additional	No suicidal thoughts
Additional	Mental health care and treatment planning

10-Jan-2025 Dr Ishmit Moonga () GP Surgery

Additional	Additional Patient currently on CSU
Additional	Additional Brought down for appointment today to discuss pain relating to ?hernia
Additional	Additional States he has 2 of them. One near the top of his abdomen which is a constant persistent painful lump and a second further down which he can 'push back in'
Additional	Additional Denies any change in size
Additional	Additional No change in bowel habits. No nausea/vommiting
Additional	Additional Also wanted to discuss his medication - currenly on trazadone 150mg ON and Hydroxyzine 20mg
Additional	Additional History of complex attchement dirorder and PTSD relating to childhood trauma. On the outside would have a routine to distract himself from his negative thoughts but harder here. Also used to drink alcohol to cope (currently 32 months sober) and would attend AA meetings
Additional	Additional Has statyed to self harm since coming into prison (this is why he is currenly on CSU)
Additional	Additional Finds trazadone helps with some of the jumpiness he feels. Would like to take 50mg and luchtime (to replace hydroxyzine) and remain on 150mg at night
Additional	Additional Appears ancious and teary. Bottoms of trousers covered in blood. Dressing over right forearm
Additional	Additional Patient very jumpy and hesitent to let me palpate abdomen
Additional	Additional Can feel a small grape sized well circumscribed lump over the epigastric region of his abdomen. Does not feel like a hernia
Additional	Additional Seperate lump approx 3cm below this, again over the midline but reducible
Additional	Additional Will arrange an USS to further investigate these lumps. Not typical of hernia
Additional	Additional In terms of medication, i will write to Dr Lewis who initiated the drugs and highlight the concerns raised
Additional	Additional Explained the importance of routine in the prison - patrick agrees this was something he found helpful on the outside - advised to try to go to the gym, classes, work etc

10-Jan-2025 Dr Paul Lewis () Administration note

10-Jan-2025 Miss Debbie Drake () Administration note

Additional	Smoking status at 4 weeks - Smoking Cessation Advice Outcome -Not Quit
Additional	Overview Notes On week 6, lozenges. However is still vaping. Checked against canteen list from 07/01 No further NRT to be given.

10-Jan-2025 Miss Debbie Drake () Administration note

Additional	Failed attempt to stop smoking

09-Jan-2025 Mr Herikanos Gorah () GP Surgery

Additional	Admission to segregation unit

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09-Jan-2025 Alan Wason () Administration note

Additional	Medical drawing *Body Front & Back (Male)*
Additional	Other note '... no one is listening to me...".
Additional	Open ACCT (Ongoing Episode)
Additional	H/O: deliberate self harm
Additional	F213 report of injury to inmate completed
Additional	Self-injurious behaviour
Additional	Treatment given Pt now with a 50mm open full thickness laceration on each forearm mid section saline cleaned, steristripped and covered with surgical dressing, and two 15 - 20mm partial thickness lacerations on anterior surface either side of the windpipe saline cleaned with skin adhesive applied only.
Additional	Cutting self
Additional	Initial presentation Pt intentionally cut himself with a bladed instrument ? razor blade moments earlier in his cell. N.B. Pt would not disclose to implement used to selfharm 'that's my business..." and did not provide it to the prison staff presently.
Additional	Unplanned first attendance
Additional	Informing of incident 09/01/2025 0905Hrs
Additional	Prisoner health - healthcare emergency response
Additional	Other note Non-urgent; pt cutting himself.
Additional	Plans for deliberate self harm without intent
Additional	Self inflicted injury
Additional	Hospital admission avoided

09-Jan-2025 Mr Paul Scott-Harris () Administration note

09-Jan-2025 Megan Grey () Administration note

Additional	Review status PLan -Remain on ACCT -Remain in CSU -Try and ensure that patrick recieves his medication at correct times -Consider for psychology if not being transferred - Is aware of all safety netting
Additional	Comment note (Ongoing Episode). CM Theobald Mr Brookes RMN Meg Grey
Additional	Attended Assessment, Care in Custody and Teamwork review
Additional	Open ACCT (New Episode)
Additional	General observation of patient (Ongoing Episode). 2 x 2 and CSU hourly checks
Additional	General observation of patient Hourly

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Additional	Review status Patrick attended his ACCT review in the adjudications room on CSU. He entered the room with three blankets as he stated he was cold . He also had noticible blood stains on his face and neck where he had cut his temples and neck with a razor. He stated that the razor had fallen down to a place he cant reach. However later stated that it ' would be silly for me ' to confess to not having anything he can hurt himself with. He stated the self harm was to 'relieve some pressure' and stated it did a bit. Patrick presented as irritable in mood, affect reactive explaining his frustrations around not recieving his medications at the correct time. However whenever he swore he did apologise to me straight after. He stated that he did not recieve his medications last night until iam and was explained around recieving medications and unforseen circumstances around sever weather impacting when nurses were available to give this to him. He then expressed his fustrations of being offered his morning medications at lunch time which were then ommitted. He was informed again from Mr Theobald that it does take a couple of days to get the medications in a routine when being transferred from main res to CSU. Patrick also stated that he had a seizure last night and showed me a small pocket book that he records his sezures. Advised Patrick to wash his face as it had dried blood over his temple and cheaks. However he stated that he would but that there is no hot water and the cold water could induce a seizure. Patrick is also aware that he has been discussed in the team in view of suitability for psychology. However was informed after the ACCT review that he is likely to be transferred soon. Patrick has requested to remain in the CSU. Has requested use of phone which was being arranged by the officer Risk to self- recent cutting of neck and temple, history of ligatures Risk to others- has been aggressive to others in the past Risk of SMS- history of SMS use
Additional	Segregation unit referral for cellular confinement
Additional	No suicidal thoughts
Additional	H/O: deliberate self harm
Additional	Review of admission to segregation unit Saw Patrick in the evening on CSU on 08/01/25 for review. He was alert and awake and standing up in his cell. He engaged well , denied any self harm or suicidal ideation. Stated he was fine just needed his evening medications and nicoreete lozengers. Informed that i would like primary care know and phone hotel 2 from CSU phone who stated that the night staff would arrange this
Additional	Seen by nurse
Additional	Seen in segregation unit

09-Jan-2025 Dr Melissa Fegan () GP Surgery

Additional	Seen in segregation unit had just self harmed when I arrived. I offred to see him but he declined. While I was finishing the round Alan came and he agreed to see him

08-Jan-2025 Megan Grey () Administration note

Additional	Admission to segregation unit

08-Jan-2025 Miss Emily Buckingham () Administration note

Additional	Open F213SH
Additional	Self-strangulation
Additional	Clinical history and observations Seen at request of Officers due to reported episode of self strangulation. On arrival to cell Patrick was stood up talking animatedly to officers. Patrick stated he did this because he feels frustrated that Officers aren't helping him.
Additional	Plan F213 completed and given to officers.
Additional	Clinical examination No SOB, no neck pain, no headache or neusea. Some slight superficial red marks to his neck.

07-Jan-2025 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Clinic Letter Sender: Dept of Neurology - RSCH Recipient: HMP Lewes Sent: 13 Jan 2025 11:31*

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07-Jan-2025 Natalya Couper () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Routine
Additional	Presenting complaint 2/1/25 2 painful hernias on abdomen, 1 he can push back daily, the other is painful to touch. Has asked if he can cut it out himself
Additional	Application by prisoner to see health professional
Additional	Referral to GP
Additional	Other note Booked in with GP friday

07-Jan-2025 Miss Katy Cornford () Administration note

Additional	Additional Patient on ACCT - dip blister pack

07-Jan-2025 Miss Emma Stephens () Administration note

Additional	Clinical history and observations patient had telemed call with neurologist Dr Brava
Additional	Telemedicine consultation
Additional	Clinical examination lasted approx 20 mins
Additional	Plan await clinic letter

07-Jan-2025 Lucy Hemingway () GP Surgery

Additional	Additional NRT
Additional	Additional provided lozenges for NRT week 6
Additional	Quantity WEEK 6
Additional	NICORETTE COOLS 2mg lozenges

07-Jan-2025 Miss Danielle Stent () Administration note

Additional	Scanned Image *Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 07 Jan 2025 13:14*

07-Jan-2025 Megan Grey () Administration note

Additional	Mental health in-reach team review
Additional	Impressions of the prisoners behaviour and mental state Went to see Patrick on L wing to discuss his motivation around attending psychology. Was informed by the officer that he had pack up his cell as waiting to go over to CSU for an adjudication because he had refused transfer. Informed that Patrick has stated that he will refuse to return to main location and will remain on CSU.
Additional	Care planning and problem solving actions To explore the option of possible psychology in next adjudication and good review
Additional	Crisis/short term interventions in mental health care Informed assistant psychologist AW

06-Jan-2025 Dr Ishmit Moonga () Administration note

04-Jan-2025 Mrs Helen Stevens () Administration note

Additional	Impressions of the prisoners behaviour and mental state Attempted to see for a review but Patrick was heading down the stairs with an officer stating that he was 'under immense pressure' but unable to elaborate due to wing staff removing items that he was taking to his visit, had biscuits for his children. Patrick is currently demanding a single call stating that he cannot share due to his conditions, informed that he can move to A wing later. Entry for Jan 2024 confirms that Patrick is unable to remember anything from minute to minute following his assault on another peer. Patrick is aware that he will be seen next week.
Additional	Mental health in-reach team review
Additional	Care planning and problem solving actions PLAN To rebook for next week.

03-Jan-2025 Mrs Helen Stevens () Administration note

Additional	Indirect
Additional	Impressions of the prisoners behaviour and mental state From: Helen Stevens (HMP Lewes) Sent: 03 January 2025 09:37 To: daniel.phelps-laundon@justice.gov.uk <daniel.phelps-laundon@justice.gov.uk> Subject: A6398AA Dear SO Phelps EMAIL ACCT HANDOVER Has been seen by Psychiatrist Dr Lewes on 19/12/24 and reviewed by IMHT on 27/12/24. Patrick can be followed up by receiving establishment on his transfer. Kind regards Helen Stevens IMHT HMP Lewes

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03-Jan-2025 Miss Charlotte Cloke () Administration note

Additional	Meetings
Additional	Overview Notes Caroline Sophie Charlotte
Additional	Clinical finding Triaged by CLP Recent self-harm - neck and scrotum Had been booked for transfer today Dr Lewis reports diagnosis of complex attachment disorder, EUPD, complex PTSD and korsafoffs Childhood trauma- related to time in childrens homes
Additional	Outcome Review for psychology - will be seen by an ACCT Bring back to team meeting

02-Jan-2025 Miss Danielle Stent () Administration note

Additional	Scanned Image *Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 02 Jan 2025 13:46*

02-Jan-2025 Mr Robert Owusu () Administration note

Additional	Medical drawing *Body Front & Back (Male)*
Additional	Open F213SH
Additional	Cutting self
Additional	Clinical examination He was observed having blood stains in his boxer shorts but did not show exactly where the cuts were.
Additional	Clinical history and observations Patient was seen after he made superficial cuts to his neck and scrotum. He stated he self harm because he was feeling stress. He declined for nurses to check his scrotum to clean and dress his wound. He said it was private and i should give him some dressings to clean and dress his wound himself. He was offered some painkillers but he refused it.

01-Jan-2025 Chelsea Spencer () Administration note

Additional	Additional Patient reports seizure activity overnight, this is due to him being cold as officers keep taking blankets away, have told him to put in app about need for the blankets and the likelihood of increased seizures if blankets are taken away and body temp drops.

31-Dec-2024 Lucy Hemingway () GP Surgery

Additional	Additional NRT week 5 delivered.
Additional	Advice about side effects of treatment
Additional	Smoking cessation advice
Additional	Quantity week 5
Additional	NiQuitin CQ 2mg mint lozenge

27-Dec-2024 Chelsea Spencer () Administration note

Additional	Additional Mr Southern has reported back that he is sleeping much better and feels very grateful for your support. He is asking if he can have meds reviewed and instead of having Hydroxyzine 10mg tabs at lunchtime could he have Trazodone 50mg at lunchtime to help with the hypersensitivity and unease he feels during the day. He still describes himself as responding super jumpy when someone approaches his door and can not handle the noise and bustling day to day goings on on the wing. Wears earplugs constantly. Have tasked Paul Lewis to review medications and advised Mr Southern that this is the action that has been taken

27-Dec-2024 Mr Abdul Butt () Administration note

Additional	NHS Health Check declined As per HCA Jayne Stevenson-Grimes's notes

27-Dec-2024 Mr Abdul Butt () Administration note

Additional	NHS Health Check invitation As per HCA Jayne Stevenson-Grimes notes

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27-Dec-2024 Jayne Stevenson-Grimes () GP Surgery

Additional	Additional Telemeds is not considered to be suitable for this Referral
Additional	Additional Phlebotomy.
Additional	Referral to practice phlebotomist
Additional	Did not attend NHS Health Check Patrick declined NHS Health Check.
Additional	Seen by practice phlebotomist
Additional	Overview Notes Patrick declined NHS health check and bloods.
Additional	Blood test declined

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27-Dec-2024 Caroline Pert () Administration note

Additional	Speech observations suitable for the setting
Additional	Labile mood
Additional	Speech observations fast pace but not pressured, this was in keeping with his frustration
Additional	Speech observations was reactive
Additional	Feeling calm
Additional	Congruent
Additional	Emotional state observations frustrated but able to express this well
Additional	Appetite normal
Additional	Good sleep pattern
Additional	Crisis/short term interventions in mental health care ACCT can be reopened if Patrick has thoughts of self harm again but currently denies this
Additional	Care planning and problem solving actions discuss in team meeting
Additional	Mental health in-reach team review
Additional	Impressions of the prisoners behaviour and mental state Seen Patrick for a safe and well check following a app received reporting suicidal thoughts Patrick was with a listener when I arrived but when he was finished he was happy to come and speak with me. Patrick expressed his frustrations with the system in prison, he reported that he has been having issues with emails not being sent when he has been told that they have and letters taking a long time to be sent. Patrick also is unhappy with some of the officers and how they speak to him and that they are not always doing what they have told him that they will. Patrick discussed his last time he was in prison and that the allegation of rape was disproved however he was still stigmatised by residents and officers and he felt that this continued into the community as he shared probation with residents he had spent time with. Patrick disagrees that he should of had probation as he does not feel he should of been charged with intimidating a witness if the other charge was disproved. Patrick then did reflect and report that he was struggling with the frustrations more currently as AA had been cancelled and he always feels better when he has his routine. he acknowledged that due to it being the christmas period the routine will change a bit but he has found this increasingly difficult. Patrick reported that he has had no thoughts of self harm, he disclosed that when he cut his neck it was a "game" to see how long the officers took to notice. he has had thoughts of hurting the officers but no plan or intent to act on these. he has been attending the gym and has put pictures up of his children to help him manage his emotions and thoughts he also reported that this was why he was speaking to a listener. Spoke to officers regarding the post and they will look into this and suggest to Patrick that he puts in a complaint to the post room
Additional	Adequately dressed
Additional	Observation of behaviour tense and frustrated
Additional	Speech observations was able to initiate and maintain conversation, would swear throughout but would then apologise straight after
Additional	Poor eye contact
Additional	Generally clean appearance
Additional	No apparent risk of suicide
Additional	Yes
Additional	Has mental capacity to give consent
Additional	No thoughts of deliberate self harm
Additional	H/O: attempted suicide
Additional	At risk of abuse
Additional	No
Additional	No
Additional	Previous behaviour of risk to harming others
Additional	No delusions
Additional	No hallucinations
Additional	No thought disorder
Additional	Harmful thoughts
Additional	Ability to direct attention
Additional	Orientated
Additional	Insight
Additional	Normal concentration
Additional	Memory function normal memory appeared good today for both short term and long term however has had a diagnosis of Korsakoff

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26-Dec-2024 Chelsea Spencer () GP Surgery

Additional	Additional Reports that he is sleeping much better on the increased dose of Trazodone and feels a massive improvement Also reports reduction in seizures since increse in Sodium Valproate Would like to trial reducing Hydroxyzine with aim to stop it as he does not know if they are still having an impact and doing him any use.

24-Dec-2024 Jayne Stevenson-Grimes () GP Surgery

Additional	Additional NRT week 4
Additional	Ex-smoker
Additional	NiQuitin CQ 2mg mint lozenge
Additional	Quantity 1 weeks supply.

24-Dec-2024 Oluwatoyin Bello () Administration note

24-Dec-2024 Mr Paul Scott-Harris () Administration note

20-Dec-2024 Ashley Acott () Administration note

Additional	Overview Notes Spoke to Patrick, who confirmed that attending AA every week was enough support for him to maintain his abstinence. Patrick was encouraged to submit an app or speak to officers if his situation changes.

19-Dec-2024 Dr Paul Lewis () Administration note

19-Dec-2024 Dr Paul Lewis () Administration note

Additional	Psychiatric observation Background Complex Background psychiatric history of Korsakoff syndrome and complex attachment disorder in childhood. Unfortunately, any full evaluation is compromised by his significant working memory difficulties. His concurrent physical diagnosis include epilepsy and Patrick informed me that his last seizure (after consulting his diary) was on 09/12/2024. On probing for underlying personality traits Patrick acknowledged the typical EUPD symptoms of unstable relationships, unstable sense of self, chronic emptiness, self-damaging impulsivity (in his case polysubstance misuse), suicidal ideation and thoughts of deliberate self-harm, episodic dysphoria with rapid changes in mood, disproportionate anger and irritability and paranoid ideation. In terms of complex PTSD symptoms Patrick experiences intrusive memories, flashbacks, autonomic arousal, persistent negative cognitions including anger fear guilt and shame, Increased anchor and irritability and reduced frustration tolerance hypervigilance and hyper arousal symptoms. Patrick acknowledged his self-harm and revealed recent scarring to his forearms undertaking with a razor blade. Of more concern Patrick informed me that he had also inflicted a laceration on to his neck for the first time. He did not make the current suicide ideation of force of deliberate self-help at the time of his assessment In terms of depressed mood Patrick experiences variable emotional lability and changeable moods Throughout the day often precipitated by minor triggers. His sleep is disturbed with marked initial insomnia and his appetite intact. My impression in terms of working diagnosis was that his symptoms were consistent with Korsakov's syndrome, complex attachment disorder, EUPD and complex PTSD. MSE Caucasian male with extensive tattoos appropriately dressed in prison attire. Maintained rapport and eye contact. No evidence of self-neglect No evidence of psychomotor agitation. Speech normal in all qualities Mood euthymic self-rated 6/10 No evidence of formal thought disorder No evidence of perceptual abnormality. Cognition grossly intact but working memory impairment noted. Care Plan 1. Continue current medication Sodium Valproate 400mg BD, Levetiracetam 750mg BD. Hydroxyzine 20mg BD - increase Trazodone to 150mg OD. 2. Custodial Staff and IMHT to monitor mental state and inform psychiatrist of any concerns
Additional	Seen by psychiatrist
Additional	Initial psychiatric assessment

19-Dec-2024 Miss Ella Bargman () Administration note

Additional	Overview Notes NAV. Patrick was not in his cell and off the wing for free flow - assessment not complete and rebooked in.

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19-Dec-2024 Duty Worker () GP Surgery

Additional	Additional No access visit for SMS appointment with Duty Worker.
Additional	Home visit - no reply

19-Dec-2024 Mr Paul New () GP Surgery

Additional	Pain
Additional	Consent obtained
Additional	Seen by physiotherapist
Additional	Physiotherapy pt attended pain Mx group for a refresher managed well with group exercise and discussions follow up in next session on 16/01/2025

18-Dec-2024 Eileen Swanson () Administration note

Additional	Additional App pat has sensitive teeth written to pat saying on WL. I have upped the priority to amber

18-Dec-2024 Chelsea Spencer () Administration note

18-Dec-2024 Ashley Acott () Administration note

Additional	Overview Notes Patrick not in cell or on wing when I visited to complete initial assessment today.

18-Dec-2024 Duty Worker () GP Surgery

Additional	Additional No access visit for SMS appointment with Duty Worker.
Additional	Home visit - no reply

17-Dec-2024 Megan Grey () Administration note

Additional	Date

17-Dec-2024 Christina Stockham () Administration note

Additional	Scanned Image *Appointment Letter Sender: Christina Stockham Recipient: Mr Patrick Southern Sent: 17 Dec 2024 09:11*

17-Dec-2024 Lucy Hemingway () GP Surgery

Additional	Additional NRT
Additional	Additional provided week 3
Additional	Quantity week 3
Additional	NICORETTE COOLS 4mg lozenges

17-Dec-2024 Miss Samantha Cool () Administration note

Additional	Overview Notes Unable to see on the wing this afternoon due to staffing. I spoke to Patrick through his door to explain that a referral had been opened and that he would need to have an assessment. Patrick stated he would definitely like support and that he had alcohol dementia, which can mean that he doesn't always remember if he has appointments. I advised Patrick that our service would check if he is off the wing or in other appointments, and then come back to meet with him when he is back on the wing. Patrick was happy with this.

17-Dec-2024 Duty Worker () GP Surgery

Additional	Additional No access visit for SMS appointment with Duty Worker.
Additional	Home visit - no reply

16-Dec-2024 Mr Graham Pollock () Administration note

Referral	Referral for further care *Status: Discharged From Care (Active) Recorded on: 16 Dec 2024 Recorded at: HMP Lewes (Y05199) Source of referral: Self-Referral Caseload holder: SMS Pending Assessment Service offered: Psychosocial Substance Misuse Urgency: Routine Source of referral: Self-Referral Date of referral: 16 Dec 2024 13:35 Date of action: 16 Dec 2024 13:37 Appointment booked: 19 Dec 2024 12:43 Appointment date: 20 Dec 2024 14:00 Outcome of referral: Accepted Discharged: 20 Dec 2024 12:50 Reason For discharge: Discharged Type(s) of intervention: Treatment declined by client Patient aware: true (HMP Lewes). Referral Type: Outpatient*
Additional	Overview Notes Patrick stopped me on L-wing and asked to be put on the waiting list for an assessment.

16-Dec-2024 Natalya Couper () GP Surgery

Additional	Hep B Vacc - offered and refused

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16-Dec-2024 Natalya Couper () GP Surgery

Additional	Additional Task from pharmacist stating Patrick has declined flu, covid and Hep B vaccinations
Additional	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination first dose not given
Additional	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination dose declined

14-Dec-2024 Alan Wason () Administration note

Additional	Clinical history and observations Wound care / review.
Additional	Clinical examination ECT saline cleaned and covered with surgical dressings the two lacerations on pt's right forearm and only laceration on his left forearm; all wounds clean, healing positively with closing happening & no signs of infection.
Additional	Plan Pt encouraged to call for Health Care should he require assistance.
Additional	Follow-up consultation
Additional	Hospital admission avoided
Additional	Other note Non-urgent; wound care / review.
Additional	Unplanned first attendance
Additional	Prisoner health - healthcare emergency response
Additional	Informing of incident 14/12/2024 1040Hrs
Additional	Patient given advice
Additional	Advised to self care

12-Dec-2024 Mr Paul Scott-Harris () Administration note

11-Dec-2024 Alan Wason () Administration note

Additional	Medical drawing *Body Front & Back (Male)*
Additional	Open ACCT (Ongoing Episode)
Additional	Reprimanding Pt placed on Basic for his negative behaviour not prepared to relocate to another Wing presently. Resumed cutting himself due to realising his television was removed from his cell this morning whilst he was away.
Additional	F213 report of injury to inmate completed
Additional	H/O: deliberate self harm
Additional	Self inflicted injury
Additional	Plans for deliberate self harm without intent
Additional	Initial presentation Pt whilst attending his Adjudication Hearing at CSU (B Wing) this morning sabotaged the wounds on his right forearm by removing the plaster and steristrips. In good time, pt was then returned to his cell L 3: 07 by prison staff where he deliberately cut himself multiple times with a razor blade in his cell, at approximately 1155Hrs.
Additional	Cutting self
Additional	Hospital admission avoided
Additional	Self-injurious behaviour
Additional	Damaging own wounds
Additional	Treatment given All wounds on pt's back of neck, left & front of neck and right forearm saline cleaned, steristripped with skin adhesive applied where necessary & covered with a dressing.

10-Dec-2024 Melanie Jones () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Medications Sender: Mr Patrick Southern (Supply of Nicotine Replacement Therapy Agreement)* *Recipient: HMP Lewes Sent: 11 Dec 2024 10:20*

10-Dec-2024 Chelsea Spencer () Administration note

Additional	Additional Spoke to Mr Southern at his door in relation to seizure activity and current dose Last had seizure 09/12/2024, he documents in his notebook when he wake or feels aura. He has nto been informed by neurology of an increase but feels it is necessary due to increase in seizure activity, last seen in A&E sent from custody. Is only on Wockhardt for Sodium Valproate, not on Epilim. Please ensure not prescribed as Epilim

10-Dec-2024 Lucy Hemingway () GP Surgery

Additional	Additional NRT
Additional	Additional delivered
Additional	Quantity inhilator 15mg

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10-Dec-2024 Megan Grey () Administration note

Additional	Review status plan -Refer to k wing -Move to M wing in the interim -Has been using chaplaincy with good affect -Is aware of all other safety netting
Additional	General observation of patient Hourly
Additional	Comment note (Ongoing Episode). SO Ball Anna chaplaincy RMN Meg Grey
Additional	Review status Met with Patrick in the listener's room on L wing. He presented as agitated and anxious, some pressure of speech observed. No evidence psychotic phnemena or formal thought disorder. Patrick stated that when he is left alone in prison he manages better than being around others. He stated he was falsely accused of rape and was acquitted and he was found not guilty, however he has stated that he has been targeted in the past regarding this he stated both by officers and other prisoners. Patrick stated he self harmed two days ago and he self harms by cutting his neck some red marks were evident and some cuts that seemed to be healing also evident. Patrick states that he would happily go down the block then be on Main Location. From previous triage it was discussed whether Patrick could return to K Wing as this is a wing he knows and feels safe in. He also stated he would be open to moving to m wing in the interim time before a sale becomes available on K wing. Patrick stated that he only self harms when he is in prison and states that he would engage us really well with Anna from Chaplaincy he was also present. Patrick spoke about his addiction issues and stated that he has been clean and sober for 30 months. In previous reports he has talked about alcohol dementia however he cognitions seem to be intact. Patrick reports that he is eating well and he does normally suffer from poor sleep but has been having sleeping tablets with effect. Patrick did get emotional and tearful a couple of times throughout the review stating that he feels its not just why he is in prison. He talked about reading a lot and has accessed the Samaritans which he said was very helpful. He denied any current plan of suicide Risk of self- Patrick is a self harmer that he states he only does in prison. History of cutting his neck Risk to others: has reported that he does have anger issues and can become violent in the past but is trying to change his ways. Risk of SMS: states he has been sobre for 30 months
Additional	General observation of patient (Ongoing Episode). 3 daily, 2 night, one conversation
Additional	Open ACCT (New Episode)

10-Dec-2024 Ismini Nestora () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	H/O: deliberate self harm
Additional	Open ACCT (Ongoing Episode)
Additional	F213 report of injury to inmate completed
Additional	Initial presentation Pt deliberately cut his left arm with razor. Wound appr 7mm. Cleaned with sterile water , steristrips appleied and cover with Mepor dressing.
Additional	Plans for deliberate self harm without intent
Additional	Self inflicted injury
Additional	Self-injurious behaviour
Additional	Hospital admission avoided
Additional	Referral to mental health team
Additional	Cutting self
Additional	Treatment given Cleaned with sterile water , steristrips appleied and cover with Mepor dressing.

09-Dec-2024 Mr Thomas O'Sullivan () Administration note

09-Dec-2024 Chelsea Spencer () Administration note

Additional	Additional Dressing issued for neck

07-Dec-2024 Mr Tafadzwa Marapara () Administration note

Additional	DNA - Did not attend mental health review
Additional	Impressions of the prisoners behaviour and mental state Patrick was not seen today as he had gone to church. No issues or concerns were raised by staff when I enquired about him.
Additional	Care planning and problem solving actions He is on the list to be seen by the psychiatrist.

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06-Dec-2024 Melanie Jones () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Correspondence Sender: Department of Neurology Recipient: HMP Lewes Sent: 06 Dec 2024 14:45*

06-Dec-2024 Natalya Couper () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Other note Task to prescribe lozenges
Additional	Routine
Additional	Referral to nurse
Additional	Application by prisoner to see health professional
Additional	Presenting complaint 2/12/24 Requesting nicorette lozenges. Previously got down to 2mg lozenges. Had previously stopped smoking for 16 months prior to being recalled. Is now vaping again as ran out of lozenges

06-Dec-2024 Miss Debbie Drake () Administration note

Additional	Additional NRT questionnaire sent. A/w response prior to giving NRT week 1.

06-Dec-2024 Dr Ishmit Moonga () Administration note

05-Dec-2024 Alan Wason () Administration note

Additional	Medical drawing *Head Front*
Additional	Open ACCT (Ongoing Episode)
Additional	Changed status Pt had been advised by prison staff that he will be located on another Wing in the coming days.
Additional	Other note Pt realised that he is not likely to have any Canteen stores delivered this week as his Canteen Form was processed in time.
Additional	H/O: deliberate self harm
Additional	Plans for deliberate self harm without intent
Additional	Self inflicted injury
Additional	Initial presentation Pt deliberately cut his throat using a razor blade in his cell L3: 07 at approximately 1400hrs today.
Additional	Hospital admission avoided
Additional	Self-injurious behaviour
Additional	Treatment given Pts 12mm partial thickness laceration was saline cleaned, skin adhesive with steristrips applied and covered with a surgical dressing.
Additional	F213 report of injury to inmate completed
Additional	Cutting self

04-Dec-2024 Melanie Jones () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Hospital Letter/Appointment Letter Sender: Neurology, Royal Sussex County Hospital Recipient: HMP Lewes Sent: 05 Dec 2024 09:32*

03-Dec-2024 Caroline Pert () Administration note

Additional	Date

03-Dec-2024 Miss M Hogg Amy () Administration note

Additional	Record Attachment *Care Plan Epilepsy Sender: HMP Lewes Recipient: Mr Patrick Southern Sent: 03 Dec 2024 11:39*

03-Dec-2024 Dr Melissa Fegan () Administration note

03-Dec-2024 Natalya Couper () GP Surgery

Additional	Advice given about wound care	
Additional	Plan Worsening advice given and signs of infection to look out for. Will contact healthcare if anything changes.	
Additional	No pain	
Additional	Infectious disease : prevention/control	
Additional	min	15 min
Additional	Wound care	
Additional	Wound healed	
Additional	Wound observation Seen in nurse clinic for review of lacerations to neck done last week with a razor blade. All fully healed. Cleaned with saline. Advised to apply vaseline to soften all scabs, not to pick them off. Has vaseline in his cell. Wanted a spare dressing to take with him to cover when he showers.	

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03-Dec-2024 Jayne Stevenson-Grimes () GP Surgery

Additional	Additional NRT: Week 1
Additional	Advice about side effects of treatment
Additional	NiQuitin CQ 2mg mint lozenge
Additional	Quantity 1 week supply.
Additional	Open ACCT
Additional	Ex-smoker
Additional	Smoking cessation advice

02-Dec-2024 Miss M Hogg Amy () GP Surgery

Additional	Epilepsy
Additional	Additional I saw Patrick in OPD for an epilepsy review
Additional	Additional Was reviewed by neurology in April 2024 having been released from HMP Lewes in March 2024
Additional	Additional At the time his seizures were under control and he says he was seizure free for approx 6 months
Additional	Additional More recently his seizure activity has increased - with a recent seizure causing him to jar his back
Additional	Additional Patrick feels his emotions are triggering his seizures along with the change in cold weather
Additional	Additional He loss of memory is getting him down and causing a battle with low mood
Additional	Additional Remains compliant with meds
Additional	Additional Single cell
Additional	Additional His GP referred back to neurology for a f/u in Oct but Patrick says he has not had this yet
Additional	Additional Task admin to chase neurology F/U
Additional	Additional Email wing staff for extra provisions to reduce risk and ensure epilepsy diagnosis is shared
Additional	Epilepsy control poor
Additional	Memory impairment
Additional	No epilepsy drug side effects
Additional	Plan Urgent review appointment - Admin to chase neurology for f/u appt
Additional	Depressed mood
Additional	Epilepsy monitoring
Additional	Fit frequency Approx 2 per week for the last few months 15 /a
Additional	Epilepsy limits activities
Additional	Patient given advice
Additional	Advice about maintaining safety
Additional	Epilepsy
Additional	Patient advised not to drive
Additional	Provision of information about SUDEP
Additional	Epilepsy management plan given

01-Dec-2024 Miss Elena South () GP Surgery

29-Nov-2024 Miss Danielle Stent () Administration note

Additional	Scanned Image *Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 29 Nov 2024 09:26*

29-Nov-2024 Mr Paul Scott-Harris () Administration note

29-Nov-2024 Natalya Couper () GP Surgery

Additional	Advice given about wound care
Additional	Infectious disease : prevention/control
Additional	Dressing of wound
Additional	Plan Booked into nurse clinic for review Tuesday. Worsening advice given, will contact us sooner if anything changes.
Additional	Wound care
Additional	min 20 min
Additional	Wound observation Seen on L wing with Nicky. Dressing had come loose. Cleaned with saline. Laceration still open. No blood on dressing. Looks clean. Advised Patrick it needs steri strips to hold it together. Declined. Said he'd pull them off. Aquacel ribbon 1cm lightly placed into laceration. Softpore applied. Spare given

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29-Nov-2024 Caroline Pert () Administration note

Additional	Drug addiction therapy is on an ACCT referral to K wing
Additional	Outcome psychiatry appointment booked in for next available appointment
Additional	Clinical finding severe self harm to neck, reported he does not remember doing this. Heightened emotions. Reporting voices that have turned to songs. reporting memory issues and has been queried if he has alcohol dementia in the Past as high score on 6CIT on prior stay at HMP Lewes.
Additional	Overview Notes AB CLP, Abi (gatwick HCA)
Additional	Meetings

28-Nov-2024 Miss Emily Buckingham () Administration note

Additional	Clinical history and observations Seen on the wing. Open laceration to side of the neck which was assessed yesterday. Stated it was glued and steristripped however these have since come off. Dressing placed over the top whilst Patrick awaits a further review from colleague.

28-Nov-2024 Mrs Sarah Jackson (SAJ) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447795625256
Comment	SMS text message sent to patient Dear Mr Southern, We wanted to let you know about a new drop in service occurring Fridays between 10.00-13.00 at Robert Lodge, 35-70 Robert Lodge Community Space, Manor Place, Brighton, BN2 5FG. Team members available are Nurses for information & advice, Pharmacy advice, Social link worker, Mental health support, Occupational Therapist and a Health & Wellbeing Coach. Ardingly Court Surgery SMS sent on 28/11/2024 11:01:34

28-Nov-2024 Mrs Tracey Pumfrey () Administration note

Additional	Express consent for core and additional SCR dataset upload

28-Nov-2024 Natalya Couper () Administration note

Additional	Record Attachment *Wound care Management Care Plan Sender: HMP Lewes Recipient: Mr Patrick Southern*
Additional	Wound observation Seen in cell with Alan Hotel 2. Wound laceration to right side of neck. No dressing on. Multiple lacerations on neck. 1 larger open wound, about 0.5cm in depth. Width about 2cm. Looks clean. Was originally glued and steri stripped but has re-opened. Cleaned with saline. Aquacel 1cm ribbon gently packed into open wound. Urgotui and softpore x2 applied.
Additional	Plan Advised to keep clean and dry. For dressing change in nurse clinic on Tuesday.
Additional	Wound care
Additional	min 10 min
Additional	Advice given about wound care
Additional	No pain
Additional	Dressing of wound
Additional	Infectious disease : prevention/control

28-Nov-2024 Avril Gillman () Administration note

Additional	Additional 27.11.2024 Patient on an ACCT

28-Nov-2024 Oluwatoyin Bello () GP Surgery

Additional	Additional Chelsea Spencer- Please issue a prescription for Epimax cream for his Psoriasis and Ketoconaxole shampoo please. Many thanks

27-Nov-2024 Alan Wason () Administration note

Additional	Medical drawing *Body Front & Back (Male)*
Additional	Clinical history and observations Pt deliberately cut himself with razor blade in his cell at approximately 0935Hrs this morning; Pt stated that 'I am not right... it's my head".
Additional	Open F213SH
Additional	Cutting self
Additional	Plan All pt's wounds saline cleaned, steripstrips and skin adhesive applied. F213SH completed & submitted on L Wing.
Additional	Clinical examination Pt with a number of fresh superficial and full thickness lacerations to his neck.

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27-Nov-2024 Miss Samantha Cool () Administration note

Additional	Sources of information Reception screen
Additional	Summary of needs Physical health - Epilepsy, sciatica Mental health - ? korsikovs, PTSD, anxiety and depression SMS - Ex-drinker Social care - Other -
Additional	Outcome Urgent - Routine - Referral to LTC nurse
Additional	Other professionals involved EDIC Psychosocial Team EDIC Physical Care EDIC Mental Health

27-Nov-2024 Caroline Pert () Administration note

Additional	Additional Telemeds is not considered to be suitable for this Referral
Additional	Generally clean appearance
Additional	Observation of behaviour restless but this appeared to be discomfort due to his back
Additional	Speech observations was able to initiate and maintain conversation. did swear often but apologised for this straight away
Additional	Overview Notes discuss with team if it would be beneficial for a routine psychiatrist appointment
Additional	Adequately dressed
Additional	Poor eye contact
Additional	Labile mood
Additional	Feeling anxious
Additional	Appetite normal
Additional	Speech observations was appropriate in pace.
Additional	Speech observations tone was reactive
Additional	Speech observations suitable for the setting
Additional	General observation of patient hourly
Additional	General observation of patient (Ongoing Episode). 4 daily observations, 5 nightly and 1 quality conversation per day
Additional	Open ACCT
Additional	Review status Patrick had already self-harmed on his neck this morning and had been seeing healthcare just prior to the review. Patrick expressed his upset at being back in prison, he reported that he does not understand why as he has done nothing wrong, and mentioned previously being in when innocent as well. Patrick did mention at the beginning of the review that he has a bad memory and reported that due to this in a few days he will feel ok as this will be his "normal". When asked about his self harm he reported that he only self-harms in prison and reported that he feels threatened and overwhelmed so this triggers fight or flight and he cuts himself so he does not hurt officers. He later stated that he does it as he finds it a release. SO Mason discussed with Patrick his location, Patrick was clear that he wanted to be in the "block" however it was mentioned that he has previously been located on K wing. Patrick expressed that he would liek to return there and asked if he could stay on L until a move could be facilitated. Patrick explained that he was struggling with the loud noises and large amount of people on a wing, he spoke about how his flat is his safe place and he can go there if he feels overwhelmed and that he does nto have this in prison. It was explained that K wing referrals is on Monday but SO Mason will complete the referral and they will have a continual review of his location. Patrick reported that he had the diagnosis of complex early attachment disorder and alcohol dementia, none of this is recorded on s1, he reported that he experiences bad memory however there were elements of the past he did appear to recall during the review. Patrick did mention he cannot remember his medications and he spoke about wanting them in possession and that he had previously I explained that this would not be possible while he is on an ACCT. Patrick mentioned hearing voices that had turned into music in his head, he stated that it was currently kill bill and he sung it. Patrick did not appear distracted through out the review. Patrick was given the choice of education or Liberty Choir this afternoon, he reported that he had been looking forward to choir and would like to engage with this. He has requested that his education induction be on wing, as he will struggle being in a class with so many people. Patrick stated clearly that he does not want to die and this is not the intent of his self harm. he named his 2 children (5 year old twins) as a strong protective factor. Patrick reported that he grew up without a father and does not want to do that to them. Patrick also has a good relationship with their mother. He will be in touch with them, through phone and purple visits only. It was agreed that the ACCT would remain open. Patrick was Labile in mood throughout the review and was clearly in discomfort with his back. He expressed that he is reluctant with pain relief as he has been sober from drug and alcohol for a long time which he is really proud of and does not want to risk this.

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Additional	Attended Assessment, Care in Custody and Teamwork review
Additional	Comment note (Ongoing Episode). SO Mason, SO Champion (ACCT assessor)
Additional	Seen by mental health triage nurse
Additional	Mental health review PAtrick reports complex early attachment disorder and alcohol dementia. no formal diagnosis as been found on s1 however this was queried last time he was in custody due to high 6CIT score. Also queried PTSD due to his history of childhood trauma in children homes.
Additional	Risk factor Risk to self - high risk of self harm, has self harmed by cutting neck twice since being back in custody and self harmed previously when he was experiencing external stressors such as transfer. Risk to others - reported that he hurts himself to stoop himself hurting others Risk from others - none identified. Substance misuse - hx alcohol was attending AA in community
Additional	Date
Additional	Mental state Patrick was seen urgently by mental health as he is on an open acct and had been actively self harming. Patrick was seen in the ACCT review, he was happy to speak openly in this setting. Patrick is struggling with fluctuations in mood, impulsivity and anger. He presented as very similar to his presentation when previously here. See ACCT for further information
Additional	Referral to mental health in-reach team
Additional	At risk of DSH - deliberate self harm
Additional	Suicide risk
Additional	Has mental capacity to give consent
Additional	Orientated
Additional	Insight
Additional	Yes
Additional	No
Additional	No
Additional	No

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Additional	H/O: attempted suicide
Additional	At risk of harming others
Additional	No thought disorder
Additional	Harmful thoughts
Additional	Emotional state observations labile and agitated
Additional	Good sleep pattern
Additional	Congruent
Additional	No delusions
Additional	Normal concentration
Additional	Memory function normal
Additional	Ability to direct attention
Additional	Auditory hallucinations reported that he is hearing songs
Additional	Visual hallucinations reported seeing insects

26-Nov-2024 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Correspondence Sender: PPG Medication Compact Sent: 28 Nov 2024 10:59*

26-Nov-2024 Miss Emily Buckingham () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	No FH: Hypertension
Additional	No FH of epilepsy
Additional	No FH: Ischaemic Heart Disease <60
Additional	No FH: Cardiovascular disease
Additional	No FH: Ischaemic Heart Disease >60
Additional	Has no outstanding hospital/ Doctors appointments
Additional	Yes
Additional	No family history of asthma
Additional	No family history diabetes
Additional	No family history of chronic obstructive pulmonary disease
Additional	No significant family history of malignancy
Additional	SEAT (Secure Estate Assessment Toolkit) secondary screening
Additional	Sexual advice
Additional	Referred to dentist
Additional	Clinical history and observations Seen for second screen this AM. Engaged well denied any thoughts of SASH. Placed on the dentist and opticians waiting list.
Additional	Referral to optometrist
Additional	Advice on effects of smoking on health
Additional	Advice on drugs of addiction
Additional	Advice on alcohol consumption
Additional	Dietary advice
Additional	Advice about exercise

26-Nov-2024 Christopher Evans () Administration note

Additional	Substance misuse treatment declined
Additional	Substance misuse treatment withdrawn I spoke with Patrick today. He declined any support from the SMS team and stated that he had been absinent for 20 months. Patrick asked to be added to the AA list. Harm/Min provided. Patrick is aware of the support services offered by the prison and in the community and will reach out should he need any additional support. No concerns raised during the brief intervention. Action - To be added to AA waiting list

26-Nov-2024 Mr Thomas O'Sullivan () GP Surgery

26-Nov-2024 Chelsea Spencer () Administration note

Additional	Over the counter medication Nil
Additional	Hospital prescription NiL
Additional	Sources of information Verbal report from - Patient SCR Checked -
Additional	Information gathering Patient has Penicillin allergy, patient is on Levetiracetam, Sodium Valproate, Trazodone, Multivitamin, Thiamine Ketoconazole shampoo Epimax cream Hydroxyzine 25mg tabs 2BD (morning and lunch) Have requested creams and shampoo Patient has Epilepsy, last seizure 2 days ago, more prone to when anxious, Smoking cessation? Alcohol Dementia, 29 months sober, Sciatica, Anxiety, Depression, PTSD Came in with Nicotinell tabs, candidate for SMoking cessation.
Additional	Medicines reconciliation performed
Additional	Herbal therapy nIL
Additional	Advice to continue with drug treatment Levetiracetam, Sodium Valproate, Trazodone, Multivitamin, Thiamine Ketoconazole shampoo Epimax cream Hydroxyzine 25mg tabs 2BD (morning and lunch)
Problem	Allergy to penicillin

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26-Nov-2024 James Bugden () Administration note

Additional	Informing of incident 26/11/24
Additional	Unplanned first attendance
Additional	Other note 1. Code red was initially called but then subsquently cancelled by the officers when health-care attended
Additional	Prisoner health - healthcare emergency response
Additional	Clinical history and observations 1. Code Red was initially called and health-care immediately attended and this was subsquently cancelled by the officers
Additional	Clinical examination 1. The patient has caused 2 DSH on the top of his neck. 2. These have been cleaned with normal saline and these have been successfully closed with ster-strips and adhesive dressing to cover
Additional	Plan 1. F213 SH Form has been completed 2. ACTT has been opened by the officers 3. TAG Referral has been actioned and sent on the 26/11/24 4. Patient will be reviewed on thursday for wound review
Additional	Hospital admission avoided
Additional	Treatment given 1. Wounds cleaned and closed with steri-strips with successful closure and covered with adhesive dressing to cover ster-strips 2. Advised patient to keep the dressing dry and not to get them wet 3. Patient will be placed on the ledger to have his wounds reviewed on thursday of this week.
Additional	Yes

26-Nov-2024 James Bugden () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Referral to primary care mental health team 1. New reception arrived on the 25/11/24 and he has subsquently caused DSH to the top of his neck which have been successfully closed with steri-strips 2. ACTT has been opened by the officers who initially called the code red
Additional	At risk of DSH - deliberate self harm
Additional	Case management risk assessment score 3 Unk UoM

26-Nov-2024 Chelsea Spencer () Administration note

Additional	Assessment of risk of prisoner in-possession medication Alcohol demetia, using Blister packs at present, could we do the same?
Additional	IPRA (in possession risk assessment) - patient on medication at risk state 8 Unk UoM
Additional	Prisoner receiving prescribed medication
Additional	No
Additional	Prisoner assessment for in-possession medication completed

26-Nov-2024 Mr Thomas O'Sullivan () Administration note

25-Nov-2024 User Previous Practice () Administration note

Additional	Additional ** Care started at HMP Lewes (GMS) **

25-Nov-2024 Suzana Gracner () Administration note

Additional	Hepatitis B surface antigen negative
Additional	Hepatitis C screening negative
Additional	HIV negative

25-Nov-2024 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *GMS and SCR Information and Consent Form Recipient: Sexual Health (HMP Lewes) Sent: 28 Nov 2024 11:03*

25-Nov-2024 Caroline Pert () Administration note

Additional	NDTMS - Initial Reception Date

25-Nov-2024 HMP Lewes () Administration note

25-Nov-2024 Suzana Gracner () Administration note

Additional	Patient registration

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25-Nov-2024 Suzana Gracner () Administration note

Additional	Additional Telemeds is not considered to be suitable for this Referral	
Additional	No	
Additional	Tuberculosis screening Patient has been asked the TB Screening Questions all negative answers.	
Additional	Able to perform personal care activity	
Additional	Diets NDF	
Additional	H/O: injury	
Additional	Hepatitis B screening offered	
Additional	Consent given to share patient data with specified 3rd party	
Additional	Hepatitis C screening offered	
Additional	Prisoner seen doctor in previous few months	
Additional	SEAT (Secure Estate Assessment Toolkit) reception screening	
Additional	Reduced mobility (Ongoing Episode)	
Additional	No suicidal thoughts	
Additional	O/E - mental state The patient displayed good eye contact and demonstrated engagement during the initial screening process. It was noted that the patient has a history of SASH but has denied current thoughts of it.	
Additional	Prisoner has tried to harm themselves (outside prison)	
Additional	No thoughts of deliberate self harm	
Additional	Prisoner has not tried to harm themselves (in prison)	
Additional	H/O: mental health problem Anxiety Depression, PTSD	
Additional	Smoker	
Additional	Relevant medical information Alcohol Dementia EPILEPTIC SEIZURES, SCIATICA	
Additional	Patient has previously used drugs	
Additional	History of psychiatric medication	
Additional	Ex-drinker	
Additional	Hepatitis C screening	
Additional	IPRA (in possession risk assessment) - patient on medication at risk state	8 Unk UoM
Additional	Assessment of risk of prisoner in-possession medication 8 NIP Alcohol Dementia	
Additional	Prisoner receiving prescribed medication	
Additional	No	
Additional	No breathlessness	
Additional	Prisoner assessment for in-possession medication completed	
Additional	Hepatitis B screening counselling	
Additional	HIV screening counselling	
Additional	Hepatitis C screening counselling	
Additional	Yes	
Additional	Supervised consumption of medication	
Additional	No cough	
Additional	Case management risk assessment score	1 Unk UoM
Additional	At risk of DSH - deliberate self harm	
Additional	Not fit for normal location, work and any cell occupancy no top bunk, less stairs Walking with cane	
Additional	Hepatitis B screening test	
Additional	HIV screening test	
Additional	Referral to primary care mental health team Alcohol Dementia Depression, anxiety,PTSD	
Additional	Apyrexial	
Additional	HIV test offered	
Additional	Alcohol screen - AUDIT PC completed	0 Unk UoM
Additional	Referral to mental health team	
Additional	Patient registration	
Additional	White: other White backgrd- Eng+Wales ethnic cat 2011 census	
Additional	Medical records review s1	
Additional	GMS - full registration	
Additional	Registration for GMS (General Medical Services) offered	
Additional	Yes	
Additional	No	
Additional	Admission to establishment	
Additional	No	
Additional	PER (Person Escort Record) received	
Additional	O/E - height	170 cm
Additional	O/E - temperature	36.3 Cel
Additional	Oxygen saturation at periphery	98 %
Additional	Normal mood	
Additional	History/symptoms The patient displayed good eye contact and demonstrated engagement during the initial screening process. It was noted that the patient has a history of SASH but has denied current thoughts of it.	
Additional	Pulse rate	85 {beats}/min
Additional	Body mass index	27.68 kg/m2
Additional	O/E - weight	80 kg

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25-Nov-2024 Mr Thomas O'Sullivan () GP Surgery

Additional	Additional New reception. RX ? recall.
Additional	Additional Last time in prison March 2024 HMP Lewes.
Additional	Additional Mental health: depression, PTSD, anxiety.
Additional	Additional Physical health : epilepsy since childhood. Sciatica.
Additional	Additional Historically heavy drinker and heroin user. Goes to AA and has been 29 months sober . Clean from heroin 30 years. Congratulated.
Additional	Additional Epilepsy last had seizure two days ago and went to hospital from custody. Reports anxiety increases seizures . Reports has a seizure now about once a month. Sciatica can climb stairs with no problems.
Additional	Additional Advised about epilepsy safety in prison and will receive further advice from LTC nurse, reception nurse to refer. I will refer to psychosocial to help organise AA. I will prescribe regular meds.
Additional	Patient registration

25-Nov-2024 Mr Thomas O'Sullivan () Administration note

Referral	Referral for further care *Status: Discharged From Care (Active) Recorded on: 25 Nov 2024 Recorded at: HMP Lewes (Y05199) Source of referral: Prison Nursing Staff Caseload holder: SMS Pending Assessment Service offered: Psychosocial Substance Misuse Urgency: Routine Source of referral: Prison Nursing Staff Date of referral: 25 Nov 2024 20:08 Date of action: 25 Nov 2024 20:09 Appointment booked: 26 Nov 2024 07:18 Appointment date: 26 Nov 2024 14:00 Primary reason for referral: Substance Misuse Outcome of referral: Accepted Discharged: 26 Nov 2024 11:00 Reason For discharge: Discharged Type(s) of intervention: Treatment declined by client Patient aware: true (HMP Lewes). Referral Type: Outpatient*

25-Nov-2024 Mr Thomas O'Sullivan () GP Surgery

25-Nov-2024 Caroline Pert () Administration note

Additional	Additional Telemeds is not considered to be suitable for this Referral
Additional	Referral to mental health team
Additional	Other note Alcohol Dementia Depression, anxiety,PTSD
Referral	Referral for further care *Status: Waiting For Assessment (Active) Recorded on: 25 Nov 2024 Recorded at: HMP Lewes (Y05199) Source of referral: Prison Nursing Staff Service offered: Mental Health Services Urgency: Routine Source of referral: Prison Nursing Staff Date of referral: 25 Nov 2024 20:20 Date of action: 25 Nov 2024 20:22 Appointment booked: 26 Nov 2024 13:54 Appointment date: 27 Nov 2024 10:30 Primary reason for referral: Mental Health Outcome of referral: Accepted Discharged: 10 Jul 2025 Reason For discharge: Discharged Patient aware: true (HMP Lewes). Referral Type: Outpatient*

25-Nov-2024 Mr Thomas O'Sullivan () GP Surgery

Additional	Additional Patrick given his usual nightly meds.

21-Nov-2024 Mrs Sarah Jackson (SAJ) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447795625256
Comment	SMS text message sent to patient Dear Mr Southern, East Brighton Health Hub are offering support from a range of NHS team members. Join them on Friday 22nd November between 10AM - 1PM at Robert Lodge, 35-70 Robert Lodge Community Space, Manor Place, Brighton, BN2 5FG. Team members available are Nurses for information & advice, Pharmacy advice, Social link worker, Mental health support, Occupational Therapist and a Health & Wellbeing Coach. Ardingly Court Surgery SMS sent on 21/11/2024 10:02:49

19-Nov-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Sussex County Hospital Accident & Emergency*
Additional	Seen in accident and emergency department
Problem	Sciatica
Examination	CT of spine - NAD, no cauda equina symptoms
Comment	Comment GP follow up needed
Comment	Comment Increased codeine to morphine sulptha 10mg bd as severe paina nd I think likely contributing to seizure and also making him consider alcohol again. Advised only a short course of this but admitted as previous drinker may need this dose increasing.

THIRD PARTY COPY

18-Nov-2024 Mrs Sarah Jackson (SAJ) Awaiting clinical code migration to EMIS Web

Comment	Comment Email sent to: patrickfsouthern@gmail.com	
Comment	E-mail sent to patient Please DO NOT reply to this email address as it will NOT be delivered to your healthcare provider. Dear Mr Southern, A walk in covid clinic is being held at Wellsbourne Centre, Whitehawk Road, Brighton and Hove, Brighton BN2 5FL on the 23rd November from 9am – 3pm. Ardingly Court Surgery Email sent on 18/11/2024 14:51:19	

31-Oct-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Ardingly Court Surgery - emailed to Neurology Med Secs.*	
Additional	Email sent to outside agency	

31-Oct-2024 Dr Olivia Lemareka (OLemareka251) Ardingly Court SurgeryGP Surgery

History	History Seizure monday night - known epilepsy	
History	History Severe back pain since - lower back radiating to pelvis and inner thighs.	
History	History No sciatic symptoms, no leg weekness/numbness/paraesthesia.	
History	History No urinary/bowel symptoms. No erectile dysfunction.	
History	History Seizures always occur while sleeping and can prevent seizures by waking up, but was unable this time.	
History	History Also associated with tongue biting and urinary incontinence.	
History	History Has been struggling to mobilise and walk due to pain. This is his first trip out of the house since monday.	
History	History Increased seizure frequency over the last few months. Weekly seizures.	
History	History No date for neuro follow up ?next April.	
Examination	Examination Tender centrally over lumbar spine, no paraspinal tenderness.	
Examination	Examination Able to SLR bilaterally but some pain and tendernes in right groin. No bruising.	
Examination	Examination Normal lower limb sensation.	
Examination	Examination normal power but limited by pain.	
Comment	Comment Discussed unlikely neuro involement	
Comment	Comment Discussed x-rays for central spinal tenderness, patient declining A&E today and would prefer to see how things go over tehw eekend.	
Comment	Comment Issued stronger pain relief. I will write to neuro to expedite appointment.	

21-Oct-2024 Mrs Sarah Jackson (SAJ) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447795625256	
Comment	SMS text message sent to patient Dear Mr Southern, Our records show that you are prescribed Sodium Valproate. We have recently been informed that new research has shown that there is a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children. If you are planning on having children or have any concerns please discuss this with your GP or specialist. To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-ms3w3ktnrk Ardingly Court Surgery SMS sent on 21/10/2024 08:32:41	

14-Aug-2024 Ms Emma Watson (EWatson251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256	
Comment	SMS text message sent to patient Dear Mr Southern, we really value feedback and would appreciate it if you could take the time to leave a review for us. Please follow the link below and then select the option to leave a review https://www.nhs.uk/services/gp-surgery/ardingly-courtsurgery/XG81006 Thanks Ardingly Court Surgery	

13-Aug-2024 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Additional	Body mass index (calculation based on height entry 13-Jul-2023, NB prior to age 70 average height loss is 1cm per 10 years).	31.1 kg/m2
Additional	Weight monitoring Current weight 90 kg equates to 14 st, 2 lb. A 7% gain from the previous reading (84kg, 24-Aug-2023). Based on the height entry (13-Jul-2023) a healthy weight is likely to be 53 - 72kg (8 st, 5 lb - 11 st, 5 lb)	
History	History Worried about meds - has blister packs - has been prescribed hydroxyzine PRN but taking BD and finding that this is helping	
Examination	Body weight	90 kg
Comment	Comment Meds changed	

THIRD PARTY COPY

11-July-2024 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Problem	Mixed anxiety and depressive disorder
History	History Review of meds - has found that trazadone has really helped - still feeling very anxious in the morning
Examination	Examination Appropriately dressed, clear coherent speech, good eye contact, euthymic mood, no suicidal ideation, no evidence of psychosis or delusions, good insight
Comment	Comment Doing very well - good insight
Comment	Comment Having tag removed tomorrow - looking forward to being able to get out more
Comment	Comment Try hyudroxyzine for am anxiety - is also meditating

08-July-2024 Dr Kelly-Marie Canavan (KMCanavan251) Ardingly Court SurgeryAdministration note

History	History message through from BCP- blister pack scripts are not in sync so they have not been giving patient the 250mg levetiracetam
History	History Megan spoke to patient and it has been in his blister pack but not this week so he doesn't have enough tablets
History	History we have been issuing it but BCP saying they havent been giving it
Comment	Comment unclear as to what is going on here but patient and pharmacy both currently in agreement that 250mg is not being given so I will issue a 7 day supply so he gets the correct dose and then pass over to Ali B to look into this when back from leave

02-July-2024 Ms Cher Rooney (CR251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447795625256
Comment	SMS text message sent to patient Dear Mr Southern, Please find attached a newsletter produced with input from our Patient Participation Group. I hope you find this useful. Reception staff can also supply paper copy if preferred. Best wishes, Cher (Practice manager) To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-24wuj3sgx6 Ardingly Court Surgery SMS sent on 02/07/2024 14:15:39

24-Jun-2024 Dr Eleonora Turlini (ECT) Awaiting clinical code migration to EMIS Web

Comment	Comment Online questionnaire completed by patient
Comment	Generalized anxiety disorder 7 item score 21
Comment	Comment Questionnaire: Anxiety GAD-7 Questionnaire
Comment	Comment Feeling Nervous: Nearly every day (3)
Comment	Comment Unable to stop worrying: Nearly every day (3)
Comment	Comment Worrying about different things: Nearly every day (3)
Comment	Comment Trouble relaxing: Nearly every day (3)
Comment	Comment Restlessness: Nearly every day (3)
Comment	Comment Easily irritable: Nearly every day (3)
Comment	Comment Feels something awful will happen: Nearly every day (3)
Comment	Comment Received on 24/06/2024 at 09:02

20-Jun-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email HMP Lewes Admin Team*
Additional	Email sent to outside agency

20-Jun-2024 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Comment	Comment Online questionnaire completed by patient
Comment	Patient Health Questionnaire Nine Item score 22
Comment	Comment Questionnaire: Depression PHQ-9 Questionnaire
Comment	Comment Little interest in doing things: Nearly every day (3)
Comment	Comment Feeling down, depressed, or hopeless: More than half the days (2)
Comment	Comment Trouble with sleep: Nearly every day (3)
Comment	Comment Trouble with energy: More than half the days (2)
Comment	Comment Trouble with appetite: Nearly every day (3)
Comment	Comment Feeling bad about yourself: Nearly every day (3)
Comment	Comment Trouble with concentration: Nearly every day (3)
Comment	Comment Trouble with movement: More than half the days (2)
Comment	Comment Thoughts of self harm: Several days (1)
Comment	Comment Received on 18/06/2024 at 15:57

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20-Jun-2024 Ms Caitlin O'Connor (COC251) Ardingly Court SurgeryGP Surgery

Comment	Comment BP taken @ outreach - Safehaven - 19/06/24. Pt consented to their record being updated with the reading

18-Jun-2024 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

History	History Struggling with mental health
History	History Has had some suicidal thoughts - no active plans
History	History Asking about ADs -
History	History Not drinking - under AA
History	History Smokes cannabis
Examination	Examination Appropriately dressed, clear coherent speech, good eye contact, euthymic mood, no suicidal ideation, no evidence of psychosis or delusions, good insight
Comment	Comment For PHQ9/GAD7
Comment	Comment Trial trazadone ON
Comment	Comment Sent details of WBS - review in 3-4 weeks
Problem	Mixed anxiety and depressive disorder

18-Jun-2024 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, It was good to talk to you. Here is the link to the Wellbeing service: https://www.brightonandhovewellbeing.org/ Please do contact them. They also have 24hr help line information on the website should you need to talk to anyone out of hours. Many thanks. Dr Sean Mitchell Ardingly Court Surgery

18-Jun-2024 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, I'd like you to complete some questions about your health. Please complete this questionnaire: (link will autogenerate here) Many thanks. Dr Sean Mitchell Ardingly Court Surgery

18-Jun-2024 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, I'd like you to complete some questions about your health. Please complete this questionnaire: (link will autogenerate here) Many thanks. Dr Sean Mitchell Ardingly Court Surgery

06-Jun-2024 Ms Cher Rooney (CR251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447795625256
Comment	SMS text message sent to patient Dear Mr Southern, Dear patients, we are pleased to announce from 14:00 on 07/06/24 to improve access and increase patient satisfaction levels we have invested in a new phone system enabling patients to request a call back from the reception team (rather than wait in a telephone queue). The system will only allow calls back to UK numbers, landlines and mobile numbers. You will only receive 1 attempt at a call back. We will be monitoring this new system as it is rolled out. Ardingly Court Surgery SMS sent on 06/06/2024 16:56:03

03-Jun-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Brighton and Hove City Council Access Point*
Additional	Email received from third party

22-May-2024 Ms Emma Watson (EWatson251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, Your appointment is on Tuesday the 18th of June at 3.30pm. Thanks Ardingly Court Surgery

15-May-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Email received from third party

14-May-2024 Ms Sunny Silva (SFDS251) Ardingly Court SurgeryAdministration note

Comment	Comment UC Form completed and sent in the mail.

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09-May-2024 Dr Sean Mitchell () Administration note

09-May-2024 Ms Sunny Silva (SFDS251) Ardingly Court SurgeryAdministration note

Comment Comment UC Form received and passed on to SM to complete.

09-May-2024 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryAdministration note

Regime Review Medication review of medical notes

09-May-2024 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Comment Comment Review of current medications. Bloods checked, compliance checked, interactions checked. Medications linked to condition.

08-May-2024 Ms Sunny Silva (SFDS251) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document Letter sent to consultant
FAO Dr Edina Bravo

02-May-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Report Universal credit Further information
Additional Scanned document

01-May-2024 Ms Sunny Silva (SFDS251) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document Referral for further care
NHS referral ltr 2024 to Adult Social care

01-May-2024 Ms Sunny Silva (SFDS251) Ardingly Court SurgeryAdministration note

Comment Comment Adult Social Care referral emailed to Access Point (B&H Council).

26-Apr-2024 Dr Anita D'Mello (ADMELLO251) Ardingly Court SurgeryTelephone consultation

Problem Epilepsy
History History Telephone appointment, DOB confirmed, speaking with patient.
History History Is unsure what the appt was about today.
History History Is with friend Mike in the background.
History History Finding the blister packs are better but then struggling with remembering to get them from the chemist and has a difficult relationship with his chemist - but will ask about picking up and giving him a call to be reminded to collect each week.
History History Has been feeling quite low after coming out of prison, but is feeling better. I asked about any suicidal thoughts but denies even feeling low now and is feeling upbeat and feels ok and able to do things if he has someone with him.
History History Today is feeling good. Is with his friends Mike who is supportive.
History History has mobility issues. Is in recovery 23 months sober.
History History Unable to work and needing sick note.
Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: Epilepsy; Duration 26-Apr-2024 - 26-May-2024)

26-Apr-2024 Dr Anita D'Mello (ADMELLO251) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07795625256
Comment SMS text message sent to patient Dear Mr Southern, Med 3 attached To RESPOND or VIEW ATTACHMENTS, please follow this link: (link will autogenerate here) Kind Regards, Dr D'Mello Ardingly Court Surgery Attachments: FitNote_13045bac-b8cb-4090-8f36-ca67a052c1b1.pdf

24-Apr-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional Attachment
Email Brighton and Hove City Council Health & Adult Social Care
Additional Email sent to outside agency

24-Apr-2024 Ms Sunny Silva (SFDS251) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document Administrative procedure
Reply Letter to B&H Council

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24-Apr-2024 Ms Sunny Silva (SFDS251) Ardingly Court SurgeryAdministration note

Comment	Comment Reply letter from SM emailed to Laura Healey, social worker from East Sussex Council.

23-Apr-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Brighton And Sussex University Hospitals NHS Trust Neurology*
Additional	Seen in neurology clinic
Problem	Epilepsy
Comment	Comment Continue with medication and once he is seizure free for 24 months we might consider reducing his treatment
Comment	Comment I am booking a telephone call for 6 months time
Comment	Comment He will also contact the council and his GP because it has been reported to me today that he lives on his own and he doesn't have any adjustments, for instance he only has a bath; we encourgae pt's to observe antiepileptic life regime which means proper sleep regime and also encouraging them to take showers instead of baths especially if they live alone.

22-Apr-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Email received from third party

19-Apr-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *GPCOG Test*
Additional	Scanned document

18-Apr-2024 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Brighton and Hove City Council Health and Adult social care*
Additional	Email received from third party

12-Apr-2024 Mr Steve Waller (SWaller251) Awaiting clinical code migration to EMIS Web

Comment	Research survey clerk
Comment	Patient mobile telephone number +447795625256
Comment	SMS text message sent to patient Dear Mr Southern, Reminder of the Health Counts Survey. It's anonymous and takes 15mins www.brighton.ac.uk/healthcounts Ardingly Court Surgery SMS sent on 12/04/2024 16:03:51

05-Apr-2024 Dr Aisling Moyle (AMoyle251) Awaiting clinical code migration to EMIS Web

04-Apr-2024	Lab Results	HbA1c level (DCCT aligned) memory problems **HbA1c level (DCCT aligned)**(AMoyle251) - Normal - No Action: HbA1c levl - IFCC standardised COMMENT FOR HBA1C Note normal HbA1c does not exclude diabetes of recent onset. For monitoring diagnosed diabetes: individualised targets recommended (NICE NG28).	25 mmol/mol	(Range: 20 - 41) (No range available)

04-Apr-2024 Mr Isaac Legate (Ilegate251) Ardingly Court SurgeryGP Surgery

Procedure	Informed consent for procedure
Procedure	Consent given for communication by short message service text messaging
Procedure	Blood sample taken 1st R ACF
Procedure	Seen by practice phlebotomist
Procedure	Right arm
Procedure	Gloves worn
Procedure	Haemostasis ensured
Procedure	Sharp(s) disposed safely
Procedure	Sample(s) labelled appropriately and prepared for transport
Procedure	Patient informed of when and how to expect/collect results
Additional	Template entry - EHR composition type Phlebotomy v18.0 by Ardens

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04-Apr-2024 Mr Isaac Legate (Ilegate251) Ardingly Court SurgeryGP Surgery

Examination	6CIT (Six Item Cognitive Impairment Test) total score	8 /28
Examination	General practitioner assessment of cognition patient score	6 /9
Examination	General practitioner assessment of cognition informant score	0 /6
Comment	Comment got name/address component incorrect - mixed surname and street, also number incorrect provided questionairre for friend to fill out informant component - will drop in to reception. bloods done today Edit 23/4/24 - dropped in informant filled questionaire - score 0/6	
Comment	Comment task sent to dr mitchell to review	
Additional	Template entry - EHR composition type Dementia v18.0 by Ardens-Q Ltd.	

04-Apr-2024 Dr Aisling Moyle (AMoyle251) Awaiting clinical code migration to EMIS Web

Lab Results — Full blood count - FBC memory problems

Full blood count - FBC(AMoyle251) - OK - No action:		
Haemoglobin estimation	150 g/L	(Range: 135 - 180)
Total white cell count	**11.2 10*9/L**	**(Range: 4 - 10)**
Nucleated red blood cell count, 0.0 10*9/L	0 10*9/L	(No range available)
Platelet count	284 10*9/L	(Range: 150 - 410)
Red blood cell (RBC) count	4.74 10*12/L	(Range: 4.5 - 5.5)
Haematocrit	0.464	(Range: 0.4 - 0.54)
Mean corpuscular volume (MCV)	97.9 fL	(Range: 83 - 101)
Mean corpusc. haemoglobin(MCH)	31.6 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	323 g/L	(Range: 310 - 360)
Differential white cell count(AMoyle251) - OK - No action:		
Neutrophil count	**7.2 10*9/L**	**(Range: 2 - 7)**
Lymphocyte count	**3.1 10*9/L**	**(Range: 1 - 3)**
Monocyte count	0.8 10*9/L	(Range: 0.2 - 1)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

04-Apr-2024 Dr Aisling Moyle (AMoyle251) Awaiting clinical code migration to EMIS Web

Lab Results — B12/folate level memory problems

B12/folate level(AMoyle251) - OK - No action:		
Serum vitamin B12	**1127 ng/L**	**(Range: 197 - 771)**
Serum folate	8.5 ug/L	(Range: 1.9 - 25)
CALCIUM (SERUM)(AMoyle251) - Normal - No Action:		
Serum calcium, 2.20 mmol/L	2.2 mmol/L	(Range: 2.15 - 2.5)
Serum albumin	41 g/L	(Range: 35 - 52)
Serum adjusted calcium conc	2.28 mmol/L	(Range: 2.15 - 2.5)
C-REACTIVE PROTEIN (S)(AMoyle251) - Normal - No Action:		
Serum C reactive protein level	5 mg/L	(No range available)
Urea and electrolytes(AMoyle251) - Normal - No Action:		
Serum sodium	138 mmol/L	(Range: 136 - 145)
Serum potassium	3.6 mmol/L	(Range: 3.5 - 5.1)
Serum creatinine As of 23/08/2023, enzymatic creatinine is in primary use.	101 umol/L	(Range: 59 - 104)
GFR calculated abbreviatd MDRD	60 mL/min	(Range: 60 - 90)
EGFR COMMENT 1 eGFR should not be used in patients with acute renal impairment.		(No range available)
Liver function test(AMoyle251) - Normal - No Action:		
Serum total protein	68 g/L	(Range: 66 - 87)
Serum globulin	27 g/L	(Range: 18 - 36)
Serum alkaline phosphatase	56 iu/L	(Range: 40 - 129)
Serum total bilirubin level	11 umol/L	(No range available)
Serum ALT level	36 iu/L	(No range available)
Thyroid function test(AMoyle251) - Normal - No Action:		
Serum TSH level	1.17 mu/L	(Range: 0.27 - 4.2)

04-Apr-2024 Dr Aisling Moyle (AMoyle251) Awaiting clinical code migration to EMIS Web

Lab Results — Plasma glucose level memory problems

Plasma glucose level(AMoyle251) - Normal - No Action:

27-Mar-2024 Mr PCTIltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email HMP Lewes*
Additional	Email received from third party

27-Mar-2024 Mr PCTIltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Patient Summary*
Additional	Scanned document

27-Mar-2024 Dr Eleonora Turlini (ECT) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Referral	Referral to physiotherapy service . *Referral Type: Outpatient*
Document	e-RS Letter (27-Mar-2024) *NHS e-Referral UBRN 000427364983 for Referral to physiotherapy service*

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26-Mar-2024 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Fax sent to outside agency *MSK Referral Form*

26-Mar-2024 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

History	History F2F - recently out of prison - worried about memory - struggling with routine
History	History Has been EtOH free for 22 months
History	History Smokes cannabis
History	History Has four year old twins who live with their mother
History	History Increase in seizures due to stress
History	History Under AA
History	History Has no wifi - friend is going to help
History	History Feels that he has lost dexterity - since a seizure in January
History	History Neuropathy over ulnar aspect left forearm
History	History Asking for Med 3
Examination	Examination Left hand power 4/5 - on grip
Examination	Examination No pronator drift
Examination	Examination Right hand dominant
Comment	Comment I will organise meds for him
Comment	Comment Referal to MSK to review
Comment	Comment Bloods and memory test
Test Request	Unknown specimen
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: Epilepsy; Duration 26-Mar-2024 - 26-Apr-2024)*
Medication	Medication (NOT ISSUED) Ketoconazole 2% shampoo 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024, 120 ml
Medication	Medication (NOT ISSUED) Ketoconazole 2% shampoo Apply Once Every 1-2 Weeks, 120 ml
Medication	Medication (NOT ISSUED) Ketoconazole 2% shampoo 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024, 120 ml

18-Mar-2024 Mr Steve Waller (SWaller251) Awaiting clinical code migration to EMIS Web

Comment	Research survey clerk
Comment	Patient mobile telephone number +447795625256
Comment	SMS text message sent to patient Dear Mr Southern, Take part in the Health Counts Survey. It's anonymous and takes 15mins www.brighton.ac.uk/healthcounts Ardingly Court Surgery SMS sent on 18/03/2024 09:06:50

07-Mar-2024 Miss Hannah McFall (HMcfall251) Ardingly Court SurgeryAdministration note

Additional	Patient allocated named accountable general practitioner
Additional	Informing patient of named accountable general practitioner

06-Mar-2024 James Bugden () Administration note

Additional	Released from prison
Additional	Has no outstanding hospital/ Doctors appointments
Additional	Supply of discharge medication
Additional	On prescription medication

05-Mar-2024 Mr PCTIltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter HMP Lewes Integrated Mental Health Team*
Additional	Letter encounter

05-Mar-2024 Ms Lydia Radford () Administration note

Additional	Record Attachment *Discharge summary Recipient: Mr Patrick Southern Sent: 05 Mar 2024 12:52*

05-Mar-2024 Ms Lydia Radford () Administration note

Additional	Impressions of the prisoners behaviour and mental state Brief caseload review and emails regarding HDC release. I spoke with Karen Lacey yesterday who confirmed over email with Emmy White-Moncrieff that Patrick is due for release tomorrow. I wrote a discharge letter which I gave to Patrick on K wing. He presented as reasonably calm though continued to speak about how difficult he finds the prison environment. He engaged well as I went through the letter. He shook my hand at the end and said he would never come back to prison. Letter shared by email From: Lydia Radford <Lydia.Radford@practiceplusgroup.com> Sent: 05 March 2024 12:55 To: White-Moncrieff, Emmy [HMPS] <Emmy.White-Moncrieff@justice.gov.uk>; Bullen, Hana [HMPS] <Hana.Bullen@justice.gov.uk> Cc: Longhurst, Amy <Amy.Longhurst@justice.gov.uk> Subject:

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Re: Southern Patrick A6398AA Hi all, Please see attached letter supplied to Patrick today. Patrick presented as reasonably calm today. He said that he was still struggling with "this prison", but thought his mood would improve on release. I did not give him any information about his anticipated release tomorrow in case this does not go ahead for some reason, but I did give him advice about registering for health services in the community. Best wishes, Lydia Lydia Radford Bank Mental Health Practitioner Practice Plus Group Landline number 01273 785153 lydia.radford@practiceplusgroup.com Healthcare HMP Lewes, 1 Brighton Road, Lewes, East Sussex, BN7 1EA From: Lacey, Karen [HMPS] <Karen.Lacey@justice.gov.uk> Sent: 05 March 2024 12:01 To: Lydia Radford <Lydia.Radford@practiceplusgroup.com>; White-Moncrieff, Emmy [HMPS] <Emmy.White-Moncrieff@justice.gov.uk>; Bullen, Hana [HMPS] <Hana.Bullen@justice.gov.uk> Cc: Longhurst, Amy <Amy.Longhurst@justice.gov.uk> Subject: RE: Southern Patrick A6398AA Hi Lydia Please email the information to Amy Longhurst who is his Probation Officer in the community. I have cc in his POM so she is aware of what has been going on with this prisoner. Regards Karen Lacey Probation Officer OMU HMP Lewes 01273 785100 x 5015 Karen.lacey@justice.gov.uk From: Lydia Radford <Lydia.Radford@practiceplusgroup.com> Sent: Tuesday, March 5, 2024 9:34 AM To: White-Moncrieff, Emmy [HMPS] <Emmy.White-Moncrieff@justice.gov.uk>; Lacey, Karen [HMPS] <Karen.Lacey@justice.gov.uk> Subject: Re: Southern Patrick A6398AA Hi Emmy, Thank you for this. Karen, I have tried to refer Patrick to MH services in the community, but they have declined the referral as he is not registered with a GP in Brighton. I'll write him a letter to give to the GP as soon as he's registered. Would you like a copy to share with Probation? Best wishes, Lydia From: White-Moncrieff, Emmy [HMPS] <Emmy.White-Moncrieff@justice.gov.uk> Sent: 04 March 2024 16:40 To: Lacey, Karen [HMPS] <Karen.Lacey@justice.gov.uk>; Lydia Radford <Lydia.Radford@practiceplusgroup.com> Subject: RE: Southern Patrick A6398AA **WARNING** This email is from an external source. DO NOT click on any links or attachments unless they are expected and from a verified source. If you believe this email is suspicious please forward it to report.phishing@practiceplusgroup.com and we will check it for you. The Original Sender of this email is emmy.white-moncrieff@justice.gov.uk Hi Both, We were waiting for further child services checks but these have now been completed. Address below is the one that has been submitted. 11 Kebbell Lodge High Street Brighton BN2 1SU His release will be Wednesday 06/03/2024 (this is the planned date unless anything comes up) Kind Regards, Emmy White- Moncrieff Head of Offender Management Unit HMP Lewes 8 emmy.white-moncrieff@justice.gov.uk '01273 785008 +1 Brighton Road | Lewes | East Sussex | BN7 1EA A logo of a company Description automatically generatedA diagram of a company's company Description automatically generated Support can be found via PAM Assist: Support line (0800 019 8988) or via the website www.pamassist.co.uk Username: HMPPS, Password: HMPPS1. Official/Official Sensitive/Secret/Top Secret This e-mail is confidential and intended solely for the use of the individual to whom it is addressed. If you are not the intended recipient, be advised that you have received this e-mail in error and that any use, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please contact the sender. Any views or opinions presented are solely those of the author and do not necessarily represent those of HMPPS. Although this e-mail and any attachments are believed to be free of any virus or other defects which might affect any computer or IT system into which they are received, no responsibility is accepted by NOMS, or its service providers, for any loss or damage arising in any way from the receipt or use thereof. Please consider the environment before printing this e-mail or its attachments From: Lacey, Karen [HMPS] <Karen.Lacey@justice.gov.uk> Sent: Monday, March 4, 2024 1:08 PM To: Lydia Radford <Lydia.Radford@practiceplusgroup.com> Cc: White-Moncrieff, Emmy [HMPS] <Emmy.White-Moncrieff@justice.gov.uk> Subject: Southern Patrick A6398AA Importance: High Hi Emmy Are you able to update Lydia (IRMHT) as to when this prisoner is getting HDC, and if he is, what address has been agreed so that she can notify the local Community MH Team. Regards Karen Lacey Probation Officer OMU HMP Lewes 01273 785100 x 5015 Karen.lacey@justice.gov.uk

Additional Indirect

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Additional	Crisis/short term interventions in mental health care None required
Additional	Care planning and problem solving actions Patrick will be discharged from IMHT once release is confirmed tomorrow.

05-Mar-2024 Oluwatoyin Bello () Administration note

27-Feb-2024 Bethany Hannah () GP Surgery

Additional	Additional Dr Brew, N Thomsett, B Hannah, A Hogg, C Slater
Additional	Additional Safer Prescribing
Additional	Additional IP of medicaiton, however score indicates to move to NIP
Additional	Additional Pharmacy Techs to complete monthly medication check and to remain IP

25-Feb-2024 Miss Lori Phillips () Administration note

Additional	Prisoner receiving prescribed medication	
Additional	IPRA (in possession risk assessment) - patient on medication at risk state	25 Unk UoM
Additional	Prisoner assessment for in-possession medication completed	
Additional	Assessment of risk of prisoner in-possession medication See reasons from previous IPRA, however new instance of self harm and opened ACCT - added to MPCCC for deliberation as per PPG guidance "20+ = Not normally allowed In Possession - Discussion in MPCCC meeting if considering IP"	

22-Feb-2024 Mr Paul New () GP Surgery

Additional	Pain
Additional	Evidence of pain and / or discomfort (Added from Questionnaire)
Additional	Normal mood (Added from Questionnaire)
Additional	Index of independence in activities of daily living (Added from Questionnaire)
Additional	Walks steadily (Added from Questionnaire)
Additional	Discharge from physiotherapy service
Additional	Physiotherapy pt completed pain group & managed well
Additional	Ability to self care (Added from Questionnaire)
Additional	Has self management plan
Additional	PPG MSK Physio Health Questionnaire EQ-5D-3L (22 Feb 2024 16:28) *PPG MSK Physio Health Questionnaire EQ-5D-3L (22 Feb 2024 16:28)*

20-Feb-2024 Mr Steven Corden () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 20 Feb 2024 10:38*

20-Feb-2024 Ms Lydia Radford () Administration note

Additional	Indirect
Additional	

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Impressions of the prisoners behaviour and mental state From: Lydia Radford Sent: 20 February 2024 18:21 To: spnt.referralats@nhs.net <spnt.referralats@nhs.net> Cc: practiceplusgrp.hmplewescjl@nhs.net <practiceplusgrp.hmplewescjl@nhs.net> Subject: Referral from Integrated Mental Health Team, HMP Lews Hello, I am emailing from the mental health team at HMP Lewes to make a referral to East Brighton ATS. I work bank shifts at the prison, so please reply all to this email. I will not be in again until Monday, 26th Feb. I work for SPFT Wednesday to Friday, so you can ring me on skype to discuss this referral. I will not have access to Practice Plus Group records when I'm working for SPFT. Name: Patrick Southern Date of Birth:15 Dec 1977 Current Address: HMP Lewes Usual Address (according to Patrick): 11 Keeble Lodge, High Street, Brighton, BN2 1SU Current GP: HMP Lewes Usual GP (according to Patrick): Ardingly Court, High St, Kemptown Email Address: patrickfsouthern@gmail.com Patrick has been at HMP Lewes since 13 July 2023. He has not been reviewed by a psychiatrist during this time, so he does not have a diagnosis of a mental disorder, however he has a complex presentation. Patrick has a long history of polysubstance misuse, particularly alcohol. He has now been sober for 20 months which he is rightly proud of. He attends meetings very regularly in the community. Patrick has difficulty regulating his emotions. He experiences rapid fluctuations in mood. When seen, he presents as labile and intermittently tearful, regardless of whether his mood is low or not. Patrick has a significant history of trauma and disrupted early attachment. He grew up in boys homes in Scotland and experienced sexual abuse. Patrick is experiencing memory difficulties. He has been referred to MAS in December 2023 after scoring 21 on the 6-CIT. The GP has queried Korsakoff's. Patrick experiences seizures and is under the care of neurology. Patrick suspects he has ADHD, but he does not want to be assessed for this. Patrick has been self-harming in prison by cutting himself with a razor, usually as a response to external stressors, like potentially being transferred to another prison and an alleged incident of verbal abuse from a member of staff. Patrick generally self-harm superficially with the intention of reducing distress, however he can cut himself more significantly with the intention in the moment to end his life. He is remorseful after these events. Patrick last cut himself about 2 weeks ago. Patrick can be aggressive to prison staff. He is highly expressed and this can be interpreted as aggression. As such, it may not be appropriate to see Patrick alone at his address. Patrick was acquitted of a sexual offence against a female ex-partner. He is adamant that this was a malicious allegation. He has not been sexually inappropriate to staff. Patrick keeps his cell very tidy and organised. He writes things down to aid his memory. He keeps picture and prompts up on his wall. He manages his personal hygiene well. Patrick can have difficulty with peers. He has reported assaults from peers. He is vulnerable due to his memory and highly expressed presentation. Patrick has twins who are 5 years old. They are very important to him. The mother of the twins is supportive of him. Patrick is due for release on tag imminently, though we do not have a date. Please let the team know if you need any further information to process this referral. Best wishes, Lydia Lydia Radford Bank Mental Health Practitioner Practice Plus Group Landline number 01273 785140 lydia.radford@practiceplusgroup.com Healthcare HMP Lewes, 1 Brighton Road, Lewes, East Sussex, BN7 1EA

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19-Feb-2024 Ms Lydia Radford () Administration note

Additional	Crisis/short term interventions in mental health care ACCT remains open. No immediate concerns about risk today. Patrick reported that he has secreted razors around his person and if he were to be transferred, he would use these to self-harm. According to NOMIS, the prison are aware of this.
Additional	Impressions of the prisoners behaviour and mental state IMHT caseload review - Patrick was seen for a caseload review by me and Lauren, student nurse. He was well-kempt and made appropriate eye contact. He engaged well. Patrick was labile in mood and highly expressed, as is typical for him; however, he presented as bright and optimistic about the future. Patrick bought his diary with him with him and used this to help him remember dates and times of incidents. He also carried pictures of his children. Patrick was agitated prior to coming out of his cell, asking if it was "a trick". Reassurance was offered and he did speak to us in an office. Patrick spoke to us about how the past few weeks had been. He had self-harmed to his neck with the intent to end his life when the prison attempted to transfer to HMP Rochester. Patrick said he told the prison he would self-harm and had secreted razors on his person. He said he had also swallowed a razor and was told "it's biodegradable" so he could still be transferred. He was not transferred due to his injury. Patrick believes he will not be transferred and is expecting release on tag imminently, but remains very anxious about this. He was mistrustful of staff due to the way the previous attempts to transfer him had been managed. Patrick said he last self-harmed on 12/2 by cutting his forearm. This looks to have been a fairly deep cut, but not close to any major blood vessels. The wound was seen by primary care several hours after the incident as he initially refused treatment. Patrick said the trigger for this incident was a prison officer calling him a "rapist". Patrick has put in a complaint about this. Patrick said he found being on K wing manageable and did not think he was likely to self-harm in the next few days, unless a further prison issue were to arise. Patrick was insightful about how quickly his moods change and how he can feel hopeless and "backed into a corner" leading to self-harm. Patrick said he regretted the incidents of self-harm. He spoke about his children being protective. Patrick said he had not cut himself in a significant way in the community. These more serious injuries have only happened during this sentence. Patrick said that he had taken to writing about his day as well as writing his morning gratitude. He is finding this helpful.
Additional	Mental health in-reach team review
Additional	Care planning and problem solving actions 1) Referral to East Brighton ATS 2) Speak to OCA to find out whether there is a plan to transfer Patrick.

19-Feb-2024 Ms Lydia Radford () Administration note

Additional	Impressions of the prisoners behaviour and mental state T/C to OCA - There is no current plan to transfer Patrick. They are waiting for a decision from the governor about whether this will take place in the future. T/C to East ATS - No answer. Attempt to ring later
Additional	Indirect

19-Feb-2024 Mrs Lucy Arkwell () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 19 Feb 2024 14:24*

19-Feb-2024 Avril Gillman () Administration note

Additional	Additional 19.02.2024 Patient on an ACCT
Additional	Additional A WING TECH - 19.02.2024 Patient on an ACCT. Please redo IPRA asap. Thank you

15-Feb-2024 Mr Graham Pollock () Administration note

Additional	Overview Notes I gave Pat a new/updated release apointment for Thursday 22nd and explained that i spoke to OMU earlier today and they said they are waiting for aproval of his address from outside Probation services and confirmed that he will be given HDC when this is approved. Revisited harm min and tolerance reduction and agreed to keep an eye on his release in case the appointment needs to be moved back yet again.

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15-Feb-2024 Miss Charlotte Cloke () GP Surgery

Additional	Additional No access visit for Mental Health appointment with Miss Charlotte Cloke.
Additional	Home visit - no reply

15-Feb-2024 Miss Charlotte Cloke () Administration note

Additional	Indirect
Additional	Impressions of the prisoners behaviour and mental state Attended K wing following ACCT review on A wing. CM Neale had completed this review without IMHT attendance. CM Neale reported Patrick had self-harmed following being made fit for transfer and not wanting this. CM Neale mentioned Patrick had stated he feels settled on K wing and likes the wing. I informed Patrick is booked in to see his allocated clinician next week.

15-Feb-2024 Mr Paul New () GP Surgery

Additional	Seen by physiotherapist
Additional	Physiotherapy attended pain group
Additional	Consent obtained

14-Feb-2024 Christina Stockham () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Application for Healthcare Recipient: Mr Patrick Southern Sent: 14 Feb 2024 10:30*

13-Feb-2024 Mrs Lucy Arkwell () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 13 Feb 2024 13:31*

12-Feb-2024 Ms Sipiwe Shewete () Administration note

Additional	Medical drawing *Body Back (Male)*
Additional	Clinical examination Seen in his Cell on K-Wing Mr Southern had already cleaned up his Arm. Evidence of Superficial Cut observed to his Left Arm. Requested for Dressing only. Dressing applied and offered Paracetamol. Reported an altercation with Unit Officers. Prisoner observed to be very any with the Officers.
Additional	Clinical history and observations Requested to review Mr Southern following an episode of Self Harm by Cutting.
Additional	Consultation
Additional	Clinical examination Self Harm by cutting to his Left Arm.
Additional	Plan To be reviewed this am by H2 Day Duty 11.02.24.

12-Feb-2024 Mr Paul Scott-Harris () Administration note

Additional	SODIUM VALPROATE_12 Feb 2024 10:07_Adherence.txt

12-Feb-2024 Caroline Pert () Administration note

Additional	Additional Apps received regarding suicidal thoughts due to transfer. Officers did welfare check and he was feeling good today had engaged with regime no thoughts of self harm or suicide. Will attend acct review and booking to see his practitioner LR as soon as possible.

12-Feb-2024 Miss Emily Buckingham () Administration note

Additional	Plan Explained the importance of keeping the wound clean. Safety netting advice given.
Additional	Clinical history and observations Seen for wound care of his left arm. Mr Southern requested steri strips for his arm due to the depth of the cut. I informed Mr Southern that it was outside of the timeframe for them. Mr Southern appeared very anxious so I agreed to place some to ease his anxiety.

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11-Feb-2024 James Bugden () Administration note

Additional	Clinical examination 1. Wound has been closed with steri-strips and then has been covered with adhesive dressing to cover	
Additional	Clinical history and observations 1. Requested by the officers to re-dress his neck wound which has resulted in him removing the outer dressing which as removed the ster-strips from the wound 2. Patient has requested that the steri-strips be cut in half and then the wound closed	
Additional	Consultation	
Additional	Patient given advice	
Additional	Plan 1. Advised patient to leave the dressing in place and the steri-strips in place but to contact health-care if he notices any discharge coming from the wound	

10-Feb-2024 James Bugden () Administration note

Additional	Medical drawing *Body Front & Back (Male)*	
Additional	Clinical examination 1. There is a significant laceration that was previously steri-strip and covered yesterday	
Additional	Clinical history and observations 1. Patient has intentionally removed the outer dressing from the left side of his neck resulting in the steri-strips being removed also	
Additional	Plan 1. Patient has given consent for this to be re-closed with steri-strips and covered with adhesive dressing to cover	

09-Feb-2024 Miss Elena South () Administration note

Additional	LEVETIRACETAM_09 Feb 2024 13:03_Adherence.txt	
Additional	LEVETIRACETAM_09 Feb 2024 13:03_Adherence.txt	
Additional	SODIUM VALPROATE_09 Feb 2024 13:03_Adherence.txt	
Additional	THIAMINE_09 Feb 2024 13:03_Adherence.txt	
Additional	VALUPAK MULTIVITAMIN_09 Feb 2024 13:03_Adherence.txt	

09-Feb-2024 Ms Claudia Ntombela () GP Surgery

Additional	Additional Telemeds has not been considered for this Referral	
Additional	PARACETAMOL_09 Feb 2024 15:52_Adherence.txt	
Additional	Medical drawing *Body Front & Back (Male)*	
Additional	Oxygen saturation at periphery	98 %
Additional	Cutting self	
Additional	Temperature	36.5 Cel
Additional	Pulse rate	76 {beats}/min
Additional	Open F213SH	
Additional	Medication review done	
Additional	Referral to mental health team	
Additional	Plan Cleaned with saline on the neck, appeared to be in pain, veins on the neck intact. Sterisrips applied on both lacerations. and secured with Mepore dressing Paracetamol 1g administered F213 filled in and handed over to Reception CM	
Additional	Clinical history and observations Seen in clinic room following cut on both sides of the neck, was scheduled for transfer to HMP ROCHESTER , self harm as a protest to transfer	
Additional	Clinical examination Fully alert, responsive and conscious, bleeding from the neck Right side neck laceration slightly deep Left side laceration superficial	

09-Feb-2024 Ms Claudia Ntombela () GP Surgery

Additional	Additional Scheduled for transfer to HMP ROCHESTER
Additional	Additional Cancelled due to self harm

09-Feb-2024 Mr Herikanos Gorah () GP Surgery

Additional	Plan Wounds around the neck bleeding, cleaned with saline solution. Steri-stripped and secured with a soft pore adhesive dressing. He has been advised not to remove the dressings
Additional	Advice given about wound care
Additional	Wound care
Additional	Wound observation Has self harmed in reception because he did not want to be transferred to another prison Wound on his neck dressed by nurses in reception. He has taken the dressings off in his cell and hotel 2 called to redress them
Additional	Infectious disease : prevention/control
Additional	Wound pain
Additional	Dressing of wound
Additional	Use of aseptic technique

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08-Feb-2024 Mr Paul New () Administration note

Additional	Seen by physiotherapist
Additional	Physiotherapy attended pain group
Additional	Consent obtained

07-Feb-2024 Nurse2 Clinic () GP Surgery

Additional	Additional No access visit for Nurse Clinic appointment with Nurse2 Clinic.
Additional	Home visit - no reply

07-Feb-2024 James Bugden () Administration note

Additional	Consultation
Additional	Clinical history and observations 1. Attended to review wound on the left shin, due to the roll being completed the officers were unable to un-lock the door till after lunch, the patient has stated that he is attending choir and he has requested that the wound be reviewed and dressed at 16:00 this afternoon

07-Feb-2024 James Bugden () Administration note

Additional	Consultation
Additional	Clinical history and observations 1. Re-attended the wing to re-dress the wound but the officers have stated that they are currently in patrol state and they are unable to open the door. 2. This has been explained to the patient and they are happy to have this dressing changed tomorrow and this has been moved to tomorrow and i have documented no access visit on the notes

06-Feb-2024 Mr Graham Pollock () Administration note

Additional	Overview Notes Patricj has self-harmed again as a result of being told that he was to be shipped out to Rochester. he has HDC eligibility from the day after tomorrow and so hopefully will be released quite soon. Unable to attend the ACCT review as i am on training this afternoon. I applied some acupressure beads for Pat. He said he has managed to get to the AA meeting on Fridays and this is helpful. for him.

06-Feb-2024 Miss Emily Buckingham () Administration note

Additional	Clinical history and observations stopped in the wing this am. Asked for a fresh bandage. One has been provided. Thanked me for my time.

06-Feb-2024 Aleksandra Bullock () Administration note

Additional	Indirect
Additional	Impressions of the prisoners behaviour and mental state e-mail ACCT handover sent to SO Dacosta as patrick was on a visit this afternoon when ACCT review was planned. Lydias IMHT entry yesterday was sent to SO and reiterated that IPR contact was essential or he could loose his acommodation.

06-Feb-2024 Ms Lydia Radford () Administration note

Additional	Care planning and problem solving actions I have asked Aleks to request this is followed up in the ACCT
Additional	Indirect
Additional	Impressions of the prisoners behaviour and mental state Attempted to ring IPR about Patrick's housing issue, no answer

06-Feb-2024 Avril Gillman () Administration note

Additional	Additional Patient on ACCT - 6/2 - task sent to pharmacists for a new IPRA

05-Feb-2024 Ms Claudia Ntombela () GP Surgery

Additional	Additional Scheduled for transfer to HMP ROCHESTER
Additional	Additional Informed by Reception CM that trsnfer has been cancelled

05-Feb-2024 Miss Lisa Duffy () Administration note

Additional	Overview Notes confirmed as attended AA meeting on 02/02/2024

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05-Feb-2024 Ms Lydia Radford () Administration note

Additional	Impressions of the prisoners behaviour and mental state I saw Patrick through the cell door as there was only one member of staff on K wing. As I arrived, I was told that Patrick had self-harmed by cutting his head. I said I would see him through the door. Patrick was seen. He had blood on his neck which he was cleaning with a towel. These cuts appeared superficial. He also had two slightly deeper cuts to his calves. He was walking on a towel to stop blood from getting on the floor. Patrick's cell was neat and orderly with pictures of his children displayed. He had written messages on his wall and arm including the word "extreme" and something about his twins. Patrick was initially agitated and angry, however he became more calm as we spoke. He engaged well as he became more settled. Patrick presented as he does typically. He was very expressive, both of negative and positive emotion. He moved around his cell as he spoke, showing me pictures of his children. Patrick spoke about the transfer. He said he is expecting to be released on tag soon. He is eligible from 8/2/24. He had initially had a letter saying he was not eligible due to his offence, but he complained and has a response saying he is eligible. He showed me both of these through the hatch. Patrick expected to stay at HMP Lewes until his release. Patrick said he worried about being targeted by people at another prison due to the nature of the offences he was acquitted of. Patrick spoke about his recovery and his future. He is proud of his sobriety. He showed me his daily affirmations and the reading he does. Patrick appeared optimistic about the future. He spoke about his twins and how important they are to him. Patrick said he was not feeling suicidal. He self-harmed as a way of releasing emotion and managing stress. Patrick said he sometimes self-harms as a way of avoiding harming others. 1pm - T/C from Reception asking whether Patrick was medically fit for transfer. I advised I needed to discuss this with my colleagues. I attempted to ring back, but the line was engaged. 1:30pm - Discussed with Oscar 1, CM Stanford - Patrick is medically fit for transfer, however transfer will be destablising for him and could lead to further self-harm. If his release on tag is imminent, the prison need to make a decision about whether it is worthwhile transferring Patrick. 2:30pm - Discussed with Duty Gov White Moncrieff - Patrick may not be eligible for tag. He will be transferred on Friday, but officers will speak to him to plan this and give him more time to prepare. This means Patrick's visit should go ahead tomorrow.
Additional	Mental health in-reach team review
Additional	Crisis/short term interventions in mental health care ACCT reopened by prison. I have added a note to the working ACCT document Patrick planned the afternoon with me. He will go to the gym if he is allowed. If not, he will do reading in his cell. Patrick presented as calmer by the end of the conversation. No immediate concerns about risk to self, however Patrick's mood fluctuates. He may be
Additional	Care planning and problem solving actions 1) Remains on my caseload 2) Patrick should be transferred to HMP Rochester on Friday 3) Patrick was given an app for IPR to speak about housing. I will follow this up with a phone call.

05-Feb-2024 Miss Emily Buckingham () Administration note

Additional	Clinical history and observations Seen at request of officers due to earlier self harm. Small superficial cuts to the back of Mr Southern's head. Cut to left shin that had already been cleaned. Bandage given to Mr Southern to place on himself, he requested to do it himself.
Additional	Plan ACCT already opened by prison staff.

01-Feb-2024 Mr Paul New () GP Surgery

Additional	Physiotherapy Attended pain group managed well

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31-Jan-2024 Mr Graham Pollock () Administration note

Additional	Record Attachment **Sensitive* Do Not Disclose Recipient: Mr Patrick Southern*
Additional	Overview Notes Pat is now on K-wing and finding it a lot better than C-wing, where he was having issues with other inmates due, largely, to the stigma of the allegation of rape, of which he was found not-guilty. He has recently been told that he will now be release on HDC - previously refused as unsuitable, and is very happy about this. His date is the 8th of February, but he has been told there may be a bit of a delay. He will engage with CGL Brighton after release.

30-Jan-2024 Mr Luke Hutchings () Administration note

Additional	EPIMAX_30 Jan 2024 12:06_Adherence.txt

30-Jan-2024 Sunita Kaur Sahota () GP Surgery

Additional	Under care of general dental surgeon
Additional	Additional MH checked and confirmed no changes
Additional	Additional Patient advised me that he has been found not guilty of a big charge but guilty of a lesser charge. He is now expecting release in a week
Additional	Additional Advised patient this is not long enough to make BRA, as he requested, pt understood and says will make one himself upon release.
Additional	Additional Asked patient if any pain or problems - pt advised sharp shooting pain from UR side - pt pointed to UR5
Additional	Additional Level 2 PPE worn throughout
Additional	Additional EOE:lymph nodes - nad
Additional	Additional symmetry - nad
Additional	Additional TMJ - nad
Additional	Additional lips - nad
Additional	Additional IOE:
Additional	Additional tongue - scalloped tongue - pt aware has been biting his tongue more recently as is stressed
Additional	Additional FOM- nad
Additional	Additional buccal mucosa - nad
Additional	Additional hard palate - nad
Additional	Additional soft palate - nad
Additional	Additional UR5 amalgam MO - standing proud - exposed dentine - sensitive to 3 in 1 +++
Additional	Additional UR4 TSL into dentine
Additional	Additional UR3 TSL into dentine
Additional	Additional UR1 TSL into dentine on incisal edge
Additional	Additional UL1 TSL into dentine on incisal edge
Additional	Additional UL2 TSL into dentine on incisal edge
Additional	Additional Explained again to patient that he needs to have posterior support and then would have composite build ups on anteriors as needs occlusal height - has lost OVD due to clenching and grinding and loss of posterior teeth
Additional	Additional Advised that his symptoms are due to exposed dentine - dentine hypersensitivity and advised to treat this (in the short term) can place GIC but warned only temp restoration and may not hold or last
Additional	Additional Diagnosis:
Additional	Additional Dentine hypersensitivity UR5, UR4, UR3, UR1, UL1, UL2
Additional	Additional Treatment:
Additional	Additional Place GIC over teeth as temp measure today
Additional	Additional Pt understood and would like to try - says will seek dental care - full check up and resto tx upon release in 1 weeks time
Additional	Additional Tx today:
Additional	Additional Isolated UR5, Ur4, UR3, UR1, UL1, UL2
Additional	Additional Dried teeth using 3 in 1
Additional	Additional GIC (Fuji 9) placed over teeth
Additional	Additional Warned patient fillings may not hold - pt thanked us for trying
Additional	Additional Nurse Kathy Gorman
Additional	Additional Dentist Sunita Sahota

30-Jan-2024 Miss Lisa Duffy () Administration note

Additional	Overview Notes Confirmed as attended AA meeting on 26/01/2024

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30-Jan-2024 Ms M Hogg Amy () Administration note

Additional	Additional Telemeds has not been considered for this Referral	
Additional	KETOCONAZOLE_30 Jan 2024 15:54_Adherence.txt	
Additional	Presenting complaint Requesting epimax and shampoo for psoriasis	
Additional	Application by prisoner to see health professional	
Additional	Prescription of drug	
Additional	Routine	

29-Jan-2024 Mrs Lucy Arkwell () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 29 Jan 2024 09:53*	

26-Jan-2024 Alan Wason () Administration note

Additional	Medical drawing *Body Front & Back (Male)*	
Additional	Pulse rate	66 {beats}/min
Additional	Oxygen saturation at periphery	98 %
Additional	Plan Pt encouraged to source analgesia from the med hatch when required especially in the evening.	
Additional	Pulse regular	
Additional	Clinical history and observations Pt c/o grabbing pain left mid rib lateral edges aggravated when taking deep breaths and reaching movements that extend / expand the chest, 'is uncomfortable when I sleep'.	
Additional	Consultation	
Additional	Respiratory rate	16 {breaths}/min
Additional	Clinical examination ECT also observed area tender to touch, no deformity, chest structurally sound, sats 98% pt mobility not affected.	
Additional	Unplanned first attendance	
Additional	Other note Non-urgent.	
Additional	Hospital admission avoided	
Additional	Informing of incident 25/01/2024 0700Hrs	
Additional	Patient given advice	
Additional	Advised to self care	
Additional	Prisoner health - healthcare emergency response	

26-Jan-2024 Mrs Nicola Bullock () GP Surgery

Additional	Clinical examination Patrick would like me to show the letter to all the healthcare departments. It states that he apologies about his recent behaviour/presentation and stated he felt under a lot of pressure lately but didn't mean to 'take it out on healthcare staff'.
Additional	Clinical history and observations Patrick stopped me on C Wing this morning and gave me a letter written on a healthcare application addressed to 'All Healthcare Services'.
Additional	Plan I will make sure all departments have time to read Patrick's letter. Patrick was upbeat in mood / chatty and was out on the landings on association time mixing with his peers.

25-Jan-2024 Mr Graham Pollock () Administration note

Additional	Overview Notes Patrick is no stable and settled on C-wing, but finding the wing a bit noisy and is using ear plugs. I applied some acupressure and he was, as always, grateful for this. he said he has not been able to attend AA for two weeks due to curt and then being in the SEG, and is looking forward to attending this Friday/

25-Jan-2024 Mr Steven Corden () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 25 Jan 2024 07:44*

25-Jan-2024 Mr Paul New () GP Surgery

Additional	Back pain
Additional	Physiotherapy S. pt return to wing from CSU Back pain improving pt keen to attend pain group again O. pt seen whlle walking in yard Has FAROM lx spine Rx. pt given info for pain group A. consented to attend group P. FU pain group
Additional	Consent obtained
Additional	Seen by physiotherapist

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25-Jan-2024 Mr Moses Zona () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Routine
Additional	Presenting complaint App received complaining about broken ribs during an epileptic seizure.
Additional	Application by prisoner to see health professional
Additional	Referral to other
Additional	Other note Put on H2 ledger for assessment tomorrow.

24-Jan-2024 Aleksandra Bullock () Administration note

Additional	Comment note (Ongoing Episode). IMHT - Aleks Bullock SO - Lee
Additional	Attended Assessment, Care in Custody and Teamwork review
Additional	Review status Patrick is doing well settled into C-Wing although this took sometime, he remains on lydias caseload. no current thoughts of DSH or suicidal thoughts. Has requested a radio for this mental health - SO Lee actioned Charges for rape dropped in court - some rel;ief however still feels the allegation is affecting him. asking about HNC
Additional	General observation of patient (Ongoing Episode). 2 x 2
Additional	General observation of patient (Ongoing Episode). 3 x 3
Additional	Review status to remain open for monitoring

24-Jan-2024 Miss Charlotte Cloke () Administration note

Additional	Indirect
Additional	Impressions of the prisoners behaviour and mental state Due to have an appointment with LR on 22/01/24 - however was not in due to sickness - LR to re book when next in

24-Jan-2024 Evelyn Mortiboys () GP Surgery

Additional	Additional Delivered some dressing at patients request
Additional	Clinical history and observations Request for dressings
Additional	Home visit
Additional	Clinical examination Patrick spoke to me earlier on when I was on the wing & asked me for some dressings for a previous DSH neck wound.. I advised I didnt have any on me at the time but said I would deliver them when I returned later that afternoon for the CD meds. Attempted to deliver the dressings but patient was not in his cell. I left the dressings in the cell & officer locked the door for me. I later saw the patient returning from Freeflow so informed him the plasters were in his call, to which he was very grateful.
Additional	Plan No further action needed

23-Jan-2024 Sophie Prior () Administration note

Additional	Indirect
Additional	Impressions of the prisoners behaviour and mental state Indirect contact of Patrick Southern. Officer Harper had a key working session with Patrick and stated he was concerned about his Mental Health and Patrick stating he wanted some support. Patrick is due to be seen by LR imminently as he is on her caseload.
Additional	Care planning and problem solving actions - Inform LD.

23-Jan-2024 Ms M Hogg Amy () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Presenting complaint Decline in mental health - reports he is speaking out before he acts out - says no females shall be harmed but all males are fair game
Additional	Application by prisoner to see health professional
Additional	Urgent
Additional	Referral to mental health team
Additional	Other note urgent referral to IMHT sent

22-Jan-2024 Ms Lydia Radford () GP Surgery

Additional	Additional No access visit for Mental Health appointment with Ms Lydia Radford.
Additional	Home visit - no reply

22-Jan-2024 Avril Gillman () Administration note

Additional	Additional 19.01.2024 Patient on an ACCT

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22-Jan-2024 Miss Emily Buckingham () Administration note

Additional	Open F213SH	
Additional	Cutting self	
Additional	Clinical history and observations Seen following reports of self harm.	
Additional	Plan ACCT already opened.	
Additional	Clinical examination Superficial cuts to both ears. Cleaned with saline and gauze. Patrick stated he did this to stop himself getting angry.	

19-Jan-2024 Ms M Hogg Amy () Administration note

Additional	VALUPAK MULTIVITAMIN_19 Jan 2024 09:45_Adherence.txt	

17-Jan-2024 Mr Graham Pollock () Administration note

Additional	Substance misuse monitoring	
Additional	Overview Notes I returned to see Patrick as I had ben unable to administer the acupressure he requested yesterday. He has cut his ears again, but assured me that this was not a suicidal gesture. Staff on the wing told me that he said he did it to avoid having a siezure.	

17-Jan-2024 Dr Iain Brew () GP Surgery

Additional	Review of admission to segregation unit states having seizures, which he can abort by distracting himself with deliberate self-harm. Officers on CSU advise that he complained of using his emergency cell bell for over an hour due to seizures...there was no activity, no cell-bell use and no evidence of any altered consciousness or seizure. Suspect very significant confabulation due to dementia - awaiting neurology and MAS	

17-Jan-2024 Jerome Obhio () Administration note

Additional	VALUPAK MULTIVITAMIN_17 Jan 2024 12:18_Adherence.txt	

17-Jan-2024 Miss Charlotte Cloke () Administration note

Additional	Impressions of the prisoners behaviour and mental state Attended CSU this afternoon after being informed Patrick was due a GOOD review. However officer Parkes informed me that this has been cancelled as Patrick is relocating to C wing. I spoke with CM Kelly who confirmed this was the case.	
Additional	Indirect	

16-Jan-2024 Mr Graham Pollock () Administration note

Additional	Overview Notes Patrick is now on the Seg, having been involved in a violent incident on his wing. He had his trial recently and all of the rape allegations were quickly dismissed. he was, however, found guilty of victm intimmidation and htis has meant that he has been refused HDC release and will be in custody until July this year.	

16-Jan-2024 Jerome Obhio () Administration note

Additional	LEVETIRACETAM_16 Jan 2024 12:26_Adherence.txt	
Additional	LEVETIRACETAM_16 Jan 2024 12:26_Adherence.txt	
Additional	SODIUM VALPROATE_16 Jan 2024 12:26_Adherence.txt	
Additional	THIAMINE_16 Jan 2024 12:26_Adherence.txt	

16-Jan-2024 Miss Emily Buckingham () Administration note

Additional	Oxygen saturation at periphery	98 %
Additional	Cutting self	
Additional	Pulse rate	66 {beats}/min
Additional	Pulse regular	
Additional	Clinical examination No need for cleaning or dressing of wounds on ears. Pupils equal and reactive. All observations taken and nothing clinically of note.	
Additional	Plan Safety netting advice given. ACCT being reopened by prison staff. F213 paperwork completed.	
Additional	Open F213SH	
Additional	Clinical history and observations Seen at the request of officers due to self harm. Superifical cuts to the front of both ears. Patrick stated that he had also had a seizure previously. Stated he feels that when he feels a seizure coming on if he cuts himself he can stop the seizure happening. Harm minimisation conversation had around the dangers of doing this. Also discussed the fact that it has not worked because he had a seizure anway despite doing this.	

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16-Jan-2024 Miss Emily Buckingham () Administration note

Additional	Clinical history and observations Seen on CSU round. No issues to raise to healthcare.

15-Jan-2024 Dr Iain Brew () GP Surgery

Additional	Review of admission to segregation unit no medical issues today

15-Jan-2024 Miss Charlotte Cloke () Administration note

Additional	No suicidal thoughts
Additional	Segregation unit referral for good order and discipline
Additional	No thoughts of deliberate self harm
Additional	Mental health in-reach team review
Additional	Impressions of the prisoners behaviour and mental state GOOD review completed on CSU with below attendees. Attendees- Gov Leak, CM Kelly, SO Steele, Mary-IMB, Charlotte and Patrick. Patrick entered the office and engaged throughout the review. Patrick often swore throughout the review, however would then apologise for his language. Patrick reported he is not feeling too good on CSU and feels being there, alongside being in court all of last week has disrupted his routine and now feels he has no structure. Patrick reports he was found not guilty of the alleged offence of sexual assault and stalking and is only found guilty of witness intimidation. Patrick reported being x2 years clean of SMS and acknowledged this is an achievement. Patrick spoke about being told on return from court all last week his credit should be on his PIN however it had not been. Gov Leak apologised for this. Patrick then reported he had received a letter from the council stating he had x1 week to contact them regarding paying his rent, however received this letter over a week later. Mary suggested Patrick getting taken over to IPR to discuss this which CSU staff will look into doing and Gov Leak also suggested seeing if the council will accept a letter from the prison also to inform them that he received this letter late. Patrick reported he was using a laminated pieve of white paper as a white board where he could write the day and when he had his medication on M wing but has not had this since being on CSU. SO Steele has been tasked with re creating this for Patrick whilst on CSU. Patrick spoke about having a lot of "slips, trips and falls" on M wing which weren't his fault. Patrick was asked for more details however he replied "snitches get stitches". Patrick was asked if he had any thoughts of self-harm or suicide to which he denied. Patrick stated he had self-harmed x2 days ago and the ACCT was reopened but then reviewed yesterday and put in post-closure. Patrick stated he would rather harm himself instead of harming others, but denied these current thoughts. Patrick reports experiencing seizures whereby he ends up biting his lip which causes discomfort. Patrick sated he had been keeping a list of his seizures and accepted when Gov Leak asked if he would give er a copy of this list. Patrick stated he had seen the dentist who reports he will receive a mouth guard in the new year but has not yet received this. I informed Patrick I will chase this up. I also informed Patrick he has an appointment with LR booked for next week. Patrick stated should he have any thoughts of self-harm or suicide he will speak to the listeners and then stated sometimes he has thoughts to harm them. Algorithm signed following GOOD.
Additional	Review of admission to segregation unit See GOOD review documented separately- appears fit to remain on CSU at present. Algorithm signed following review.
Additional	Other note
Additional	Seen in segregation unit
Additional	Seen by nurse

14-Jan-2024 Mr Herikanos Gorah () GP Surgery

Additional	Clinical history and observations currently located on CSU Seen this morning during seg round
Additional	Consultation
Additional	Clinical examination He is currently on an ACCT. Engaged well with the nurse and said he did not need anything from health care at the moment
Additional	Patient given advice
Additional	Plan Fit to be located on the CSU

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14-Jan-2024 Catherine Plowman () Administration note

Additional	Attended Assessment, Care in Custody and Teamwork review
Additional	Comment note (Ongoing Episode). C/M Stamford S.O. Vitler RMN Plowmnan HCA sIMPSON
Additional	Review status Patrick has been in court all week and said he became frustrated at getting bak to CSU each night and his PIN credit had not been on and so he could not contact his family. His Supper would be gone and he did not have a radio to distract him and also he said he was freezing cold in his cell so he self harmed by making superficial cuts to his neck. But things have changed dramatically for the positive three of the four offences have been dropped and he has only six months to serve , he said that he can do that standing on his head . He has credit on his phone he has had meals and is being moved to a warm cell.
Additional	24 hours
Additional	Open ACCT (New Episode)
Additional	General observation of patient (Ongoing Episode). ACCT Closed
Additional	Close ACCT
Additional	Review status He feels that he does not need to be on an ACCT he now feels that things are so much more positive . He says he no longer wishes to self harm and he says he has not suicidal . ACCT is now closed.
Additional	General observation of patient (Ongoing Episode). 15 minute observations

13-Jan-2024 Catherine Plowman () Administration note

Additional	Open ACCT (Ongoing Episode)

13-Jan-2024 James Bugden () Administration note

Additional	Clinical history and observations Patient reviewed on the CSU this morning and he has stated that he has not had his medication this morning and i have let the pharmacy team aware that these medication are still outstanding
Additional	Consultation

13-Jan-2024 Alan Wason () Administration note

Additional	Medical drawing *Head And Neck*
Additional	Clinical history and observations Pt deliberately cut himself with a razor blade in his cell B 2: 09 at approximately 1520Hrs today as he wanted to telephone his family however his phone credit has not been arranged as yet. Pt also mentioned that he has been attending Court past three days, has not had any medications in recent days likely to have more seizures now and does not have a television or radio to occupy him in his cell presently.
Additional	Clinical examination Pt now has multiple fresh minor - superficial lacerations in front & behind both ears, and base right side of his neck.
Additional	Cutting self
Additional	Open F213SH
Additional	Unplanned first attendance
Additional	Other note Non-urgent; superficial wounds.
Additional	Hospital admission avoided
Additional	Plan All wounds saline cleaned only by ECT. F213SH completed & submitted on B Wing CSU.
Additional	Prisoner health - healthcare emergency response
Additional	Informing of incident 13/01/2024 1520Hrs

12-Jan-2024 Mr Herikanos Gorah () GP Surgery

Additional	Affairs under jurisdiction of a court
Additional	Yes
Additional	Has no outstanding hospital/ Doctors appointments
Additional	Yes
Additional	Medically fit for court appearance
Additional	On prescription medication
Allergy	Allergy allergy status checked

11-Jan-2024 Mr Herikanos Gorah () GP Surgery

Additional	Affairs under jurisdiction of a court
Additional	Yes
Allergy	Allergy checked allergy status
Additional	Has no outstanding hospital/ Doctors appointments
Additional	Yes
Additional	Medically fit for court appearance
Additional	On prescription medication

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10-Jan-2024 Dr Iain Brew () GP Surgery

Additional	Review of admission to segregation unit in court again today. Complains he has not had a shower this week because of court and not getting his night time meds
Additional	Additional Advocated to SO that pt should be entitled to shower: will take steps to ensure this happens this afternoon when pt returns. Placed on night nurse ledger for meds

10-Jan-2024 Mr Herikanos Gorah () GP Surgery

Additional	Affairs under jurisdiction of a court
Additional	Yes
Additional	Has no outstanding hospital/ Doctors appointments
Additional	Yes
Additional	Medically fit for court appearance
Additional	On prescription medication
Allergy	Allergy allergy status checked

09-Jan-2024 1 Dentist () GP Surgery

Additional	Additional No access visit for Dental appointment with 1 Dentist.
Additional	Home visit - no reply

09-Jan-2024 Mr Herikanos Gorah () GP Surgery

Additional	Yes
Additional	Has no outstanding hospital/ Doctors appointments
Additional	Affairs under jurisdiction of a court
Additional	Overview Notes no covid symptoms observed or reported
Additional	Yes
Additional	Medically fit for court appearance
Additional	On prescription medication
Additional	Reason for action Medication could not be allocated - went to court without his meds

09-Jan-2024 Sunita Kaur Sahota () GP Surgery

Additional	Under care of general dental surgeon
Additional	Additional Patient was booked for dental apt this morning 'requesting BRA following tx' however officers unable to bring patient as he is in CSU following recent altercation .

09-Jan-2024 James Bugden () Administration note

Additional	Consultation
Additional	Clinical history and observations Patient attending court today

08-Jan-2024 Dr Iain Brew () GP Surgery

Additional	Review of admission to segregation unit in court today. No medical issues. He has IMHT follow up mane

08-Jan-2024 Miss Caitlyn Gallagher () Administration note

Additional	Yes
Additional	Has no outstanding hospital/ Doctors appointments
Additional	Affairs under jurisdiction of a court
Additional	Overview Notes Morning medications adminidtered in reception from blister pack rest of the weeks blister pack given to Prop officers to attend court with Mr Southern as he is hopeful for release Bright spirits this morning No concerns raised in reception
Additional	Yes
Additional	On prescription medication
Additional	Medically fit for court appearance

08-Jan-2024 Miss Caitlyn Gallagher () Administration note

Additional	Additional Administered morning meds from blister pack in receptionthis morning but meds chart doesnt appear as usual GP phoned for advice

08-Jan-2024 Miss Caitlyn Gallagher () GP Surgery

Additional	Clinical examination Flinched the second i wentnear it reports pain +++ Has swallowed meds and water wihtout trouble Airway looks as normal
Additional	Clinical history and observations Return from court Expressing pain in his neck Nothing obvious to note visually
Additional	Plan Ibuprufen given advised inform healthcare if no improvement

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07-Jan-2024 Catherine Plowman () Administration note

Additional	Impressions of the prisoners behaviour and mental state This morning Mr Southern was involved in a fight on the wing , he also threw boiled sugar water at a prisoner which resulted in a serious burn and the assaulted prisoner was then taken to hospital. I was asked by Oscar 1 to see Mr Southern as it was felt that he now could not be left on M wing as he was now at risk of assault from other prisoners. I went to see him and asked about this mornings assault he shrugged and said that he could not remember anything from minute to minute ,and had no recollection of the event. But he was able to give me a coherent account of going to court tomorrow and most probably being released, and spoke about what his solicitor had said to him. Mr Southern is awaiting a neurology appointment and on the list to be assessed by the memory clinic .	
Additional	Indirect	
Additional	Crisis/short term interventions in mental health care Mr Southern will be fitted for CSU ,	
Additional	Care planning and problem solving actions Awaiting appts to Neurology and Memory clinic on waiting lists. Should Mr Southern attempt to self harm as he did last time he was in csu ,he can be managed by the ACCT PROCESS OR CONSTANT WATCH.	

07-Jan-2024 Miss Caitlyn Gallagher () Administration note

Additional	Glasgow coma scale	15 Unk UoM
Additional	Hospital admission avoided	
Additional	Oxygen saturation at periphery	99 %
Additional	Respiratory rate	16 {breaths}/min
Additional	Informing of incident 07/01/24	
Additional	Prisoner health - healthcare emergency response	
Additional	Other note ?seizure	
Additional	Unplanned first attendance	
Additional	Clinical history and observations Further Lacs to face today Mr Southern reports another seizure Again couldnt find his seizure diary Not ating out of his normal as I have seen him before but was more aggitated today	
Additional	Clinical examination Mr Southern is being seen almost daily Officers reports concerns about him being targeted on the wing for a potentional hx of sexual assualt charges making him viulnerable Mr Souther has spoken about this and firmly denies it and firmly declines to move off the wing for his own protection Coherent in conversation remebered we had spoken yesterday but couldnt recall contents of converdsation Fixated on going hime from court tomorow or the day after	
Additional	Plan Have spoke to M wing SO as he does appear unsafe on the wing Have been informed he is likely to be moved to CSU for alleged assualt on colleuge so this will provide saftey factor	
Additional	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	0 Unk UoM
Additional	Pulse rate	77 {beats}/min

07-Jan-2024 Miss Caitlyn Gallagher () Administration note

Additional	Review of admission to segregation unit Moved to CSU from inicdent on wing earlier Was very cold in cell Had used blankets to soften cell officers to supply more blankets Pharmacy team to be made aware he needs medication NIP and administered daily	

06-Jan-2024 Miss Caitlyn Gallagher () Administration note

Additional	Respiratory rate	15 {breaths}/min
Additional	Oxygen saturation at periphery	97 %
Additional	Clinical history and observations Reports sizure cause of injury Officers concerned for bullying of Mr Southern Superficial Lac verticle on lip Denies any pain Denies any new head injury Nil bleeding	
Additional	Plan Noted what appears to be obvious old injuries scabbed scar to eyebrow and some old bruising Officers state this may be offence related but Mr Southern declines to sign rule 45	
Additional	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	0 Unk UoM
Additional	Pulse rate	69 {beats}/min

04-Jan-2024 Mr Steven Corden () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 04 Jan 2024 07:55*

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04-Jan-2024 Mr Paul New () GP Surgery

Additional	Pain
Additional	Has self management plan
Additional	Discharge from physiotherapy service
Additional	Physiotherapy pt attended pain class managed well pt hoping for release next week
Additional	PPG MSK Physio Health Questionnaire EQ-5D-3L (04 Jan 2024 11:22)
	PPG MSK Physio Health Questionnaire EQ-5D-3L (04 Jan 2024 11:22)

03-Jan-2024 Ms M Hogg Amy () GP Surgery

Additional	Clinical history and observations Patrick stopped me on the wing very distressed Says he is not coping with the stress of pending court case- increasing seizures - lack of sleep and dementia
Additional	Patient review
Additional	Consultation
Additional	Plan Raise with IMHT at Buzz meeting today Consider short term sleeping aid with GP
Additional	Clinical examination Patrick says he is concerned he will implode with one great big seizure and die Became very tearful - very rapid speech - says he has always coped in prison before but he is now not able to cope - requesting anything that may help

03-Jan-2024 Ms M Hogg Amy () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	At risk of DSH - deliberate self harm
Additional	Case management risk assessment score 8 Unk UoM

03-Jan-2024 Ms M Hogg Amy () GP Surgery

Additional	Additional Drug interactions checked - increased sedation possible with levetiracetam
Additional	Additional Tag referral to IMHT
Additional	Additional 3 night course of zopiclone whilst in crisis with pending court case
Additional	Additional Discussed with GP who agrees reasonable in the circumstances

02-Jan-2024 Christina Stockham () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image
	Care Plan Epilepsy Sent: 02 Jan 2024 14:54

31-Dec-2023 Ms M Hogg Amy () GP Surgery

Additional	Epilepsy - ECT requested I review Patrick in view of seizure frequency
Additional	Additional I saw Patrick in his cell - he had an obvious contusion and haematoma to left eye with the eye appearing blood shot - from a seizure on 23/12/23
Additional	Additional Also showed me his sore lacerated tongue which is healing
Additional	Additional Patrick says he is having increasing seziures due to the stress of his pending trial next week
Additional	Additional These have been a mix of absences and tonic clonic seizures
Additional	Additional Has been keeping a seizure diary but was unable to locate this in his cell at time of review
Additional	Additional Asked to see blister pack of medication - compliant and taking regularly - I note white board with meds reminder written on this - says this helps
Additional	Additional Cell has been softened with towels to reduce risk of injury during seizures
Additional	Additional Advised again to cell share in order to keep safe whilst having increased seizures - says he'll kill someone if put in a cell with them - strongly declines my advice
Additional	Additional Advised to try and stay positive re: trial and take stress reducing methods which have helped in the past like yoga
Additional	Additional Sleep encouraged and good hydration and nutrition
Additional	Additional Avoid PS use
Additional	Additional Advised to inform healthcare each time he has a seizure so this can be recorded
Additional	Additional Is awaiting neuro review - this is being rebooked and date pending
Additional	Additional R/V as required

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26-Dec-2023 James Bugden () Administration note

Additional	Temperature	36.2 Cel
Additional	Respiratory rate	17 {breaths}/min
Additional	Oxygen saturation at periphery	98 %
Additional	Consultation	
Additional	Clinical history and observations Requested to be reviewed due to review post seziure which has resulted in him causing issues with him biting his tongue	
Additional	Clinical examination The tongue is quite swollen and painful and he is able to drink fluids but he is able to swallow his own saliva, the patient has reported feeling hungry but not able to eat for a few days	
Additional	Pulse regular	
Additional	Plan I have spoken to the kitchens and have made them aware that the patient will benefit from a soft diet and the officers are happy to collect this	
Additional	Pulse rate	71 {beats}/min

24-Dec-2023 Alexandra Pagu () GP Surgery

Additional	LEVETIRACETAM_24 Dec 2023 09:59_Adherence.txt

23-Dec-2023 James Bugden () Administration note

Additional	Medical drawing *Body Front & Back (Male)*
Additional	Clinical history and observations Patient has caused superficial laceration on his left eye, this has been caused by him reporting of having a seizure and hitting his face
Additional	Unknown patient has caused injury to his left eye following ? reporting of having a seziure which was not witnessed, patient has now casued superficial laceration above his left eye.
Additional	Clinical examination The patient is not complaining of havng any head-ache when reviewed and his GCS is 15 and on the AVPU scale he is alert. Pupils are size 4 and reactive. BP 120/60 HR 60 RR 14 SATS 99 TEMP 36.1
Additional	Plan Advised the patient to contact health-care if he starts to feel generally unwell

23-Dec-2023 Alexandra Pagu () GP Surgery

23-Dec-2023 James Bugden () Administration note

Additional	Consultation
Additional	Clinical history and observations Officers have requested that his eye wound be reviewed as he has reported that it is bleeding slightly whilst in visits, this has been glued with tissue adhesive

21-Dec-2023 Mr Paul New () GP Surgery

Additional	Pain
Additional	Physiotherapy pt attended pain group and managed well
Additional	Seen by physiotherapist
Additional	Consent obtained

19-Dec-2023 Mr Steven Corden () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 19 Dec 2023 08:36*

19-Dec-2023 Miss Hollie Cheal () Administration note

Additional	SODIUM VALPROATE_19 Dec 2023 11:41_Adherence.txt
Additional	THIAMINE_19 Dec 2023 11:41_Adherence.txt
Additional	VALUPAK MULTIVITAMIN_19 Dec 2023 11:41_Adherence.txt

19-Dec-2023 Ms M Hogg Amy () GP Surgery

Additional	Additional MAS referral form completed and attached to notes
Additional	Additional Task to admin to send.
Additional	Record Attachment *Word Document: PS MAS referral.doc*

15-Dec-2023 Miss Hollie Cheal () Administration note

14-Dec-2023 Mr Paul New () GP Surgery

Additional	Seen by physiotherapist
Additional	Physiotherapy Attended week 2 of pain group
Additional	Consent obtained

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13-Dec-2023 Mr Graham Pollock () Administration note

Additional	Overview Notes Patrick is well and remains confident about his court case. He has been approved for the family day visit and is very happy about this. I applied some acupressure beads.

13-Dec-2023 Christina Stockham () Administration note

Additional	Other professionals involved David Barwood (OT), Natalie Tomsett (SMS Lead), Dr Iain Brew (GP), Louise Williams (Probation), Olu Bello (Nurse Prescriber), Moses Zona, Claire Slater (Pharmacist), Amy Hogg (LTC) Chair Bridie Dance
Additional	Assessment by multidisciplinary team
Additional	Multi-agency meeting outcomes brought back from last week Note from Lydia Radford: Jayne Collins has already completed a 6-CIT on Oct 18, scoring 21. I have asked Primary Care to action as they consider appropriate. He's waiting on a neurology appointment which may mean a referral to the memory clinic should wait. Admin to chase up Neurology appointment AH to refer to Memory Clinic
Additional	Health and wellbeing plan
Additional	not required

12-Dec-2023 Mr Steven Corden () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 12 Dec 2023 08:35*

11-Dec-2023 Oluwatoyin Bello () Administration note

Additional	LEVETIRACETAM_11 Dec 2023 10:13_Adherence.txt
Additional	LEVETIRACETAM_11 Dec 2023 10:13_Adherence.txt

10-Dec-2023 Miss Hollie Cheal () Administration note

09-Dec-2023 Jerome Obhio () Administration note

07-Dec-2023 Mr Graham Pollock () Administration note

Additional	Overview Notes Patrick appears to be relatively calm now, his ACCT has been closed and he is just 'biding his time' as he waits for the court appearance. He remains condifent that the charges will be thrown out very quickly.

07-Dec-2023 Mr Paul New () GP Surgery

Additional	Back pain
Additional	Physiotherapy attended week one of pain group
Additional	Seen by physiotherapist
Additional	Consent obtained

07-Dec-2023 Alan Wason () Administration note

Additional	Plan Refer pt to LTC and encouraged to call for Health Care should he require assistance immediately post seizure or should he realise before he has a seizure.
Additional	Patient given advice
Additional	Advised to self care
Additional	Follow-up consultation
Additional	Clinical history and observations Pt concerned to having two tonic - clonic seizures last weekend.
Additional	Clinical examination Pt shared with ECT his diary where he detailed experiencing two tonic - clonic seizures last weekend Saturday 2nd @ 2.55 a.m. and again Sunday 3rd December 4 a.m. Pt concerned having two in consecutive days and is challenged each day to keeping to a routine particularly with his medications. ECT also noted pt details 'Absent' seizures & 'Blackouts'.
Additional	Other note Not an emergency.
Additional	Hospital admission avoided
Additional	Unplanned first attendance
Additional	Prisoner health - healthcare emergency response
Additional	Informing of incident 07/12/2023 1637

06-Dec-2023 Mrs Lucy Arkwell () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 06 Dec 2023 08:45*

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06-Dec-2023 Christina Stockham () Administration note

Additional	Other professionals involved Lydia Radford to undertake 6CIT Amy Hogg to refer to Memory Clinic
Additional	Assessment by multidisciplinary team
Additional	Health and wellbeing plan
Additional	not required

06-Dec-2023 Alan Wason () GP Surgery

Additional	Additional Pt rebooked for appointment tomorrow as ECT had priority cases this morning and over lunch period, and the prison calling Stand Fast Roll Call mid-afternoon.

04-Dec-2023 Miss Hollie Cheal () Administration note

04-Dec-2023 Ms Lydia Radford () Administration note

Additional	Crisis/short term interventions in mental health care None required.
Additional	Impressions of the prisoners behaviour and mental state Caseload review Patrick presented as is typical for him. He was agitated, but not aggressive. He spoke rapidly. He made some eye contact and engaged. Patrick spoke about his difficulty managing his overwhelming emotions in prison, particularly fear of threats from others due to his alleged offence including rape. Patrick said he had had 2 tonic clonic seizures over the weekend. He has also had periods of absence. Patrick said that he had been incontinent during the seizues. Patrick and I discussed release planning as he is expecting non-conviction at trial on 8th Jan. He declined a referral to Reconnect
Additional	Mental health in-reach team review
Additional	Care planning and problem solving actions To review Patrick in January. Task sent to primary care nurses.

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04-Dec-2023 Ms Lydia Radford () Administration note

Additional	Impressions of the prisoners behaviour and mental state Email trail regarding memory clinic referral (outcome is that Patrick needs the neurology review first): From: PUMFREY, Tracey (PRACTICE PLUS GROUP HOSPITALS LIMITED) <tracey.pumfrey@nhs.net> Sent: 21 November 2023 11:29 To: Iain Brew <Iain.Brew@practiceplusgroup.com>; Lydia Radford <Lydia.Radford@practiceplusgroup.com>; Jayne Collins <Jayne.Collins@practiceplusgroup.com> Subject: Re: PS - A6398AA **WARNING** This email is from an external source. DO NOT click on any links or attachments unless they are expected and from a verified source. If you believe this email is suspicious please forward it to report.phishing@practiceplusgroup.com and we will check it for you. The Original Sender of this email is tracey.pumfrey@nhs.net Hi I spoke with the hospital last week to rebook but they have no available dates at present and so he has gone back on the waiting list. Thanks Tracey Pumfrey Senior Admin Practice Plus Group Health in Justice Tel: 01273 785148 Email: tracey.pumfrey@nhs.net HMP Lewes, 1 Brighton Road, Lewes, East Sussex, BN7 1EA From: Iain Brew <Iain.Brew@practiceplusgroup.com> Sent: 21 November 2023 11:11 To: Lydia Radford <Lydia.Radford@practiceplusgroup.com>; Jayne Collins <Jayne.Collins@practiceplusgroup.com> Cc: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net> Subject: RE: PS - A6398AA This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe. Hi Admin team Could you please check whether an appointment is being rebooked for Mr Southern neurology? I am happy to do a memory clinic referral if not From: Lydia Radford <Lydia.Radford@practiceplusgroup.com> Sent: 21 November 2023 09:21 To: Jayne Collins <Jayne.Collins@practiceplusgroup.com>; Iain Brew <Iain.Brew@practiceplusgroup.com> Subject: Re: PS - A6398AA Hi Jayne and Dr Brew, Thanks for coming back to me Jayne. It looks like PS's neurology appointment was rearranged without him (or us) being informed. I can't see a date for a new appointment, but I'm not an expert on System One! Would it be appropriate for a memory clinic referral to be made given the 6-CIT score of 21? Many thanks, Lydia Lydia Radford Bank Mental Health Practitioner Practice Plus Group Landline number 01273 785140 lydia.radford@practiceplusgroup.com Healthcare HMP Lewes, 1 Brighton Road, Lewes, East Sussex, BN7 1EA From: Jayne Collins <Jayne.Collins@practiceplusgroup.com> Sent: 15 November 2023 15:58 To: Lydia Radford <Lydia.Radford@practiceplusgroup.com> Subject: Re: PS - A6398AA Hi Lydia, PS is under care of MH team and should have had Neuro app yesterday, I believe this will prompt further actions, pending results. Best wishes Jayne
Additional	Indirect

03-Dec-2023 Miss Hollie Cheal () Administration note

02-Dec-2023 Miss Hollie Cheal () Administration note

29-Nov-2023 Mr Graham Pollock () Administration note

Additional	Overview Notes ACCT Post Closure review with CM Green - Pat is well and said that the people who had been threatening him have now left the establishment. His only real concern was with getting his ex-partner and mother of his children cleared for the family day visit, which Ms Green said she would look into for him. I applied some acupressure beads for Pat as he finds they help greatly with his sleep pattern.

28-Nov-2023 Miss Hollie Cheal () Administration note

28-Nov-2023 Miss Hollie Cheal () Administration note

Additional	Additional Mr Southern asked for boxes of Paracetamol and Ibuprofen for toothache. I counselled Mr Southern on how to take them and checked that he used his whiteboard to keep track of doses.

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23-Nov-2023 Mr Paul New () GP Surgery

Additional	Symptom: upper limb
Additional	Additional Telemeds has not been considered for this Referral
Additional	Seen by physiotherapist
Additional	Referral by occupational therapist
Additional	Verbal consent for examination
Additional	Physiotherapy Pt seen while performing shoulder press and arm curls in gym with 20kg dumbells Rx. anxiety and exercise discussed A. Pt may benefit from attending pain class Pt consented to attend P. Follow up in pain group
Additional	N/A
Additional	Physiotherapy ATSP by CM as pt struggling with upper limb symptoms Pt observed working out in gym and heavy weight training Pt reports he experiennces intermittent pins & needles in hands and reports it is when he is stressed or anxious

22-Nov-2023 Christina Stockham () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Application for Healthcare Recipient: Mr Patrick Southern Sent: 22 Nov 2023 10:16*

22-Nov-2023 Mr Graham Pollock () Administration note

Additional	Overview Notes I attended Pat's ACCT review with CM Green. This was very fruitful and CM Green agreed to look into a number of Pat's concerns around clothing, gym attendance and employment. The ACCT has now been closed and i have agreed to continue seeing Pat weekly, time permitting, for the time being.

22-Nov-2023 Mr Luke Hutchings () GP Surgery

21-Nov-2023 Ms Lydia Radford () Administration note

Additional	Yes
Additional	Unknown
Additional	Yes
Additional	Unknown
Additional	Yes
Additional	Unknown
Additional	Unknown
Additional	No
Additional	Yes
Additional	Unknown
Additional	Frequency of drug misuse Patrick reports he is currently in recovery.
Additional	Misuses drugs Alcohol, history of polysubstance misuse
Additional	Yes
Additional	No
Additional	No
Additional	No
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	No
Additional	Yes
Additional	No
Additional	Other note Patrick feels he manages risks well. He feels able to respond to situations which concern him
Additional	Mental health in-reach team review
Additional	Unknown
Additional	Other note Patrick has difficulties on the wing with others. He reports that some individuals are aware that he has been accused of a sexual offence and this makes him a target.
Additional	Care planning and problem solving actions David, OT primary care, to liaise with prison ND lead Patrick will remain on my caseload for review Email sent to Safer Custody: From: Lydia Radford Sent: 21 November 2023 16:22 To: safercustodylewes@justice.gov.uk <safercustodylewes@justice.gov.uk> Subject: PS - A6398AA Hello Safer Custody, I think you will already be aware of PS. I am his worker in the mental health team. Today, PS told me that he has experienced threats and violence on the wing as he is accused of sexual offences and others are aware. He said someone had attempted to stab him. He did not provide a name of the person or time when the incident occurred. PS is clear that he will not relocate to F wing due to his own history of sexual abuse. Best wishes, Lydia
Additional	Yes

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Additional	Impressions of the prisoners behaviour and mental state Caseload review - Patrick presented as is typical for him. He was agitated and spoke rapidly about multiple different topics. He was trying to be polite and apologised for language and his tone of voice. Patrick was orientated to TPP. I was less aware of his possible cognitive impairment today. He was better able to provide dates and a narrative arc. Patrick reported his memory had worsened and he was struggling to remember what life was like out of prison. He said he was forgetting to eat. Patrick has recently lost his job and had difficulty managing behaviour on the wing. He Is going to the gym less as a result which is difficult for him. Patrick spoke about his offence. He is awaiting trial for offences against his ex-partener, including sexual offence. Patrick spoke about his personal history. He grew up in a boys home in Scotland and was sexually abused by a gang over a number of years. Patrick said that others on the wing were aware he was accused of a sexual offence and he was being targeted. He said someone had attempted to stab him. Patrick said he would not relocate to F wing due to his own history of sexual abuse. He said "I'll murder them [sex offenders], not a problem" Patrick has not self-harmed since the incident where he cut his ears. The cuts to his face were visible and healing. Patrick spoke about his recovery from substance misuse. Patrick said speaking to someone helped him to manage his emotions.
Additional	Crisis/short term interventions in mental health care None required, has recently been managed through the ACCT process
Additional	Unknown
Additional	No
Additional	Yes
Additional	Unknown
Additional	No
Additional	No
Additional	No
Additional	No
Additional	No
Additional	Yes
Additional	Unknown
Additional	Yes
Additional	No
Additional	No
Additional	No
Additional	Unknown
Additional	Yes
Additional	Yes
Additional	Yes
Additional	No
Additional	Yes
Additional	Unknown
Additional	Other note Patrick is impulsive. His sobriety is important to him, but there is a risk of relapse. His physical health and cognitive function appear impacted by his substance use.
Additional	No
Additional	No
Additional	Other note Patrick presents as organised. His cell is tidy. He has developed techniques for managing his memory difficulties
Additional	Other note Patrick is awaiting assessment of his cognitive function. He has scored as needing further assessment on a memory screen tool. He has epilepsy.
Additional	No
Additional	Other note No relevant history
Additional	Unknown
Additional	No
Additional	No
Additional	No
Additional	Yes
Additional	No
Additional	Yes
Additional	No
Additional	Yes
Additional	No
Additional	No
Additional	No
Additional	No
Additional	No
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	No
Additional	No
Additional	Yes
Additional	Yes

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Additional	Yes
Additional	Other note Patrick currently presents as more calm, however he self-harmed by cutting his ears about one week ago Patrick is at risk of death by misadventure. His feelings become overwhelming for him.
Additional	No
Additional	Suicidality/ Risk of Self Harm - Notes Patrick has a history of impulsive deliberate self harm Patrick believes he has a cognitive impairment due to his alcohol use.
Additional	Other note Patrick has twins who are Patrick wants to engage with help.
Additional	No
Additional	No
Additional	Yes
Additional	No
Additional	No
Additional	No
Additional	Unknown
Additional	No
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Assessment for risk of harm to others Patrick has a history of violence to others.
Additional	Yes
Additional	Yes
Additional	No
Additional	No
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Unknown
Additional	No
Additional	Yes
Additional	Yes
Additional	Yes
Additional	Yes
Additional	No
Additional	Other note Patrick has twins who are protective for him. He has a positive relationship with their mother. Patrick has a history of substance misuse. He is in recovery, though may have drunk hooch on the wing. Patrick has learned techniques for managing his emotions through recovery.
Additional	Yes
Additional	Yes
Additional	Yes
Additional	No
Additional	Assessment for risk of harm to others Today, Patrick made non-specific threats of harm to others, especially if he felt under threat Patrick has made specific threats to harm prison staff.
Additional	Yes

20-Nov-2023 Mr David Barwood () Administration note

Additional	Additional Occupational Therapy Mr Southern seen in his cell on the wing. Had pictures of his children arranded on his bed. Also a note to self about his paranoia. Talked about having a traumatic childhood in the care system. Tells me he has been sober for 17 months and says he is/was a violent drunk. Says he has been attacked on the wing and fears he could hurt someone. Did not report any seizures and looked fit and is managing personal and domstic ADL. Apparently due to see Lydia from IMHT.

17-Nov-2023 Mrs Lucy Arkwell () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Clinic Letter Recipient: HMP Lewes Sent: 17 Nov 2023 13:33*

THIRD PARTY COPY

17-Nov-2023 Ms M Hogg Amy () GP Surgery

Additional	Epilepsy	
Additional	Suspected dementia - Korsokoffs	
Additional	Additional I saw Patrick in clinic in OPD	
Additional	Additional Discussed memory issues - says these are getting worse - enquired re:formal diagnosis - reports neurologist told him he had alcohol induced dementia in approx 2017 in Brighton - nothing on S1 to support this	
Additional	Additional Has a mental health appt next week - Patrick tells me this is for a memory assessment - agreeable to being referred to the memory assessment service - Has not been assessed by them before	
Additional	Additional Is compliant with meds - white board very helpful	
Additional	Additional Has made a beaded bracelet with 4 blue beads and 4 pink beads to remind himself that he has 4 year old twins	
Additional	Additional Discussed epilepsy - Last tonic clonic seizure was a few weeks ago - says he thinks he regularly has absences/blackouts where he then loses a week of time	
Additional	Additional Enquired regarding PS use - says he believes he was spiked with spice in his tea. Would never actively take this	
Additional	Additional 17 months free from alcohol - strongly denies any alcohol use in prison - Attends AA meetings	
Additional	Additional Has extra blankets in cell - protected hard corners to reduce risk of injury - no current injuries noted	
Additional	Additional Reports poor response from prison staff when on his call bell - has raised this as a concern to wing staff but not willing to identify which staff members this is	
Additional	Additional Disclosed to me that he is in on a rape charge and this has caused him some trouble on the wing with a few attempted attacks - says he is not a grass and can handle himself	
Additional	Additional Currently on an ACCT	
Additional	Additional Seizure diary given to Patrick and I have encouraged him to try and make a note when he has a seizure - acknowledged this may be difficult with his memory	
Additional	Additional F/U after memory assessment complete by mental health	

17-Nov-2023 Miss Hollie Cheal () Administration note

Additional	IPRA (in possession risk assessment) - patient on medication at risk state	25 Unk UoM
Additional	Assessment of risk of prisoner in-possession medication Mr Southern does has a score of 25 in his current circumstances, however due to his memory issues and anxiety around collecting medicines from the hatch, I feel that it would be detrimental to his mental and physical wellbeing and routine to change his status to NIP. Mr Southern has a blister pack and uses a whiteboard in his cell to manage his medication, and if this were removed I have reason to believe he would miss many doses of his medication and his seizure activity could get much worse. The reason for his ACCT is not overdose/medication related. Issue discussed with PSH and we are in agreement that at this stage it is the best option for Mr Southern to keep his IP status.	
Additional	Prisoner assessment for in-possession medication completed	
Additional	Prisoner receiving prescribed medication	

17-Nov-2023 Alan Wason () Administration note

Additional	Medical drawing *Body Front & Back (Male)*
Additional	Informing of incident 17/11/2023 1755
Additional	Prisoner health - healthcare emergency response
Additional	Unplanned first attendance
Additional	Hospital admission avoided
Additional	Other note Not an emergency
Additional	Clinical examination Pt now with superficial partial thickness lacerations on each side of his face directly in front of his ear lobes.
Additional	Plan Wounds saline cleaned & glued by ECT. F213SH completed & submitted on M Wing.
Additional	Clinical history and observations Pt deliberatley cut himself with a razor blade in his cell M 4: 01 at approximately 1745 this evening as he was not provided enough food for his evening meal.
Additional	Cutting self
Additional	Open F213SH

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16-Nov-2023 Mr Graham Pollock () Administration note

Additional	Overview Notes Pat's ACCT review was held a day early. During his adjudication he produced a weapon and cut his ear. He showed me the cut which appears to be fairly superficial and assured me that it was an act of frustration and that he has no intention of killing himself or of committing any further self-harm.He expressed gratitude for the chance to attend the AA meeting on a Friday, but said that he attended many more meetings in the community and that he misses this chance to talk through his issues. I agreed to see him on a weekly basis for the time being, time permitting, and he said that this would help him maintain balance. He is hopeful that the allegations against him will be dismissed at court on the 4th of december but, if not, he is confident that he will be found not guilty at trial on th 8th of January. His next ACCT review is on the 22nd of November and i have booked in to see him for this.

16-Nov-2023 Mrs Jacintha Dix () Administration note

Additional	Administration note Note consultation yesterday states trigger of self harm due to not having phone credit to call best friend PLAN Raise at this mornings meeting with HMP

16-Nov-2023 Avril Gillman () Administration note

Additional	Additional 16.11.2023 Patient on an ACCT. Techs tasked to redo IPRA

15-Nov-2023 Mr Graham Pollock () Administration note

Additional	Overview Notes Unable to see Pat as he was on an ajudication - re-booked for tomorrow.
Additional	Did not attend

15-Nov-2023 Megan Grey () Administration note

Additional	Impressions of the prisoners behaviour and mental state Fit for adjudication
Additional	Indirect

15-Nov-2023 Christina Stockham () Administration note

Additional	Multi-agency meeting outcomes AH- Patient has Epilepsy- suspected of misusing substances. Neurology appt today cancelled by hospital- rescheduled for 15/12/2023. Cell search to be undertaken AH to see patient on 17/11/2023 re Epilepsy
Additional	not required
Additional	Assessment by multidisciplinary team
Additional	Other professionals involved David Barwood; Elizabeth Gentilcore; Claire Slater; Paul Scott-Harris
Additional	Health and wellbeing plan
Additional	No

15-Nov-2023 Alan Wason () Administration note

Additional	Medical drawing *Head Front*
Additional	Plan Wound saline cleaned & covered with plaster. F213SH completed & submitted on B Wing CSU.
Additional	Clinical examination Pt with a fresh 2 mm superficial laceration with bleeding on his left upper ear lobule between the scapha & crura.
Additional	Clinical history and observations Pt intentionally cut himself with a razor blade this morning at approximately 1020Hrs in the Adjudication Room CSU in front of prison staff.
Additional	Cutting self
Additional	Open F213SH

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15-Nov-2023 Bethany Hannah () Administration note

Additional	Indirect
Additional	Discussion T/C from M wing SO Informed that Mr Southern is presenting in a bizzare manner, states that this has been ongoing for approx 1 week. States that he has been verbally agressive towards staff and peers and has been making threats to kill others. States that he has gone to CSU this AM, produced a weapon and sliced his own ear. Advised that ACCT will need to be opened due to an incident of DSH. Discussed options:- - is normal location the right place for Mr Southern to remain given the threats to peers and the production of a weapon this morning, SO has advised that it is not her decison to place someone in CSU. Discussed the option of placing behind door, SO worried that this will increase the behaviours, risk balance to others on the wing, safest option is to place behind door should he return to normal location and continue to make threats towards others. -At present Healthcare wing there are no beds available and a waitlist of patients that would take priority over Mr Southern. -Wing SO is unclear if an ACCT has or needs to be opened, I have explicitly stated that an ACCT does need to be opened and IMHT will attend tomorrow 16/11/2023 as a priority. -Concerns with cognitive impairment, I can see from notes that Mr Southern has had a 6CIT completed and there has been a query as to whether he has been referred to MAS- I will chase this. - Mr Southern is known to the team and is on L Radfords caseload. I have booked this in, however I have asked that he is not to be seen alone due to the risks presented today, an officer must be present and L Radford sat where she can safely exit.
Additional	Other relevant information

15-Nov-2023 Sms Psychosocial2 () GP Surgery

Additional	Additional No access visit for SMS appointment with Sms Psychosocial2.
Additional	Home visit - no reply

15-Nov-2023 Aleksandra Bullock () Administration note

Additional	Comment note (Ongoing Episode). CM Stanford SO Drennan IMHT Aleks Bullock
Additional	Attended Assessment, Care in Custody and Teamwork review
Additional	Review status Patrick self harmed but not with the intention of endig his life - sliced his ear in CSU - his trigger appeared to be not having phone credit added so he could call his best friend. he is on a caseload with IMHT awaiting cognitive assessment. Appeared angry and some pressure of speech but stated feeling better just talking to someone. Has made a bladed article and threatened others with it. Appears to be under threat on the wing by 4 x other prisoners. remains paranoid at times when in his cell but at night puts ear plugs in and sleeps well. during conversation he lost his train of thought and forgot things often asking halfway through to repeat the question again. completed EMDR trauma work historically suspected korsicoffs - alcohol related dementia. stated he did not want to be moved off the wing although he has x 3 rape convictions and is currently under threat. denied any suicidal ideation or plans - protective factor is his twins - age 4. has two visits over the weekend history of siezures and blacking out now memory worse. the gym and work on the wing would keep him going and would like this going forward. officers suspect he is drinking hooch on the wing - has previously tested positive for spice. but denies taking this again. stated that he feels there is not just him in conversation and its 'we' now not just 'me' but couldnt explain further.
Additional	Review status would like regular reviews - feels better after seeing/speaking to mental health team
Additional	General observation of patient (Ongoing Episode). 2 x 2
Additional	General observation of patient hourly

14-Nov-2023 Mrs Tracey Pumfrey () Administration note

Additional	Next hospital appointment

14-Nov-2023 Digital-Appointment Clinic () GP Surgery

Additional	Additional No access visit for HOSPITAL TELEPHONE CONSULTATION appointment with Digital-Appointment Clinic.
Additional	Home visit - no reply

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14-Nov-2023 Miss Caitlyn Gallagher () Administration note

Additional	Additional Mr southernm over in good time for appointment, fairly aggitated, settled and set up in GP room as psych in optician room - Have made psych aware we are waiting for a phone call, also phoned the clinic number to get call directed to GP roon as phone free in this room

14-Nov-2023 Miss Caitlyn Gallagher () Administration note

Additional	Additional Lady on the phone from let number on the letter 31/07 states Mr Southerns appointment had been canceled and moved to 07/11/23 at 15:00 I explained we had received no correspondence in regards to this and how unfair this is on Mr Southern Pased me through to RSCH to speak to Dr Bravos secutary - no answer so message left Task sent to admin

13-Nov-2023 Mrs Jayne Collins () Administration note

Additional	Clinical examination Smooth, regular, normal mole
Additional	Consultation
Additional	Clinical history and observations New mole left side of neck
Additional	Plan Reassured, informed if changes, becomes larger, irregular shape, itchy, bleeding, to return immediately

13-Nov-2023 Miss Hollie Cheal () Administration note

09-Nov-2023 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Clinic Letter Recipient: HMP Lewes Sent: 20 Nov 2023 09:38*

09-Nov-2023 Mr Steven Corden () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 09 Nov 2023 07:49*

08-Nov-2023 Mr Graham Pollock () Administration note

Additional	Overview Notes i spoke to Patrick very briefly on the wing, but he was heading of for another appointment and I agreed to get back to see him tomorrow, if possible.

08-Nov-2023 Megan Grey () Administration note

Additional	Indirect
Additional	Impressions of the prisoners behaviour and mental state Fit for adjudication

06-Nov-2023 Ms Lydia Radford () Administration note

Additional	Impressions of the prisoners behaviour and mental state Email sent - From: Lydia Radford Sent: 06 November 2023 13:22 To: David Barwood <David.Barwood@practiceplusgroup.com>; Jayne Collins <Jayne.Collins@practiceplusgroup.com> Subject: PS - A6398AA Hi Jayne and David, PS is on my caseload for mental health input. He has a long history of problematic alcohol use, though has been sober for about a year and a half. PS is presenting with a cognitive impairment and seizures. He attributes this to his alcohol use. PS is also experiencing double incontinence which he says only happens when he has a seizure. Jayne, I can see from the notes that you did a 6 CIT on 18 Oct with PS and he scored 21. Will primary care be making a referral to the memory clinic? David, I wanted to flag PS to you as he may benefit from an OT assessment. At present, he is maintaining his hygiene and managing most ADLs in prison. He has a job in the servery which he is struggling with due to conflict. PS has a whiteboard in his cell which prompts him for medication. Best wishes, Lydia Lydia Radford Bank Mental Health Practitioner Practice Plus Group Landline number 01273 785140 lydia.radford@practiceplusgroup.com Healthcare HMP Lewes, 1 Brighton Road, Lewes, East Sussex, BN7 1EA
Additional	Indirect

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06-Nov-2023 Miss Bridie Dance () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Onward referral made (specify) Patient has noticed new mole on chest. Booked for nurse clinic
Additional	Letter encounter from patient 4/11

05-Nov-2023 Miss Caitlyn Gallagher () Administration note

Additional	Oxygen saturation at periphery	99 %
Additional	Clinical history and observations Reveiwed Patrick today following concenrs raised by officers in CSU and SP. Mr Southern is struggining wiht possible alcohol induced dementia which he infomred me of at reception, day to day he manages most ADL's well, eating drinking, preparing food and drink, continence, maintaining perosnal hygeine and dressing His only concenr was his medication which he had in blister packs, he now has this in the jail and kindly HC has made him a whiteboard as a reminder to take them which has worked really well for him.	
Additional	Clinical examination Patrick again told me he hadnt been seen by Mh which I reassured him he had and that he had been brought to their attention again for disscussion and a plan, he is allocated ot a caseload so should be reveiwed in good time. His twin children mean alot to him and he lights up when he talks about them, he has multiple pictures in his cell of his twins and a bracelet he wears around the wing to remind him of them as he says when he becomes angry or frustrated he forgets he is a dad. Discussed matters of incontineince and Patrick states this i spurley related to seizure activity the rest of the time he is fine. He reports an increase in his seizure activity and has sezuire proofed his cell by covering all the edges of furniture. Patrick states theincrease of seizure he feels is due to stress and then infomred me of some prison related issues mainly his job, he has been moved to servery and he doesnt like this as he feels its a very conflictual job and increased stress results in increease of seizures. Reassured he has a neurology appointment very soon where we can investigate this with the specialsit Mr Southern states there isnt anything he feels we can do for him as a healthcare tema just he would like tobe reveiwed by someone in MH	
Additional	Respiratory rate	15 {breaths}/min
Additional	Plan Is on MPCCC list, IMHT appear to have a plan in place and neuro appt on 14/11 Advised Mr Southern to contact healthcare if nayhting changes	
Additional	Patient given advice	
Additional	Pulse rate	74 {beats}/min
Additional	Pulse regular	

04-Nov-2023 Alan Wason () Administration note

Additional	Clinical history and observations Pt involved in an physical altercation with another inmate during lunch food service on Landing 1 M Wing this morning at approximately 1105Hrs.
Additional	Assault
Additional	F213 report of injury to inmate completed
Additional	Clinical examination Pt stated to ECT that he had not sustained any injuries from the incident earlier.
Additional	Plan F213 completed & submitted on M Wing.

03-Nov-2023 Mr Paul Scott-Harris () Administration note

02-Nov-2023 Ms Claudia Ntombela () Administration note

Additional	Has no outstanding hospital/ Doctors appointments
Additional	Yes
Additional	Affairs under jurisdiction of a court
Additional	On prescription medication
Additional	Yes
Additional	Overview Notes On IP meds , no health care issues
Additional	Medically fit for court appearance

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01-Nov-2023 Sophie Prior () Administration note

Additional	Care planning and problem solving actions Discuss in MDT- liase with Lydia. Task physical health due to presentation. Possible Meds review
Additional	Impressions of the prisoners behaviour and mental state SO Yates from the CSU raised concerns about Patrick during his adjudication. He presented as unwell that concerned prison staff and Patrick raised concerns that he wanted to see MH and has not see anyone since August. (notes stating Lydia has seen him in September) They stated concerns over his Alcohol induced Dementia and his physical needs. No referral was made due to Patrick being on a caseload. (Lydia)
Additional	Indirect

01-Nov-2023 Geraldine Dodman () GP Surgery

Additional	Under care of dental surgeon
Additional	Additional App thanking us for extracting his tooth and roots " I am extremely grateful"
Additional	Additional Also requesting to be added to TX list for fillings

31-Oct-2023 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Dentistry Sent: 01 Nov 2023 11:29*

31-Oct-2023 Sunita Kaur Sahota () Administration note

Additional	Record Attachment *JPEG Image: LL1 southern.JPG - Dental x ray - LL1*
Additional	Record Attachment *JPEG Image: UR2 southern.JPG - Dental x ray - UR2*
Additional	Record Attachment *JPEG Image: UL3 southern.JPG - Dental x ray - UL3*

31-Oct-2023 Miss Katy Cornford () Administration note

Additional	Additional Accessed for MDT - patient consent given

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31-Oct-2023 Sunita Kaur Sahota () GP Surgery

Additional	Under care of general dental surgeon
Additional	Additional MH checked and TFT paper medical history completed and scanned to S1 - see tab?
Additional	Additional Level 2 PPE worn throughout
Additional	Additional Patient attended today and advised me that he would like some teeth taken out - pt pointed to UR2 and UL3 and LL1
Additional	Additional I explained to patient that he was booked for XLA UR3 and UR5 today - as discussed at last visit - pt advised that he had not had pain from these teeth but had pain from UL3 and would like this tooth extracted. Pt also advsied that likely to be released soon so would like all roots to be extracted - I advised as long as we got a clear image I would be happy to extract these teeth
Additional	Additional EOE:lymph nodes - nad
Additional	Additional symmetry - nad
Additional	Additional TMJ - nad
Additional	Additional lips - nad
Additional	Additional IOE:
Additional	Additional tongue - nad
Additional	Additional FOM- nad
Additional	Additional buccal mucosa - nad
Additional	Additional hard palate - nad
Additional	Additional soft palate - nad
Additional	Additional UR2 - retained root - unrestorable
Additional	Additional UL3 - buccal draining sinus - TSL into pulp - TTP ++ - unrestorable
Additional	Additional LL1 - retained root - unrestorable
Additional	Additional Pt presents with generalised TSL
Additional	Additional LCPA of UR, UL and LL side taken to assess the teeth - acceptable
Additional	Additional UR2 - retained root with periapical radiolucency
Additional	Additional UL3 - retained root with periapical radiolucency
Additional	Additional LL1 retained root with periapical radiolucency - bone loss of 60%
Additional	Additional LR1 bone loss of 30%
Additional	Additional Pt shown x rays and explained diagnosis
Additional	Additional Diagnosis:
Additional	Additional Chronic apical periodontitis UR2, UL3, LL1
Additional	Additional Treatment:
Additional	Additional Advised patient that UR2, UL3, LL1 are all unrestorable in my opinion and advised XLA - pt keen to have extracted and would like all three done today
Additional	Additional Tx today:
Additional	Additional Patient very nervous throughout procedure but managed very well with extractions
Additional	Additional Consented patient for XLA UR2, UL3, LL1
Additional	Additional Patient understands and consent agreed
Additional	Additional Post op complications discussed Pain, bleeding, swelling, infection, surgical procedure (gum flap/ bone removal), retained roots, damage to adjacent teeth, TMD, Trismus
Additional	Additional Roots close to sinus (OAC/ roottips displaced into sinus and need for hospital referral)
Additional	Additional LA given - 4.4ml of articaine via BI around UR2, UL3, LL1
Additional	Additional 2.2ml of lidocaine via BI and PI around UR3, UL3, LL1 (lingual infiltration around this tooth)
Additional	Additional Adequate anaesthesia acheived
Additional	Additional All teeth - UR2, UL3, LL1 elevators used and delivered using forceps, apices intact
Additional	Additional Socket of UL3 cleaned using mitchells trimmer
Additional	Additional Haemostasis achieved
Additional	Additional POIG - advised to be careful as area will be numb for 2-4 hours.Also advised no smoking or vaping.
Additional	Additional Uneventful extractions - very simple
Additional	Additional Prescribed 400mg ibuprofen tds 7 days for post XLA pain relief
Additional	Additional Also advised patient upon release will need full check up and tx plan - explained again about TSL and diet advice again reiterated??
Additional	Additional Nurse Jana (cavity nurse)
Additional	Additional Dentist Sunita Sahota

31-Oct-2023 Mrs Claire Slater () GP Surgery

Additional	Additional SOdium Valproate: Now to be prescribed in original packs as from October 2023:
Additional	Additional note sent to PPG superintendent for clairfication. Dispense in white bopxes until we hear back

31-Oct-2023 Mrs Claire Slater () Administration note

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28-Oct-2023 Miss Debbie Drake () Administration note

Additional	Additional MSU pot with boric acid given in sample bag. Form in OPD folder - Patrick was advised to do this as a first urine on Monday morning and hand to the medications hatch.

27-Oct-2023 Hca2 Lewes () GP Surgery

Additional	Additional No access visit for HCA appointment with Hca2 Lewes.
Additional	Home visit - no reply

27-Oct-2023 James Bugden () Administration note

Additional	Clinical history and observations Requested to be reviewed due to increase seizure activity which was has been caused by increased stress and anxiety. The patient has stated that he has become doubly incontient but this has not be observed.
Additional	Consultation
Additional	Clinical examination GCS is 15/15, AVPU, The patient is engaging well when talking this morning
Additional	Plan Advised patient to document the seziure activity and the symptoms that he has ans the length of the seizure activity for the remaining of the week.

27-Oct-2023 Mrs Nicola Bullock () GP Surgery

Additional	Did not attend - reason given Patrick was unable to have his appt today because there was no HCA on shift. Rebooked for tomorrow

26-Oct-2023 Mrs Lucy Arkwell () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 26 Oct 2023 09:13*

26-Oct-2023 Miss Hollie Cheal () Administration note

25-Oct-2023 Alan Wason () Administration note

Additional	Oxygen saturation at periphery	96 %
Additional	Respiratory rate	18 {breaths}/min
Additional	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	1 Unk UoM
Additional	Temperature	36.4 Cel
Additional	Pulse regular	
Additional	Pulse rate	76 {beats}/min
Additional	Plan Pt reminded to call for Health Care should he require any assistance.	
Additional	Patient given advice	
Additional	Advised to self care	
Additional	Consultation	
Additional	Clinical history and observations Concern for pt being unwell, as reported by prison staff.	
Additional	Clinical examination Pt observed by ECT walking about Landing and Wing socialising with other inmates as normal prior to consultation. Pt's vitals taken & noted back in his cell; all within normal limits. Pt shared that he has been feeling better in recent days yet could not recall when he had his last seizure; ECT noted that pt has taken medications as per his blister pack.	

24-Oct-2023 Geraldine Dodman () GP Surgery

Additional	Under care of dental surgeon
Additional	Additional App requesting dental appt, appt booked
Additional	Under care of dental surgeon

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22-Oct-2023 James Bugden () Administration note

Additional	Respiratory rate	14 {breaths}/min
Additional	Oxygen saturation at periphery	97 %
Additional	Temperature	36.1 Cel
Additional	Consultation	
Additional	Clinical history and observations Reviewed post ? sezure activity in his cell this morning.The patient has stated that his sezure activity has increased due to increased level of stress which he has reported during review.	
Additional	Clinical examination The patient has clearly bitten his tongue this morning as there is evidence of this on his lip. Patient is Alert on the AVPU score, GCS is 15/15 and pupils are size 4 and reactive, there is no head-ache noted and the patient has normal power and strength in all 4 limbs,	
Additional	Plan Task will be sent to the GP to review the patient to review his Sodium Valporate and Levetiracetam medication due to increase amount of sezuire activity. This task will be sent on the 22/10/23	
Additional	Patient given advice	
Additional	Patient review	
Additional	Pulse rate	65 {beats}/min
Additional	Pulse regular	

19-Oct-2023 Alan Wason () Administration note

Additional	Respiratory rate	18 {breaths}/min
Additional	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	0 Unk UoM
Additional	Oxygen saturation at periphery	96 %
Additional	Pulse rate	88 {beats}/min
Additional	Temperature	37 Cel
Additional	Pulse regular	
Additional	Plan Pt encouraged to continue to use his whiteboards in his cell for remembering his daily tasks and to call for Health Care each time he has a seizure.	
Additional	Patient given advice	
Additional	Advised to self care	
Additional	Follow-up consultation	
Additional	Clinical history and observations Pt experienced a seizure moments earlier in his cell, as reported by prison staff.	
Additional	Clinical examination Pt shared that he had a seizure 'an out of body experience' than an usual tonic - clonic; pt raised the alarm in his cell as he had felt the onset of the aura 'seeing rainbow/s and the rays off Jesus Christ' and the staff discovered pt sitting on the cell floor leaning against the foot end of his bed with a small abrasion left side of head front left hairline 'coming out of it'. Pt's vitals taken & noted; all within normal ranges presently. Pt also shared that he has been taking all his medications as per days of his blister pack including having his evening medications earlier. ECT observed pt alert, breathing normally, clammy, concerned about his medications and the regularity of episodes recently` 'one a day'.	

18-Oct-2023 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Results Sent: 19 Oct 2023 11:17*	

18-Oct-2023 Dr Iain Brew () Administration note

Investigation	M, C & S **M, C & S**Please repeat WITH a boric acid sample pot if indicated: M, C & S Abnormality indicator: Specimen lost / unusable M, C & S: Collection Method Mid Stream urine Laboratory comment Boric acid sample NOT received. Not processed Please repeat if clinically indicated. Clinical Information: ? DUSURIA Not stated	(No range available)

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18-Oct-2023 Mrs Jayne Collins () Administration note

Additional	Additional MSU sent to lab		
Additional	Random sample		
Additional	Blood sample taken		
Additional	Diagnostic blood test		
Additional	Blood test requested FBC U&E LFT TFT Ca CRP B12 Folate AST		
Additional	Six item cognitive impairment test	21 Unk UoM	
Additional	Six item cognitive impairment test	21 Unk UoM	
Additional	Use of aseptic technique		
Additional	Informed consent given		
Additional	Yes Changed to reckless and dangerous		
Additional	Yes		
Additional	Yes seeing insects or rats		
Additional	Yes		
Additional	Yes Uses white board at home to remind him to eat		
Additional	Yes Anxious, feels highly strung, feels he may hurt someone, been asking to see MH		

18-Oct-2023 Dr Iain Brew () Administration note

Investigation Urea and electrolytes;Liver function tests;AST (SERUM);Thyroid function test;CALCIUM (SERUM);C-REACTIVE PROTEIN (S);B12/folate level

Urea and electrolytes;Liver function tests;AST (SERUM);Thyroid function test;CALCIUM (SERUM);C-REACTIVE PROTEIN (S);B12/folate level Abnormality indicator: Normal EGFR COMMENT 1: eGFR should not be used in patients with acute renal impairment. AST (SERUM): CALCIUM (SERUM): C-REACTIVE PROTEIN (S): Clinical Information: ?dementia:

Urea and electrolytes		(No range available)
Serum sodium level	138 mmol/L	(Range: 136 - 145)
Serum potassium level	4.1 mmol/L	(Range: 3.5 - 5.1)
Serum urea level	7.9 mmol/L	(Range: 2.8 - 8.1)
Serum creatinine level As of 23/08/2023, enzymatic creatinine is in primary use.	94 umol/L	(Range: 58.9 - 104.1)
GFR calculated abbreviated MDRD	60 mL/min/1.73.ar	(Range: 60 - 90)
Liver function test		(No range available)
Serum albumin level	42 g/L	(Range: 35 - 52)
Serum total protein	75 g/L	(Range: 66 - 87)
Serum globulin level	33 g/L	(Range: 18 - 36)
Serum alkaline phosphatase level	61 [iU]/L	(Range: 40 - 129)
Serum total bilirubin level	17 umol/L	(No range available)
Serum alanine aminotransferase level	27 [iU]/L	(No range available)
AST serum level	28 [iU]/L	(No range available)
Thyroid function test		(No range available)
Serum free T4 level	17.5 pmol/L	(Range: 11.1 - 22)
Serum TSH level	1.09 m[iU]/L	(Range: 0.27 - 4.2)
Serum calcium level	2.33 mmol/L	(Range: 2.15 - 2.5)
Serum adjusted calcium concentration	2.39 mmol/L	(Range: 2.15 - 2.5)
Serum C reactive protein level	1 mg/L	(No range available)
B12/folate level		(No range available)
Serum vitamin B12 level Above high reference limit	**1099 ng/L**	**(Range: 197 - 771)**
Serum folate level	13.3 ng/mL	(Range: 1.9 - 25)

18-Oct-2023 Dr Iain Brew () Administration note

Investigation Full blood count;Differential white blood cell count

Full blood count;Differential white blood cell count Abnormality indicator: Normal Clinical Information: ?dementia:

Full blood count		(No range available)
Haemoglobin concentration	156 g/L	(Range: 135 - 180)
Total white blood count	7.5 10*9/L	(Range: 4 - 10)
Nucleated red blood cell count	0 10*9/L	(No range available)
Platelet count	195 10*9/L	(Range: 150 - 410)
Red blood cell count	5.04 10*12/L	(Range: 4.5 - 5.5)
Haematocrit	0.47 Unk UoM	(Range: 0.4 - 0.54)
Mean cell volume	93.3 fL	(Range: 83 - 101)
Mean cell haemoglobin level	31 pg	(Range: 27 - 32)
Mean cell haemoglobin concentration This value has been converted from: 332.0 g/L	33.2 g/dL	(Range: 31 - 36)
Differential white blood cell count		(No range available)
Neutrophil count	3.9 10*9/L	(Range: 2 - 7)
Lymphocyte count	2.9 10*9/L	(Range: 1 - 3)
Monocyte count	0.6 10*9/L	(Range: 0.2 - 1)
Eosinophil count	0 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

17-Oct-2023 Jayne Stevenson-Grimes () GP Surgery

Additional	Additional BP monitoring.
Additional	Additional BP check 115/83
Additional	Clinical examination BP check.
Additional	Clinical history and observations BP monitoring.
Additional	Follow-up consultation

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17-Oct-2023 Ms Teresa Turner () Administration note

Additional	Multi-agency meeting outcomes Added by Amy Hogg Epilepsy - ?korsokoffs dementia - ?substance misuse - forgetting medications had a significant seizure.	
Additional	No	
Additional	Assessment by multidisciplinary team	
Additional	Other professionals involved Dr Iain Brew Moses Zona Jess Kelliher Amy Hogg Bridie Dance Elizabeth Gentilcore Paul Scott-Harris Claire Slater	
Additional	Multi-agency meeting outcomes Now getting meds IP with an improvised whiteboard to remind him to use the Dosette box. Pharmacy Tech carrying out a concordance check this week Action Pharmacy/HCA Has been found under the influence on the wing (prison did a urine sample?). Additional towel requested to cushion furniture in case of another seizure. Is there more suitable equipment available (DB)	
Additional	No	
Additional	Health and wellbeing plan	

16-Oct-2023 Hca1 Lewes () GP Surgery

Additional	Additional No access visit for HCA appointment with Hca1 Lewes.	
Additional	Home visit - no reply	

15-Oct-2023 Ms Claudia Ntombela () GP Surgery

Additional	Additional Vision good and pupils normal on both eyes.	
Additional	Temperature	36.5 Cel
Additional	Oxygen saturation at periphery	98 %
Additional	Respiratory rate	18 {breaths}/min
Additional	Follow-up consultation	
Additional	Clinical history and observations Collapse following a seizure	
Additional	Clinical examination Fading bruise around right eye noted, Appear fit and well orientated	
Additional	Plan Advised to drink plenty of fluids as hypotensive Pharmacy to review IP status due to history of defaulting citical medication Review obs tomorrow	
Additional	Glasgow coma scale	15 Unk UoM
Additional	Pulse rate	61 {beats}/min

14-Oct-2023 Nurse1 Clinic () GP Surgery

Additional	Additional No access visit for Nurse Clinic appointment with Nurse1 Clinic.
Additional	Home visit - no reply

14-Oct-2023 Alexandra Pagu () GP Surgery

Additional	Administration of medication The patient confirmed he had the morning dose on the 14th of October 2023. I also provided the required marker to write on the board located in his cell as instructed by the pharmacy tech H.C.

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13-Oct-2023 Miss Hollie Cheal () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Referral to safeguarding adults team
Additional	Action taken
Additional	Discussed with clinical supervisor for safeguarding
Additional	Action taken
Additional	Discussed with clinical supervisor for safeguarding
Additional	No
Additional	Yes
Additional	Adult safeguarding concern
Additional	Vulnerable adult
Additional	Action taken
Additional	Discussed with clinical supervisor for safeguarding
Additional	Action taken
Additional	Referral to safeguarding adults team
Additional	Action taken
Additional	Overview Notes Patient collapsed and had a seizure, possibly due to him having missed one or two doses of his blister pack due to confusion over the day, sustaining a head/face injury. Datix entered, safeguarding referral sent.
Additional	Adult safeguarding concern
Additional	Plan Patient was consulted on what would help facilitate him to keep control of his meds and remember to take his medication (he has early onset dementia). He uses a whiteboard at home to keep track of the day and his medication doses. We have supplied him the means to keep doing this (laminated A3 paper to use as whiteboard). M Wing pharmacy techs will check in with Mr Southern.

13-Oct-2023 Ms M Hogg Amy () GP Surgery

Additional	Epilepsy
Additional	Additional I note suspicions around substance misuse and non compliance with meds due to memory issues
Additional	Additional Safeguarding raised
Additional	Additional Pharmacy techs are supporting with medication administration
Additional	Additional Supervised meds offered by myself but Patrick declines saying standing in the queue to collect meds would be too stressful for him and he does not have the patience for it
Additional	Additional Epilepsy review and care planning completed in Sept
Additional	Additional Has neurology appt next month
Additional	Additional Discussed SUDEP risk - patient adament that he will not cell share as he is high risk and childhood trauma triggers will lead to violence with cell mates
Additional	Additional 'If I die - I die - Thats the circle of life - I'd rather take the risk'
Additional	Additional Wing staff to be made aware of diagnosis and risk of seizures - email sent to wing CM Stanford
Additional	Additional Added to MPCCC for discussion
Additional	Additional Care plan updated ahnd printed for patient
Additional	Record Attachment

Care Plan Epilepsy Recipient: Mr Patrick Southern Sent: 13 Oct 2023 16:15

13-Oct-2023 Miss Hollie Cheal () Administration note

Additional	Additional 'Whiteboard' given to Mr Southern in his cell. He said he was still feeling quite disorientated after the last few days, but he had taken his meds. M Wing tech for 14/10/23 and 15/10/23 tasked to check in with Mr Southern over the weekend.

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12-Oct-2023 Alan Wason () Administration note

Additional	Medical drawing *Head Front*	
Additional	Follow-up consultation	
Additional	Oxygen saturation at periphery	97 %
Additional	Respiratory rate	17 {breaths}/min
Additional	Plan Pt encouraged to self-administer his morning medications and his parascetamol. Pt provided an icepack for recent injury. H2 will revisit pt later today.	
Additional	Clinical examination Pt standing in his cell alert & breathing normally brandishing a fresh blackened right eye. Pt understands to him having had another siezure ? tonic clonic during the night and unsure of any of the details. Pt c/o a dull headache 3/10 right rigth temporal - frontal area. Pt's vitals taken & noted; all within normal limits. ECT also observed pt's pupils 4 ERRL ++ pt's recall , pt not experienced and c/o nausea & vomiting at any time, pt struggling with recall to events past 24hrs, pt had not had evening medications last night and this morning's dose yet; NOAD.	
Additional	Clinical history and observations Review pt	
Additional	Pulse rate	53 {beats}/min
Additional	Temperature	36.5 Cel
Additional	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	0 Unk UoM
Additional	Pulse regular	
Additional	Advised to self care	
Additional	Patient given advice	

12-Oct-2023 Alan Wason () Administration note

Additional	Plan Pt reminded to call for Health Care should he require assistance and to have his medications each morning and evening.	
Additional	Clinical examination ECT expressed concern to the pt of his current condition particularly pt's cognitive ability. Pt agreed to performing a 6CIT presently with ECT & RGN DD observing; pt scored 8 points. Pt also shared that the paracetamol he had earlier 'took the headache away', he has been diagnosed with alcohol dementia and had been attending AA regularly on the outside; pt asked if Health Care staff could have a word with the prison staff to have an extra blanket 'feeling the change of weather... I am already feeling the cold'.	
Additional	Advised to self care	
Additional	Patient given advice	
Additional	Yes	
Additional	Six item cognitive impairment test	8 Unk UoM
Additional	Clinical history and observations Review pt	
Additional	Follow-up consultation	

12-Oct-2023 Miss Debbie Drake () Administration note

Additional	Pulse rate	107 {beats}/min
Additional	Pulse regular	
Additional	Plan Advised rest and plenty of water.	
Additional	Oxygen saturation at periphery	97 %
Additional	Clinical history and observations Seen following reports of being under the influence. On attendance with TNA EB, Mr Southern was unsteady on his feet. All observations normal.	
Additional	Other note Not an appropriate call.	
Additional	Hospital admission avoided	
Additional	Unplanned first attendance	
Additional	Prisoner health - healthcare emergency response	
Additional	Informing of incident 12/10/2023	

11-Oct-2023 Mr Luke Hutchings () GP Surgery

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11-Oct-2023 Ms M Hogg Amy () GP Surgery

Additional	Respiratory rate	19 {breaths}/min
Additional	Oxygen saturation at periphery	98 %
Additional	Clinical examination Patrick reports a tonic clonic seizure at approx 7:15am Injuries noted: Large 5x5 haematoma to right side of head above eyebrow Early signs of bruising to corner of right eye Tongue lacerated superficially and bleeding Reports had bowels open and lost bladder control during seiizure Snapped chain off neck Cell was disrupted and a mess At time of review reports feeling 'disombobulated' No headache No blurred vision No nausea No vomitting PEARL	
Additional	Consultation	
Additional	Patient review	
Additional	Clinical history and observations I was seeing another patient on the wing and was asked to review Patrick post seizure	
Additional	Plan ECT Alan will kindly bring an ice pack over for Patrick and review him again later today	
Additional	Patient given advice	
Additional	Epileptic seizure	
Additional	Pulse rate	74 {beats}/min
Additional	Pulse regular	

11-Oct-2023 Alan Wason () GP Surgery

Additional	Additional ECT delivered instant icepack to pt for the haematoma on the right side of his head.

11-Oct-2023 Alan Wason () Administration note

Additional	Lying systolic blood pressure	96 mm[Hg]
Additional	Oxygen saturation at periphery	97 %
Additional	Lying diastolic blood pressure	52 mm[Hg]
Additional	Respiratory rate	16 {breaths}/min
Additional	Temperature	36.6 Cel
Additional	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	2 Unk UoM
Additional	Pulse regular	
Additional	Pulse rate	62 {beats}/min
Additional	Plan Pt' encouraged to eat his dinner and keep well hydrated, and call for Health Care should he require assistance. Pt provided another instant icepack.	
Additional	Patient given advice	
Additional	Advised to self care	
Additional	Follow-up consultation	
Additional	Clinical history and observations Review pt.	
Additional	Clinical examination Pt's vitals taken & noted; pt with low BP. ECT & HCA OF observed pt with slurred speech and enlarged pupils ERRL & NOAD.	

08-Oct-2023 Miss Hollie Cheal () Administration note

Additional	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination first dose not given
Additional	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination dose declined

03-Oct-2023 Miss Hollie Cheal () Administration note

Additional	Additional Glasses handed out to patient

02-Oct-2023 Miss Debbie Drake () Administration note

Additional	Has no outstanding hospital/ Doctors appointments	
Additional	Yes	
Additional	Affairs under jurisdiction of a court	
Additional	Overview Notes Seen in reception prior to court. Mr Southern had morning medications given supervised - blister pack went with him to court in case of release. Nil issues raised.	
Additional	Medically fit for court appearance	
Additional	On prescription medication	

02-Oct-2023 Ms Lydia Radford () Administration note

Additional	Crisis/short term interventions in mental health care None required.	
Additional	Impressions of the prisoners behaviour and mental state Triage completed on 25th Sept, so appointment today to be cancelled	
Additional	Indirect	
Additional	Care planning and problem solving actions Plan to be discussed with team with view to closure. Patrick did not want further mental health interventions. He presented with emotional instability and associated risks, however he has found exploration of his past trauma through substance misuse recovery helpful.	

THIRD PARTY COPY

28-Sept-2023 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional Scanned Image
Dentistry Sent: 02 Oct 2023 11:20

28-Sept-2023 Sunita Kaur Sahota () Administration note

Additional Record Attachment
JPEG Image: UR5 southern.JPG - Dental x ray - UR543

28-Sept-2023 Sunita Kaur Sahota () GP Surgery

Additional Under care of general dental surgeon
Additional Additional MH checked and TFT paper medical history completed and scanned to S1 - epilepsy - normally well controlled, levetiacetam, sodium valproate, NKDA - last seizure 15th July 2023?
Additional Additional Level 2 PPE worn throughout
Additional Additional On remand - due in court tomorrow - hoping to be acquitted
Additional Additional Patient came in and was very agigitated about wait times to be seen - we had advised him that he had been booked twice however, once was at court and second was on ajudication, advised we had rebooked each apt and apologised for the wait profusely
Additional Additional c/o; UR side - pain started when arrived here - very indistinct history given - difficult to get patient to focus on the tooth
Additional Additional intermittent pain from roots
Additional Additional very concerned about teeth in general and keen to have tx
Additional Additional Advised pt prior to assessing that due to suction not working at present we are limited as to what tx can carry out - pt was understanding about this
Additional Additional EOE:lymph nodes - nad
Additional Additional symmetry - nad
Additional Additional TMJ - nad
Additional Additional lips - nad
Additional Additional IOE:
Additional Additional tongue - nad
Additional Additional FOM- nad
Additional Additional buccal mucosa - nad
Additional Additional hard palate - nad
Additional Additional soft palate - nad
Additional Additional UR5 MO amlagam restoration - amlagam standing proud - TSL into dentine around tooth - slightly TTP ---- hyper-responsive to ethyl chloride (pt jumped out of the chair)
Additional Additional UR4 - unrestored - not TTP
Additional Additional UR3 TSL into dentine - could see roof of pulp chamber - slightly TTP - afte response of UR5 did not test this tooth
Additional Additional Diagnosis:
Additional Additional Advised patient pain is likely from UR3 and UR5 and is due to nerve devitalising
Additional Additional Advised patient UR3 and Ur5 are turning from reversible pulpittis to irrervsible pulpitis and advised that options are RCT (followed by cuspal coverage) or XLA. Also advised pt has moderate to severe TSL and advised would need a full exam prior to any definitive tx. Explained about TSL - pt advised me he was a heavy drinker and also has used MDMA and cocaine and amphetamine his entire life but has been clean for 15 months now
Additional Additional Treatment:
Additional Additional Explained UR3 and UR5 - could extirpate or extract - advised both options cannot be done today as suction not working . pt would like XLA of both teeth. Pt explained that he is happy to have false teeth and not keen to save teeth
Additional Additional Offered to help symptoms by covering both teeth with GIC as symptoms are of reversible pulpitis turning to irrervisble pulpitis - pt declined this tx and would just like them extracted?
Additional Additional Advised patient have only done emergency assessment today and have only assessed UR quadrant
Additional Additional Advised will book in once suction fixed - added to WL
Additional Additional Nurse Gemma Dodman
Additional Additional Dentist Sunita Sahota

27-Sept-2023 Miss Emily Buckingham () GP Surgery

Additional Additional Last week of NRT. All items left in Patrick's cell as he was off the wing.

THIRD PARTY COPY

26-Sept-2023 Ms Teresa Turner () Administration note

Additional Scanned Image
Appointment Letter Recipient: Mr Patrick Southern Sent: 26 Sep 2023 15:29

25-Sept-2023 Miss Hollie Cheal () Administration note

25-Sept-2023 Oluwatoyin Bello () Administration note

25-Sept-2023 Mrs Tracey Pumfrey () Administration note

Additional Additional ADMIN NOTE Glasses x 2 received and handed to pharmacy to give to patient

25-Sept-2023 Mrs Lucy Arkwell () Administration note

Additional Scanned Image
Appointment Letter Recipient: Mr Patrick Southern Sent: 25 Sep 2023 12:51

THIRD PARTY COPY

25-Sept-2023 Ms Lydia Radford () Administration note

Additional	Additional Telemeds is not considered to be suitable for this Referral
Additional	Risk factor Risk of deliberate harm to self/suicide - Patrick experiences rapid mood fluctuations, however he has been managing this through breathing exercises and mindful. He denied thoughts to harm himself. Patrick said that for the first few weeks in prison, he felt suicidal, but "now I'm fine". Risk of harm to others - Patrick described having "flashpoints" that make him want to harm others, but he knows to remove himself from situations when he is beginning to feel overwhelmed. Self-Neglect - No risks identified. Risk from others (exploitation, vulnerability) - No risks identified. Social Circumstances/Personal Factors - Patrick has 4 year old twins who are really important to him. Outside of prison, he sees them regularly though he is not in a relationship with their mother. Substance Misuse (including alcohol and drugs) - Patrick has a significant history of problematic alcohol use. He is currently 15 months sober. Safeguarding (child and adult) - Patrick has 4 year old twins. Custody-specific factors - Patrick struggles with the prison environment.
Additional	Mental state Patrick was well-presented in prison issue clothing. He engaged well. Rapport was easily established. He was bright in mood, however repeatedly expressed that he needed to "breathe" as he was becoming overwhelmed. Patrick presented has having some kind of mild cognitive impairment, which meant he struggled to fully narrate his concerns and experiences. He was orientated to TPP. Patrick spoke about the importance of sobriety. He is 15 months clean. Patrick said he has alcoholic dementia and alcohol induced epilepsy. Patrick said he has a significant history of childhood trauma. He grew up in care homes and experienced sexual abuse (reporting options discussed). He has been left feeling hypervigilant and this is worse in prison. Patrick was quite insightful. He said that "trauma is problem" and this leads him to problematic ways of thinking and then he reacts in his behaviour. Patrick said that 10 weeks ago, when he first arrived, he was told he could not have something to do with his medication, perhaps a blister pack, but this has now been resolved. Patrick said he is following his recovery programme, "keeping myself to myself," utilising breathing techniques and attending AA. Patrick said that exercise in the morning is the most important part of his day. He has a job as a wing cleaner which he enjoys. Patrick is due in court 2 Oct court, he is not sure what the court appearance is for. Patrick described having flashpoint moments and knowing he has to remove himself from a situation or risk being aggressive. Patrick said he had been diagnosed with complex PTSD and told he might have ADHD. Patrick said that for the first few weeks, he felt suicidal, but "now I'm fine". Patrick does not want any further input from IMHT.
Additional	No relevant family history
Additional	Seen by mental health triage nurse
Additional	Referral to mental health team
Additional	Routine
Additional	Prison mental health inreach case notes
Additional	Overview Notes To be discussed in team with view to closure. Patrick does not want medication for his mental health and has found substance misuse interventions helpful in addressing his past trauma.
Additional	Date
Additional	New medication added Various, including valproate prescribed for epilepsy.
Additional	Mental health review Patrick said he has been told he has complex PTSD, which is very possible given his personal history. He does not want to explore a diagnosis at this time. Patrick also suspects he has ADHD.
Additional	Other professionals involved SMS

THIRD PARTY COPY

20-Sept-2023 Mr Oliver Funnell () GP Surgery

Additional	Additional Given week 11 NRT
Additional	NiQuitin CQ 2mg mint lozenge
Additional	NiQuitin CQ 7mg/24hours clear patch
Additional	Seen by smoking cessation advisor
Additional	Quantity 7 days - 1 pack 7mg patches and 24 x 2mg lozenges

20-Sept-2023 Mrs Jamie Gerrard () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 20 Sep 2023 14:23*

18-Sept-2023 Dr Iain Brew () Administration note

14-Sept-2023 Mr Sukhraj Chahil () Administration note

Additional	Comment note NONE
Additional	No
Additional	No
Additional	Comment note +1.00/
Additional	Comment note Eyelids&lashes clear Conjunctiva- clear Cornea & AC clear Lens- clear Vitreous clear Disc distinct margins, ISNT obeyed, pink NRR, C/d=0.3 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.
Additional	Comment note 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.
Additional	Comment note +1.50
Additional	Yes ANTI EPILEPTIC MEDS
Additional	No
Additional	No
Additional	Comment note ROTUINE ST. NO FAM HISTORY. LAST EE WITHIN 12 MONTHS. WAS GIVEN VF'S - CURRENT GLASSES TOO LOOSE
Additional	No
Additional	Comment note NO DIAB NO GLAUC NO HT NO INJ NO INFEC NO HES NO SX
Additional	No
Additional	No
Additional	Comment note 19AVG
Additional	Comment note 18AVG
Additional	Comment note NO TARGET LOSS AT 30CM WITH 15MM TARGET, NEGATIVE AMSLER r&l
Additional	Comment note 63 EMIR
Additional	Comment note 66 DI JONES
Additional	Comment note 1XSVD 1XSVN EYES HEALTHY RECALL 24/24
Additional	Comment note 6/6
Additional	Comment note N5
Additional	Comment note N5
Additional	Comment note FULL AND SMOOTH
Additional	Comment note 6/6
Additional	Comment note +1.25
Additional	Comment note +1.25

13-Sept-2023 Mr Graham Pollock () Administration note

Additional	Overview Notes Patrick is doing very well and spoke about how good it feels to have maintained his abstinence this length of time. He said that he is finding the AA meetings very good and commented that it is a shame there is such a waiting lis to get on it. He said that M-wing is 'like beirut' at the moment and that it is his sobriety that is keeping him sane.

13-Sept-2023 Mr Oliver Funnell () GP Surgery

Additional	Additional Given week 10 NRT pack.
Additional	Quantity 7 days - 1 box of 7mg patches and 24 x 2mg lozenges
Additional	Seen by smoking cessation advisor
Additional	NiQuitin CQ 7mg/24hours clear patch
Additional	NiQuitin CQ 2mg mint lozenge

THIRD PARTY COPY

13-Sept-2023 Mrs Jayne Collins () Administration note

Additional	Record Attachment *Care Plan Epilepsy Recipient: Mr Patrick Southern*	
Additional	Improbable	
Additional	Epilepsy monitoring Having daily seizures. get an aura, recognises it is coming on and sits himself down, had 6 clonic seizures at arrest	
Additional	No	
Additional	No	
Additional	No	
Additional	Fit frequency	365 /a
Additional	Patient advised not to drive	
Additional	No epilepsy drug side effects	
Additional	Patient given advice	
Additional	Epilepsy management plan given	
Additional	Plan Outstanding app for neurology, has now got blister packs of medication after waiting 9 weeks	
Additional	Normal mood Mood up and down, under care of MH	
Additional	Epilepsy limits activities	
Additional	Epilepsy control poor	
Additional	Memory impairment Says he has alcohol i8nduced dementia	

12-Sept-2023 Mr Steven Corden () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 12 Sep 2023 14:04*

06-Sept-2023 Mr Oliver Funnell () GP Surgery

Additional	Additional Seen for Smoking Cessation Week 9 pack
Additional	NiQuitin CQ 14mg/24hours clear patch
Additional	Seen by smoking cessation advisor
Additional	NiQuitin CQ 2mg mint lozenge
Additional	Quantity 7 days - 1 box 14mg patches and 48 x 2mg lozenges

05-Sept-2023 Oluwatoyin Bello () Administration note

04-Sept-2023 Mrs Tracey Pumfrey () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 04 Sep 2023 10:48*

04-Sept-2023 Mrs Tracey Pumfrey () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 04 Sep 2023 11:34*

04-Sept-2023 Miss Hollie Cheal () Administration note

01-Sept-2023 Dr Iain Brew () Administration note

30-Aug-2023 Miss Emily Rose Walker () GP Surgery

Additional	Additional Week 8 of the smoking cessation programme.
Additional	NiQuitin CQ 2mg mint lozenge
Additional	NiQuitin CQ 14mg/24hours clear patch
Additional	Quantity 1 box of 14mg patches and 48 2mg lozenges
Additional	Overview Notes Week 8

29-Aug-2023 Geraldine Dodman () GP Surgery

Additional	Additional App requesting am dental appt on 28/9/23, confirmed via app he as an am appt.

24-Aug-2023 Dr Iain Brew () GP Surgery

Additional	Pustular psoriasis affecting arms and neck. Sometimes has lesions on thighs and nail pitting as well buty relatively settled at present. Uses emollients but cannot remember which, so suggest start with Epimax.	
Additional	O/E - weight	84 kg
Additional	Alcohol-induced epilepsy *valproate appears to have been stopped inadvertently. He has noticed an increase in partial seizures since being here, but no generalised seizures.*	

23-Aug-2023 Miss Emily Rose Walker () GP Surgery

Additional	NiQuitin CQ 2mg mint lozenge
Additional	NiQuitin CQ 14mg/24hours clear patch
Additional	Quantity 1 box of 14 mg patches and 48 2mg lozenges
Additional	Overview Notes Week 7

THIRD PARTY COPY

22-Aug-2023 Mr Graham Pollock () Administration note

Additional	Record Attachment *Acrobat Document: Patrick Southern.pdf - SMS Consent forms*
Additional	No craving for drugs
Additional	No craving for drugs
Additional	No craving for drugs
Additional	No craving for drugs
Additional	Overview Notes Patrick stated tht he was a heroin and crack user between the ages of 15 and 17. in later years he used a range of substances including cannabis and steroids. His most recent problem has been with alcohol but he stated that he has not used drugs for 'some time' - he stated that he has memory issues due to alcoholic dementia, and has been sober since the 8th of august last year.
Additional	Overview Notes Patrick has engaged with services over the years, both in custody and in the community. He completed seven months of a rehab placement in 2021 but startedrinking again after leaving the rehab.
Additional	Alcohol abuse
Additional	Craving for alcohol
Additional	Previous history of cocaine misuse
Additional	Previous history of crack cocaine misuse
Additional	History of crack cocaine misuse
Additional	History of cocaine misuse
Additional	History of heroin misuse
Additional	Previous history of heroin misuse
Additional	History of cannabis misuse
Additional	Previous history of cannabis misuse
Additional	Overview Notes Patrick is a keen user of the the gym and has personal trainer qualifications.
Additional	Overview Notes Parick has concil accommodation to return to.
Additional	Overview Notes 4
Additional	Overview Notes offending under the influence.
Additional	Substance misuse assessment
Additional	Overview Notes Last worked in construction just priot to custody.
Additional	Overview Notes No issues raised.
Additional	Overview Notes 4
Additional	Overview Notes Offending under the influence.
Additional	Overview Notes Patrick cited co-dependent relationships as his main trigger.
Additional	Overview Notes Free of all substances since August last year.
Additional	Overview Notes Patrick presented as strongly motivated to Change and abstinence.
Additional	Overview Notes 5
Additional	Has never shared drug injection equipment
Additional	Previously injecting drug user

22-Aug-2023 Mr Abdul Butt () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Application for Healthcare Sent: 10 Sep 2023 22:55*

22-Aug-2023 Miss Emily Rose Walker () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Application for Healthcare Recipient: Mental health Sent: 10 Oct 2023 14:30*

22-Aug-2023 Christina Stockham () Administration note

Additional	Scanned Image *Appointment Letter Recipient: Mr Patrick Southern Sent: 22 Aug 2023 12:37*

18-Aug-2023 Miss Anika Pepper () Administration note

Additional	Overview Notes Attended this mornings AA meeting

16-Aug-2023 Miss Anika Pepper () Administration note

Additional	Record Attachment *Acrobat Document: Patrick Southern application SMS.pdf*
Additional	Overview Notes Application recieved requesting support from SMS team, already waiting for assessment and is regularly attending AA meetings. Application scanned to system.

THIRD PARTY COPY

16-Aug-2023 Miss Emily Rose Walker () GP Surgery

Additional	Additional Week 6 of the smoking cessation programme.
Additional	Additional Left in patient's cell as he was at the gym. Patient is single cell. Officer was present.
Additional	NiQuitin CQ 2mg mint lozenge
Additional	NiQuitin CQ 14mg/24hours clear patch
Additional	Overview Notes Week 6
Additional	Quantity 7 days - 1 box of 14mg patches and 48 2mg lozenges

16-Aug-2023 Miss Hollie Cheal () Administration note

Additional	Additional Mr Southern was talking me today about his difficulties with managing his routine and the prison regime with his early-onset dementia diagnosis. He explained how 'every day is like day one' and he struggles to keep to a routine. He said at home he has a large whiteboard where he keeps a track of everything. He said he manages his medication much better now that he is receiving a blister pack and is very thankful for this. I feel that this is more of a prison related issue, rather than a healthcare one, but I told him I would find out where the right place was to direct his issues. I spoke to Officer Hamblin, who put me in touch with Safer Custody. I explained the situation and asked if they could meet with him to discuss his needs. They said they would do this today. Will speak with wing officers to see if we can support in any way. Will check with Mr Southern that he is happy and continue to support where I can.

16-Aug-2023 Geraldine Dodman () GP Surgery

Additional	Additional App requesting dental appt, confirmed with Pt via app that a dental appt has already been booked for him on 28/09/23 am

16-Aug-2023 Miss Anika Pepper () Administration note

Additional	Overview Notes Self referral recieved from Mr Southern advising that he is worried around relapse. He has been sober almost 14 months but is currently struggling with the offer of substances. Waiting for assessment
Referral	Referral for further care *Status: Care ongoing (Active) Recorded on: 16 Aug 2023 Recorded at: HMP Lewes (Y05199) Source of referral: Self-Referral Caseload holder: Graham Pollock Service offered: Psychosocial Substance Misuse Urgency: Routine Source of referral: Self-Referral Date of referral: 16 Aug 2023 16:46 Date of action: 16 Aug 2023 16:50 Appointment booked: 22 Aug 2023 08:50 Appointment date: 22 Aug 2023 15:30 Primary reason for referral: Substance Misuse Outcome of referral: Accepted Patient aware: true (HMP Lewes). Referral Type: Outpatient*

12-Aug-2023 Miss Hollie Cheal () Administration note

11-Aug-2023 Mrs Nicola Bullock () GP Surgery

Additional	Clinical history and observations Request to have F2F consultation with Patrick concerning his complaint about pharmacy staff at the medication hatch.
Additional	Clinical examination Patrick has short term memory loss and finds it difficult to retain information about his medication. He also finds it hard to remember whether he has taken his medication or not. He stated that the pharmacy tech at the hatch was curt and impatient with him because he was asking for information to be repeated that had been given to him previously.
Additional	Plan I have assured Patrick that I have spoken to the Lead in pharmacy to make sure that all his team are aware that Patrick has memory issues and to be considerate at the medication hatch. The Lead is also going to speak to the member of staff concerned. A blister pack has been arranged for Patrick's medication, so he knows when he has taken his daily medication. Patrick was satisfied with the outcome of the F2F consultation - issues resolved.

11-Aug-2023 Miss Anika Pepper () Administration note

Additional	Overview Notes Attended this mornings AA meeting

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10-Aug-2023 Mr Herikanos Gorah () GP Surgery

Additional	Affairs under jurisdiction of a court	
Additional	Has no outstanding hospital/ Doctors appointments	
Additional	Yes	
Additional	Overview Notes no covid symptoms observed or reported	
Additional	Yes	
Additional	Is not receiving prescribed medication	
Additional	Medically fit for court appearance	

09-Aug-2023 Miss Emily Rose Walker () GP Surgery

Additional	NiQuitin CQ 2mg mint lozenge	
Additional	NiQuitin CQ 14mg/24hours clear patch	
Additional	Seen by smoking cessation advisor	
Additional	Quantity 7 days - 1 box of 14mg patches ND 48 2mg patches	
Additional	Overview Notes Week 5	

09-Aug-2023 Amanda Wood () Administration note

Additional	Impressions of the prisoners behaviour and mental state Second app reveived 31.07.23	
Additional	Indirect	

09-Aug-2023 Mrs Joanna Rolfe () Administration note

Additional	Letter encounter from patient	
Additional	Referral to mental health team app rec'd - 31/7/23	
Additional	Onward referral made (specify)	

08-Aug-2023 Mr Paul Scott-Harris () Administration note

04-Aug-2023 Paul Ashley () Administration note

Additional	Overview Notes Attended AA meeting today.	

03-Aug-2023 Miss Emily Buckingham () Administration note

Additional	O/E - weight	82 kg
Additional	Clinical history and observations Asked to speak to me during drop in about his medication. Stated he is struggling to manage his meds due to memory issues. Requesting his medication be put in blister packs.	
Additional	Plan Task sent to pharmacy to request this.	
Additional	Body mass index	28.37 kg/m2

03-Aug-2023 Miss Caitlyn Gallagher () Administration note

Additional	Additional Due to revew dossett box appears this has not happened and he has been given weekly meds without times or aid, Task sent by EB to pharmacy	

03-Aug-2023 Miss Hollie Cheal () Administration note

02-Aug-2023 Mr Oliver Funnell () Administration note

Additional	NiQuitin CQ 21mg/24hours clear patch	
Additional	Seen by smoking cessation advisor	
Additional	Quantity 7 days - 1 box 21mg patches and 96 2mg lozenges	
Additional	NiQuitin CQ 2mg mint lozenge	

02-Aug-2023 Geraldine Dodman () GP Surgery

Additional	Additional App requesting dental appt, confirmed with Pt via app, we had rebooked his appointment and apologised for the waiting time due to staffing issues.	

02-Aug-2023 Dr Margery Peyton-Jones () Administration note

09-Aug-2023	Medication	Medication Levetiracetam 500mg tablets

01-Aug-2023 Ms Teresa Turner () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Application for Healthcare Sent: 01 Aug 2023 16:33*	

THIRD PARTY COPY

01-Aug-2023 Mr Israel Shotayo () Administration note

Additional	Additional SPOKE WITH PATIENT ABOUT HIS STRUGGLING TO take his meds correctly and agreed to put him on Dossette with was aproved by Pharmacist (Paul). patient claim to be suffering from alcohol dimentia and would like help with his meds to be spread out for him with days and time of medication.

31-July-2023 Christina Stockham () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Hospital Letter/Appointment Letter Recipient: HCC Admin Sent: 31 Jul 2023 13:55*

31-July-2023 Mrs Joanna Rolfe () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Mental Health Recipient: HMP Lewes Sent: 09 Aug 2023 19:13*

31-July-2023 Mrs Joanna Rolfe () GP Surgery

Additional	Referral to mental health team (Ongoing Episode)

28-July-2023 Ms Teresa Turner () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Referral to mental health team App received 24/7/23 - scanned to S1
Additional	Letter encounter from patient
Additional	Onward referral made (specify)
Referral	Referral for further care *Status: Receiving Care (Active) Recorded on: 28 Jul 2023 Recorded at: HMP Lewes (Y05199) Source of referral: Self-Referral Caseload holder: Lydia Radford Non CPA Service offered: Mental Health Services Urgency: Routine Source of referral: Self-Referral Date of referral: 28 Jul 2023 14:34 Date of action: 28 Jul 2023 14:34 Appointment booked: 15 Nov 2023 10:52 Appointment date: 21 Nov 2023 09:30 Primary reason for referral: Mental Health Outcome of referral: Accepted Patient aware: true (HMP Lewes). Referral Type: Outpatient*

28-July-2023 Miss Anika Pepper () Administration note

Additional	Overview Notes Attended this weeks AA meeting

26-July-2023 Miss Emily Rose Walker () GP Surgery

Additional	NiQuitin CQ 2mg mint lozenge
Additional	NiQuitin CQ 21mg/24hours clear patch
Additional	Quantity 7 days - 1 box of 21mg patches and 96 2mg lozenges
Additional	Overview Notes Week 3

26-July-2023 Geraldine Dodman () GP Surgery

Additional	Additional Was booked for triage appt with dental nurse GD, Pt was not brought as he is in adjudication with Governor, Office said Pt requests we rebook his appt.Done

25-July-2023 Ms Teresa Turner () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Application for Healthcare Sent: 01 Aug 2023 16:34*

25-July-2023 Mrs Jayne Collins () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Letter encounter from patient Constipated, advised to go to meds hatch for laxatives
Additional	Onward referral made (specify)

24-July-2023 Mr Israel Shotayo () Administration note

Additional	Additional patient said he would prefer to have his meds as IP asa he need to take them 12hours apart and also said he has told healthcare he has not had bowel movement for 14days, i have task Gp about IP request and tasked Primarycare about bowel movement

THIRD PARTY COPY

24-July-2023 Miss Emily Buckingham () Administration note

Additional	Clinical history and observations Asked to see by Senior Nurse BD. Stated he has not had a bowel movement since approx 11th July. Stomach is swollen and painful, stated it is making him not want to eat. Patrick informed me he has had 4x fybrogel since Friday but doesn't feel they are helping as he still hasn't been to the toilet. Base line observations taken, nothing remarkable noted.	
Additional	Oxygen saturation at periphery	99 %
Additional	Plan Task sent to GP to request something stronger.	
Additional	Pulse rate	76 {beats}/min

24-July-2023 Dr Iain Brew () Administration note

24-July-2023 Dr Iain Brew () Awaiting clinical code migration to EMIS Web

Additional	Constipation - D/W EB significant change in diet - pt now req vegan diet

23-July-2023 Alexandra Pagu () GP Surgery

Additional	Administration of medication The patient complained about constipation on the 22/7/23 in the morning at the medication hatch. I have given him ONE capsules of DulcoEase in the morning and ONE sachet of Fybrogel in the afternoon. Today, the 23/7/23, the patient came again at the hatch saying that a nurse gave him another sachet of Fybrolgel last night but the situation is not improving. Moreover, he is experiencing heartburn. I told him that there is nothing I can administer for hurburn from Homely Remedies cupboard, but I can give him ONE more sachet of Fybrogel, which I did.
Additional	Additional After the medication run, I contacted the OPD department and H.G (nurse) advised me to give to the patient another Fybrogel sachet this evening and that he will place the patient on the ledger for Monday (24/7/23) to be reviewed.

23-July-2023 Alexandra Pagu () GP Surgery

Additional	Administration of medication 1 sachet of Fybrogel given IP to take with his dinner. See previous notes

22-July-2023 Alexandra Pagu () GP Surgery

21-July-2023 Alexandra Pagu () GP Surgery

21-July-2023 Dr Iain Brew () Administration note

Additional	IBUPROFEN_21 Jul 2023 09:51_Adherence.txt
Additional	PARACETAMOL_21 Jul 2023 09:51_Adherence.txt

21-July-2023 Ms Philippa Simpson (PSimpson251) Ardingly Court SurgeryGP Surgery

Additional	Adult screening
Additional	Triage notes PCN Referral – Referral declined by the PCN MH Team as patient is no longer registered at Ardingly Court and appears to be living Out of Area.
Additional	Referral rejected

20-July-2023 Alexandra Pagu () Administration note

19-July-2023 Mr Oliver Funnell () GP Surgery

Additional	Additional Seen today and given NRT week 2
Additional	NiQuitin CQ 21mg/24hours clear patch
Additional	Seen by smoking cessation advisor
Additional	NiQuitin CQ 2mg mint lozenge
Additional	Quantity 7 day supply of 21mg patches and 2mg lozenges

19-July-2023 Geraldine Dodman () GP Surgery

Additional	Additional App- possible abx? not recorded by H/C staff on induction or since, no history of pain relief for dental /added to dental waiting list.

THIRD PARTY COPY

19-July-2023 Miss Caitlyn Gallagher () Administration note

Additional	Additional Unhappy his evening meds are so early - Remember doing his reception screening and depsite score of 0 suggesting NIP due to using blister packs and reporting concerns of memory toruble and is under investigation for early onset dementia secondary to alcohol. Have tasked GP for advise - He is on NRT and has been reveiwed today appears to follow the regeime well, maybe daily IP for a fortnight to be reveiwed and weekly considered

19-July-2023 Mrs Jayne Collins () Administration note

Additional	Additional Telemeds has not been considered for this Referral
Additional	Referral to pharmacy service Requesting epilepsy meds later in the evening, task sent to pharmacy
Additional	Letter encounter from patient
Additional	Onward referral made (specify)

18-July-2023 Alexandra Pagu () GP Surgery

18-July-2023 Miss Bridie Dance () GP Surgery

Additional	Additional Task sent to pharmacy regarding IP meds, has a score of 0 but can see he said he would struggle with meds due to having blister packs at home. He has raised concerns his seizures have increased due to the gap in his medicatino decreasing. He normally takes them 12 hours apart.

17-July-2023 Miss Lisa Duffy () Administration note

Additional	Overview Notes met with Patrick this morning to discuss his referral. Patrick said he has been sober from alcohol for 13 months and was engaging with alcoholics anonymous meetings and has a sponsor and up to step 4. He said he didn't want to engage with sms while here as he has support already. He is on the list to attend AA meetings. I suggested for him to put in an application if he changes his mind.

16-July-2023 Mr Luke Hutchings () GP Surgery

15-July-2023 Mr Luke Hutchings () GP Surgery

14-July-2023 Mrs Tracey Pumfrey () Administration note

Additional	Additional Telemeds has not been considered for this Referral

14-July-2023 Mrs Nicola Bullock () GP Surgery

Additional	Additional Patrick has been seen today for his second screen - he has been in prison before and understands how to put apps in to see healthcare. I am referring him to the dentist as he is in daily pain with cavities. Also advised to ask at the meds hatch for paracetomol twice a day.
Additional	Additional Patrick states he does not self harm and is not suicidal. He engaged well and was polite/respectful.
Additional	Additional His main concern is that he does not have his epilepsy medication. I will task pharmacy to make them aware.
Additional	Additional Patrick didn't answer any questions about his family medical history.
Additional	Booster meningitis C vaccination declined
Additional	Meningitis ACW and Y vaccination invitation
Additional	History of measles, mumps and rubella vaccination
Additional	Tetanus, diphtheria, inactivated polio vaccination invitatn
Additional	Second Reception Screening
Additional	Advice on alcohol consumption
Additional	Diphtheria, tetanus, inactivated polio vaccination declined
Additional	Measles, mumps and rubella vaccination offered
Additional	Dietary advice
Additional	Advice about exercise
Additional	Advice on drugs of addiction
Additional	Advice on effects of smoking on health
Additional	Has no outstanding hospital/ Doctors appointments
Additional	Yes
Additional	Sexual advice

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14-July-2023 Mrs Tracey Pumfrey () Administration note

Additional	Hospital department Neurology Dept	
Additional	Hospital Hove Poly Clnic	
Additional	Time 11.00am	
Additional	not required	
Additional	Additional note Consultation	

14-July-2023 Alan Wason () Administration note

Additional	Medical drawing *Head Front*	
Additional	Haematoma	
Additional	Accident	
Additional	Oxygen saturation at periphery	96 %
Additional	F213 report of injury to inmate completed	
Additional	Plan Pt provided instant icepacks for his injuries and paracetamol and ibuprofen. Contact Pharmacy to arrange pt's medications; PCM to follow-up.	
Additional	Clinical examination Pt had bitten his tongue anterior right side and has a haematoma right side of his forehead from seizure event. ECT notes blood smears to foot end of bed and on wall above where he was sitting and pt alert & orientated TPPE pupils 5 ++ ERRL and NOAD.	
Additional	Clinical history and observations Pt claims to have had a seizure moments earlier with initially experiencing aura seeing 'purple & pink rainbow' prior to blacking out for 'maybe a minute'. Pt sat down on his bed prior and then waking up sitting on the cell floor between foot end of bed and cell door. Pt stated that he suffers with epilepsy and came to Lewes with blister packs of medication and has not had any medications since; he went 2 days without medications whilst in Police Custody recently.	
Additional	Pulse rate	85 {beats}/min
Additional	Pulse regular	
Additional	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	0 Unk UoM
Additional	Temperature	37.4 Cel
Additional	Respiratory rate	16 {breaths}/min

14-July-2023 Jerome Obhio () Administration note

Additional	Herbal therapy none	
Additional	Advice to GP to change patient medication none	
Additional	Sources of information GP / Community medical records - Prescription from another organisation - SCR Checked -	
Additional	Over the counter medication none	
Additional	Advice to continue with drug treatment none	
Additional	Medicines reconciliation performed	
Additional	Information gathering Allergic to penicillin, The Dr. has prescribed all his current meds. already and no further action needed.	
Additional	Advice to GP to stop patient medication none	

14-July-2023 Mr Paul Scott-Harris () Administration note

13-July-2023 User Previous Practice () Administration note

Additional	Additional ** Care started at HMP Lewes (GMS) **	

13-July-2023 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *Correspondence Sent: 17 Jul 2023 11:27*	

13-July-2023 Mrs Tracey Pumfrey () Awaiting clinical code migration to EMIS Web

Additional	Scanned Image *GMS and SCR Information and Consent Form Sent: 17 Jul 2023 11:28*	

13-July-2023 Miss Caitlyn Gallagher () Administration note

Additional	Additional Telemeds has not been considered for this Referral	
Additional	Normal mood	
Additional	History/symptoms 2020 - Last self harm / Suicide attempt by hanging - wanted it all to end was experincning low mood and anxiety. Prev ETOH alcohol dependent	
Additional	Has not been homeless in the past year	
Additional	Prisoner has not tried to harm themselves (outside prison)	
Additional	Prisoner has not tried to harm themselves (in prison)	
Additional	No thoughts of deliberate self harm	
Additional	GMS - full registration	
Additional	Registration for GMS (General Medical Services) offered	
Additional	Medical records review S1 SCR	
Additional	Body mass index	28.37 kg/m2

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Additional	O/E - weight	82 kg
Additional	O/E - height	170 cm
Additional	No suicidal thoughts	
Additional	Patient has previously used drugs Sober 13 years and 5 months.	
Additional	Ex-drinker	
Additional	Has not received medication for mental health problems	
Additional	Nicotine replacement therapy Would like to start NRT	
Additional	Smoker	
Additional	Previously injecting drug user Prev injected base - Sober 13 months	
Additional	No	
Additional	H/O: mental health problem Anxiety and low mood.	
Additional	O/E - mental state Today denies any thoughts or plans of SASH - has been sober 13 months and 5 days, working with community services and volunteering for the recovery hub. Has no friends or family in the community but states he doesnt feel isolated he has the support of his community Very bright and positive, talks futuristically.	
Additional	Prisoner has a psychiatric nurse or care worker in the community : no	
Additional	Prisoner has not received treatment from a psychiatrist outside prison: no	
Additional	Has not stayed in a psychiatric hospital	
Additional	Yes	
Additional	No breathlessness	
Additional	No	
Additional	IPRA (in possession risk assessment) - patient on medication at risk state	0 Unk UoM
Additional	Prisoner receiving prescribed medication	
Additional	Patient registration	
Additional	HIV screening test	
Additional	Hepatitis B screening test	
Additional	No cough	
Additional	Apyrexial	
Additional	Alcohol screen - AUDIT PC completed	0 Unk UoM
Additional	Assessment of risk of prisoner in-possession medication At home has a blister pack, feels he would not be able to understand a weeks IP meds, has a whiteboard to remind him to eat shower take meds etc.	
Additional	Main spoken language English	
Additional	No	
Additional	Admission to establishment	
Additional	Yes	
Additional	Record transfer administration	
Additional	Ethnic category - 2011 census England and Wales	
Additional	Current medication as reported by patient Blisterpack Sodium valporate 200mg 1 x BD Levetiracetam 500mg 1 x BD Thiamine 100mg x 3 OD Levetiracetam 250mg 1 x BD Multivit	
Additional	Yes	
Additional	Prisoner assessment for in-possession medication completed	
Additional	Supervised consumption of medication	
Additional	Repeat medication check	
Additional	Repeat medication check	
Additional	[V] Personal history of tuberculosis Mother had tuberculosis	
Additional	Tuberculosis (BCG) vaccination: no	
Additional	Has not seen Doctor in previous few months	
Additional	No injuries apparent	
Additional	No	
Additional	Tuberculosis screening Patient has been asked the TB Screening Questions all negative answers.	
Additional	Hepatitis B surface antigen negative	
Additional	Hepatitis C screening negative	
Additional	Hepatitis C screening offered	
Additional	Next appointment Is due to see neurologist under RSCH for ?Alcohol dementia.	
Additional	Prison first reception health assessment completed	
Additional	HIV negative	
Additional	Diets None	
Additional	No	
Additional	No	
Additional	No	
Additional	No	
Additional	No	
Additional	No	
Additional	Relevant medical information Epilepsy - diagnosed 4 years ago ?alcohol related ?Alcholoic dementia - Diagnosed by neuro RSCH	
Additional	No current problems or disability (Ongoing Episode)	
Additional	Able to perform personal care activity	
Additional	No	
Additional	No	
Additional	Suspected epilepsy	
Additional	Hepatitis B screening offered	

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Additional	No
Additional	No
Additional	No
Additional	No
Additional	No
Additional	No
Additional	Referral to smoking cessation service
Additional	No
Additional	No
Additional	No
Additional	HIV screening counselling
Additional	Consent given to share patient data with specified 3rd party
Additional	Hepatitis C screening
Additional	Hepatitis B screening counselling
Additional	HIV test offered
Additional	Hepatitis C screening counselling

13-July-2023 Miss Caitlyn Gallagher () Administration note

Additional	Clinical examination Lives alone at home reports A/E ASC input to help him preapre meals and help with general day to day - Can do his own persoanl hygeine care and dressing. We agreed see how we go here as due to regeime and micro living he should find it easier to cope. IPRA 0 - has blister pack at home and needs prompting - there for daily superivesed reccomendation Reports neuro appt 17/08 RSCH neuro - task sent to admin Mr Southern knows how to put an app in or contact healthcare should he find himself struggling
Additional	Clinical history and observations Reports dementia seocndary to previous alcohol dependence 13 months and 5 days sober. Mental health very well

13-July-2023 Oluwatoyin Bello () GP Surgery

Additional	Additional New reception today- on remand.
Additional	Additional Last custody sentenced 2020 for few weeks.
Additional	Additional Reported he stopped drinking alcohol and drugs about 13 months ago.
Additional	Additional Physical health issue- epilepsy
Additional	Additional Mental health – states okay at the moment. No thought of suicidal ideation
Additional	Additional MEDS- SCR NOT UPDATED- Stated engaging with neurologist re- epilepsy
Additional	Additional Brought in labelled weekly pill pack, evidence available in reception- up to date.
Additional	Additional Sodium valproate, thiamine, valupak multivitamin, levetiracetam,
Additional	Additional Allergy- penicillin.
Additional	Additional No other issue or concerns raised.
Additional	Additional Task sent to admin to update SCR.
Additional	Epilepsy

13-July-2023 Miss Caitlyn Gallagher () Administration note

Additional	Oxygen saturation at periphery	99 %
Additional	Pulse rate	64 {beats}/min
Additional	Temperature	36.2 Cel
Additional	Respiratory rate	15 {breaths}/min
Additional	Pulse regular	
Referral	Referral for further care *Status: Discharged From Care (Active) Recorded on: 13 Jul 2023 Recorded at: HMP Lewes (Y05199) Source of referral: Prison Nursing Staff Caseload holder: SMS Pending Assessment Service offered: Psychosocial Substance Misuse Urgency: Routine Source of referral: Prison Nursing Staff Date of referral: 13 Jul 2023 16:49 Date of action: 13 Jul 2023 16:49 Appointment booked: 14 Jul 2023 09:37 Appointment date: 17 Jul 2023 13:30 Primary reason for referral: Substance Misuse Outcome of referral: Accepted Discharged: 17 Jul 2023 12:21 Reason For discharge: Discharged Type(s) of intervention: Treatment declined by client Patient aware: true (HMP Lewes). Referral Type: Outpatient*	

12-July-2023 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Brighton And Sussex University Hospitals NHS Trust Accident & Emergency*
Additional	Seen in accident and emergency department

11-July-2023 Ms Philippa Simpson (PSimpson251) Ardingly Court SurgeryGP Surgery

Additional	Adult screening
Additional	Triage notes PCN Referral – Referral accepted by the PCN MH Team. Allocated to PCN Mental Health Support Coordinator – Philippa Simpson. Philippa will make contact with Patrick in approximately 4-6 weeks.
Additional	Referral accepted by service

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05-July-2023 Dr Aisling Moyle (AMoyle251) Ardingly Court SurgeryGP Surgery

History	History Struggling with MH. Sober for a year but now having to think about previous trauma. Abuse a child, was raised in care, has been in prison as an adult. Says he would like to go back to prison for the routine and structure.
History	History Lives alone. Has 3 year old twins but doesn't see them.
History	History Attends rehab meetings regularly.
History	History Says he has thoughts of hurting himself and others but has never acted on these thoughts, the rehab meetings are a protective factor.
History	History Has neuro appt 17/7.
Comment	Comment Agreed refer to PCN MH nurse
Comment	Comment Sent crisis numbers

05-July-2023 Dr Aisling Moyle (AMoyle251) Awaiting clinical code migration to EMIS Web

Comment	Comment Email sent to: patrickfsouthern@gmail.com
Comment	E-mail sent to patient Dear Mr Southern, You can call Samaritans on 116 123 at any time if you would like to talk to someone about your mental health or suicidal thoughts. If you're experiencing a crisis with your mental health, and you're at risk of harming yourself or others, phone the Mental Health Rapid Response Service on 0300 304 0078, 24 hours a day, 7 days a week. Sussex Mental Healthline. Phone 0300 500 0101 Thanks, Dr Aisling Moyle Ardingly Court Surgery

04-May-2023 Miss Chanesse Gordon (CGordon251) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Administrative procedure *ltr to Dr Bravo Neurology*

02-May-2023 Dr Samantha Barker (SAB) Ardingly Court SurgeryTelephone consultation

Problem	Dental swelling
History	History reports begginings of an abscess again , facial swelling , no problems E&D or breathing /talking
History	History reports 15/5 aiming to see and emergency dentist for tooth extraction and friend will go with him
Comment	Comment given AB d/c if swelling gets worse/concerns seek review , esp if problerms breathing /talking
History	History reports having blackouts at least once a week , not full t/c seizures
History	History denies ongoing ETOH use
History	History compliance with meds
Comment	Comment d/c I will write to his neuro consultant to ask for review /guidance re meds

02-May-2023 Ms Anne-Marie Lugowski (AML251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Hi Patrick Please show this to the pharmacy EPC Code : 79AB12-G81006-53DFBM Many thanks Anne-Marie Ardingly Court Surgery

22-Feb-2023 Mrs Paula Fuller (PF) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	GP out of hours service administration *GP out of hours service administration*

17-Feb-2023 Dr Aisling Moyle (AMoyle251) Ardingly Court SurgeryTelephone consultation

History	History Given abx for tooth infection in Jan. Has been trying to get hold of emergency dentist, symptoms have flared up again. Pain and swelling in gum. Feels it is radiating to cheek. No temp, feels well otherwise.
Comment	Comment Advised to contact emergency dentist via 111
Comment	Comment Abx issued in meantime

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03-Feb-2023 Dr Syeda Hussaini (SHussaini251) Ardingly Court SurgeryGP Surgery

History	History pt states he has pustular psorisis diagnosed in 2018- cant see a record of this, states this was done in UTC and that he was given tablets to take also in Sept 2021-Mrach 2022- unfortuanetly i cannot see any record of any derm referrals or letters for this. he watned tablets today- adviced this is not first line and we start with topical creams.
History	History scalp also affected with dry flaky skin.
Problem	Pustular psoriasis
Examination	Examination petecial looking rash, states develops into pustules if not treated- rash of upper, lower limbs and also on his trunk.
Examination	Examination adviced steroid cream fo 2weeks and sclap - use ketakonazole shampoo.
Examination	Examination f/u in 2 weeks.

31-Jan-2023 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, You have requested some cream for a skin condition. I can not find any previous diagnosis such as psoriasis. Have you been seen by dermatology in the past. Please book a call with me to discuss this. I have also sent you a link to send a photo, which would be useful to see. Many thanks. Dr Sean Mitchell Ardingly Court Surgery

31-Jan-2023 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, Please send photo(s) of the issue we discussed using the link below. These may be saved to your medical record. Please do not send intimate photos, such as of breasts, genitalia or the anus. TO RESPOND, please follow this link: (link will autogenerate here) Many thanks. Dr Sean Mitchell Ardingly Court Surgery

31-Jan-2023 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447795625256
Comment	SMS text message sent to patient Dear Mr Southern, Thank you for getting back to me. I have prescribed a steroid cream for you. It would be good to see you to confirm the diagnosis. Please do book a face to face appointment. Please avoid using the cream on your face for long periods. Many thanks. Dr Sean Mitchell Ardingly Court Surgery

30-Jan-2023 Dr Eleonora Turlini (ECT) Ardingly Court SurgeryTelephone triage encounter

History	History terrible teeth infection which has spread up to the face, feels it in the nose and sinuses now
History	History no temperature
History	History says he has consulted the dentist but they won't touch him till infection under control, he tells me
History	History asking for abs- he is at Brighton Community pharmacy now and he passmed me onto the chemist, Medhi, who confirms pt's face is only mildly swollen
Examination	Examination sounds stable on the phone
Comment	Comment agreed for abs - clarythro as pt is pen allergic
Comment	Comment sent a link to pt to fwd photos of his face
Comment	Comment tcb sos

30-Jan-2023 Dr Eleonora Turlini (ECT) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, Please send photo(s) of the issue we discussed using the link below. These may be saved to your medical record. Please do not send intimate photos, such as of breasts, genitalia or the anus. TO RESPOND, please follow this link: (link will autogenerate here) With Many Thanks, Dr E. Turlini Ardingly Court Surgery

THIRD PARTY COPY

30-Jan-2023 Miss Chanesse Gordon (CGordon251) Awaiting clinical code migration to EMIS Web

Comment	Comment Online questionnaire completed by patient
Comment	Comment Dear Mr Southern, Please send photo(s) of the issue we discussed using the link below. These may be saved to your medical record. Please do not send intimate photos, such as of breasts, genitalia or the anus. TO RESPOND, please follow this link: https://patient.accurx.com/c/p-5d4p9qr32v With Many Thanks, Dr E. Turlini Ardingly Court Surgery Response: Photo srnt Patient attached photo or document
Additional	Additional https://web.accurx.com/api/conversation/patientupload/8812/19233991/jeerq4b8bc
Additional	Attachment *Photo submitted by patient (compressed file, for original please see photo link in affiliated consultation)*

30-Jan-2023 Dr Eleonora Turlini (ECT) Ardingly Court SurgeryAdministration note

Examination	Examination pictures; very mild redness and swelling of left jaw and cheek
Comment	Comment plas stays as below

15-Nov-2022 Mr PCTIltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Sussex County Hospital Neurology*
Additional	Seen in neurology clinic
Problem	Epilepsy
History	History Pt is abstaining completely from alcohol for 6/12
History	History No seizures since last F/U
Comment	Comment Plan to cont. current Tx
Comment	Comment R/V in 6/12

29-Sept-2022 Dr Sean Mitchell () Administration note

29-Sept-2022 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryAdministration note

Regime Review	Medication review of medical notes

19-Aug-2022 Mr Geoff Coles (GColes251) Awaiting clinical code migration to EMIS Web

Comment	Comment Online questionnaire completed by patient
Comment	Comment Dear Mr Southern, Can you please let us know your weight for medication monitoring. Many thanks. Dr Sean Mitchell Ardingly Court Surgery Response: 77 kg

17-Aug-2022 Mrs Alison Culmer (ACU) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral for further care *ltr to Dr Bravo, neuro re update*

16-Aug-2022 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, Can you please let us know your weight for medication monitoring. TO RESPOND, please follow this link: (link will autogenerate here) Many thanks. Dr Sean Mitchell Ardingly Court Surgery

12-Aug-2022 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, Your blood tests were fine. I have let your neurologist know about your symptoms and it may be worth you discussing these with him at your next appointment. In the meantime if they are not improving please do book a further appointment. Many thanks. Dr Sean Mitchell Ardingly Court Surgery

08-Aug-2022 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

05-Aug-2022	Lab Results	HbA1c level (DCCT aligned) HAND CRAMPS/OFF BALANCE - RECENTLY STOPPED ETOH		
		HbA1c level (DCCT aligned)(SEM251) - Normal - No Action:		
		HbA1c levl - IFCC standardised	32 mmol/mol	(Range: 20 - 41)
		COMMENT FOR HBA1C Note normal HbA1c does not exclude diabetes of recent onset. For monitoring diagnosed diabetes: individualised targets recommended (NICE NG28).		(No range available)

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05-Aug-2022 Mrs Annette Buchanan (ABuchanan251) Ardingly Court SurgeryGP Surgery

Additional	Template entry - EHR composition type Phlebotomy v16.3 by Ardens-Q Ltd
Procedure	Informed consent for procedure
Procedure	Blood sample taken

05-Aug-2022 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Lab Results — Full blood count - FBC HAND CRAMPS/OFF BALANCE - RECENTLY STOPPED ETOH

Full blood count - FBC(SEM251) - Normal - No Action:

Haemoglobin estimation	146 g/L	(Range: 135 - 180)
Total white cell count	9.1 10*9/L	(Range: 4 - 10)
Nucleated red blood cell count, 0.0 10*9/L	0 10*9/L	(Range: <0.1)
Platelet count	199 10*9/L	(Range: 150 - 410)
Red blood cell (RBC) count	4.58 10*12/L	(Range: 4.5 - 5.5)
Haematocrit	0.447	(Range: 0.4 - 0.54)
Mean corpuscular volume (MCV)	97.6 fL	(Range: 83 - 101)
Mean corpusc. haemoglobin(MCH)	31.9 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	327 g/L	(Range: 310 - 360)

Differential white cell count(SEM251) - Normal - No Action:

Neutrophil count	5.5 10*9/L	(Range: 2 - 7)
Lymphocyte count	2.8 10*9/L	(Range: 1 - 3)
Monocyte count	0.6 10*9/L	(Range: 0.2 - 1)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

05-Aug-2022 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Lab Results — B12/folate level HAND CRAMPS/OFF BALANCE - RECENTLY STOPPED ETOH

B12/folate level(SEM251) - Normal - No Action:

Serum vitamin B12	446 ng/L	(Range: 197 - 771)
Serum folate	8.7 ug/L	(Range: 1.9 - 25)

Bone profile(SEM251) - Normal - No Action:

Serum calcium	2.26 mmol/L	(Range: 2.15 - 2.5)
Serum adjusted calcium conc Please note change in reference ranges Aug 2022.	2.29 mmol/L	(Range: 2.15 - 2.5)
Serum inorganic phosphate	1.07 mmol/L	(Range: 0.87 - 1.45)
Serum alkaline phosphatase	64 iu/L	(Range: 40 - 129)
Serum total protein	68 g/L	(Range: 66 - 87)
Serum albumin	44 g/L	(Range: 35 - 52)
Serum globulin	23 g/L	(Range: 18 - 36)
Serum urea level, 4.0 mmol/L	4 mmol/L	(Range: 2.8 - 8.1)

C-REACTIVE PROTEIN (S)(SEM251) - Normal - No Action:

Serum C reactive protein level	1 mg/L	(No range available)

Urea and electrolytes(SEM251) - Normal - No Action:

Serum sodium	140 mmol/L	(Range: 136 - 145)
Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.1)
Serum creatinine	80 umol/L	(Range: 62 - 106)
GFR calculated abbreviatd MDRD	60 mL/min	(Range: 60 - 90)
EGFR COMMENT 1 eGFR should not be used in patients with acute renal impairment.		(No range available)

Liver function test(SEM251) - Normal - No Action:

Serum total bilirubin level	8 umol/L	(No range available)
Serum ALT level	15 iu/L	(No range available)

Thyroid function test(SEM251) - Normal - No Action:

Serum free T4 level Please note new FT4 reference range as of 25/11/21	17.7 pmol/L	(Range: 11.1 - 22)
Serum TSH level	1.16 mu/L	(Range: 0.27 - 4.2)

01-Aug-2022 Mr PCTIltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Sussex County Hospital Neurology*
Additional	Seen in neurology clinic

22-July-2022 Ms Alison Baker (ABaker251) Ardingly Court SurgeryAdministration note

Comment	Comment Phone call to patient and BCP re blister packs, they have agreed and I have requested, patient informed Ali B

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19-July-2022 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

History	History Loss of appetite - thinks he is losing weight - over the past month	
History	History Smoker	
History	History No recreational drugs	
History	History Bowels and bladder ok	
History	History When going to sleep starts to get cramps - in forearms	
History	History Smoked a joint today	
Additional	Rolls own cigarettes	25 g/week
Additional	Smoking cessation advice	
Examination	Examination Looks well	
Examination	Examination CN 2-12 grossly intact - struggled with occular movement - reports gave him a headache	
Examination	Examination Power 5/5 all 4 limbs	
Examination	Examination Struggled to get up from a chair	
Test Request	Unknown specimen	
Comment	Comment For bloods - I will write to neurology with regard to mobility and cramps - poss related to EtOH/ Meds	
History	History TC - awaking in the morning and struggles to move - particulalry from the waist down - electric shcok type symptoms up right thigh	
History	History Reports falling over after standing up the other day - did not injur self	
History	History Hands are closing up -does get anxious - not heavy breathing when this happens	
History	History Has been going on for a couple of months - struggles to leave the house due to anxiety	
History	History Last EtOH 8th June - was in a treatment centre	

21-Jun-2022 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Admin Letter PIP support letter*
Additional	Letter encounter

09-Jun-2022 Ms Alison Baker (ABaker251) Ardingly Court SurgeryAdministration note

Comment	Comment Patient already receiving blister pack from Boots, I have emailed them to ask if they have managed to move his blister pack pharmacy and if so where? Ali B

08-Jun-2022 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter The Firs Mental Health Liason Team*
Additional	Seen in mental health clinic

31-May-2022 Miss Chanesse Gordon (CGordon251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, your appointment has been changed as requested to Today at 16:12pm Thanks, Chanesse Ardingly Court Surgery

31-May-2022 Miss Chanesse Gordon (CGordon251) Ardingly Court SurgeryGP Surgery

Comment	Comment pt needed review for epilepsy and was struggling he was booked into on day 31.5.22 am cancelled that so was rebooked for afternoon same day as was needed urgently as claimed was sufferning seizures on daily basis pt has no cancelled afternoon appt and has no review booked in dispite reception attempts

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30-May-2022 Mrs Rachel Shore (RBuckingham251) Ardingly Court SurgeryGP Surgery

Additional	Template entry - EHR composition type Wound Management and Leg Ulcers v16.1 by Ardens-Q Ltd.	
Additional	Wound care - length of appointment	20 min
Examination	O/E patient well	
Examination	Wound not infected	
Procedure	Removal of suture from skin Removed 4 sutures from back of head	
Comment	Patient advised to seek advice in the event of a sudden increase in size or pain of wound, or change in foot colour or temperature	
Comment	Patient advised to seek advice in the event of suspicion of wound infection, including worsening odour/systemic malaise/fevers or surrounding skin erythema.	
Comment	Comment Pt was hit on the head with a bottle a week ago - attended A&E in hastings - had 4 sutures to laceration on back of head.	
Comment	Comment Fully healed today, a scab covering the wound but will come off soon - advised pt can shower and wash hair if he wants and scab will start to come away.	
Comment	Advised to self care - to come back if any further problems.	
Comment	Comment Pt asked me about speaking to a dr as he's still having problems with his epilepsy medication. Can see drom Dr Rogers consult recently that he was advised to book a dr review in 2 weeks but pt forgot to do this due to various issues.	
Comment	Comment I have asked girls on reception to please kindly book him an appt asap to discuss this	
Assessment	No follow-up: problem solved	

22-May-2022 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter East Sussex Healthcare NHS Trust Accident & Emergency*
Additional	Seen in accident and emergency department
Problem	Minor head injury
Comment	Comment Cleaned and closed
Comment	Comment For ROS in 5-7 days

17-May-2022 Dr Paul Rogers (PRogers251) Ardingly Court SurgeryTelephone consultation

Problem	Epilepsy
History	History Has been back in his flat for 8 weeks after residential detox in Portsmouth.
History	History says has had no alcohol since that time.
History	History had 2 fits 3 days ago, having on average one a week with aura and loss of conciousness. Since back home.
History	History Lives alone at present and most happen at home though has had a few outside and predetrians help and walk him home.
History	History tends to bit tongue during a fit but no incontinence.
History	History Has been on levetiracetam but not taking valporate as prescribed by neurology.
Comment	Comment advised should be taking valporate but has not been taking so issued today to start straight away and review 2 weeks.
Comment	Comment Requesting blister packs as problems with memory and compliance. pharmacist tasked.

01-Apr-2022 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email ANA Treatment Centres*
Additional	Email sent to outside agency

31-Mar-2022 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email ANA Treatment Centre Substance Misuse Service*
Additional	Email received from third party

31-Mar-2022 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email ANA Treatment Centres*
Additional	Email received from third party

06-Feb-2022 Ms Joy Benzie (JB) Ardingly Court SurgeryGP Surgery

Additional	Patient allocated named accountable general practitioner

THIRD PARTY COPY

04-Jan-2022 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Neurology RSCH Clinic Brighton And Sussex University Hospitals NHS Trust Neurology*
	Additional	Seen in neurology clinic
	Problem	Epilepsy - seizure free since Sept
	Problem	Admitted to alcohol detoxification centre (Portsmouth) (Combined with Admitted to alcohol detoxification centre)
	Comment	Comment Continue Valporate 200mg OM and ON
	Comment	Comment Keppra 500mg bd
	Comment	Comment Review 6/12
	Comment	Comment I have encouraged him to completely stop drinking

17-Dec-2021 External User () Awaiting clinical code migration to EMIS Web

	Comment	Pharmacy Service | Administered by Katherine Finch (Reg Code: 79I0709E) | Vaccination Provider ODS Code: B6I5Z
	Document	Administration of vaccine *Notification of Vaccination (17-Dec-2021)*
16-Dec-2021	Procedure	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Moderna, Inc,29-Dec-2021,3004732,Left upper arm structure)

29-Nov-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Clinical Report Department for Work and Pensions Universal Credit*
	Additional	Scanned document

22-Nov-2021 Mrs Victoria Harman (VH251) Awaiting clinical code migration to EMIS Web

	Lab Results	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative **SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative**SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.(VH251) - Normal - No Action:

14-Nov-2021 Mrs Victoria Harman (VH251) Awaiting clinical code migration to EMIS Web

	Lab Results	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative **SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative**SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.(VH251) - Normal - No Action:

01-Nov-2021 Ms Anne-Marie Lugowski (AML251) Ardingly Court SurgeryGP Surgery

	Comment	Comment have left VM for PT to phn surgery - Kamsons pharmacy are asking if you will be requiring your blister packs from them in the future please - at the moment your nominated pharmacy is in Portsmouth

19-Oct-2021 Mrs Victoria Harman (VH251) Awaiting clinical code migration to EMIS Web

	Lab Results	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative **SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative**SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.(VH251) - Normal - No Action:

24-Sept-2021 Mrs Paula Fuller (PF) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

	Document	GP out of hours service administration *GP out of hours service administration*

16-Sept-2021 Mrs Paula Fuller (PF) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

	Document	GP out of hours service administration *GP out of hours service administration*

16-Sept-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Clinic Letter Change Grow Live Substance Misuse Service*
	Additional	Seen in substance misuse clinic
	Problem	Admitted to alcohol detoxification centre
	Comment	Comment 3-6 month residential Rehabilitation Centre
	Comment	Comment Will remain in post treatment support with CGL

THIRD PARTY COPY

12-Sept-2021 Dr Samantha Barker (SAB) Awaiting clinical code migration to EMIS Web

Lab Results	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative **SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative**SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.(SAB251) - Normal - No Action:

08-Sept-2021 Mrs Paula Fuller (PF) Ardingly Court SurgeryGP Surgery

Document	GP out of hours service administration *GP out of hours service administration*	
Examination	Temperature	36.5 degrees C
Examination	Pulse rate regular	97 beats/min
Examination	Respiratory rate	16 /minute
Examination	Blood oxygen saturation	95 %
Examination	Glasgow coma score	15 /15

07-Sept-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Temporary services*
Additional	Scanned document

23-Aug-2021 External User () Ardingly Court SurgeryExternally entered note

Procedure	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Moderna, Inc,08-Sep-2021,3003651,Left arm)
Comment	Comment Informed consent given for treatment
Comment	Comment Open access service | Administered by LOPEZ, Inmaculada (Reg Code: Not Provided) | Vaccination Provider ODS Code: L0P5J

28-July-2021 Dr Hilary Nash (HN251) Ardingly Court SurgeryExtended hours consultation

History	History EMIS ACS 651 087 8186 Mobile: (07795) 625256 to dc getting sick note for benefits - memory problems caused by alcohol ss
History	History Been having alcohol and drug addiction issues
History	History Going in for rehab in Portsmouth in September
History	History Will be a minimum of 6 months
History	History Had a seizure 3 days ago, bit his tongue
History	History Sober 4 days today
History	History Been advised by DWP to have his Med3 backdated to 12 Oct 2020
Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: Drug and alcohol addiction - going to rehab for...; Duration 12-Oct-2020 - 12-Oct-2021)*
Problem	Alcohol dependence

16-July-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email ACS to Kamsons*
Additional	Email sent to outside agency

14-July-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Email from Sally-Ann Remnant Epilepsy*
Additional	Email received from third party

14-July-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Email from Sally-Ann Remnant*
Additional	Email received from third party

13-July-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Email to Sally-Ann Remnant*
Additional	Email sent to outside agency

13-July-2021 Ms Alison Baker (ABaker251) Ardingly Court SurgeryAdministration note

Comment	Comment Email sent to Sally-Ann Remnant (neurology|) re clarification on whether sodium valproate is to stopped, unclear in clinic letter AB

THIRD PARTY COPY

06-July-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Sussex County Hospital Neurology*
Additional	Seen in neurology clinic
Problem	Epilepsy
Comment	Comment TC;
Comment	Comment Managed to stop drinking only for 16 days, waiting to be admitted for detox
Comment	Comment Reports significant difficulties with memory, forgets his meds sometimes
Comment	Comment I would very much appreciate if you could prescribe him with Keppra 500mg bd as further increasing Valproate I found not advisable in terms of him having days when he drinks and days when he doesn't.
Comment	Comment Emphasised to him the possibilty of SUDEP and urged him to stop drinking and to take his meds regularly
Comment	Comment I will call him again in 6/12 time
Problem	Alcohol dependence

02-July-2021 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

History	History TC - feeling confused - feels that he has no memory of location that he lives in
History	History Lived in Brighton for 12 years
History	History Is under CGL - awaiting to go to rehab
History	History Last EtOH 11 days ago -
History	History Last smoked heroin a few days ago
History	History Alcohol dependent -
History	History Everythning feels like groundhog day
History	History Feels angry all the time -
History	History Is attending AA and NA
Examination	Examination sounded alert and well
Comment	Comment To book in for bloods as previously planned
Comment	Comment To book in for memory assessment with LH
Comment	Comment I will send info on wellbeing
Problem	Alcohol dependence

02-July-2021 Dr Sean Mitchell (SEM251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, Here is a link to Brighton and Hove wellbeing that you may find helpful: https://www.brightonandhovewellbeing.org/ Also please 1. Book in for a blood test 2. Book in for a memory assessment 3. Take your medications regularly that I have prescribed today Pleas catch up with me in the future if you have any ongoing problems. Good luck with everything. Thanks, Dr Sean Mitchell Ardingly Court Surgery

21-Jun-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clininc Letter Royal Sussex County Hospital Neurology*
Additional	Did not attend - no reason

14-Jun-2021 Miss Katy Hume (KATYH251) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07795625256
Comment	SMS text message sent to patient Dear Mr Southern, Telephone call with Dr Mitchell booked for Friday 2/7/21 between 8:30-10:30am. Please note the number will appear withheld. Thanks, Katy, Ardingly Court Surgery

10-Jun-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Brighton and Hove City Council Children's Services*

13-May-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Change Grow Live Substance Misuse Service*
Additional	Email sent to outside agency

13-May-2021 Ms Alison Baker (ABaker251) Ardingly Court SurgeryAdministration note

Comment	Comment Emailed Joanna Hart re epilepsy meds (sodium Valproate) being put in a blister, I explained why this is not possible, Ali B
Comment	Comment Email back thanking us for letting her know, Ali B

THIRD PARTY COPY

12-May-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Change Grow Live Substance Misuse Service*
Additional	Email received from third party

13-Apr-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Email Brighton and Hove City Council Adult Health & Social Care*
Additional	Email received from third party

30-Mar-2021 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

History	History Called - no answer - straight to AP - message left

30-Mar-2021 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

History	History TC - EtOH dependent has been completely clean for eight days -
History	History Was drinking three litres of vodka a day
History	History Admitted to hospital last week following seizure - kept in ovenight
History	History Has been smoking cannabis to help - stopped five days ago
History	History Is now back in Kebble lodge Brighton
History	History Had two detox regimes last year
History	History Is awaiting CGL review
History	History Feeling anxious and restless - feeling suicidal - getting the shakes
History	History Feeling low - states feeling better today
History	History Spoke to CGL yeatersday
History	History Attends AA - attended two meetings a day
Examination	Examination Sounded alert and well
History	History Ingowing tonail - puss discharging - painful
History	History Has been present for a long time - got worse recently
Comment	Comment Trial fucidic acid - advised salt water baths and to allow nail to grow out

29-Mar-2021 Mrs Alison Culmer (ACU) Ardingly Court SurgeryGP Surgery

Comment	Comment deduction requested - will be deducted 29.4.21

26-Mar-2021 Mrs Paula Fuller (PF) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Appointment *Out of area letter*

26-Mar-2021 Mrs Liz Mason (LIZM251) Ardingly Court SurgeryGP Surgery

Comment	Comment pt summary emailed to Jo Hart

25-Mar-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

22-Mar-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Sussex County Hospital Accident & Emergency*
Additional	Seen in accident and emergency department
Problem	Alcohol intoxication
Comment	Comment Discharged to Community Psychiatric Team

21-Mar-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Sussex County Hospital Accident & Emergency*
Additional	Seen in accident and emergency department
Problem	Alcohol intoxication

10-Feb-2021 Miss Katy Hume (KATYH251) Ardingly Court SurgeryGP Surgery

Comment	Comment Pt rx Medical records from last 3 years - pt aware needs to submit this rx in writing and we will have it looked into. Breif summary posted to pt in the time being. (pt currently living at Kebbell lodge)

12-Jan-2021 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryAdministration note

Regime Review	Medication review of medical notes

THIRD PARTY COPY

11-Jan-2021 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Sussex County Hospital Neurology*
Additional	Seen in neurology clinic

11-Jan-2021 Ms Lynn Halliday (LMH251) Ardingly Court SurgeryGP Surgery

Additional	Smoking cessation programme start date
Additional	Lost to smoking cessation follow-up
Comment	Comment Patient declined further smoking cessation with the surgery. has cut down but doesn't want further sm/cess appointments. Knows to call if he would like support in future.

06-Jan-2021 Dr Samantha Barker (SAB) Awaiting clinical code migration to EMIS Web

Lab Results	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result positive **SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result positive**SARS-CoV-2-ORGY PHE informed. No notifiable disease notification needed.(SAB251) - positve , will call for moniotring:

06-Jan-2021 Ms Lynn Halliday (LMH251) Ardingly Court SurgeryGP Surgery

Comment	Telephone call to a patient planned smoking cessation appt. No answer, VM left. p/a rebooked.

06-Jan-2021 Dr Samantha Barker (SAB) Ardingly Court SurgeryTelephone consultation

Additional	Equipment not available
Additional	Remote care monitoring ended
Comment	Additional notes from ongoing monitoring day5 , not sob , feverish , only loss of sense of smell , d/c chest symptoms and latent hypoxia day 10 and offered sats probe - declined and dosen't want furher monitoring, he is aware can call back if any concerns or changes mind

29-Dec-2020 Ms Lynn Halliday (LMH251) Ardingly Court SurgeryGP Surgery

Additional	Seen by smoking cessation advisor
Additional	Telephone encounter
Additional	Unemployed
Additional	Light cigarette smoker (1-9 cigs/day) tends to only add tobacco to joints
Additional	Prescription payment exemption
Comment	Comment As per task from AB - Following discarge from Worthing Hospital, patient was given NRT - states 7mg/24hr patches on DS but patient said he requested nicotine gum instead. Prefers mono NRT only. Estimates enough for 10 days. Appt made for next week, encouraged!

23-Dec-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge Summary Worthing Hospital Hospital Discharge*
Additional	Discharged from hospital
Problem	Incision and drainage of abscess overlying index MCPJ - left
Examination	Hand X-ray (Left) - was clear with no features of osteomyelitis or fractures
Comment	Comment need wound check at GP in 2 weeks and for stitches to come out

15-Dec-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Worthing Hospital Accident & Emergency*
Additional	Assessment
History	History Patrick expressed in a text to social worker that he was feeling life is not worth living due to go to interim placement and discharge team wanted to make sure this was a safe discharge
Examination	Examination No expression of intent to try and harm himself or end his life
Comment	Comment recent detox currently abstinent
Comment	Comment Found not to have suicidal ideation forward thinking wants to be a part of his children's life

14-Dec-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Neurology RSCH Clinic Royal Sussex County Hospital Neurology Currently an inpatient at Worthing Hospital*
Additional	Did not attend - reason given

THIRD PARTY COPY

09-Dec-2020 Miss Katy Hume (KATYH251) Ardingly Court SurgeryGP Surgery

Comment Comment Pt called to apologise for missing telephone call yesterday, pt has been admitted to hospital.

08-Dec-2020 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Comment Comment Called - no answer - message left

08-Dec-2020 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Comment Comment Called, straight to answerphone. Message left.

07-Dec-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter Worthing Hospital Accident and Emergency
Additional Seen in accident and emergency department
Examination Puncture wound - injury
Comment Comment Discharged to short stay ward

02-Dec-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Comment Comment Concerns re MH and EtOH - asked to book appointment to discuss

30-Nov-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional Attachment
SCARF Sussex Police Eastbourne,Wealden and Lewes

30-Nov-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinic Letter Eastbourne General Hospital A & E
Additional Seen in accident and emergency department
Problem Epilepsy
Examination Open wound of face
Examination CT of head - nil acute, no fractures
Comment Comment please perform wound review nad remove sutures in 5-7 days. I have also advised Patrick to collect with prescription epilepsy medication tomorrow and to see his GP for ongoing epilepsy management.

26-Nov-2020 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Problem Epilepsy
History History TC - recently released form prison -
History History Has been sober for 56 days - awaiting contact form local services - now in Eastbourne
History History Has stopped taking epilepsy meds - had a seizure yesterday and attended A&E - discharged self before entering hospital
Examination Examination Sounded alert and well on the telephone. Oriented to person place and time.
Comment Comment Has stopped drinking - to start valproate as per neurology letter
Comment Comment To book in for blood test
Comment Comment Is moviing to EAstbourne - will let us know when he moves
Test Request Unknown specimen

08-Nov-2020 Ms Joy Benzie (JB) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document Administrative procedure
Book tele app with doctor letter sent to temp address

21-Oct-2020 Mrs Liz Mason (LIZM251) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07950267766
Comment SMS text message sent to patient Dear Mr Southern, Please call us on 01273 688333 as we have a message to pass on from your Doctor Thank you, Liz Mason Ardingly Court Surgery

13-Oct-2020 Mrs Paula Fuller (PF) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document Appointment
Book tele app with doctor requested by SM

13-Oct-2020 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Comment Comment Asked to book an appointment re letter from HMP Lewes - recent release not taking epilepsy meds - may need some emotional support

THIRD PARTY COPY

12-Oct-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Patient Summary HMP Lewes*	
Additional	Scanned document	
Examination	Standing height	170 cm
Examination	Body weight	74 kg
Examination	Body mass index	25.61 kg/m2
History	History He has disclosed he struggles with hi mental health and is goin g through a period of great mental instability He is an alcoholic and has recently been treated with Chloridazepoxide for alcohol withdrawal	
History	History He has reported thoughts of DSH and suicidal ideation	
History	History On 7-10-20 officer rang to say Patrick had attempted ligature - he reported the bed linen snapped	
History	History He arrived 30-9-20 charged with threats to kill	
History	History Says he is anxious because of parental responsibility - he is father of twins	
History	History Risk of suicide still present	
History	History Patrick is on ACCT	
Problem	Suicidal	

10-Oct-2020 Mrs Victoria Harman (VH251) Awaiting clinical code migration to EMIS Web

09-Oct-2020	Lab Results	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative **SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative**SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.(VH251) - Normal - No Action:

09-Oct-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Sussex Partnership NHS Foundation Trust Sussex Liaison and Diversion Service*
Additional	Scanned document
History	History Allegation/offence: Patrick was arrested for alleged threats to kill, criminal damage and send letter/communication/article conveying indecent/offensive message.
History	History Police report that "Detained Person was initially arrested on the 21/09/2020 for threats to kill and released.
History	History Since his release new evidence of threats to kill and criminal damage has come to light. Detained Person is arrested". He has been interviewed and admitted the offence however has not been charged at the time of writing.
Examination	Examination Reports to have temporary accommodation at Motel Schmotel, 37 Russell Square, BN1 2EF.
Examination	Examination He reports he is able to stay here for the next eight days. He reports he is then hoping to go onto to rehab.
Examination	Examination Social services involved regarding his initial arrest for threats to kill his partner and two 13 month old children. No new safeguarding concerns at present.
Examination	Examination Denied current thoughts, plans or intent to self-harm.
Examination	Examination Denied having current thoughts, plans or intent to harm others, acknowledged having had such thoughts recently and admitted to the alleged offence. However reports no longer feels this way.
Examination	Examination Disclosed having thoughts to kill others when assessed in A+E including accommodation residents, homeless people, but not good people or nurses.
Examination	Examination Today reports to be abstinent from both cannabis and alcohol due to wanting to be part of his to be with CGL with a view to attend rehab.
Comment	Comment Reports to have been alcohol dependent but has not consumed alcohol for over one week now. Intends on engaging with CGL with a view to go to rehab.
Comment	Comment prescribed Epilim 2 years ago. Reports has stopped taking Epilim reporting he felt it made his mental health deteriorate and as he is no longer drinking does not feel he needs to take it.
Comment	Comment Given how quickly Patrick appears to have changed his mind about wanting to end his own life, I have discussed with the principle sergeant that it may be worth considering a Pre-Release Risk Assessment to contain the possible risk of Patrick changing his mind again regarding suicidality.
Problem	Suicidal

THIRD PARTY COPY

08-Oct-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter HMP Prison Lewes*
Additional	Letter encounter

06-Oct-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Email received from third party

30-Sept-2020 Mrs Paula Fuller (PF) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Appointment *Book tele app with doctor re neurology letter 22/9/20*

28-Sept-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Eastbourne General Hospital Accident & Emergency*
Additional	Seen in accident and emergency department
History	History Reported as missing
History	History Adult safeguarding concerns
Comment	Comment Referred to Adult mental health CAMHS

27-Sept-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Eastbourne General Hospital A & E*

23-Sept-2020 Dr Hilary Nash (HN251) Ardingly Court SurgeryExtended hours consultation

Problem	Epilepsy
History	History Spoke to pt, says is having seizures daily still
History	History Saw neurologist on Monday (2 days ago), and was given a new tablet to take
History	History Was issued with a hand-written prescription
History	History Unfortunately pharmacy said the handwriting was illegible
History	History So wasn't issued with new meds
History	History No clinic letter yet, so no idea about what medication he has been changed onto
Comment	Comment Advised I will ask secs to chase neurology letter urgently
Comment	Comment Once we have letter and can prescribe new medication we will update patient as soon as possible
Comment	Comment Pt is an alcoholic, under CGL, relapsed several weeks ago, CGL are aware and have arranged for him to attend another detox programme soon
Comment	Comment Known depression, struggling w suicidal thoughts currently, but no active plan or intent at the moment
Comment	Comment Aware that his drinking will be contributing to this and ongoing seizures also
Comment	Comment Pt said he'd prefer to clarify epilepsy meds first, then would like to book in to discuss mood with own GP at next available opportunity
Comment	Comment Happy w plan

22-Sept-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Neurology RSCH Clinic Royal Sussex County Hospital Neurology*
Comment	Comment Very possibly the best treatment for his actually would be a small dose of: Valproate 200mg bd. However, to emphasize again he needs to abstain from alcohol if he is to commence Valproate.

22-Sept-2020 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Comment	Comment Call from MASH team re safegurading incident yesterday - they are having an urgent review today - did not disclose incident - report to follow

21-Sept-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Sussex County Hospital Accident & Emergency*
Additional	Seen in accident and emergency department
Examination	Examination minor traumatic head injury DSH no LOC
Examination	GCS - Glasgow coma scale > 12
Comment	Comment Discharged into police custody

18-Sept-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

THIRD PARTY COPY

16-Sept-2020 Mrs Alison Culmer (ACU) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral for further care *referral ltr to neuro via ERS*

16-Sept-2020 Dr Samantha Barker (SAB) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Referral	Neurology referral . *Referral Type: Outpatient*
Document	e-RS Letter (16-Sep-2020) *NHS e-Referral UBRN 000352425282 for Neurology referral*

15-Sept-2020 Dr Shirjilla Qazi (SQ251) Ardingly Court SurgeryTelephone consultation

Document	eMED3 (2010) new statement issued, not fit for work *Fit Note Document (Diagnosis: Epilepsy; Duration 15-Sep-2020 - 15-Oct-2020)*
History	History spoken to pt and partner events noted
History	History recent discharge from worthign in JUly unsure if has neurology f/u at present
History	History nil noted in notes
History	History last seen april 2019 where was dicharged as didn't want meds or invetsigaton s
History	History has been on keppra since discharged adn 3 days ago uptitrated keppra to 1g bd
History	History continues to have small seizures lasting 2-3 minutes every now and then none since increased dose at present
History	History partner concerns
History	History 1year old twins at home
History	History also needs sick note
Problem	Epilepsy
Comment	Comment urgent ref back to neurology letter dictated
Comment	Comment advsied to not uptitrate medication further and to contact us for further rev if ongoing seizures in meantime
Comment	Comment if seizure lasting > 10mins to go straight to A&E
Comment	Comment states is sober since discharge from hospital

14-Sept-2020 Dr Samantha Barker (SAB) Ardingly Court SurgeryTelephone consultation

History	History no reply , rng off 11. 44

31-July-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Change Grow Live Brighton Substance Misuse Service*
Additional	Seen in substance misuse clinic
Additional	Additional Acamprosate started
Additional	Additional ? Alcohol related seizures - started on Levetiracetam in Worthing hospital following admission

23-July-2020 Mrs Alison Culmer (ACU) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral for further care *ltr to Will Docherty at cgl via Email*

21-July-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Email received from third party

13-July-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Accident and Emergency Worthing Hospital Accident and Emergency*
Additional	Seen in accident and emergency department
Comment	Seizure Discharged to ward

13-July-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge Summary Worthing Hospital Epilepsy*	
Problem	Alcohol withdrawal-induced convulsion	
Comment	Comment Admitted with seizure on background of ETOH and Epilepsy.	
Comment	Comment Had self terminating tonic clonic seizure whilst on the phone, sustained HI and BIBA and had further seizure in ambulance	
Examination	Examination CTH - No intra or extra-axial haemorrhage seen. Diffuse involutional changes noted. Minimal scalp haematoma is noted in the R frontal and parietal region	
Examination	Examination Treated with Chlordiazepoxide regime, diazepam, pabrinex and vitamins. Continued to have hallucinations - required 9 days of pabrinex	
Examination	Alcohol intake had reduced from 40 units to 6 over preceeding days	6 U/week

THIRD PARTY COPY

07-July-2020 Mrs Alison Culmer (ACU) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral for further care *referral ltr to neuro via ERS*

07-July-2020 Dr Samantha Barker (SAB) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Referral	Neurology referral . *Referral Type: Outpatient*
Document	e-RS Letter (07-Jul-2020) *NHS e-Referral UBRN 000349198279 for Neurology referral*

03-July-2020 Mrs Paula Fuller (PF) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Administrative procedure *Book blood test*

03-July-2020 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Additional	Weight monitoring Current weight 77 kg equates to 12 st ,2 lb. A -7% loss from the previous reading (22-Oct-2015). Based on the height entry (22-Oct-2015) a healthy weight is likely to be 57 - 77kg (8 st, 14 lb - 12 st, 2 lb)	
Additional	Body mass index (calculation based on height entry 22-Oct-2015, NB prior to age 70 average height loss is 1cm per 10 years).	25.07 kg/m2
History	History Follow up following A&E	
History	History Lost three stone in three months	
History	History Sore throat for past few weeks	
History	History Has two ten month old twins - does not feel that he is getting any support but is engaged with social services	
History	History Partner not working -	
History	History Has cut down on ETOH - stopped in past three days - worried about ongoing seizures	
History	History Works as a dumper driver - only on sites	
History	History Not driving on the roads - states that he is aware that he can not drive - does not have a licence	
History	History Struggling with memory	
History	History Note recent ALT 251	
Examination	Body weight	77 kg
Examination	Examination Sounded alert and well on the telephone. Oriented to person place and time.	
Comment	Comment For liver screen - bloods	
Comment	Comment For thiamine	
Comment	Comment I have contacted front door for families re children just to ensure they are informed	
Comment	Comment I will refer to neuro	
Test Request	Unknown specimen	
Test Request	Unknown specimen	

02-July-2020 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Comment	Comment Called - first time hung up immediately - second time engaged

02-July-2020 Dr Sean Mitchell (SEM251) Ardingly Court SurgeryGP Surgery

Comment	Comment Called - engaged

25-Jun-2020 Mrs Paula Fuller (PF) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Appointment *Book tele app with doctor with SM re recent a&e admission*

22-Jun-2020 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Sussex County Hospital Accident & Emergency*
Additional	Seen in accident and emergency department
Problem	Seizure
History	History Alcohol related seizure on Keppra and compliant. Witnessed by partner and longer post ictal period than usual.
Examination	Examination LFT's deranged, other bloods unremarkable
Examination	Examination D/w patient re alcohol consumption, advised contact CGL
Examination	Examination Paramedic concerned re living conditions
Examination	Examination Safeguarding raised
Comment	Comment Please ensure pt f/u by neurology and referral to CGL

THIRD PARTY COPY

03-Sept-2019 Dr Neil Singh (NSINGH251) Ardingly Court SurgeryGP Surgery

Problem	Low mood	
History	History Gabrielle gave birth to their twins on Sunday, he had an epileptic fit on Sat.	
History	History he does get abit of post-ictal memory loss that he feels affects his work, forgetting skills/clumsy?	
History	History but he denies any headache/dramatic vision loss/paralysis, but w+w and if more neurol symptoms then we could consider CT brain	
Comment	Comment He says SSRIs helping a lot and we agreed to inc dose as no SEs	
Comment	Comment rv in 2m or sooner if needed	
Comment	Comment discussed med3 but he decided it is better for his family i he continues with work	
Regime Review	Medication review with patient	

07-Aug-2019 Mr Michael Leech (MLeech251) Ardingly Court SurgeryGP Surgery

Comment	Comment Meds reconciled with d/s dated 4.6.18. Levetiracetam already on rpt at dose stated in d/s and Dr Singh consulted with pt on 6.8.19. Follow up in place.	

06-Aug-2019 Dr Neil Singh (NSINGH251) Ardingly Court SurgeryGP Surgery

Problem	Low mood	
Assessment	Medication review with patient Was not taking meds and was drinking, had bad seizure. Has decided to stop drinking and be concordant with meds, starting again at 250BD for 2 wks then 500 BD then rv if still seizures	
History	History Pt seen with trusted partner Gabrielle, who is v pregnant.	
History	History For Pride Weekend, he was binge drinking and didn't take his meds for a week	
History	History then had a bad seizure, see OOH report	
History	History Drinks 3 cans of beer/day, much less than before, and says he wants to quit altogether after this scare	
History	History Patrick seems remorseful, seems to want to be dry and healthy for his unborn twins	
Examination	GAD-7 score	14 /21
Examination	Patient health questionnaire (PHQ-9) score	17 /27
Social	Social I note OOH raising concern re safeguarding status of unborn twins -- he seems remoseful and i will f/u in 3-4 wks to discuss this sensitive issue	
Social	Social V stressed and panic symptoms re	
Comment	Comment We agreed to start Propranolol for nerves +/- SSRI if he feels he needs this (i think he will)	
Comment	Comment rv in 3 wks	
Document	Administration *GAD PHQ_GP referral 150329*	

05-Aug-2019 Mrs Paula Fuller (PF) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	GP out of hours service administration *GP out of hours service administration*

04-Aug-2019 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge Letter/Summary Royal Sussex County Hospital Hospital Discharge*
Additional	Discharged from hospital
Problem	Complex partial epileptic seizure
History	History Awoke feeling vague and confused felt he had had a seizure Whilst with amb. crew he had a seizure of 2 mins when in A&E he had another seizure with a post violent ictal phase. Seizure was terminted with IM Lorazepam and he was loaded with Keppra
Comment	Comment He admits to being non-compliant with anti-epileptic meds. and has been drinking alcohol +++ for last 5/7
Comment	Comment We restarted regular KEPPRA
Comment	Comment He has been advised NOT TO DRIVE and inform the DVLA
Comment	Patient advised about alcohol
Comment	Comment To see GP in 2-3 weeks to assess anti-epileptic meds. GP to assess mental Health and ETOH intake

03-Aug-2019 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Sussex County Hospital Accident & Emergency*
Additional	Seen in accident and emergency department

THIRD PARTY COPY

10-July-2019 Mrs Victoria Harman (VH251) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Administration *Book app with doctor : re task 4.7.19 to book app for 3 wks time with NS*

27-Jun-2019 Dr Kimberley Powell (KP251) Ardingly Court SurgeryExtended hours consultation

History	History Attends with girlfriend today
History	History We discuss discharge summary 18.6.19
History	History Patient currently taking Keppra 250mg bd. Started this last tuesday. Had a 'minor seizure' last monday, this was the last one he has had. During a minor seizure he panics and then starts talking nonsense, occasionally moving lips together.
History	History NO side effects on current dose
Comment	Comment Increase as planned to 500mg bd on 2.7.19, hence 2 weeks later. Patient would like the 500mg tablets, so he does not need to take 2 x 250mg together. I do prescription. He has difficulty affording complience and asks for more on prescription, I agree, keen to encourage complience here.
Comment	Comment He agrees to book review around 16.7.19.
Problem	Epilepsy

26-Jun-2019 Mr Michael Leech (MLeech251) Ardingly Court SurgeryGP Surgery

Comment	Comment Meds reconciled with d/s dated 18.6.19. Pt not taking Levetiracetam (Keppra) and to re start. Titrated dose of 250mg BD initially, in two steps of 500mg to max dose of 1.5g BD.
Comment	Comment Rpt added for Levetracetam 250mg BD for 2/52, then 500mg BD for 2/52. Then review pt before increasing if tolerated.
Comment	Comment Pt will need medical exemption form

18-Jun-2019 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Sussex County Hospital Hospital Discharge*
Problem	[D]Seizure NOS
Comment	Comment He has not been taking his Keppra. He has agreed to now commence anti epileptic therapy and is aware of driving rules.
Comment	Comment Please titrate keppra 2 weekly as tolerated

18-Jun-2019 Dr Neil Singh (NSINGH251) Ardingly Court SurgeryTelephone consultation

Problem	Epilepsy
History	History Was not taking his Epilepsy meds as his diagnosis
History	History levetirecetam 250mg bd
History	History had 3x sezures yest bit his tongue tongue hurts - wants analgesia
History	History Apparently he aslo told A/E doctors that he had inguinal/testicular pain, and the A/E docs provisionally were concerned about twisted testicle but diagnosed a hernia -- apparently on clinical exam only.
Comment	Comment I asked them to report to Surgery immediately - not A/E sicne they have been examined there already today - in case urol emergency

18-Jun-2019 Dr Neil Singh (NSINGH251) Ardingly Court SurgeryGP Surgery

Problem	Testicular pain (Left)
History	History Hard to know when L testiular pain began as he only became conscious after seizure/overnight stay in A/E this morning
History	History He apparently showed A/E doc his painful testicle and this was thought to be a hernia and he was told to w+w/see GP
History	History Pain is ongoing, throbbing
Examination	Examination L testicle v tender as is spermatic cord - ? cord feels slightly thick/twisted
Examination	Examination Negative Prehn's sign
Comment	Comment Imp: need to r/o Testicular Torsion
Comment	Comment P:
Comment	Comment Told to get to A/E as an emergency ASAP for Urol R/V

THIRD PARTY COPY

18-Jun-2019 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Sussex County Hospital Accident & Emergency*
Additional	Seen in accident and emergency department
Examination	Examination tender more in lower L abdominal wall
Examination	Urine dipstick test NAD
Examination	Examination No evidence torsion
Problem	Testicular pain (Left)
Comment	Comment More likely muscular ?related to seizure activity

17-Jun-2019 Dr Eleonora Turlini (ECT) Ardingly Court SurgeryThird party consultation

History	History Paramedic came to visit us in surgery regarding this pt who lives v close to the surgery
History	History diagnosed Epilepsy in December, was under neurology but discharged as refusing to accept diagnosis or any treatment
History	History paramedic were called this am by pt's partner (who is currently pregnant with twins), pt had x2 seizures, one at 6.30am and one at 8am. Now postictal , GSF 14/15. Pt is refusing to go to hospital and is deemed to have capacity.
History	History paramedics attended before to pt post seizure and refused H admission at that time too .
History	History they are satisfied that pt is stable at present but would like a GP call/visit at lunchtime to make sure pt has fully recovered
History	History I have agreed to this
History	History task to usual Dr for info

17-Jun-2019 Dr David Mearkle (DPM251) Ardingly Court SurgeryAdministration note

Comment	Comment pt on visit list as per previous entry
Comment	Comment tried to call pt as planned - no answer x2 at 1239

08-Apr-2019 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *BSUH - Clinicl Letter Brighton and Sussex University Hospitals NHS Trust Epilepsy*
Additional	Seen in epilepsy clinic
History	History He describes 4 years of complex partial seizures history consistent with a diagnosis of epilepsy
Examination	MRI scan abnormal - brain - probable left mesial temporal sclerosis - consistent with a diagnosis of temporal lobe epilepsy
Comment	Comment I am convinced he has a diagnosis of epilepsy
Comment	Comment He refuses to take anti-epileptic medication
Comment	Comment He needs to stand down from driving for 12 months

25-Feb-2019 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *BSUH - Clinicl Letter Brighton and Sussex University Hospitals NHS Trust Neurology*
Additional	Seen in neurology clinic
Examination	MRI of head - suspicion of left hippocampal sclerosis

12-Feb-2019 Dr Neil Singh (NSINGH251) Ardingly Court SurgeryTelephone consultation

Problem	Epilepsy
History	History as dx by Neurol Jan 2019
History	History Complex partial seizures and generalised tonic clonic convulsions
History	History I called pt to check on him -- despite neurol letter saying they told him this, he seems unclear if he has epilepsy or not
History	History I told him he DOES have epilepsy and that
History	History a) this has implciations for driving and that he must inform the DVLA
History	History b) he was recommended to start carbamezepine. He did not start taking this medication, in large part due to a concern that he cannot afford regular prescriptions. I reassured him clearly that: "as you have epilepsy and take epilepsy medicines, you are entitled to a medical exemption certificate. This allows you to get all your prescription medicines for free, not just your epilepsy medicines. But it does not cover dental charges."
History	History He says this changes things and he will consider starting the medication. However, for the moment he has been seixure free simply by becoming teetotal, and he says he is happier than ever with his health and would rather manage it this way without meds.
History	History I told him to think on this and to let us know asap if he changes his mind and wants to start meds.

THIRD PARTY COPY

04-Dec-2018 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Hurstwood Park Neurology*
Additional	Seen in neurology clinic

09-Nov-2018 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge Letter/Summary Brighton and Sussex University Hospitals Physiotherapy*
Additional	Discharged from services

05-Nov-2018 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Sussex County Hospital Orthopaedics*
Additional	Seen in orthopaedic clinic
Problem	Primary repair of tendon - L distal biceps repair 3 weeks ago
Comment	Comment Has had seizures since operation - is worried that he may have damaged the biceps repain, because of the jerking movements so early after surgery
Comment	Comment Looking at his arm there is a little swelling around the incision site which is clean, healthy and dry with no evidence of infection
Comment	Comment The repair appears in tact despite his seizures
Comment	Comment R/v in 3 monhts time for his f/u regarding the biceps

29-Oct-2018 Mrs Alison Culmer (ACU) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral for further care *referral ltr to neuro - first fit clinic by ERS*

29-Oct-2018 Dr Eleonora Turlini (ECT) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Referral	Referral for further care . *Referral Type: Outpatient*
Document	e-RS Letter (29-Oct-2018) *NHS e-Referral UBRN 000316727071 for Referral for further care*

THIRD PARTY COPY

25-Oct-2018 Dr Hilary Nash (HN251) Ardingly Court SurgeryGP Surgery

Problem	[D]Seizure NOS
History	History Seen w partner
History	History Pt had left distal biceps tendon repair 1 week ago
History	History Rtw the next day on light duties (works for council, manual labour, digging holes) and on prescribed analgesia from doctor
History	History Pain was manageable at this stage
History	History However, he was put back onto heavy duties on day 4 post op, which caused him significant pain
History	History His friend gave him 'painkillers', which it later transpired were 200mg tablets of Quetiapine
History	History This caused him to have significant drowsiness, and his partner sent him to bed around 7pm
History	History In early hours of morning she awoke to him having a full tonic clonic seizure with severe tongue biting next to her
History	History Ambulance was called, pt was assessed and found to have quite low sats with elevated heart rate
History	History He had also ruptured several of his sutures, but he refused to go to hospital at the time
History	History Partner reports that she thinks he has been having 'mini' seizures for several years, at least in the 5 years they have been together
History	History But they are worse / more frequent in last 2 years, at least daily
History	History Initially they thought he was having panic attacks:
History	History He will zone out, stare into space, unresponsive, become shaky and pale
History	History Also he will smack his lips during these episodes, and later reported that they are accompanied by a visual aura
History	History These will last for several mins and he wont have much memory of them afterwards
History	History He is known to have a hx of EtOH excess also, doesn't have a driving licence so no DVLA requirements
Examination	Examination Alert, oriented, afebrile, clinically well hydrated, not in distress, no facial droop
Examination	Examination Some speech slurring as tongue is significantly ulcerated and traumatised from biting, and pt struggling to talk properly
Examination	Examination No confusion, no nystagmus, normal gait, PEARLA, FROEM, no gross central or peripheral neurological deficit
Examination	Examination Fundoscopy not possible due to bright light conditions & contracted pupils
Comment	Comment I will refer to neurology / seizure clinic urgently
Comment	Comment They will book to see nurse for wound review
Comment	Comment Advised not to take anyone else's medication ever again!

24-Oct-2018 Mrs Paula Fuller (PF) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	GP out of hours service administration *GP out of hours service administration*

24-Oct-2018 Dr Samantha Barker (SAB) Ardingly Court SurgeryAdministration note

History	History OOH letter seen ? absense seizures for a while and then sezure last night ? ETOH excess
Comment	Comment we will offer him an appt , task to receptio nto referral first filt clinic

18-Oct-2018 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Discharge Letter/Summary Sussex Orthopaedic Treatment Centre Hospital Discharge*
Additional	Discharged from hospital
Problem	Primary repair of tendon - ruptured distal bicep - left

09-Oct-2018 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter Royal Sussex County Hospital Accident & Emergency*
Additional	Seen in accident and emergency department
Problem	Injury arm (Left)
Comment	Comment Complication of soft tissue injury
Comment	Comment suspected bicep tendon rupture
Comment	Comment referred to ortho
Comment	Comment contact ortho on call for more info

THIRD PARTY COPY

08-Oct-2018 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *VFC T&O Clinic Brighton Sussex University Hospitals NHS Trust Fracture Clinic*
Examination	Examination Suspected right distal biceps tendon rupture
Comment	Comment Lifted a heavy cabinet causing sudden pain and obvious deformity to biceps
Comment	Comment Whilst there has been some improvement in your symptoms today you continue to have pain when you attempt supination
Comment	Comment Visible bicep deformity and bruising on the medial aspect of your forearm and on front of your biceps
Comment	Comment You will be seen by the orthopaedic team who will plan the ongoing management for your injury

07-Oct-2018 External User () Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	GP out of hours service administration *NHS 111 Report*

15-Aug-2018 Dr Nina Barrows (NBARROWS) Ardingly Court SurgeryTelephone consultation

History	History bad line, had to ask several times for him to speak up. weeks ago fell off bike, hurt rib or pulled a muscle on right. now central pain in stomach
History	History now pains in stomach, sl tender, nausea, some vomiting. 2 days. ? no fever. no diarrhoea.
History	History last ate: tuesday, pasta and that stayed down.
History	History drinking water , sprakling water which is staying down.
History	History pu ok
History	History also had pustular psoriasis on chest
History	History has done asbestos removal few yrs ago so wondered re check up re that
Comment	Comment i explained that may well have gastroenteritis and as tolerating fluids to ct po fluids, can buy dioralyte otc and then if hungry can start bland food. i suggested he can try otc ranitidine if needed and take paracetamol for pain.
Comment	Comment re asbestos exposure: to book routine appt re assessment of that.
Comment	Comment i offered to prescribe anti-emetics but he said thank you for my time and put phone down.

11-Jun-2018 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinic Letter The Princess Royal Hospital Digestive Diseases*
Additional	Letter encounter
Comment	Comment patient has requested that their name be removed from the waitng list
Comment	Comment for Dc Hernia repair (Vasc)
Comment	Comment Umbilical Hernia repair

26-May-2018 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Royal Sussex County Hospital Digestive Diseases*
Additional	Seen in gastroenterology clinic
Problem	Simple paraumbilical hernia
Comment	Comment is also accompanied with a divarication of his recti.
Comment	Comment I will try and fix both the fatty hernia as well as the supraumbilical hernia at the same time.

22-Feb-2018 Mrs Sarah Jackson (SAJ) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Administration *smoking letter 2017*

22-Feb-2018 Mrs Sarah Jackson (SAJ) Ardingly Court SurgeryAdministration note

Additional	Smoking cessation advice

14-Nov-2017 Mrs Alison Culmer (ACU) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Document	Referral for further care *referral ltr to gen surgery via ERS*

14-Nov-2017 Dr Zoe Ballantyne (ZOB) Ardingly Court SurgeryAwaiting clinical code migration to EMIS Web

Referral	Referral for further care . *Referral Type: Outpatient*
Document	e-RS Letter (14-Nov-2017) *NHS e-Referral UBRN 000299294341 for Referral for further care*

THIRD PARTY COPY

11-Nov-2017 Dr Charlotte Beecham (CBEE251) Ardingly Court SurgeryGP Surgery

Problem	[D]Lump, localized and superficial
History	History present for the last 8 years superior to the umbilicus, able to reolcate, but in the last 4 weeks this has become more difficult and painful. says generally constipated, but no symptoms obstruction or general abdo pains
Examination	Examination abdomen soft, non tender, significant rectus divarification, small paraumbilicaal hernia palpated, soft, easy to relocate, not painful/red
Comment	Hernia of abdominal cavity will refer surgeons, info leaflet given, review sos if abdo pains, hernia red or unreducible or any concerns, advised avoid constipation
Comment	Comment dear colleagues, thank you for seeing this 39 year old man with an 8 year history of a paraumbilical hernia, in the last 4 weeks this has become more painful and difficult to reduce. On examination he has a small soft, non tender redicble paraumbilical hernia, abdominal examination is otherwise unremarkable. I have given him advice regarding symptoms of strangulation, but I would be grateful if you would arrange to see him. best wishes

02-Nov-2017 Ms Amber Jubb (AJ251) Ardingly Court SurgeryGP Surgery

Additional	Patient allocated named accountable general practitioner
Additional	Informing patient of named accountable general practitioner

12-Dec-2016 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter Horsham Hospital General Surgery*
Additional	Seen in clinic
Problem	Laceration of arm (Left) wrist and forearm

22-Oct-2015 Ms Joy Benzie (JB) Ardingly Court SurgeryGP Surgery

Additional	Patient allocated named accountable general practitioner
Additional	Informing patient of named accountable general practitioner

22-Oct-2015 Ms Joy Benzie (JB) Ardingly Court SurgeryGP Surgery

Comment	Patient's next of kin gabriella miall	
Social	Telephone number 07920758795	
Social	Cigarette smoker	20 /day
History	H/O: allergies penicillin	
History	O/E - height, 175.260 cm	175.26 cm
History	O/E - weight	82.555 kg
History	Alcohol consumption	2 U/week

22-Oct-2015 Ms Joy Benzie (JB) Ardingly Court SurgeryGP Surgery

Additional	Alcohol consumption screening test declined

22-Oct-2015 Ms Joy Benzie (JB) Ardingly Court SurgeryGP Surgery

History	H/O: allergies penicillin

17-Feb-2014 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Patient Summary*

15-Dec-1977 Mr PCTlltd DOCMAN (docman) Awaiting clinical code migration to EMIS Web

Additional	Attachment *full patient notes*
Additional	Scanned document

Medications (inc. issues)

Acute

12-July-2024 Sodium valproate 200mg gastro-resistant tablets
20 tablet - One To Be Taken Twice A Day

12-July-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

THIRD PARTY COPY

24-Dec-2020 Doxycycline 100mg capsules
10 capsule - Two To Be Taken Each Day at breakfast at 8am for 14 days as per D/S 23/12/2

24-Dec-2020 Doxycycline 100mg capsules
10 capsule - Two To Be Taken Each Day at breakfast at 8am for 14 days as per D/S 23/12/2

Repeat

06-Nov-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken in the evening

06-Nov-2025 Thiamine 100mg tablets
21 tablet - Three to be taken in the evening

06-Nov-2025 Hydroxyzine 10mg tablets
28 tablet - Two twice a day for anxiety

06-Nov-2025 Sodium valproate 200mg gastro-resistant tablets
28 tablet - Two To Be Taken Twice A Day as per D/S 14/07/25 (Wockhardt brand)

06-Nov-2025 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

06-Nov-2025 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

06-Nov-2025 Trazodone 100mg capsules
42 capsule - 6 to be taken at night (600mg at night)

06-Nov-2025 Hydroxyzine 10mg tablets
28 tablet - Two twice a day for anxiety

14-Oct-2025 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

14-Oct-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken in the evening

14-Oct-2025 Hydroxyzine 10mg tablets
28 tablet - Two twice a day for anxiety

14-Oct-2025 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

14-Oct-2025 Thiamine 100mg tablets
21 tablet - Three to be taken in the evening

14-Oct-2025 Trazodone 100mg capsules
42 capsule - 6 to be taken at night (600mg at night)

14-Oct-2025 Sodium valproate 200mg gastro-resistant tablets
28 tablet - Two To Be Taken Twice A Day as per D/S 14/07/25 (Wockhardt brand)

19-Sept-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

19-Sept-2025 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

19-Sept-2025 Sodium valproate 200mg gastro-resistant tablets
28 tablet - Two To Be Taken Twice A Day as per D/S 14/07/25 (Wockhardt brand)

19-Sept-2025 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

19-Sept-2025 Trazodone 100mg capsules
42 capsule - two in the morning, two at teatime, two at night

19-Sept-2025 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

28-Aug-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

28-Aug-2025 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

28-Aug-2025 Trazodone 100mg capsules
42 capsule - two in the morning, two at teatime, two at night

28-Aug-2025 Sodium valproate 200mg gastro-resistant tablets
28 tablet - Two To Be Taken Twice A Day as per D/S 14/07/25 (Wockhardt brand)

28-Aug-2025 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

28-Aug-2025 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

06-Aug-2025 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

06-Aug-2025 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

06-Aug-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

THIRD PARTY COPY

06-Aug-2025 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

06-Aug-2025 Sodium valproate 200mg gastro-resistant tablets
28 tablet - Two To Be Taken Twice A Day as per D/S 14/07/25 (Wockhardt brand)

22-July-2025 Nizoral 2% shampoo (Thornton & Ross Ltd)
120 ml - Apply Once Every 1-2 Weeks

06-Nov-2025 Trazodone 100mg capsules
42 capsule - 6 to be taken at night (600mg at night)

22-July-2025 Trazodone 100mg capsules
42 capsule - two in the morning, two at teatime, two at night

22-July-2025 Nizoral 2% shampoo (Thornton & Ross Ltd)
120 ml - Apply Once Every 1-2 Weeks

15-July-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

15-July-2025 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

15-July-2025 Epimax original cream (Aspire Pharma Ltd)
500 gram - as needed

15-July-2025 Sodium valproate 200mg gastro-resistant tablets
28 tablet - Two To Be Taken Twice A Day as per D/S 14/07/25 (Wockhardt brand)

15-July-2025 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

15-July-2025 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

07-Nov-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

07-Nov-2024 Sodium valproate 200mg gastro-resistant tablets
30 tablet - One To Be Taken Twice A Day

07-Nov-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

07-Nov-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

07-Nov-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

15-Oct-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

15-Oct-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

15-Oct-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

15-Oct-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

15-Oct-2024 Sodium valproate 200mg gastro-resistant tablets
30 tablet - One To Be Taken Twice A Day

24-Sept-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

24-Sept-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

24-Sept-2024 Sodium valproate 200mg gastro-resistant tablets
30 tablet - One To Be Taken Twice A Day

24-Sept-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

24-Sept-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

03-Sept-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

03-Sept-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

03-Sept-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

03-Sept-2024 Sodium valproate 200mg gastro-resistant tablets
30 tablet - One To Be Taken Twice A Day

03-Sept-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

13-Aug-2024 Sodium valproate 200mg gastro-resistant tablets
30 tablet - One To Be Taken Twice A Day

13-Aug-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

THIRD PARTY COPY

13-Aug-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

13-Aug-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

13-Aug-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

19-July-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

19-July-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

19-July-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

19-July-2024 Sodium valproate 200mg gastro-resistant tablets
20 tablet - One To Be Taken Twice A Day

19-July-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

16-July-2024 Sodium valproate 200mg gastro-resistant tablets
30 tablet - One To Be Taken Twice A Day

21-Jun-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

21-Jun-2024 Sodium valproate 200mg gastro-resistant tablets
20 tablet - One To Be Taken Twice A Day

21-Jun-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

21-Jun-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

30-May-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

30-May-2024 Sodium valproate 200mg gastro-resistant tablets
20 tablet - One To Be Taken Twice A Day

30-May-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

30-May-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

30-May-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

09-May-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

09-May-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

09-May-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

09-May-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

09-May-2024 Sodium valproate 200mg gastro-resistant tablets
20 tablet - One To Be Taken Twice A Day

18-Apr-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

18-Apr-2024 Sodium valproate 200mg gastro-resistant tablets
20 tablet - One To Be Taken Twice A Day

18-Apr-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

18-Apr-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

18-Apr-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

28-Mar-2024 Sodium valproate 200mg gastro-resistant tablets
20 tablet - One To Be Taken Twice A Day

28-Mar-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

28-Mar-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

28-Mar-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

28-Mar-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

15-July-2025 Epimax original cream (Aspire Pharma Ltd)
500 gram - as needed

THIRD PARTY COPY

14-Mar-2024 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

14-Mar-2024 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

14-Mar-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

14-Mar-2024 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

30-Jun-2023 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

30-Jun-2023 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

30-Jun-2023 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

30-Jun-2023 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

30-Jun-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

13-Jun-2023 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

09-Jun-2023 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

09-Jun-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

09-Jun-2023 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

09-Jun-2023 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

11-May-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

11-May-2023 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

11-May-2023 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

11-May-2023 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

11-May-2023 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

20-Apr-2023 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

20-Apr-2023 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

20-Apr-2023 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

04-Apr-2023 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

04-Apr-2023 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

04-Apr-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

04-Apr-2023 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

14-Mar-2023 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

14-Mar-2023 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

14-Mar-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

14-Mar-2023 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

23-Feb-2023 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

23-Feb-2023 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

23-Feb-2023 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

23-Feb-2023 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

THIRD PARTY COPY

23-Feb-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

31-Jan-2023 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

31-Jan-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

31-Jan-2023 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

31-Jan-2023 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

31-Jan-2023 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

30-Dec-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

30-Dec-2022 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

30-Dec-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

30-Dec-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

30-Dec-2022 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

09-Dec-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

09-Dec-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

09-Dec-2022 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

09-Dec-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

09-Dec-2022 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

17-Nov-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

17-Nov-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

17-Nov-2022 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

17-Nov-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

17-Nov-2022 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

24-Oct-2022 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

24-Oct-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

24-Oct-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

24-Oct-2022 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

24-Oct-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

29-Sept-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

29-Sept-2022 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

29-Sept-2022 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

29-Sept-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

29-Sept-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

08-Sept-2022 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

08-Sept-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

08-Sept-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

THIRD PARTY COPY

08-Sept-2022 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

08-Sept-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

16-Aug-2022 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

16-Aug-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

16-Aug-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

16-Aug-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

16-Aug-2022 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

04-Aug-2022 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

06-Nov-2025 Levetiracetam 250mg tablets
14 tablet - One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022

22-July-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

22-July-2022 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

22-July-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

22-July-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

19-July-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

19-July-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

19-July-2022 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

19-July-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

06-Nov-2025 Sodium valproate 200mg gastro-resistant tablets
28 tablet - Two To Be Taken Twice A Day as per D/S 14/07/25 (Wockhardt brand)

17-May-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

17-May-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

17-May-2022 Sodium valproate 200mg gastro-resistant tablets
14 tablet - One To Be Taken Twice A Day

17-May-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

21-Apr-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

21-Apr-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

21-Apr-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

29-Mar-2022 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

29-Mar-2022 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

29-Mar-2022 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

16-July-2021 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

16-July-2021 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

16-July-2021 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

06-Nov-2025 Levetiracetam 500mg tablets
14 tablet - One To Be Taken Twice A Day as per neurology 06/07/21

02-July-2021 Thiamine 100mg tablets
84 tablet - Three to be taken with breakfast

02-July-2021 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablet - One To Be Taken Daily

THIRD PARTY COPY

11-Jun-2021 Thiamine 100mg tablets
84 tablet - Three to be taken with breakfast

11-Jun-2021 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablet - One To Be Taken Daily

11-Jun-2021 Thiamine 100mg tablets
21 tablet - Three to be taken with breakfast

11-Jun-2021 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken Daily

06-Nov-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
7 tablet - One To Be Taken in the evening

28-July-2020 Thiamine 100mg tablets
84 tablet - Three to be taken with breakfast

28-July-2020 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
56 tablet - One To Be Taken Daily

06-Nov-2025 Thiamine 100mg tablets
21 tablet - Three to be taken in the evening

03-July-2020 Thiamine 100mg tablets
56 tablet - One To Be Taken Twice A Day

Past

28-Aug-2025 Prazosin 500microgram tablets Repeat Medication (Past)
14 tablet - Two to be taken at Night as per D/S 14/07/25

06-Aug-2025 Prazosin 500microgram tablets Repeat Medication (Past)
14 tablet - Two to be taken at Night as per D/S 14/07/25

22-July-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 Aug 2025

15-July-2025 Trazodone 150mg tablets Repeat Medication (Past)
14 tablet - One to be taken at Midday and One at Teatime as per D/S 14/07/25

15-July-2025 Prazosin 500microgram tablets Repeat Medication (Past)
14 tablet - Two to be taken at Night as per D/S 14/07/25

15-July-2025 Trazodone 100mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken in the Morning as per D/S 14/07/25

14-July-2025 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - 1 capsule - admin times: 08:00 (Oral) Scheduled end date: 11 Aug 2025

15-July-2025 Trazodone 100mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken in the Morning as per D/S 14/07/25

14-July-2025 Trazodone 150mg tablets Repeat Medication (Past)
7 tablet - One to be taken Daily at Midday as per D/S 14/07/25

15-July-2025 Trazodone 150mg tablets Repeat Medication (Past)
14 tablet - One to be taken at Midday and One at Teatime as per D/S 14/07/25

28-Aug-2025 Prazosin 500microgram tablets Repeat Medication (Past)
14 tablet - Two to be taken at Night as per D/S 14/07/25

11-July-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 08 Aug 2025

11-July-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 08 Aug 2025

11-July-2025 Prazosin 500microgram tablets Repeat Medication (Past)
56 tablet - 2 tablet - admin times: 20:00 (Oral) Scheduled end date: 08 Aug 2025

11-July-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 08:00 Scheduled end date: 08 Aug 2025

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablet - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 07 Aug 2025

10-July-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 12:00 (Oral) Scheduled end date: 07 Aug 2025

03-July-2025 Prazosin 500microgram tablets Acute Medication (Past)
14 tablet - TTO - [20:00-2 tablets] (Oral) Scheduled end date: 31 Jul 2025

03-July-2025 Prazosin 500microgram tablets Acute Medication (Past)
14 tablet - TTO - [20:00-2 tablets] (Oral) Scheduled end date: 31 Jul 2025

22-Jun-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Jul 2025

16-Jun-2025 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - 1 capsule - admin times: 08:00 (Oral) Scheduled end date: 14 Jul 2025

13-Jun-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 11 Jul 2025

13-Jun-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 11 Jul 2025

THIRD PARTY COPY

13-Jun-2025 Prazosin 500microgram tablets Repeat Medication (Past)
56 tablet - 2 tablet - admin times: 20:00 (Oral) Scheduled end date: 11 Jul 2025

13-Jun-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 08:00 Scheduled end date: 11 Jul 2025

12-Jun-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablet - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 10 Jul 2025

12-Jun-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 12:00 (Oral) Scheduled end date: 10 Jul 2025

12-Jun-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 10 Jul 2025

05-Jun-2025 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 08:00, 12:00, 17:00 (Oral) Scheduled end date: 08 Jun 2025

05-Jun-2025 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 08:00, 12:00, 17:00, 20:00 (Oral) Scheduled end date: 07 Jun 2025

05-Jun-2025 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 08:00, 12:00, 17:00 (Oral) Scheduled end date: 08 Jun 2025

05-Jun-2025 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 08:00, 12:00, 17:00, 20:00 (Oral) Scheduled end date: 07 Jun 2025

14-July-2025 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - 1 capsule

14-July-2025 Trazodone 100mg capsules Repeat Medication (Past)
28 capsule - 1 capsule

23-May-2025 Trazodone 100mg capsules Acute Medication (Past)
28 capsule - 1 capsule - admin times: 08:00 (Oral) Scheduled end date: 20 Jun 2025

23-May-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Jun 2025

23-May-2025 Trazodone 100mg capsules Acute Medication (Past)
28 capsule - 1 capsule - admin times: 08:00 (Oral) Scheduled end date: 20 Jun 2025

21-May-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 08:00 Scheduled end date: 18 Jun 2025

16-May-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 13 Jun 2025

16-May-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 13 Jun 2025

16-May-2025 Prazosin 500microgram tablets Repeat Medication (Past)
56 tablet - 2 tablet - admin times: 17:00 (Oral) Scheduled end date: 13 Jun 2025

16-May-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 08:00 Scheduled end date: 13 Jun 2025

15-May-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablet - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 12 Jun 2025

15-May-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 12 Jun 2025

15-May-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 12:00 (Oral) Scheduled end date: 12 Jun 2025

11-July-2025 Prazosin 500microgram tablets Repeat Medication (Past)
56 tablet - 2 tablet

11-July-2025 Prazosin 500microgram tablets Repeat Medication (Past)
56 tablet - 2 tablet

11-July-2025 Prazosin 500microgram tablets Repeat Medication (Past)
56 tablet - 2 tablet

14-May-2025 Trazodone 50mg capsules Acute Medication (Past)
1 Total: 18 capsule Quantity: 18 capsules - Variable Dose - 14/05 - 22/05 08:00 (2 capsule) (Oral) Scheduled end date: 23 May 2025

14-May-2025 Ketoconazole 2%shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 11 Jun 2025

14-May-2025 Trazodone 50mg capsules Acute Medication (Past)
1 Total: 18 capsule Quantity: 18 capsules - Variable Dose - 14/05 - 22/05 08:00 (2 capsule) (Oral) Scheduled end date: 23 May 2025

14-May-2025 Ketoconazole 2%shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 11 Jun 2025

08-May-2025 Trazodone 50mg tablets Acute Medication (Past)
1 Total: 24 tablet Quantity: 24 tablets - Variable Dose - 08/05 - 11/05 08:00 (1 tablet) 12/05 - 21/05 08:00 (2 tablet) (Oral) Scheduled end date: 22 May 2025

08-May-2025 Trazodone 50mg tablets Acute Medication (Past)
1 Total: 24 tablet Quantity: 24 tablets - Variable Dose - 08/05 - 11/05 08:00 (1 tablet) 12/05 - 21/05 08:00 (2 tablet) (Oral) Scheduled end date: 22 May 2025

11-July-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablet - 1 tablet

11-July-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablet - 1 tablet

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11-July-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablet - 1 tablet

11-July-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablet - 1 tablet

23-Apr-2025 Thiamine 100mg tablets Acute Medication (Past)
84 tablet - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 21 May 2025

23-Apr-2025 Levetiracetam 250mg tablets Acute Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 May 2025

23-Apr-2025 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
120 tablet - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 23 May 2025

23-Apr-2025 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 21 May 2025

23-Apr-2025 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - 1 tablet - admin times: 12:00 (Oral) Scheduled end date: 21 May 2025

23-Apr-2025 Hydroxyzine 10mg tablets Acute Medication (Past)
56 tablet - 2 tablet - admin times: 08:00 Scheduled end date: 21 May 2025

23-Apr-2025 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 May 2025

11-July-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablet - 1 tablet

23-Apr-2025 Thiamine 100mg tablets Acute Medication (Past)
84 tablet - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 21 May 2025

23-Apr-2025 Levetiracetam 250mg tablets Acute Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 May 2025

23-Apr-2025 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
120 tablet - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 23 May 2025

23-Apr-2025 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 21 May 2025

23-Apr-2025 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - 1 tablet - admin times: 12:00 (Oral) Scheduled end date: 21 May 2025

23-Apr-2025 Hydroxyzine 10mg tablets Acute Medication (Past)
56 tablet - 2 tablet - admin times: 08:00 Scheduled end date: 21 May 2025

23-Apr-2025 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 May 2025

23-Apr-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 08:00 Scheduled end date: 21 May 2025

21-Apr-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 May 2025

20-Apr-2025 Hydroxyzine 10mg tablets Repeat Medication (Past)
56 tablets - 2 tablet - admin times: 08:00 (Oral) Scheduled end date: 18 May 2025

19-Apr-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 17 May 2025

19-Apr-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 12:00 (Oral) Scheduled end date: 17 May 2025

18-Apr-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablet - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 16 May 2025

17-Apr-2025 Prazosin 500microgram tablets Acute Medication (Past)
56 tablet - 2 tablet - admin times: 17:00 (Oral) Scheduled end date: 15 May 2025

17-Apr-2025 Prazosin 500microgram tablets Acute Medication (Past)
56 tablet - 2 tablet - admin times: 17:00 (Oral) Scheduled end date: 15 May 2025

10-Apr-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 08 May 2025

10-Apr-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 10 May 2025

08-Apr-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablet - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 06 May 2025

08-Apr-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablet - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 06 May 2025

03-Apr-2025 Prazosin 500microgram tablets Acute Medication (Past)
28 tablet - 2 tablet - admin times: 17:00 (Oral) Scheduled end date: 17 Apr 2025

03-Apr-2025 Prazosin 500microgram tablets Acute Medication (Past)
28 tablet - 2 tablet - admin times: 17:00 (Oral) Scheduled end date: 17 Apr 2025

26-Mar-2025 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
120 tablet - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 25 Apr 2025

26-Mar-2025 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
120 tablet - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 25 Apr 2025

24-Mar-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 Apr 2025

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24-Mar-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 21 Apr 2025

23-Mar-2025 Hydroxyzine 10mg tablets Repeat Medication (Past)
56 tablets - 2 tablet - admin times: 08:00 (Oral) Scheduled end date: 20 Apr 2025

23-Mar-2025 Trazodone 50mg capsules Repeat Medication (Past)
28 capsules - 1 capsule - admin times: 12:00 (Oral) Scheduled end date: 20 Apr 2025

10-July-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

10-July-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

10-July-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

10-July-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

10-July-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

22-Mar-2025 Levetiracetam 250mg tablets Acute Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Thiamine 100mg tablets Acute Medication (Past)
84 tablet - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Trazodone 50mg capsules Acute Medication (Past)
28 capsule - 1 capsule - admin times: 12:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Levetiracetam 250mg tablets Acute Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Thiamine 100mg tablets Acute Medication (Past)
84 tablet - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Trazodone 50mg capsules Acute Medication (Past)
28 capsule - 1 capsule - admin times: 12:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet - admin times: 12:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 Apr 2025

22-Mar-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 19 Apr 2025

19-Mar-2025 Prazosin 500microgram tablets Acute Medication (Past)
1 Total: 26 tablet Quantity: 26 tablets - Variable Dose - 19/03 - 20/03 17:00 (1 tablet) 21/03 - 01/04 17:00 (2 tablet) (Oral) Scheduled end date: 02 Apr 2025

19-Mar-2025 Prazosin 500microgram tablets Acute Medication (Past)
1 Total: 26 tablet Quantity: 26 tablets - Variable Dose - 19/03 - 20/03 17:00 (1 tablet) 21/03 - 01/04 17:00 (2 tablet) (Oral) Scheduled end date: 02 Apr 2025

11-Mar-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablet - 1 tablet - admin times: 08:00 Scheduled end date: 08 Apr 2025

11-Mar-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablet - 1 tablet - admin times: 08:00 Scheduled end date: 08 Apr 2025

24-Feb-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 26 Mar 2025

22-Feb-2025 Hydroxyzine 10mg tablets Repeat Medication (Past)
56 tablets - 2 tablet - admin times: 08:00 (Oral) Scheduled end date: 22 Mar 2025

22-Feb-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Mar 2025

22-Feb-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Mar 2025

22-Feb-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 22 Mar 2025

22-Feb-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 22 Mar 2025

22-Feb-2025 Trazodone 50mg capsules Repeat Medication (Past)
28 capsules - 1 capsule - admin times: 12:00 (Oral) Scheduled end date: 22 Mar 2025

11-Feb-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 Scheduled end date: 11 Mar 2025

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11-Feb-2025 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 Scheduled end date: 11 Mar 2025

07-Feb-2025 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 07 Mar 2025

07-Feb-2025 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 07 Mar 2025

25-Jan-2025 Hydroxyzine 10mg tablets Repeat Medication (Past)
56 tablets - 2 tablet - admin times: 08:00 (Oral) Scheduled end date: 22 Feb 2025

25-Jan-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Feb 2025

25-Jan-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Feb 2025

25-Jan-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 24 Feb 2025

25-Jan-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 22 Feb 2025

25-Jan-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 22 Feb 2025

25-Jan-2025 Trazodone 50mg capsules Repeat Medication (Past)
28 capsules - 1 capsule - admin times: 12:00 (Oral) Scheduled end date: 22 Feb 2025

11-July-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

11-July-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

12-Jun-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

11-July-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

12-Jun-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

20-Apr-2025 Hydroxyzine 10mg tablets Repeat Medication (Past)
56 tablets - 2 tablet

11-July-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

12-Jun-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

20-Apr-2025 Hydroxyzine 10mg tablets Repeat Medication (Past)
56 tablets - 2 tablet

11-July-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

12-Jun-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

23-Mar-2025 Trazodone 50mg capsules Repeat Medication (Past)
28 capsules - 1 capsule

20-Apr-2025 Hydroxyzine 10mg tablets Repeat Medication (Past)
56 tablets - 2 tablet

11-July-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

12-Jun-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

23-Mar-2025 Trazodone 50mg capsules Repeat Medication (Past)
28 capsules - 1 capsule

20-Apr-2025 Hydroxyzine 10mg tablets Repeat Medication (Past)
56 tablets - 2 tablet

11-July-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

12-Jun-2025 Trazodone 150mg tablets Repeat Medication (Past)
28 tablet - 1 tablet

23-Mar-2025 Trazodone 50mg capsules Repeat Medication (Past)
28 capsules - 1 capsule

11-July-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

11-July-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

11-July-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

11-July-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

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11-July-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

11-July-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

11-July-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

22-Jan-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

22-Jan-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

11-July-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

22-Jan-2025 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 Feb 2025

22-Jan-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 Feb 2025

22-Jan-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 19 Feb 2025

22-Jan-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 Feb 2025

22-Jan-2025 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 Feb 2025

22-Jan-2025 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 Feb 2025

22-Jan-2025 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 19 Feb 2025

14-Jan-2025 Sodium valproate 100mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

14-Jan-2025 Sodium valproate 100mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 11 Feb 2025

10-Jan-2025 Trazodone 150mg tablets Acute Medication (Past)
28 tablets - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 07 Feb 2025

10-Jan-2025 Hydroxyzine 10mg tablets Acute Medication (Past)
56 tablets - 2 tablet - admin times: 08:00 (Oral) Scheduled end date: 07 Feb 2025

10-Jan-2025 Trazodone 50mg capsules Acute Medication (Past)
28 capsules - 1 capsule - admin times: 12:00 (Oral) Scheduled end date: 07 Feb 2025

10-Jan-2025 Hydroxyzine 10mg tablets Acute Medication (Past)
56 tablets - 2 tablet - admin times: 08:00 (Oral) Scheduled end date: 07 Feb 2025

10-Jan-2025 Trazodone 50mg capsules Acute Medication (Past)
28 capsules - 1 capsule - admin times: 12:00 (Oral) Scheduled end date: 07 Feb 2025

10-Jan-2025 Trazodone 150mg tablets Acute Medication (Past)
28 tablets - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 07 Feb 2025

06-Jan-2025 Epimax original cream (Aspire Pharma Ltd) Acute Medication (Past)
1 pack of 500 gram(s) - 1 application - admin times: 08:00 (Topical) Scheduled end date: 03 Feb 2025

06-Jan-2025 Epimax original cream (Aspire Pharma Ltd) Acute Medication (Past)
1 pack of 500 gram(s) - 1 application - admin times: 08:00 (Topical) Scheduled end date: 03 Feb 2025

25-Dec-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
112 tablets - 2 tablet - admin times: 08:00, 12:00 (Oral) Scheduled end date: 22 Jan 2025

25-Dec-2024 Levetiracetam 250mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Jan 2025

25-Dec-2024 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Jan 2025

25-Dec-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
112 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Jan 2025

25-Dec-2024 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 22 Jan 2025

25-Dec-2024 Trazodone 50mg capsules Repeat Medication (Past)
28 capsules - 1 capsule - admin times: 17:00 (Oral) Scheduled end date: 22 Jan 2025

25-Dec-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
112 tablets - 2 tablet - admin times: 08:00, 12:00 (Oral) Scheduled end date: 22 Jan 2025

25-Dec-2024 Levetiracetam 250mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Jan 2025

25-Dec-2024 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Jan 2025

24-Dec-2024 Trazodone 100mg capsules Acute Medication (Past)
21 capsules - 1 capsule - admin times: 17:00 (Oral) Scheduled end date: 14 Jan 2025

24-Dec-2024 Trazodone 100mg capsules Acute Medication (Past)
21 capsules - 1 capsule - admin times: 17:00 (Oral) Scheduled end date: 14 Jan 2025

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20-Dec-2024 Trazodone 100mg tablets Acute Medication (Past)
21 tablets - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 10 Jan 2025

20-Dec-2024 Trazodone 100mg tablets Acute Medication (Past)
21 tablets - 1 tablet - admin times: 17:00 (Oral) Scheduled end date: 10 Jan 2025

22-July-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet

22-July-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet

22-July-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet

22-July-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet

22-July-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet

22-July-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet

22-July-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet

22-July-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet

22-July-2025 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
120 tablet - 2 tablet

12-Dec-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
112 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 09 Jan 2025

10-Dec-2024 Epilim 200 gastro-resistant tablets (Sanofi) Acute Medication (Past)
120 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 09 Jan 2025

10-Dec-2024 Epilim 200 gastro-resistant tablets (Sanofi) Acute Medication (Past)
120 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 09 Jan 2025

06-Dec-2024 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
112 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 04 Jan 2025

06-Dec-2024 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
112 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 04 Jan 2025

25-Dec-2024 Trazodone 50mg capsules Repeat Medication (Past)
28 capsules - 1 capsule

25-Dec-2024 Trazodone 50mg capsules Repeat Medication (Past)
28 capsules - 1 capsule

04-Dec-2024 Trazodone 50mg capsules Repeat Medication (Past)
28 capsules - 1 capsule - admin times: 17:00 (Oral) Scheduled end date: 01 Jan 2025

01-Dec-2024 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 08:00, 12:00, 17:00 (Oral) Scheduled end date: 04 Dec 2024

01-Dec-2024 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 08:00, 12:00, 17:00, 20:00 (Oral) Scheduled end date: 03 Dec 2024

01-Dec-2024 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 08:00, 12:00, 17:00 (Oral) Scheduled end date: 04 Dec 2024

01-Dec-2024 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 08:00, 12:00, 17:00, 20:00 (Oral) Scheduled end date: 03 Dec 2024

30-Nov-2024 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Dec 2024

30-Nov-2024 Epimax original cream (Aspire Pharma Ltd) Acute Medication (Past)
1 pack of 500 gram(s) - 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Dec 2024

30-Nov-2024 Epimax original cream (Aspire Pharma Ltd) Acute Medication (Past)
1 pack of 500 gram(s) - 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Dec 2024

30-Nov-2024 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Dec 2024

29-Nov-2024 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 27 Dec 2024

29-Nov-2024 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 27 Dec 2024

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

THIRD PARTY COPY

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

10-July-2025 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

27-Nov-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
112 tablets - 2 tablet - admin times: 08:00, 12:00 (Oral) Scheduled end date: 25 Dec 2024

27-Nov-2024 Levetiracetam 250mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 25 Dec 2024

27-Nov-2024 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 25 Dec 2024

27-Nov-2024 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 25 Dec 2024

27-Nov-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 25 Dec 2024

27-Nov-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
112 tablets - 2 tablet - admin times: 08:00, 12:00 (Oral) Scheduled end date: 25 Dec 2024

27-Nov-2024 Levetiracetam 250mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 25 Dec 2024

27-Nov-2024 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 25 Dec 2024

27-Nov-2024 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 25 Dec 2024

27-Nov-2024 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 25 Dec 2024

27-Nov-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 25 Dec 2024

26-Nov-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
84 tablets - 2 tablet - admin times: 08:00, 12:00 (Oral) Scheduled end date: 24 Dec 2024

26-Nov-2024 Epimax original cream (Aspire Pharma Ltd) Acute Medication (Past)
1 pack of 100 gram(s) - 1 application - admin times: 08:00 (Topical) Scheduled end date: 24 Dec 2024

26-Nov-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
84 tablets - 2 tablet - admin times: 08:00, 17:00 Scheduled end date: 24 Dec 2024

26-Nov-2024 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 24 Dec 2024

26-Nov-2024 Levetiracetam 250mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 24 Dec 2024

26-Nov-2024 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 24 Dec 2024

26-Nov-2024 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 24 Dec 2024

26-Nov-2024 Thiamine 100mg tablets Acute Medication (Past)
24 tablets - 3 tablet - admin times: 07:00 (Oral) Scheduled end date: 04 Dec 2024

26-Nov-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 24 Dec 2024

26-Nov-2024 Epimax original cream (Aspire Pharma Ltd) Acute Medication (Past)
1 pack of 100 gram(s) - 1 application - admin times: 08:00 (Topical) Scheduled end date: 24 Dec 2024

26-Nov-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
84 tablets - 2 tablet - admin times: 08:00, 17:00 Scheduled end date: 24 Dec 2024

26-Nov-2024 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 24 Dec 2024

26-Nov-2024 Levetiracetam 250mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 24 Dec 2024

26-Nov-2024 Levetiracetam 500mg tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 24 Dec 2024

26-Nov-2024 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 24 Dec 2024

26-Nov-2024 Thiamine 100mg tablets Acute Medication (Past)
24 tablets - 3 tablet - admin times: 07:00 (Oral) Scheduled end date: 04 Dec 2024

26-Nov-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 24 Dec 2024

26-Nov-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
84 tablets - 2 tablet - admin times: 08:00, 12:00 (Oral) Scheduled end date: 24 Dec 2024

THIRD PARTY COPY

25-Nov-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
1 Unk UoM - 10mg Scheduled end date: 25 Nov 2024

25-Nov-2024 Levetiracetam 250mg tablets Acute Medication (Past)
1 Unk UoM - 250mg Scheduled end date: 25 Nov 2024

25-Nov-2024 Levetiracetam 500mg tablets Acute Medication (Past)
1 Unk UoM - 500mg Scheduled end date: 25 Nov 2024

25-Nov-2024 Multivitamin and Mineral tablets Acute Medication (Past)
1 Unk UoM - 1 Scheduled end date: 25 Nov 2024

25-Nov-2024 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
1 Unk UoM - 200mg Scheduled end date: 25 Nov 2024

25-Nov-2024 Thiamine 100mg tablets Acute Medication (Past)
1 Unk UoM - 100mg Scheduled end date: 25 Nov 2024

25-Nov-2024 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
1 tablets - 1 tablet - Once only (Oral) Scheduled end date:

25-Nov-2024 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
1 tablets - 1 tablet - Once only (Oral) Scheduled end date:

25-Nov-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
1 Unk UoM - 10mg Scheduled end date: 25 Nov 2024

25-Nov-2024 Levetiracetam 250mg tablets Acute Medication (Past)
1 Unk UoM - 250mg Scheduled end date: 25 Nov 2024

25-Nov-2024 Levetiracetam 500mg tablets Acute Medication (Past)
1 Unk UoM - 500mg Scheduled end date: 25 Nov 2024

25-Nov-2024 Multivitamin and Mineral tablets Acute Medication (Past)
1 Unk UoM - 1 Scheduled end date: 25 Nov 2024

25-Nov-2024 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
1 Unk UoM - 200mg Scheduled end date: 25 Nov 2024

25-Nov-2024 Thiamine 100mg tablets Acute Medication (Past)
1 Unk UoM - 100mg Scheduled end date: 25 Nov 2024

07-Nov-2024 Trazodone 50mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken At Night

07-Nov-2024 Hydroxyzine 10mg tablets Repeat Medication (Past)
28 tablet - Two twice a day for anxiety

31-Oct-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

31-Oct-2024 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - One Or Two To Be Taken Four Times A Day When Required

15-Oct-2024 Trazodone 50mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken At Night

15-Oct-2024 Hydroxyzine 10mg tablets Repeat Medication (Past)
28 tablet - Two twice a day for anxiety

24-Sept-2024 Hydroxyzine 10mg tablets Repeat Medication (Past)
28 tablet - Two twice a day for anxiety

24-Sept-2024 Trazodone 50mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken At Night

03-Sept-2024 Trazodone 50mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken At Night

03-Sept-2024 Hydroxyzine 10mg tablets Repeat Medication (Past)
28 tablet - Two twice a day for anxiety

14-Aug-2024 Hydroxyzine 10mg tablets Repeat Medication (Past)
28 tablet - Two twice a day for anxiety

13-Aug-2024 Hydroxyzine 10mg tablets Repeat Medication (Past)
14 tablet - One twice a day for anxiety

13-Aug-2024 Trazodone 50mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken At Night

07-Aug-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
56 tablet - one or two as needed during day for anxiety

19-July-2024 Trazodone 50mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken At Night

12-July-2024 Trazodone 50mg capsules Acute Medication (Past)
7 capsule - One To Be Taken At Night

12-July-2024 Ketoconazole 2%shampoo Acute Medication (Past)
120 ml - Apply Once Every 1-2 Weeks

07-Nov-2024 Hydroxyzine 10mg tablets Repeat Medication (Past)
28 tablet - Two twice a day for anxiety

11-July-2024 Hydroxyzine 10mg tablets Acute Medication (Past)
56 tablet - one or two as needed during day for anxiety

08-July-2024 Levetiracetam 250mg tablets Acute Medication (Past)
14 tablet - One to be taken twice a day with 500mg to take total daily dose 750mg

THIRD PARTY COPY

08-July-2024 Levetiracetam 250mg tablets Acute Medication (Past)
14 tablet - One to be taken twice a day with 500mg to take total daily dose 750mg

07-Nov-2024 Trazodone 50mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken At Night

18-Jun-2024 Trazodone 50mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken At Night

26-Mar-2024 Ketoconazole 2% shampoo Acute Medication (Past)
120 ml - 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024

12-July-2024 Ketoconazole 2% shampoo Acute Medication (Past)
120 ml - Apply Once Every 1-2 Weeks

26-Mar-2024 Ketoconazole 2% shampoo Acute Medication (Past)
120 ml - 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024

26-Mar-2024 Ketoconazole 2% shampoo Acute Medication (Past)
120 ml - 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024

26-Mar-2024 Ketoconazole 2% shampoo Acute Medication (Past)
120 ml - 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024

17-Mar-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet

17-Mar-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 14 Apr 2024

23-Feb-2024 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Mar 2024

23-Feb-2024 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 22 Mar 2024

23-Feb-2024 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 22 Mar 2024

23-Feb-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 22 Mar 2024

21-Feb-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 20 Mar 2024

16-Feb-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 17 Mar 2024

09-Feb-2024 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 1-2 tablet - Once only (Oral) Scheduled end date:

09-Feb-2024 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 1-2 tablet - Once only (Oral) Scheduled end date:

31-Jan-2024 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024

31-Jan-2024 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024

30-Jan-2024 Epimax original cream (Aspire Pharma Ltd) Repeat Medication (Past)
1 pack of 500 gram(s) - 1 application - admin times: 08:00, 17:00 (Topical) Scheduled end date: 27 Feb 2024

23-Feb-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet

23-Feb-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet

24-Jan-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 21 Feb 2024

24-Jan-2024 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 Feb 2024

24-Jan-2024 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 Feb 2024

24-Jan-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 Feb 2024

24-Jan-2024 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 21 Feb 2024

24-Jan-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 21 Feb 2024

24-Jan-2024 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 21 Feb 2024

08-Jan-2024 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

08-Jan-2024 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

04-Jan-2024 Zopiclone 7.5mg tablets Acute Medication (Past)
3 tablets - 1 tablet - admin times: 20:00 (Oral) Scheduled end date: 07 Jan 2024

04-Jan-2024 Zopiclone 7.5mg tablets Acute Medication (Past)
3 tablets - 1 tablet - admin times: 20:00 (Oral) Scheduled end date: 07 Jan 2024

THIRD PARTY COPY

23-Feb-2024 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

23-Feb-2024 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

23-Feb-2024 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

23-Feb-2024 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

23-Feb-2024 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

23-Feb-2024 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

31-Dec-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 28 Jan 2024

31-Dec-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 28 Jan 2024

31-Dec-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 28 Jan 2024

31-Dec-2023 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 28 Jan 2024

31-Dec-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 28 Jan 2024

31-Dec-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 28 Jan 2024

23-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 25 Dec 2023

23-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 25 Dec 2023

15-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 17 Dec 2023

15-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 17 Dec 2023

10-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 12 Dec 2023

10-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 12 Dec 2023

09-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

09-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

04-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 06 Dec 2023

04-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 06 Dec 2023

03-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

03-Dec-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 31 Dec 2023

03-Dec-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 31 Dec 2023

03-Dec-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 31 Dec 2023

03-Dec-2023 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 31 Dec 2023

03-Dec-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 31 Dec 2023

03-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

02-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 04 Dec 2023

02-Dec-2023 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 04 Dec 2023

02-Dec-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 04 Dec 2023

02-Dec-2023 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 04 Dec 2023

28-Nov-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 30 Nov 2023

THIRD PARTY COPY

28-Nov-2023 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 30 Nov 2023

28-Nov-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 30 Nov 2023

28-Nov-2023 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 30 Nov 2023

22-Nov-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 24 Nov 2023

22-Nov-2023 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 24 Nov 2023

22-Nov-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 24 Nov 2023

22-Nov-2023 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 24 Nov 2023

07-Nov-2023 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 05 Dec 2023

07-Nov-2023 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 05 Dec 2023

06-Nov-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 04 Dec 2023

06-Nov-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 04 Dec 2023

06-Nov-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 04 Dec 2023

06-Nov-2023 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 04 Dec 2023

06-Nov-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 04 Dec 2023

06-Nov-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 04 Dec 2023

21-Feb-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablets - 1 tablet

21-Feb-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablets - 1 tablet

21-Feb-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablets - 1 tablet

21-Feb-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablets - 1 tablet

21-Feb-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablets - 1 tablet

21-Feb-2024 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablets - 1 tablet

03-Nov-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 01 Dec 2023

31-Oct-2023 Ibuprofen 400mg tablets Acute Medication (Past)
19 tablets - 1 tablet - admin times: 08:00, 12:00, 17:00 (Oral) Scheduled end date: 07 Nov 2023

31-Oct-2023 Ibuprofen 400mg tablets Acute Medication (Past)
19 tablets - 1 tablet - admin times: 08:00, 12:00, 17:00 (Oral) Scheduled end date: 07 Nov 2023

16-Oct-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 13 Nov 2023

16-Oct-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 13 Nov 2023

16-Oct-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 13 Nov 2023

16-Oct-2023 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 13 Nov 2023

11-Oct-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 13 Oct 2023

11-Oct-2023 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 13 Oct 2023

11-Oct-2023 Ibuprofen 200mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 13 Oct 2023

11-Oct-2023 Paracetamol 500mg tablets Acute Medication (Past)
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 13 Oct 2023

23-Feb-2024 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

23-Feb-2024 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

THIRD PARTY COPY

23-Feb-2024 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

23-Feb-2024 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

23-Feb-2024 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

23-Feb-2024 Thiamine 100mg tablets Repeat Medication (Past)
84 tablets - 3 tablet

09-Oct-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 06 Nov 2023

18-Sept-2023 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 16 Oct 2023

18-Sept-2023 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 16 Oct 2023

11-Sept-2023 Thiamine 100mg tablets Acute Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 09 Oct 2023

11-Sept-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 09 Oct 2023

11-Sept-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 09 Oct 2023

11-Sept-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 09 Oct 2023

11-Sept-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 09 Oct 2023

11-Sept-2023 Thiamine 100mg tablets Acute Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 09 Oct 2023

04-Sept-2023 Thiamine 100mg tablets Acute Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 02 Oct 2023

04-Sept-2023 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 30 Oct 2023

04-Sept-2023 Ketoconazole 2% shampoo Acute Medication (Past)
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical) Scheduled end date: 30 Oct 2023

04-Sept-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 02 Oct 2023

04-Sept-2023 Thiamine 100mg tablets Acute Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 02 Oct 2023

29-Aug-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 26 Sep 2023

30-Jan-2024 Epimax original cream (Aspire Pharma Ltd) Repeat Medication (Past)
1 pack of 500 gram(s) - 1 application

06-Nov-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet

06-Nov-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet

06-Nov-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet

06-Nov-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet

30-Jan-2024 Epimax original cream (Aspire Pharma Ltd) Repeat Medication (Past)
1 pack of 500 gram(s) - 1 application

06-Nov-2023 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablets - 1 tablet

24-Aug-2023 Epimax original cream (Aspire Pharma Ltd) Repeat Medication (Past)
1 pack of 500 gram(s) - 1 application - admin times: 08:00, 17:00 (Topical) Scheduled end date: 21 Sep 2023

31-Dec-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet

31-Dec-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet

31-Dec-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet

31-Dec-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet

31-Dec-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet

31-Dec-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet

14-Aug-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Repeat Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 (Oral) Scheduled end date: 11 Sep 2023

THIRD PARTY COPY

12-Aug-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

12-Aug-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

12-Aug-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

12-Aug-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

09-Aug-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

31-Dec-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

31-Dec-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

31-Dec-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

31-Dec-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

31-Dec-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

31-Dec-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

07-Aug-2023 Thiamine 100mg tablets Acute Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 04 Sep 2023

07-Aug-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 04 Sep 2023

07-Aug-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 04 Sep 2023

07-Aug-2023 Thiamine 100mg tablets Acute Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 04 Sep 2023

03-Aug-2023 DulcoEase 100mg capsules (Opella Healthcare UK Ltd) Acute Medication (Past)
1 capsules - 1 capsule - Once only (Oral) Scheduled end date:

03-Aug-2023 DulcoEase 100mg capsules (Opella Healthcare UK Ltd) Acute Medication (Past)
1 capsules - 1 capsule - Once only (Oral) Scheduled end date:

03-Dec-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

03-Dec-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

03-Dec-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

03-Dec-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

03-Dec-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
56 tablets - 1 tablet

24-July-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
55 tablets - 1 tablet

24-July-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
55 tablets - 1 tablet

24-July-2023 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
27 sachets - 1 sachet - admin times: 08:00, 17:00 Scheduled end date: 07 Aug 2023

24-July-2023 Levetiracetam 250mg tablets Repeat Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 Aug 2023

24-July-2023 Levetiracetam 500mg tablets Repeat Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 21 Aug 2023

24-July-2023 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
27 sachets - 1 sachet - admin times: 08:00, 17:00 Scheduled end date: 07 Aug 2023

22-July-2023 Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free Acute Medication (Past)
1 sachets - 1 sachet - Once only (Oral) Scheduled end date:

22-July-2023 Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free Acute Medication (Past)
1 sachets - 1 sachet - Once only (Oral) Scheduled end date:

21-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

21-July-2023 Ibuprofen 200mg tablets Acute Medication (Past)
84 tablets - 2 tablet - As required. Take: No more than 6 tablet in 24 hours. Minimum interval: 6 hours (Oral) Take: No more than 6 tablet in 24 hours. Minimum interval: 6 hours Scheduled end date: 04 Aug 2023

21-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
112 tablets - 2 tablet - As required. Take: No more than 8 tablet in 24 hours. Minimum interval: 6 hours (Oral) Take: No more than 8 tablet in 24 hours. Minimum interval: 6 hours Scheduled end date: 04 Aug 2023

THIRD PARTY COPY

21-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

21-July-2023 Ibuprofen 200mg tablets Acute Medication (Past)
84 tablets - 2 tablet - As required. Take: No more than 6 tablet in 24 hours. Minimum interval: 6 hours (Oral) Take: No more than 6 tablet in 24 hours. Minimum interval: 6 hours Scheduled end date: 04 Aug 2023

21-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
112 tablets - 2 tablet - As required. Take: No more than 8 tablet in 24 hours. Minimum interval: 6 hours (Oral) Take: No more than 8 tablet in 24 hours. Minimum interval: 6 hours Scheduled end date: 04 Aug 2023

20-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

20-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

18-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

18-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

16-July-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

16-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

16-July-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

16-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

15-July-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

15-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

15-July-2023 Thiamine 100mg tablets Acute Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 12 Aug 2023

15-July-2023 Thiamine 100mg tablets Acute Medication (Past)
84 tablets - 3 tablet - admin times: 08:00 (Oral) Scheduled end date: 12 Aug 2023

15-July-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

15-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

14-July-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

14-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

14-July-2023 Levetiracetam 250mg tablets Acute Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 11 Aug 2023

14-July-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 Scheduled end date: 11 Aug 2023

14-July-2023 Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) Acute Medication (Past)
28 tablets - 1 tablet - admin times: 08:00 Scheduled end date: 11 Aug 2023

14-July-2023 Ibuprofen 200mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

14-July-2023 Paracetamol 500mg tablets Acute Medication (Past)
2 tablets - 2 tablet - Once only (Oral) Scheduled end date:

14-July-2023 Levetiracetam 250mg tablets Acute Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 11 Aug 2023

13-July-2023 Levetiracetam 250mg tablets Acute Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 10 Aug 2023

13-July-2023 Levetiracetam 500mg tablets Acute Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 10 Aug 2023

13-July-2023 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 10 Aug 2023

13-July-2023 Thiamine 100mg tablets Acute Medication (Past)
82 tablets - 1 tablet - admin times: 08:00, 12:00, 17:00 (Oral) Scheduled end date: 10 Aug 2023

13-July-2023 Levetiracetam 250mg tablets Acute Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 10 Aug 2023

13-July-2023 Levetiracetam 500mg tablets Acute Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 10 Aug 2023

13-July-2023 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
55 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 10 Aug 2023

13-July-2023 Thiamine 100mg tablets Acute Medication (Past)
82 tablets - 1 tablet - admin times: 08:00, 12:00, 17:00 (Oral) Scheduled end date: 10 Aug 2023

THIRD PARTY COPY

02-May-2023 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

02-May-2023 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

17-Feb-2023 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

17-Feb-2023 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

03-Feb-2023 Ketoconazole 2% shampoo Acute Medication (Past)
120 ml - Apply Once Every 1-2 Weeks

03-Feb-2023 Ketoconazole 2% shampoo Acute Medication (Past)
120 ml - Apply Once Every 1-2 Weeks

31-Jan-2023 Betamethasone valerate 0.025% ointment Acute Medication (Past)
100 gram - Apply Thinly Twice A Day for 7-10 days at a time

31-Jan-2023 Betamethasone valerate 0.025% ointment Acute Medication (Past)
100 gram - Apply Thinly Twice A Day for 7-10 days at a time

30-Jan-2023 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

30-Jan-2023 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

17-May-2022 Calcipotriol 0.005%/ Betamethasone dipropionate 0.05% ointment Acute Medication (Past)
30 gram - Apply Once A Day To The Affected Areas. Read The Information Leaflet

17-May-2022 Levetiracetam 250mg tablets Repeat Medication (Past)
14 tablet - One To Be Taken Twice A Day with 500mg tablet . Total 750mg twice a day in blister packs

17-May-2022 Calcipotriol 0.005%/ Betamethasone dipropionate 0.05% ointment Acute Medication (Past)
30 gram - Apply Once A Day To The Affected Areas. Read The Information Leaflet

17-May-2022 Levetiracetam 250mg tablets Repeat Medication (Past)
14 tablet - One To Be Taken Twice A Day with 500mg tablet . Total 750mg twice a day in blister packs

06-Jan-2022 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablet - One to be taken Twice Daily, Morning and Evening as per Neuro 04/01/22

16-Dec-2021 Spikevax COVID-19 mRNA (nucleoside modified) Vaccine 0.1mg/0.5ml dose dispersion for injection multidose vials (Moderna, Inc) Acute Medication (Past)
0.5 ml - 0.5 ml Intramuscular

16-Dec-2021 Spikevax COVID-19 mRNA (nucleoside modified) Vaccine 0.1mg/0.5ml dose dispersion for injection multidose vials (Moderna, Inc) Acute Medication (Past)
0.5 ml - 0.5 ml Intramuscular

23-Aug-2021 Spikevax COVID-19 mRNA (nucleoside modified) Vaccine 0.1mg/0.5ml dose dispersion for injection multidose vials (Moderna, Inc) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

23-Aug-2021 Spikevax COVID-19 mRNA (nucleoside modified) Vaccine 0.1mg/0.5ml dose dispersion for injection multidose vials (Moderna, Inc) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

16-July-2021 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
14 tablet - One to be taken DAILY for two weeks then stop to go with NEW BLISTER please

02-July-2021 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablet - One to be taken twice a day as per neurology 22/9/2020

11-Jun-2021 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
14 tablet - One to be taken twice a day as per neurology 22/9/2020

11-Jun-2021 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
56 tablet - One to be taken twice a day as per neurology 22/9/2020

30-Mar-2021 Fusidic acid 2% cream Acute Medication (Past)
15 gram - Apply Four Times A Day

30-Mar-2021 Zopiclone 3.75mg tablets Acute Medication (Past)
7 tablet - To Be Taken At Night

30-Mar-2021 Zopiclone 3.75mg tablets Acute Medication (Past)
7 tablet - To Be Taken At Night

30-Mar-2021 Fusidic acid 2% cream Acute Medication (Past)
15 gram - Apply Four Times A Day

26-Mar-2021 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablet - One to be taken twice a day as per neurology 22/9/2020

07-Jan-2021 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablet - One to be taken twice a day as per neurology 22/9/2020

05-Jan-2021 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablet - One to be taken twice a day as per neurology 22/9/2020

24-Dec-2020 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
100 tablet - One to be taken Twice a day as per D/S 23/12/2

24-Dec-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - Three 5ml Spoonfuls To Be Taken Twice A Day at 8am and 10pm prn as per D/S 23/12/2

THIRD PARTY COPY

24-Dec-2020 Codeine 30mg tablets Acute Medication (Past)
56 tablet - Two to be taken Four times a day as per D/S 23/12/2

16-July-2021 Sodium valproate 200mg gastro-resistant tablets Acute Medication (Past)
14 tablet - One to be taken DAILY for two weeks then stop to go with NEW BLISTER please

26-Nov-2020 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablet - One to be taken twice a day as per neurology 22/9/2020

26-Nov-2020 Sodium valproate 200mg gastro-resistant tablets Repeat Medication (Past)
60 tablet - One to be taken twice a day as per neurology 22/9/2020

11-Sept-2020 Levetiracetam 500mg tablets Repeat Medication (Past)
120 tablet - Take 1 tablet (500mg) twice a day.

04-Aug-2020 Acamprosate 333mg gastro-resistant tablets Repeat Medication (Past)
336 tablet - Two To Be Taken Three Times A Day

04-Aug-2020 Acamprosate 333mg gastro-resistant tablets Repeat Medication (Past)
336 tablet - Two To Be Taken Three Times A Day

28-July-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 15ml to be taken at 8am and at 22pm

28-July-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 15ml to be taken at 8am and at 22pm

28-July-2020 Nicotine 10mg/16hours transdermal patches Repeat Medication (Past)
28 patch - Apply One Patch Each Day As Directed

28-July-2020 Nicotine 10mg/16hours transdermal patches Repeat Medication (Past)
28 patch - Apply One Patch Each Day As Directed

02-Jun-2020 Levetiracetam 500mg tablets Repeat Medication (Past)
120 tablet - Take 1 tablet (500mg) twice a day.

19-May-2020 Levetiracetam 500mg tablets Repeat Medication (Past)
120 tablet - Take 1 tablet (500mg) twice a day.

19-Mar-2020 Levetiracetam 500mg tablets Repeat Medication (Past)
120 tablet - Take 1 tablet (500mg) twice a day.

09-Dec-2019 Levetiracetam 500mg tablets Repeat Medication (Past)
120 tablet - Take 1 tablet (500mg) twice a day.

17-Oct-2019 Levetiracetam 500mg tablets Repeat Medication (Past)
120 tablet - Take 1 tablet (500mg) twice a day.

11-Sept-2020 Levetiracetam 500mg tablets Repeat Medication (Past)
120 tablet - Take 1 tablet (500mg) twice a day.

03-Sept-2019 Sertraline 100mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Each Day

03-Sept-2019 Sertraline 100mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Each Day

06-Aug-2019 Promethazine hydrochloride 25mg tablets Acute Medication (Past)
56 tablet - Take half a tablet At Night (you can take a whole tablet if needed)

06-Aug-2019 Propranolol 40mg tablets Acute Medication (Past)
84 tablet - Take one half or a whole tablet as needed, up to three times a day for tremor

06-Aug-2019 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

06-Aug-2019 Promethazine hydrochloride 25mg tablets Acute Medication (Past)
56 tablet - Take half a tablet At Night (you can take a whole tablet if needed)

06-Aug-2019 Propranolol 40mg tablets Acute Medication (Past)
84 tablet - Take one half or a whole tablet as needed, up to three times a day for tremor

06-Aug-2019 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

27-Jun-2019 Levetiracetam 500mg tablets Acute Medication (Past)
120 tablet - Start taking 1 tablet (500mg) twice a day on the 2.7.19. Then review with GP again around the 16.7.19

27-Jun-2019 Levetiracetam 500mg tablets Repeat Medication (Past)
120 tablet - Start taking 1 tablet (500mg) twice a day on the 2.7.19. Then review with GP again around the 16.7.19

26-Jun-2019 Levetiracetam 250mg tablets Repeat Medication (Past)
84 tablet - ONE To Be Taken TWICE A Day for fourteen days, then take TWO tablets TWICE daily before making appointment to see doctor.

Allergies

11-July-2025 Miss Hannah McFall (HMcfall251)
H/O: allergies
penicillin
Unknown
Episodicity - None

26-Nov-2024 Chelsea Spencer ()
Allergy to penicillin
Unknown
Episodicity - First

THIRD PARTY COPY

24-Aug-2023 Dr Iain Brew ()
Alcohol-induced epilepsy
valproate appears to have been stopped inadvertently. He has noticed an increase in partial seizures since being here, but no generalised seizures.
Unknown
Episodicity - None

20-Apr-2006 Ms Niki Zorpa (NZ)
Adverse reaction to penicillins
Unknown
Episodicity - None

Vaccinations

08-Sept-2025 Mrs Victoria Harman (VH251)
Influenza vaccination invitation third short message service text message sent (situation)
Comment

01-Sept-2025 Mrs Victoria Harman (VH251)
Influenza vaccination invitation second short message service text message sent (situation)
Comment

22-Aug-2025 Mrs Victoria Harman (VH251)
Influenza vaccination verbal invitation
influenza verbal invitation
Additional

16-Dec-2024 Natalya Couper ()
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination first dose not given
Additional

16-Dec-2024 Natalya Couper ()
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination dose declined
Additional

03-Dec-2024 Natalya Couper ()
Infectious disease : prevention/control
Additional

29-Nov-2024 Natalya Couper ()
Infectious disease : prevention/control
Additional

28-Nov-2024 Natalya Couper ()
Infectious disease : prevention/control
Additional

09-Feb-2024 Mr Herikanos Gorah ()
Infectious disease : prevention/control
Additional

09-Feb-2024 Mr Herikanos Gorah ()
Use of aseptic technique
Additional

18-Oct-2023 Mrs Jayne Collins ()
Use of aseptic technique
Additional

08-Oct-2023 Miss Hollie Cheal ()
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination first dose not given
Additional

08-Oct-2023 Miss Hollie Cheal ()
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccination dose declined
Additional

14-July-2023 Mrs Nicola Bullock ()
Booster meningitis C vaccination declined
Additional

14-July-2023 Mrs Nicola Bullock ()
Meningitis ACW and Y vaccination invitation
Additional

14-July-2023 Mrs Nicola Bullock ()
History of measles, mumps and rubella vaccination
Additional

14-July-2023 Mrs Nicola Bullock ()
Tetanus, diphtheria, inactivated polio vaccination invitatn
Additional

14-July-2023 Mrs Nicola Bullock ()
Diphtheria, tetanus, inactivated polio vaccination declined
Additional

14-July-2023 Mrs Nicola Bullock ()
Measles, mumps and rubella vaccination offered
Additional

16-Dec-2021 External User ()
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Moderna, Inc,29-Dec-2021,3004732,Left upper arm structure)
Procedure

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23-Aug-2021 External User ()
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Moderna, Inc,08-Sep-2021,3003651,Left arm)
Procedure

Referrals

26-Feb-2025 Dr Ishmit Moonga ()
Referral to general surgeon
Spine Referral - UBRN: 000448801246 Sender: Dr Ishmit Moonga (HMP Lewes) Type: Unspecified Reason Referrer: Dr Ishmit Moonga at HMP Lewes (NHS England South (South East)) Status: Awaiting Triage Response - Please wait until 24th April 2025. If you have not been contacted by this date, call Hernia Referrals-University Hospitals Sussex NHS Trust-RXH01 using the referral details shown here. Hernia Referrals-University Hospitals Sussex NHS Trust-RXH01 0300 Referral Type: Hospital Urgency: Routine Message body: 47 year old male with an epigastric and umbilical hernia. See letter and USS report below. Referral Type: Outpatient

26-Feb-2025 Dr Ishmit Moonga ()
Referral to cardiologist
Spine Referral - UBRN: 000448804431 Sender: Dr Ishmit Moonga (HMP Lewes) Type: Unspecified Reason Referrer: Dr Ishmit Moonga at HMP Lewes (NHS England South (South East)) Status: Awaiting Triage Response - Please wait until 24th April 2025. If you have not been contacted by this date, call Cardiology - University Hospitals Sussex - Royal Sussex Brighton - RYR using the referral details shown here. Cardiology - University Hospitals Sussex - Royal Sussex Referral Type: Hospital Urgency: Routine Message body: Please see refferal letter below. 'blackout' episodes. Been seen by neurology who advised further cardiac investigations required. thanks. Referral Type: Outpatient

17-Jan-2025 Ashley Acott ()
Referral for further care
Status: Care ongoing (Active) Recorded on: 17 Jan 2025 Recorded at: HMP Lewes (Y05199) Source of referral: Self-Referral Caseload holder: Ashley Acott Service offered: Psychosocial Substance Misuse Urgency: Routine Source of referral: Self-Referral Date of referral: 17 Jan 2025 08:27 Date of action: 17 Jan 2025 08:47 Appointment booked: 17 Jan 2025 08:48 Appointment date: 17 Jan 2025 15:00 Location: Prison Outcome of referral: Accepted Discharged: 10 Jul 2025 Reason For discharge: Discharged Type(s) of intervention: Transferred - not in custody Patient aware: true (HMP Lewes). Referral Type: Outpatient

16-Dec-2024
Referral for further care
Status: Discharged From Care (Active) Recorded on: 16 Dec 2024 Recorded at: HMP Lewes (Y05199) Source of referral: Self-Referral Caseload holder: SMS Pending Assessment Service offered: Psychosocial Substance Misuse Urgency: Routine Source of referral: Self-Referral Date of referral: 16 Dec 2024 13:35 Date of action: 16 Dec 2024 13:37 Appointment booked: 19 Dec 2024 12:43 Appointment date: 20 Dec 2024 14:00 Outcome of referral: Accepted Discharged: 20 Dec 2024 12:50 Reason For discharge: Discharged Type(s) of intervention: Treatment declined by client Patient aware: true (HMP Lewes). Referral Type: Outpatient

25-Nov-2024 Mr Thomas O'Sullivan ()
Referral for further care
Status: Discharged From Care (Active) Recorded on: 25 Nov 2024 Recorded at: HMP Lewes (Y05199) Source of referral: Prison Nursing Staff Caseload holder: SMS Pending Assessment Service offered: Psychosocial Substance Misuse Urgency: Routine Source of referral: Prison Nursing Staff Date of referral: 25 Nov 2024 20:08 Date of action: 25 Nov 2024 20:09 Appointment booked: 26 Nov 2024 07:18 Appointment date: 26 Nov 2024 14:00 Primary reason for referral: Substance Misuse Outcome of referral: Accepted Discharged: 26 Nov 2024 11:00 Reason For discharge: Discharged Type(s) of intervention: Treatment declined by client Patient aware: true (HMP Lewes). Referral Type: Outpatient

25-Nov-2024 Caroline Pert ()
Referral for further care
Status: Waiting For Assessment (Active) Recorded on: 25 Nov 2024 Recorded at: HMP Lewes (Y05199) Source of referral: Prison Nursing Staff Service offered: Mental Health Services Urgency: Routine Source of referral: Prison Nursing Staff Date of referral: 25 Nov 2024 20:20 Date of action: 25 Nov 2024 20:22 Appointment booked: 26 Nov 2024 13:54 Appointment date: 27 Nov 2024 10:30 Primary reason for referral: Mental Health Outcome of referral: Accepted Discharged: 10 Jul 2025 Reason For discharge: Discharged Patient aware: true (HMP Lewes). Referral Type: Outpatient

27-Mar-2024 Dr Eleonora Turlini (ECT)
Referral to physiotherapy service
. Referral Type: Outpatient

16-Aug-2023 Miss Anika Pepper ()
Referral for further care
Status: Care ongoing (Active) Recorded on: 16 Aug 2023 Recorded at: HMP Lewes (Y05199) Source of referral: Self-Referral Caseload holder: Graham Pollock Service offered: Psychosocial Substance Misuse Urgency: Routine Source of referral: Self-Referral Date of referral: 16 Aug 2023 16:46 Date of action: 16 Aug 2023 16:50 Appointment booked: 22 Aug 2023 08:50 Appointment date: 22 Aug 2023 15:30 Primary reason for referral: Substance Misuse Outcome of referral: Accepted Patient aware: true (HMP Lewes). Referral Type: Outpatient

28-July-2023 Ms Teresa Turner ()
Referral for further care
Status: Receiving Care (Active) Recorded on: 28 Jul 2023 Recorded at: HMP Lewes (Y05199) Source of referral: Self-Referral Caseload holder: Lydia Radford Non CPA Service offered: Mental Health Services Urgency: Routine Source of referral: Self-Referral Date of referral: 28 Jul 2023 14:34 Date of action: 28 Jul 2023 14:34 Appointment booked: 15 Nov 2023 10:52 Appointment date: 21 Nov 2023 09:30 Primary reason for referral: Mental Health Outcome of referral: Accepted Patient aware: true (HMP Lewes). Referral Type: Outpatient

13-July-2023 Miss Caitlyn Gallagher ()
Referral for further care
Status: Discharged From Care (Active) Recorded on: 13 Jul 2023 Recorded at: HMP Lewes (Y05199) Source of referral: Prison Nursing Staff Caseload holder: SMS Pending Assessment Service offered: Psychosocial Substance Misuse Urgency: Routine Source of referral: Prison Nursing Staff Date of referral: 13 Jul 2023 16:49 Date of action: 13 Jul 2023 16:49 Appointment booked: 14 Jul 2023 09:37 Appointment date: 17 Jul 2023 13:30 Primary reason for referral: Substance Misuse Outcome of referral: Accepted Discharged: 17 Jul 2023 12:21 Reason For discharge: Discharged Type(s) of intervention: Treatment declined by client Patient aware: true (HMP Lewes). Referral Type: Outpatient

16-Sept-2020 Dr Samantha Barker (SAB)
Neurology referral
. Referral Type: Outpatient

07-July-2020 Dr Samantha Barker (SAB)
Neurology referral
. Referral Type: Outpatient

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29-Oct-2018 Dr Eleonora Turlini (ECT)
Referral for further care
. Referral Type: Outpatient

14-Nov-2017 Dr Zoe Ballantyne (ZOB)
Referral for further care
. Referral Type: Outpatient

Test Requests

This section is empty.

Test Results

10-Jun-2025 Auto-filed ()

Result: Differential white blood cell count *Abnormality indicator: Satisfactory Clinical Information: GENERALLY UNWELL*

Differential white blood cell count		(No range available)
Neutrophil count	5.1 10*9/L	(Range: 2 - 7)
Lymphocyte count	1.8 10*9/L	(Range: 1 - 3)
Monocyte count Above high reference limit	**1.3 10*9/L**	**(Range: 0.2 - 1)**
Eosinophil count	0.2 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

10-Jun-2025 Auto-filed ()

Result: Urea and electrolytes *Abnormality indicator: Normal EGFR COMMENT 1: eGFR should not be used in patients with acute renal impairment. Clinical Information: GENERALLY UNWELL*

Urea and electrolytes		(No range available)
Serum sodium level	136 mmol/L	(Range: 136 - 145)
Serum potassium level	4 mmol/L	(Range: 3.5 - 5.1)
Serum urea level	5.9 mmol/L	(Range: 2.8 - 8.1)
Serum creatinine level	94 umol/L	(Range: 59 - 104)
GFR calculated abbreviated MDRD	60 mL/min/1.73.ar	(Range: 60 - 90)

10-Jun-2025 Auto-filed ()

Result: Liver function tests *Abnormality indicator: Abnormal Clinical Information: GENERALLY UNWELLElevated ALT. Follow up with GP Follow-up action: Need to speak to doctor*

Liver function test		(No range available)
Serum albumin level Below low reference limit	**34 g/L**	**(Range: 35 - 52)**
Serum total protein Below low reference limit	**62 g/L**	**(Range: 66 - 87)**
Serum globulin level	28 g/L	(Range: 18 - 36)
Serum alkaline phosphatase level	60 [iU]/L	(Range: 40 - 129)
Serum total bilirubin level	7 umol/L	(No range available)
Serum alanine aminotransferase level Above high reference limit	**61 [iU]/L**	**(No range available)**

10-Jun-2025 Auto-filed ()

Result: C-REACTIVE PROTEIN (S) *Abnormality indicator: Abnormal C-REACTIVE PROTEIN (S) Clinical Information: GENERALLY UNWELLSignificantly raised CRP. Needs urgent GP review Follow-up action: Need to speak to doctor*

Serum C reactive protein level Above high reference limit	**168 mg/L**	**(No range available)**

10-Jun-2025 Auto-filed ()

Result: Full blood count *Abnormality indicator: Satisfactory Clinical Information: GENERALLY UNWELL*

Full blood count		(No range available)
Haemoglobin concentration	138 g/L	(Range: 135 - 180)
Total white blood count	8.4 10*9/L	(Range: 4 - 10)
Nucleated red blood cell count	0 10*9/L	(No range available)
Platelet count	229 10*9/L	(Range: 150 - 410)
Red blood cell count Below low reference limit	**4.42 10*12/L**	**(Range: 4.5 - 5.5)**
Haematocrit	0.405 Unk UoM	(Range: 0.4 - 0.54)
Mean cell volume	91.6 fL	(Range: 83 - 101)
Mean cell haemoglobin level	31.2 pg	(Range: 27 - 32)
Mean cell haemoglobin concentration This value has been converted from: 341.0 g/L	34.1 g/dL	(Range: 31 - 36)

24-Mar-2025 Auto-filed ()

Result: PSA, TOTAL (SERUM) *Abnormality indicator: Normal Clinical Information: PSA PSA, TOTAL (SERUM)*

Serum prostate specific antigen level Please note, PSA ranges are age related thresholds as of 22/08/22.	0.42 ug/L	(No range available)

05-Apr-2024 Dr Sean Mitchell (SEM251)

Result: HbA1c level (DCCT aligned) *(AMoyle251) - Normal - No Action*

HbA1c levl - IFCC standardised	25 mmol/mol	(Range: 20 - 41)
COMMENT FOR HBA1C Note normal HbA1c does not exclude diabetes of recent onset. For monitoring diagnosed diabetes: individualised targets recommended (NICE NG28).		(No range available)

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04-Apr-2024 Dr Sean Mitchell (SEM251)
Result: Full blood count - FBC*(AMoyle251) - OK - No action*

Haemoglobin estimation	150 g/L	(Range: 135 - 180)
Total white cell count	**11.2 10*9/L**	**(Range: 4 - 10)**
Nucleated red blood cell count, 0.0 10*9/L	0 10*9/L	(No range available)
Platelet count	284 10*9/L	(Range: 150 - 410)
Red blood cell (RBC) count	4.74 10*12/L	(Range: 4.5 - 5.5)
Haematocrit	0.464	(Range: 0.4 - 0.54)
Mean corpuscular volume (MCV)	97.9 fL	(Range: 83 - 101)
Mean corpusc. haemoglobin(MCH)	31.6 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	323 g/L	(Range: 310 - 360)

04-Apr-2024 Dr Sean Mitchell (SEM251)
Result: Differential white cell count*(AMoyle251) - OK - No action*

Neutrophil count	**7.2 10*9/L**	**(Range: 2 - 7)**
Lymphocyte count	**3.1 10*9/L**	**(Range: 1 - 3)**
Monocyte count	0.8 10*9/L	(Range: 0.2 - 1)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

04-Apr-2024 Dr Sean Mitchell (SEM251)
Result: B12/folate level*(AMoyle251) - OK - No action*

Serum vitamin B12	**1127 ng/L**	**(Range: 197 - 771)**
Serum folate	8.5 ug/L	(Range: 1.9 - 25)

04-Apr-2024 Dr Sean Mitchell (SEM251)
Result: CALCIUM (SERUM)*(AMoyle251) - Normal - No Action*

Serum calcium, 2.20 mmol/L	2.2 mmol/L	(Range: 2.15 - 2.5)
Serum albumin	41 g/L	(Range: 35 - 52)
Serum adjusted calcium conc	2.28 mmol/L	(Range: 2.15 - 2.5)

04-Apr-2024 Dr Sean Mitchell (SEM251)
Result: C-REACTIVE PROTEIN (S)*(AMoyle251) - Normal - No Action*

Serum C reactive protein level	5 mg/L	(No range available)

04-Apr-2024 Dr Sean Mitchell (SEM251)
Result: Urea and electrolytes*(AMoyle251) - Normal - No Action*

Serum sodium	138 mmol/L	(Range: 136 - 145)
Serum potassium	3.6 mmol/L	(Range: 3.5 - 5.1)
Serum creatinine As of 23/08/2023, enzymatic creatinine is in primary use.	101 umol/L	(Range: 59 - 104)
GFR calculated abbreviatd MDRD	60 mL/min	(Range: 60 - 90)
EGFR COMMENT 1 eGFR should not be used in patients with acute renal impairment.		(No range available)

04-Apr-2024 Dr Sean Mitchell (SEM251)
Result: Liver function test*(AMoyle251) - Normal - No Action*

Serum total protein	68 g/L	(Range: 66 - 87)
Serum globulin	27 g/L	(Range: 18 - 36)
Serum alkaline phosphatase	56 iu/L	(Range: 40 - 129)
Serum total bilirubin level	11 umol/L	(No range available)
Serum ALT level	36 iu/L	(No range available)

04-Apr-2024 Dr Sean Mitchell (SEM251)
Result: Thyroid function test*(AMoyle251) - Normal - No Action*

Serum TSH level	1.17 mu/L	(Range: 0.27 - 4.2)

04-Apr-2024 Dr Sean Mitchell (SEM251)
Result: Plasma glucose level*(AMoyle251) - Normal - No Action*

18-Oct-2023 Dr Iain Brew ()
Result: M, C & S*Please repeat WITH a boric acid sample pot if indicated*

M, C & S Abnormality indicator: Specimen lost / unusable M, C & S: Collection Method Mid Stream urine Laboratory comment Boric acid sample NOT received. Not processed Please repeat if clinically indicated. Clinical Information: ? DUSURIA Not stated		(No range available)

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18-Oct-2023 Dr Iain Brew ()

Result: Urea and electrolytes;Liver function tests;AST (SERUM);Thyroid function test;CALCIUM (SERUM);C-REACTIVE PROTEIN (S);B12/folate level*Abnormality indicator: Normal EGFR COMMENT 1: eGFR should not be used in patients with acute renal impairment. AST (SERUM): CALCIUM (SERUM): C-REACTIVE PROTEIN (S): Clinical Information: ?dementia*

Urea and electrolytes		(No range available)
Serum sodium level	138 mmol/L	(Range: 136 - 145)
Serum potassium level	4.1 mmol/L	(Range: 3.5 - 5.1)
Serum urea level	7.9 mmol/L	(Range: 2.8 - 8.1)
Serum creatinine level As of 23/08/2023, enzymatic creatinine is in primary use.	94 umol/L	(Range: 58.9 - 104.1)
GFR calculated abbreviated MDRD	60 mL/min/1.73.ar	(Range: 60 - 90)
Liver function test		(No range available)
Serum albumin level	42 g/L	(Range: 35 - 52)
Serum total protein	75 g/L	(Range: 66 - 87)
Serum globulin level	33 g/L	(Range: 18 - 36)
Serum alkaline phosphatase level	61 [iU]/L	(Range: 40 - 129)
Serum total bilirubin level	17 umol/L	(No range available)
Serum alanine aminotransferase level	27 [iU]/L	(No range available)
AST serum level	28 [iU]/L	(No range available)
Thyroid function test		(No range available)
Serum free T4 level	17.5 pmol/L	(Range: 11.1 - 22)
Serum TSH level	1.09 m[iU]/L	(Range: 0.27 - 4.2)
Serum calcium level	2.33 mmol/L	(Range: 2.15 - 2.5)
Serum adjusted calcium concentration	2.39 mmol/L	(Range: 2.15 - 2.5)
Serum C reactive protein level	1 mg/L	(No range available)
B12/folate level		(No range available)
Serum vitamin B12 level Above high reference limit	**1099 ng/L**	**(Range: 197 - 771)**
Serum folate level	13.3 ng/mL	(Range: 1.9 - 25)

18-Oct-2023 Dr Iain Brew ()

Result: Full blood count;Differential white blood cell count*Abnormality indicator: Normal Clinical Information: ?dementia*

Full blood count		(No range available)
Haemoglobin concentration	156 g/L	(Range: 135 - 180)
Total white blood count	7.5 10*9/L	(Range: 4 - 10)
Nucleated red blood cell count	0 10*9/L	(No range available)
Platelet count	195 10*9/L	(Range: 150 - 410)
Red blood cell count	5.04 10*12/L	(Range: 4.5 - 5.5)
Haematocrit	0.47 Unk UoM	(Range: 0.4 - 0.54)
Mean cell volume	93.3 fL	(Range: 83 - 101)
Mean cell haemoglobin level	31 pg	(Range: 27 - 32)
Mean cell haemoglobin concentration This value has been converted from: 332.0 g/L	33.2 g/dL	(Range: 31 - 36)
Differential white blood cell count		(No range available)
Neutrophil count	3.9 10*9/L	(Range: 2 - 7)
Lymphocyte count	2.9 10*9/L	(Range: 1 - 3)
Monocyte count	0.6 10*9/L	(Range: 0.2 - 1)
Eosinophil count	0 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

08-Aug-2022 Dr Sean Mitchell (SEM251)

Result: HbA1c level (DCCT aligned)*(SEM251) - Normal - No Action*

HbA1c levl - IFCC standardised	32 mmol/mol	(Range: 20 - 41)
COMMENT FOR HBA1C Note normal HbA1c does not exclude diabetes of recent onset. For monitoring diagnosed diabetes: individualised targets recommended (NICE NG28).		(No range available)

05-Aug-2022 Dr Sean Mitchell (SEM251)

Result: Full blood count - FBC*(SEM251) - Normal - No Action*

Haemoglobin estimation	146 g/L	(Range: 135 - 180)
Total white cell count	9.1 10*9/L	(Range: 4 - 10)
Nucleated red blood cell count, 0.0 10*9/L	0 10*9/L	(Range: <0.1)
Platelet count	199 10*9/L	(Range: 150 - 410)
Red blood cell (RBC) count	4.58 10*12/L	(Range: 4.5 - 5.5)
Haematocrit	0.447	(Range: 0.4 - 0.54)
Mean corpuscular volume (MCV)	97.6 fL	(Range: 83 - 101)
Mean corpusc. haemoglobin(MCH)	31.9 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	327 g/L	(Range: 310 - 360)

05-Aug-2022 Dr Sean Mitchell (SEM251)

Result: Differential white cell count*(SEM251) - Normal - No Action*

Neutrophil count	5.5 10*9/L	(Range: 2 - 7)
Lymphocyte count	2.8 10*9/L	(Range: 1 - 3)
Monocyte count	0.6 10*9/L	(Range: 0.2 - 1)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

05-Aug-2022 Dr Sean Mitchell (SEM251)

Result: B12/folate level*(SEM251) - Normal - No Action*

Serum vitamin B12	446 ng/L	(Range: 197 - 771)
Serum folate	8.7 ug/L	(Range: 1.9 - 25)

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05-Aug-2022 Dr Sean Mitchell (SEM251)
Result: Bone profile*(SEM251) - Normal - No Action*

Serum calcium	2.26 mmol/L	(Range: 2.15 - 2.5)
Serum adjusted calcium conc Please note change in reference ranges Aug 2022.	2.29 mmol/L	(Range: 2.15 - 2.5)
Serum inorganic phosphate	1.07 mmol/L	(Range: 0.87 - 1.45)
Serum alkaline phosphatase	64 iu/L	(Range: 40 - 129)
Serum total protein	68 g/L	(Range: 66 - 87)
Serum albumin	44 g/L	(Range: 35 - 52)
Serum globulin	23 g/L	(Range: 18 - 36)
Serum urea level, 4.0 mmol/L	4 mmol/L	(Range: 2.8 - 8.1)

05-Aug-2022 Dr Sean Mitchell (SEM251)
Result: C-REACTIVE PROTEIN (S)*(SEM251) - Normal - No Action*

Serum C reactive protein level	1 mg/L	(No range available)

05-Aug-2022 Dr Sean Mitchell (SEM251)
Result: Urea and electrolytes*(SEM251) - Normal - No Action*

Serum sodium	140 mmol/L	(Range: 136 - 145)
Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.1)
Serum creatinine	80 umol/L	(Range: 62 - 106)
GFR calculated abbreviatd MDRD	60 mL/min	(Range: 60 - 90)
EGFR COMMENT 1 eGFR should not be used in patients with acute renal impairment.		(No range available)

05-Aug-2022 Dr Sean Mitchell (SEM251)
Result: Liver function test*(SEM251) - Normal - No Action*

Serum total bilirubin level	8 umol/L	(No range available)
Serum ALT level	15 iu/L	(No range available)

05-Aug-2022 Dr Sean Mitchell (SEM251)
Result: Thyroid function test*(SEM251) - Normal - No Action*

Serum free T4 level Please note new FT4 reference range as of 25/11/21	17.7 pmol/L	(Range: 11.1 - 22)
Serum TSH level	1.16 mu/L	(Range: 0.27 - 4.2)

22-Nov-2021 Dr Samantha Barker (SAB)
Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative*SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.(VH251) - Normal - No Action*

14-Nov-2021 Dr Samantha Barker (SAB)
Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative*SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.(VH251) - Normal - No Action*

19-Oct-2021 Dr Samantha Barker (SAB)
Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative*SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.(VH251) - Normal - No Action*

12-Sept-2021 Dr Samantha Barker (SAB)
Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative*SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.(SAB251) - Normal - No Action*

06-Jan-2021 Dr Samantha Barker (SAB)
Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result positive*SARS-CoV-2-ORGY PHE informed. No notifiable disease notification needed.(SAB251) - positve , will call for moniotring*

10-Oct-2020 Dr Samantha Barker (SAB)
Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative*SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.(VH251) - Normal - No Action*

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Other Items

29-Mar-2110	Recall	Primary Care Group	*Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Status: Pending, Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Status: Pending, Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Status: Pending, Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Status: Cancelled by clinician, Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Status: Cancelled by clinician, Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Status: Cancelled by clinician, Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Status: Pending, Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Status: Pending, Admin tag (DO NOT REMOVE)*
29-Mar-2110	Recall	Primary Care Group	*Status: Pending, Admin tag (DO NOT REMOVE)*

23-July-2025	Read Code	Admin. reminder Referral task declined by user
11-July-2025	Read Code	Body mass index (calculation based on height entry 11-Jul-2025, NB prior to age 70 average height loss is 1cm per 10 years). 30.93 kg/m2
11-July-2025	Read Code	Weight monitoring Current weight 95 kg equates to 14 st, 13 lb. A 6% gain from the previous reading (90kg, 13-Aug-2024). Based on the height entry (11-Jul-2025) a healthy weight is likely to be 57 - 77kg (8 st, 14 lb - 12 st, 2 lb)
11-July-2025	Read Code	Systolic arterial pressure 99 mmHg
11-July-2025	Read Code	Diastolic arterial pressure 57 mmHg
11-July-2025	Read Code	Consent given for upload to local shared electronic record
11-July-2025	Read Code	Consent given for communication by email
11-July-2025	Read Code	Express consent for core and additional Summary Care Record dataset upload registration
10-July-2025	Read Code	O/E - Systolic BP reading 114 mm[Hg]
10-July-2025	Read Code	O/E - Diastolic BP reading 74 mm[Hg]
11-Jun-2025	Read Code	O/E - Systolic BP reading 99 mm[Hg]
11-Jun-2025	Read Code	O/E - Diastolic BP reading 57 mm[Hg]
09-Jun-2025	Read Code	O/E - Systolic BP reading 132 mm[Hg]
09-Jun-2025	Read Code	O/E - Diastolic BP reading 82 mm[Hg]
08-Jun-2025	Read Code	O/E - Systolic BP reading 118 mm[Hg]
08-Jun-2025	Read Code	O/E - Diastolic BP reading 72 mm[Hg]
05-Jun-2025	Read Code	O/E - Systolic BP reading 121 mm[Hg]
05-Jun-2025	Read Code	O/E - Diastolic BP reading 60 mm[Hg]
25-Nov-2024	Read Code	O/E - Systolic BP reading 128 mm[Hg]
25-Nov-2024	Read Code	O/E - Diastolic BP reading 88 mm[Hg]
11-July-2024	Read Code	Depression interim review
20-Jun-2024	Read Code	Systolic arterial pressure 124 mmHg
20-Jun-2024	Read Code	Diastolic arterial pressure 75 mmHg
01-May-2024	Read Code	Admin. reminder Referral task declined by user
04-Apr-2024	Read Code	Plasma glucose level (AMoyle251) - Normal - No Action 4.5 mmol/L
03-Apr-2024	Read Code	Did not attend - no reason
27-Mar-2024	Read Code	Admin. reminder Referral task declined by user
26-Mar-2024	Read Code	Test Request : Vitamin B12/Folate profile
26-Mar-2024	Read Code	Test Request : Calcium level, adjusted
26-Mar-2024	Read Code	Test Request : C reactive protein level
26-Mar-2024	Read Code	Test Request : Electrolytes & Creatinine
26-Mar-2024	Read Code	Test Request : Full blood count

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26-Mar-2024	Read Code	Test Request : Haemoglobin A1c level
26-Mar-2024	Read Code	Test Request : Glucose level, Random
26-Mar-2024	Read Code	Test Request : Liver function Test
26-Mar-2024	Read Code	Test Request : Thyroid function test (TFTs)
26-Mar-2024	Read Code	Test Request : Urea and electrolytes
07-Mar-2024	Read Code	Consent given for communication by text messaging
09-Feb-2024	Read Code	O/E - Systolic BP reading 128 mm[Hg]
09-Feb-2024	Read Code	O/E - Diastolic BP reading 78 mm[Hg]
16-Jan-2024	Read Code	O/E - Systolic BP reading 120 mm[Hg]
16-Jan-2024	Read Code	O/E - Diastolic BP reading 83 mm[Hg]
07-Jan-2024	Read Code	O/E - Systolic BP reading 127 mm[Hg]
07-Jan-2024	Read Code	O/E - Diastolic BP reading 81 mm[Hg]
06-Jan-2024	Read Code	O/E - Systolic BP reading 129 mm[Hg]
06-Jan-2024	Read Code	O/E - Diastolic BP reading 78 mm[Hg]
26-Dec-2023	Read Code	O/E - Systolic BP reading 131 mm[Hg]
26-Dec-2023	Read Code	O/E - Diastolic BP reading 65 mm[Hg]
17-Nov-2023	Read Code	O/E - Systolic BP reading 137 mm[Hg]
17-Nov-2023	Read Code	O/E - Diastolic BP reading 90 mm[Hg]
17-Nov-2023	Read Code	O/E - Systolic BP reading 124 mm[Hg]
17-Nov-2023	Read Code	O/E - Diastolic BP reading 84 mm[Hg]
05-Nov-2023	Read Code	O/E - Systolic BP reading 112 mm[Hg]
05-Nov-2023	Read Code	O/E - Diastolic BP reading 64 mm[Hg]
25-Oct-2023	Read Code	O/E - Systolic BP reading 107 mm[Hg]
25-Oct-2023	Read Code	O/E - Diastolic BP reading 71 mm[Hg]
22-Oct-2023	Read Code	O/E - Systolic BP reading 130 mm[Hg]
22-Oct-2023	Read Code	O/E - Diastolic BP reading 65 mm[Hg]
19-Oct-2023	Read Code	O/E - Systolic BP reading 125 mm[Hg]
19-Oct-2023	Read Code	O/E - Diastolic BP reading 86 mm[Hg]
17-Oct-2023	Read Code	O/E - Systolic BP reading 115 mm[Hg]
17-Oct-2023	Read Code	O/E - Diastolic BP reading 83 mm[Hg]
15-Oct-2023	Read Code	O/E - Diastolic BP reading 44 mm[Hg]
15-Oct-2023	Read Code	O/E - Systolic BP reading 72 mm[Hg]
12-Oct-2023	Read Code	O/E - Systolic BP reading 111 mm[Hg]
12-Oct-2023	Read Code	O/E - Diastolic BP reading 98 mm[Hg]

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12-Oct-2023	Read Code	O/E - Systolic BP reading 112 mm[Hg]
12-Oct-2023	Read Code	O/E - Diastolic BP reading 57 mm[Hg]
11-Oct-2023	Read Code	O/E - Systolic BP reading 145 mm[Hg]
11-Oct-2023	Read Code	O/E - Diastolic BP reading 70 mm[Hg]
24-July-2023	Read Code	O/E - Systolic BP reading 131 mm[Hg]
24-July-2023	Read Code	O/E - Diastolic BP reading 82 mm[Hg]
14-July-2023	Read Code	O/E - Systolic BP reading 117 mm[Hg]
14-July-2023	Read Code	O/E - Diastolic BP reading 83 mm[Hg]
13-July-2023	Read Code	O/E - Systolic BP reading 118 mm[Hg]
13-July-2023	Read Code	O/E - Diastolic BP reading 88 mm[Hg]
05-July-2023	Read Code	Admin. reminder Task sent to admin team about referral
19-Aug-2022	Read Code	Weight monitoring Current weight 77 kg equates to 12 st, 2 lb. A 4% gain from the previous reading (74kg, 12-Oct-2020). Based on the height entry (12-Oct-2020) a healthy weight is likely to be 53 - 72kg (8 st, 5 lb - 11 st, 5 lb)
19-Aug-2022	Read Code	Body mass index (calculation based on height entry 12-Oct-2020, NB prior to age 70 average height loss is 1cm per 10 years). 26.64 kg/m2
19-Aug-2022	Read Code	Body weight 77 kg
09-Aug-2022	Read Code	SMS (short message service) text message sent to patient Pathology patient SMS message - Your results have been received. No action is required.
09-Aug-2022	Read Code	SMS (short message service) text message sent to patient Pathology patient SMS message - Your results have been received. No action is required.
09-Aug-2022	Read Code	SMS (short message service) text message sent to patient Pathology patient SMS message - Your results have been received. No action is required.
19-July-2022	Read Code	Test Request : Vitamin B12/Folate profile
19-July-2022	Read Code	Test Request : Bone profile
19-July-2022	Read Code	Test Request : C reactive protein level
19-July-2022	Read Code	Test Request : Electrolytes & Creatinine
19-July-2022	Read Code	Test Request : Full blood count
19-July-2022	Read Code	Test Request : Haemoglobin A1c level
19-July-2022	Read Code	Test Request : Liver function Test
19-July-2022	Read Code	Test Request : Thyroid function test
21-Jun-2022	Read Code	Report to benefits agency PIP report sent
21-Jun-2022	Read Code	Patient record sent to solicitor medical records from 2020 sent to DAC Beachcroft
14-Jun-2022	Read Code	Life assurance - preliminary report PIP form passed to SM
14-Dec-2021	Read Code	Report to benefits agency uni credit form sent
07-Dec-2021	Read Code	Report requested by benefits agency Uni credit form passed to SM

THIRD PARTY COPY

13-Sept-2021	Read Code	SMS (short message service) text message sent to patient Pathology patient SMS message - Your results have been received. No action is required.
08-Sept-2021	Read Code	Systolic arterial pressure 110 mmHg
08-Sept-2021	Read Code	Diastolic arterial pressure 74 mmHg
07-Sept-2021	Read Code	Admitted to alcohol detoxification centre
07-Sept-2021	Read Code	Admitted to alcohol detoxification centre
02-July-2021	Read Code	Misuses drugs
11-Jun-2021	Read Code	Consent for Primary Care Trust to review patients records
29-Mar-2021	Read Code	NHS Health Check invitation SMS (short message service) text message
10-Jan-2021	Read Code	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mr Southern, this is to confirm your telephone appointment with your GP on 11/1/2021, please do not come into the surgery. Morning cal...
06-Jan-2021	Read Code	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr Southern, this is confirm your telephone appointment on 11/1/2021. Please do not come to the surgery. The call will come from ...
05-Jan-2021	Read Code	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Mr Southern, this is to confirm your telephone appointment with your GP on 6/1/2021, please do not come into the surgery. Morning call...
04-Jan-2021	Read Code	Consent for Primary Care Trust to review patients records
30-Dec-2020	Read Code	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr Southern, this is confirm your telephone appointment on 6/1/2021. Please do not come to the surgery. The call will come from a...
07-Dec-2020	Read Code	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr Southern, this is to confirm your telephone appointment with your GP, please do not come into the surgery. Morning calls will ...
04-Dec-2020	Read Code	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr Southern, this is to confirm your telephone appointment with your GP 8/12/2020, please do not come into the surgery. Morning c...
27-Nov-2020	Read Code	Failed encounter - SMS (short message service) text message delivery failure Type: Appointment Reminder Status: Message Delivery Failed Message: Dear Mr Southern, this is to confirm your telephone appointment with your GP, please do not come into the surgery. Morning calls...
26-Nov-2020	Read Code	Test Request : Electrolytes & Creatinine
26-Nov-2020	Read Code	Test Request : Full blood count
26-Nov-2020	Read Code	Test Request : Haemoglobin A1c level
26-Nov-2020	Read Code	Test Request : Liver function Test
26-Nov-2020	Read Code	Test Request : Lipid profile, Random
26-Nov-2020	Read Code	Test Request : Thyroid function test
26-Nov-2020	Read Code	Test Request : Urea level
21-Nov-2020	Read Code	Failed encounter - SMS (short message service) text message delivery failure Type: Appointment Reminder Status: Message Delivery Failed Message: Dear Mr Southern, this is to confirm your telephone appointment with your GP 26/11/2020, please do not come into the surgery. Mo...
12-Oct-2020	Read Code	Systolic arterial pressure 114 mmHg
12-Oct-2020	Read Code	Diastolic arterial pressure 74 mmHg

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09-Oct-2020	Read Code	Suicidal
07-Oct-2020	Read Code	Systolic arterial pressure 114 mmHg
07-Oct-2020	Read Code	Diastolic arterial pressure 74 mmHg
16-July-2020	Read Code	Did not attend - no reason
15-July-2020	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 09:10 on Thu 16 of Jul at Ardingly Court Surgery. Please text CANCEL to 07800000199 if you can't a...
09-July-2020	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr Southern, this is confirmation of your appointment at 09:10 on Thu, 16 of Jul at Ardingly Court Surgery. If unable to attend p...
03-July-2020	Read Code	Test Request : Abnormal Liver Function Screen
03-July-2020	Read Code	Test Request : Hepatitis B Surface Antigen
03-July-2020	Read Code	Test Request : Hepatitis C Antibody
29-May-2020	Read Code	SMS text sent to patient
19-May-2020	Read Code	SMS text sent to patient
13-Mar-2020	Read Code	Advice re prov loc health serv advice re COVID 19
12-Mar-2020	Read Code	Health promotion advice re not entering surgery & asking for phone appointment if have flu like symptoms
17-Jan-2020	Read Code	Smoking cessation advice mjog advice sent how to contact surgery and access support
24-Sept-2019	Read Code	Notes summary on computer no relevent med history in wallet
02-Sept-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 08:45 on Tue 03 of Sep at Ardingly Court Surgery. Please text CANCEL to 07800000199 if you can't a...
27-Aug-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr Southern, this is confirmation of your appointment at 08:45 on Tue, 03 of Sep at Ardingly Court Surgery. If unable to attend p...
05-Aug-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 08:45 on Tue 06 of Aug at Ardingly Court Surgery. Please text CANCEL to 07800000199 if you can't a...
30-July-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr Southern, this is confirmation of your appointment at 08:45 on Tue, 06 of Aug at Ardingly Court Surgery. If unable to attend p...
27-May-2019	Read Code	SMS text received from patient Type: Appointment Reminder Status: Reply Received Message: Cancel.
27-May-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 08:30 on Tue 28 of May at Ardingly Court Surgery. Please text CANCEL to 07800000199 if you can't a...
21-May-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr Southern, this is confirmation of your appointment at 08:30 on Tue, 28 of May at Ardingly Court Surgery. If unable to attend p...
07-May-2019	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Mr Southern, this is confirmation of your appointment at 08:30 on Tue, 14 of May at Ardingly Court Surgery. If unable to attend p...
01-Feb-2019	Read Code	Preferred method of contact: unknown
24-Oct-2018	Read Code	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appt at 09:30 on Thu 25 of Oct at Ardingly Court Surgery. Please text CANCEL to 07800000199 if you can't a...
09-Oct-2018	Read Code	Rupture biceps tendon left distal

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22-Oct-2015	Read Code	Systolic blood pressure 129 mmHg
22-Oct-2015	Read Code	Diastolic blood pressure 81 mmHg
22-Oct-2015	Read Code	Irish - ethnic category 2001 census
22-Oct-2015	Read Code	Single
22-Oct-2015	Read Code	Main spoken language English
15-Mar-2010	Read Code	[D]Restlessness and agitation
02-Jun-2009	Read Code	Alcohol problem drinking
07-Jun-2006	Read Code	Date records held from ptnt born abroad

Attachments

Scanned Document
19-Nov-2025 HMcfall251
Additional: Scanned Document

Filename: PS1.pdf
Extension:.tif
Pages:

THIRD PARTY COPY

SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: HASC Safeguarding Hub <HASCSafeguardingHub@brighton-hove.gov.uk>
Sent: 15 May 2024 13:34
To: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Cc: Front Door For Families
Subject: FW: PER153004 Safeguarding report

Importance: High

Dear Colleagues,

We have received the email below with respect to Patrick Southern DOB: 15/12/1977.
The information seems to indicate that Patrick has recently been in touch the ANA Treatment Centre in Portsmouth disclosing concerns around his mental health and more concerningly sending a picture of his daughter in a cage-see below for details

Please can I request that this is followed by his GP (regarding his mental health) and FDFF (regarding daughter in a cage) respectively.

Kind regards

Christina Cuoco| Senior Social Worker, Adult Safeguarding and Duty Service| Health & Adult Social Care |Brighton & Hove City Council, 2nd Floor Bartholomew House, Bartholomew Square, Brighton, BN1 1JE.
Mob: 07900705327 Christina.Cuoco@brighton-hove.gov.uk
My working hours are 08:00 till 16:00 Monday to Friday.

From: Abbie Buchan <abuchan@anatreatmentcentres.com>
Sent: Wednesday, May 15, 2024 11:06 AM
To: HASC Safeguarding Hub <hascsafeguardinghub@brighton-hove.gov.uk>
Subject: PER153004 Safeguarding report

This email originates from outside of Brighton & Hove City Council. Please think carefully before opening attachments or clicking on links.

Good morning,

I would like to make a safeguarding report for the following person and his children – Patrick Southern (DOB 15.12.77).

I work for ANA Treatment Centres in Portsmouth and Patrick is an ex-client of ours. I believe he resides in the Brighton area.

He has sent a number of whatsapp messages to my colleague's work mobile which have raised concerns for his psychological wellbeing and also the wellbeing of his children. Patrick was advised not to contact staff due to a recent legal case he was involved in with a female ex-client. Patrick has sent numerous messages to the phone over the last 2 weeks stating information about recent mental health and trauma diagnosis' he has had. Also giving information regarding the case he was involved in with our other ex-client.

A particular message that has raised concerns regarding the welfare of his children is a picture of his daughter in a cage. He stated in this message that his children are able to leave the cage as and when they

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want and that the social services are no longer involved with him but obviously this is still concerning for staff that he would feel this is appropriate.

As a professional, I feel it is necessary to raise the concern with you to fulfill my duty of care to not only Patrick but his children.

If there is any more information you need, please feel free to contact me on this email or via the number below.

Kind regards

Abbie Buchan
Community Living Skills Lead
ANA Treatment Centres
Email: abuchan@anatreatmentcentres.com
Tel: 023 9234 1444

Notice to recipient:
The information contained in this electronic mail message is intended only for the use of the individual to whom it is addressed
and may contain information which is privileged and confidential, the disclosure of which is prohibited by law.
If the reader of this message is not the intended recipient, please note that any dissemination, distribution or copying of this
communication is strictly prohibited. If you have received this communication in error please notify the sender immediately.
Thank you in anticipation of your co-operation.

You can visit our website at http://www.brighton-hove.gov.uk

Please consider the environment, only print out this email if absolutely necessary.

Please Note: Both incoming and outgoing Emails may be monitored and/or recorded in line with current legislation

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Attachment
25-Sept-2025 Mr PCTlltd DOCMAN (docman)
Additional: Attachment
Clinical Report Department for Work and Pensions Universal Credit
Filename: D10_G81006_504333_7b4d73dc-8fce-4f34-86d0-46bc7944b65a.TIF.XX2
Extension:.tif
Pages:

EH

UC113

Universal Credit

HEALTH ASSESSMENT ADVISORY SERVICE

Our phone number is: 0800 072 0295

Practice Manager
ARDINGLY COURT SURGERY
1 ARDINGLY STREET
BRIGHTON
BN2 1SS

06900/1 40210

If you have a textphone,
you can call on: 18001 0800 072 0295

If you get in touch with us, tell us this reference number: PW911903D

Date: 25th September 2025

About your patient

Address
11 Kebbell Lodge, High Street, Brighton, BN2 1SU

Full Name Mr Patrick Southern

19 SEP 2025

NINo PW911903D
Date of birth 15th December 1977

Dear Doctor,

If you or someone in your directly employed team has issued a fit note for the above patient, please arrange for that person to complete this form.

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a work capability assessment and if so support that assessment.

Please note
- General Practices have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
- **A fully completed form may help inform the work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available please make sure it includes the following:
- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.
Thank you for your help.
Yours sincerely

Mrs Clare Bishop

Health Assessment Advisory Service provided by Serco Limited on behalf of the Department for Work and Pensions
Universal Credit is operated by the Department for Work and Pensions
Version 02/24

RESTRICTED - MEDICAL

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UC113

Patient Name:
Mr Patrick Southern

Patient NINo: PW911903D

Patient Date of Birth: 15.12.1977

Freepost RUGX-LLXU-EYKX
Croydon BSC UC
Mail Handling Site A
Wolverhampton
WV98 2HB

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

22/9/25

2 Current conditions affecting ability to work:
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete ***both sides*** *of this form,*
and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
7/5/25	Korsakoff's psychosis	Memory issues, anxiety, not sleeping
	Emotionally unstable personality disorder	left prison July 25 Struggling to cope
	alcohol dependence	Taking Vitamine, levecetiracetam valproate trazodone prazosin
		Sign passed to therapy

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UC113

About your patient - continued

NINo: PW911903D

3 Current conditions not affecting ability to work
Please **list** any other relevant conditions that do not affect the ability to work.

Complex partial epileptic seizures — last seizure January 2024

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	✓
Appropriateness of behaviour	
Eating or drinking	

5 Does the patient have a history of threatening or violent behaviour?
No ☐
Yes ☐
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi?
No ☐
Yes ✓
Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

UC113

Signature

Name IN CAPITALS: HOWARD

Profession IN CAPITALS: GP

Date: 3/10/25

Practice stamp
Ardingly Court Surgery
1 Ardingly Street
Brighton
BN2 1SS
Tel: 01273 688333
Fax: 01273 671128

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eMED3 (2010) new statement issued, not fit for work
22-Sept-2025 Dr Olivia Lemareka (OLemareka251)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: adjustment disorder; Duration 22-Sep-2025 - 22-Dec-2025)
Filename: FitNote_f3a540a8-9a0d-4019-9240-66a300a1baba.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs; Miss; Ms~~ Patrick Francis Southern

I assessed your case on: 22 / 09 / 2025

and, because of the following condition(s): adjustment disorder

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 22 / 09 / 2025 **to** 22 / 12 / 2025

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name LEMAREKA, Olivia (Dr)
Issuer's profession Doctor
Date of statement 22 / 09 / 2025
Issuer's address Ardingly Court Surgery
1 Ardingly Street
Brighton, BN2 1SS
Telephone: 01273 688333

Unique ID: Med 3 04/22 F3A540A8-9A0D-4019-9240-66A300A1BABA

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs; Miss; Ms~~ SOUTHERN
Other names PATRICK FRANCIS
Address 11 KEBBELL LODGE, HIGH STREET
BRIGHTON **Postcode** BN2 1SU
Date of birth 15 / 12 / 1977 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

Attachment
25-July-2025 Mr PCTlltd DOCMAN (docman)
Additional: Attachment
Email Ardingly Court Surgery To Specialist dental service
Filename: D10_G81006_504333_c3f26e64-6885-4225-a142-29706006f5f2.TIF.XX2
Extension:.tif
Pages:

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SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Sent: 25 July 2025 10:52
To: SCDHQ (SUSSEX COMMUNITY NHS FOUNDATION TRUST)
Subject: RE: Referral - SOUTHERN, Patrick - DOB 15-Dec-1977 - NHS 651 087 8186

Good Morning,

thank you, it's more the combination of epilepsy, addiction, Korsakoff syndrome (has working memory difficulties), adjustment reaction to coming out of prison (massively overwhelmed) that makes him really vulnerable. Psychiatrist has listed following diagnoses in prison; EUPD, complex PTSD, Korsakoff's syndrome. Many thanks for considering this patient with complex medical and mental health diagnoses. Yours faithfully,

Kind Regards
Dr Elizabeth Howard
Ardingly court Surgery
1 Ardingly Street
Brighton
BN2 1SS
Tel : 01273 688333

From: SCDHQ (SUSSEX COMMUNITY NHS FOUNDATION TRUST) <SC-TR.SCDHQ@nhs.net>
Sent: 23 July 2025 15:00
To: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY) <ardinglycourt.surgery@nhs.net>
Subject: RE: Referral - SOUTHERN, Patrick - DOB 15-Dec-1977 - NHS 651 087 8186

Good afternoon,

Our lead dentist has triaged the referral and has asked please could you confirm complex partial seizure preclude attending ordinary General Dental Practice?

Many thanks
Kind regards
Dental Administrator

Sussex Community NHS Foundation Trust
Special Care Dental Service
Haywards Heath Health Centre
Heath Road
Haywards Heath
RH16 3BB

www.sussexcommunity.nhs.uk
Follow us on Twitter: https://twitter.com/#!/NHS_SCT
Friend us on Facebook: www.facebook.com/sussexcommunitynhs

1

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Excellent care at the heart of the community
compassionate care | working together | achieving ambitions | delivering excellence

From: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY) <ardinglycourt.surgery@nhs.net>
Sent: 23 July 2025 13:03
To: SCDHQ (SUSSEX COMMUNITY NHS FOUNDATION TRUST) <SC-TR.SCDHQ@nhs.net>
Subject: Referral - SOUTHERN, Patrick - DOB 15-Dec-1977 - NHS 651 087 8186

Good Afternoon,

Please find attached above referral.

Many thanks.

Mel

Mel Jones
Ardingly Court Surgery
01273 688 333 - Option 1

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Attachment
23-July-2025 Mr PCTlltd DOCMAN (docman)
Additional: Attachment
Email Special care dental service
Filename: D10_G81006_504333_6e3d55b3-ce36-498f-8a4b-f35c03c55086.TIF.XX2
Extension:.tif
Pages:

SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: SCDHQ (SUSSEX COMMUNITY NHS FOUNDATION TRUST)
Sent: 23 July 2025 13:09
To: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Subject: RE: Referral - SOUTHERN, Patrick - DOB 15-Dec-1977 - NHS 651 087 8186

Good afternoon,

Thank you for your email.

We are processing your referral.
If the patient is accepted, they may be seen at one of our Special Care Dental Clinics, for assessment of suitability/possible treatment planning. The referral will be triaged by the lead dentist but may be rejected if they feel it does not meet our criteria **** Please note, due to the high demand on our service, we are running a lengthy waitlist ****
IMPORTANT - If you need to add any further information / updates to this referral, please email them with a covering letter, to sc-tr.scdhq@nhs.net and this will be passed onto the relevant clinic.

Kind regards
Dental Administrator
Sussex Community NHS Foundation Trust

Special Care Dental Service
Haywards Heath Health Centre
Heath Road
Haywards Heath
RH16 3BB

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Friend us on Facebook: www.facebook.com/sussexcommunitynhs

Excellent care at the heart of the community
compassionate care I [illegible] I achieving ambitions I delivering excellence

From: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY) <ardinglycourt.surgery@nhs.net>
Sent: 23 July 2025 13:03
To: SCDHQ (SUSSEX COMMUNITY NHS FOUNDATION TRUST) <SC-TR.SCDHQ@nhs.net>
Subject: Referral - SOUTHERN, Patrick - DOB 15-Dec-1977 - NHS 651 087 8186

Good Afternoon,

Please find attached above referral.

Many thanks.

1

THIRD PARTY COPY

Mel

Mel Jones
Ardingly Court Surgery
01273 688 333 - Option 1

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2

Attachment
23-July-2025 Mr PCTIltd DOCMAN (docman)
Additional: Attachment
Email Specialist dental service
Filename: D10_G81006_504333_37884074-4d41-4999-9c0e-4bf98b29ad9c.TIF.XX2
Extension:.tif
Pages:

SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: SCDHQ (SUSSEX COMMUNITY NHS FOUNDATION TRUST)
Sent: 23 July 2025 15:00
To: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Subject: RE: Referral - SOUTHERN, Patrick - DOB 15-Dec-1977 - NHS 651 087 8186

Good afternoon,

Our lead dentist has triaged the referral and has asked please could you confirm complex partial seizure preclude attending ordinary General Dental Practice?

Many thanks
Kind regards
Dental Administrator

Sussex Community NHS Foundation Trust
Special Care Dental Service
Haywards Heath Health Centre
Heath Road
Haywards Heath
RH16 3BB

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Excellent care at the heart of the community
compassionate care I [illegible] I achieving ambitions I delivering excellence

From: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY) <ardinglycourt.surgery@nhs.net>
Sent: 23 July 2025 13:03
To: SCDHQ (SUSSEX COMMUNITY NHS FOUNDATION TRUST) <SC-TR.SCDHQ@nhs.net>
Subject: Referral - SOUTHERN, Patrick - DOB 15-Dec-1977 - NHS 651 087 8186

Good Afternoon,

Please find attached above referral.

Many thanks.

Mel

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Referral to dental service
23-July-2025 Ms Melanie Jones (MJones251)
Additional: Referral to dental service
Ref - SCFT - Special Care Dental Service (SCDS)
Filename: Referral to dental service SOUTHERN, Patrick (Mr) 1251 23-Jul-2025.rtf
Extension:.tif
Pages:

NHS
Sussex Community
NHS Foundation Trust

Special Care Dental Service (SCDS)
Patient Referral Form (Please use alternative form for domiciliary referrals)
Dental Office Use Only

Date received	
Clinician assessment of treatment need	
Priority 1 - Urgent 2 - Semi-urgent 3 - Routine	
Patient to be seen by Consultant Specialist SDO DO Any	

Referrer Details

Referrer Name	Dr Elizabeth Howard
Referrer job role & title	Ardingly Court Surgery
Address Postcode	1 Ardingly Street Brighton East Sussex BN2 1SS
Tel No	01273 688333
Email	ardinglycourt.surgery@nhs.net

Patient Details

Name & title	SOUTHERN, Patrick (Mr)		**Sex at birth:** Male
Date of birth	15-Dec-1977	NHS Number	651 087 8186
Address	11 Kebbell Lodge High Street Brighton BN2 1SU		
		Postcode	BN2 1SU
Telephone No - Home		Mobile	07482390313
Name & address of: -Parent / Guardian (if child) -Family member and relationship (if adult)			
Name of GP	HOWARD, Elizabeth (Dr)		
Address & Postcode of GP	Ardingly Court Surgery 1 Ardingly Street Brighton East Sussex BN2 1SS		
Does the patient have a social worker or key worker? If so, please provide details			
Does the patient require an interpreter?	No Yes – if so, what language? Main spoken language English		
Does the patient have capacity to consent if an adult?	Yes No If no, please provide copy of MCA		

Full Medical History – please include full summary medical record, obtained from the patient's GP with the patient's consent including up to date information with regards to their medication

See below

Reason for Referral - affecting the patient's ability to manage with dental care from a primary care general dental practitioner (please give details below)

West Sussex & Brighton:	
Complex medical problems	Learning disability limiting daily function
Behavioural problems	Severe mental health diagnosis
Significant physical disability Can the patient manage a single flight of stairs? Yes No	Wheelchair user unable to transfer
Significant child protection or social problems(please give	Weight above 139kg/22 stone and patient unable to

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details below including up to date details of social worker, CP plans etc.	manage dental care from a primary care dentist with a suitable dental chair (please give details below)? (please provide weight)
Brighton & Hove area only:	**West Sussex Only:**
Traveller children	Exceptionally high caries risk (children only)
Active substance misuse (please give details below)	
Current homelessness (please give details below)	
Details of any of the above (please note specific information is required as to why the patient requires referral to the Special Care Dental Service and why have they been unable to manage with dental care from a primary care dentist). Unfortunately, difficulty with accessing NHS dental care is not a referral criteria.	

Clinical Information – Please complete in full

Patient current problems and history, including details of previous dentist and last dental appointment.
See below

Complex partial seizures, anxiety with depression, hx alcohol misuse. Released from prison 9 days ago, 3 years sober-attending meetings, struggling to cope with adjustment. Front lower teeth missing and has cross bite which is causing tongue pain.

I confirm that I have advised the patient that:

- SCDS only provide care to certain categories of patient and they will be assessed against the service's acceptance criteria. If these are not fulfilled the patient will not be accepted for care.
- SCDS do not offer emergency dental appointments to patients that are not retained under the service's retention criteria.
- SCDS may not retain the patient following a course of dental treatment if their referral is accepted. It is the responsibility of the patient or parent/guardian to ensure they have a dentist following completion of treatment with SCDS.
- Patients who fail to attend their assessment, or any 2 subsequent appointments in a course of treatment, may be discharged.

Signed (Referrer)	Dr E Howard	**Date**	23-Jul-2025
Patient / Parent / Carer Signature	Mr Patrick Southern	**Date**	23-Jul-2025
Printed Name / Relation to patient			

Problems

Active

Date	Problem	Associated Text	Date Ended
22-Jul-2025	Adjustment disorder		
26-Nov-2024	Allergy to penicillin		
18-Jun-2024	Mixed anxiety and depressive disorder		
07-Sep-2021	Admitted to alcohol detoxification centre		
02-Jul-2021	Alcohol dependence		
04-Aug-2019	Complex partial epileptic seizure		
12-Feb-2019	Epilepsy		
15-Mar-2010	[D]Restlessness and agitation		

Significant Past

Date	Problem	Associated Text	Date Ended
02-Jul-2021	Misuses drugs		24-Sep-2021
22-Mar-2021	Alcohol intoxication		19-Apr-2021
21-Mar-2021	Alcohol intoxication		12-Apr-2021
23-Dec-2020	Incision and drainage of abscess	overlying index MCPJ - left	17-Mar-2021
12-Oct-2020	Suicidal		04-Jan-2021
09-Oct-2020	Suicidal		01-Jan-2021
13-Jul-2020	Alcohol withdrawal-induced convulsion		10-Aug-2020
22-Jun-2020	Seizure		14-Sep-2020

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18-Jun-2019	[D]Seizure NOS		27-Jun-2019
25-Oct-2018	[D]Seizure NOS		18-Jan-2019
18-Oct-2018	Primary repair of tendon	- ruptured distal bicep - left	23-Jul-2019
09-Oct-2018	Rupture biceps tendon	left distal	12-Jul-2019
02-Jun-2009	Alcohol problem drinking		

SOUTHERN, Patrick (Mr) 15-Dec-1977 651 087 8186

Failure to complete this form in full will cause delay and will be returned to you.
Please return completed form to: Dental Referrals, Special Care Dental Service, Haywards Heath Health Centre, Heath Road, Haywards Heath, West Sussex, RH16 3BB
Or email to: sc-tr.scdhq@nhs.net

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eMED3 (2010) new statement issued, not fit for work
22-July-2025 Dr Elizabeth Howard (EHoward251)
Additional:eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: adjustment reaction; Duration 22-Jul-2025 - 22-Sep-2025)
Filename: FitNote_9efb487b-9f56-43d1-a52c-e0d2cf369d09.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, ~~Mrs; Miss; Ms~~ Patrick Francis Southern

I assessed your case on: 22 / 07 / 2025

and, because of the following condition(s): adjustment reaction

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~
[ ] ~~amended duties~~
[ ] ~~altered hours~~
[ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 22 / 07 / 2025 **to** 22 / 09 / 2025

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name HOWARD, Elizabeth (Dr)
Issuer's profession Doctor
Date of statement 22 / 07 / 2025
Issuer's address Ardingly Court Surgery
1 Ardingly Street
Brighton, BN2 1SS
Telephone: 01273 688333

Unique ID: Med 3 04/22 9EFB487B-9F56-43D1-A52C-E0D2CF369D09

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs; Miss; Ms~~ SOUTHERN
Other names PATRICK FRANCIS
Address 11 KEBBELL LODGE, HIGH STREET
BRIGHTON **Postcode** BN2 1SU
Date of birth 15 / 12 / 1977 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

Referred to dentist
22-July-2025 Dr Elizabeth Howard (EHoward251)
Additional: Referred to dentist
Morley Street Dentist-dental-patient-referral-form.docx
Filename: Referred to dentist SOUTHERN, Patrick (Mr) 1833 22-Jul-2025.rtf
Extension:.tif
Pages:

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NHS
Sussex Community
NHS Foundation Trust

Special Care Dental Service (SCDS)

Patient Referral Form (Please use alternative form for domiciliary referrals)

Dental Office Use Only

Date received	
Clinician assessment of treatment need	

Priority
☐ 1- Urgent ☐ 2- Semi-urgent ☐ 3- Routine

Patient to be seen by
☐ Consultant ☐ Specialist ☐ SDO ☐ DO ☐ Any

Referrer Details

Referrer Name	ARDINGLY COURT, A T (Mr)
Referrer job role & title	
Address	1 Ardingly Street
Postcode	BN2 1SS
Tel No	01273 688 333
Email	ardinglycourt.surgery@nhs.net

Patient Details

Name & title	Mr SOUTHERN, Patrick (Mr)		Sex at birth: ☐ Male ☐ Female
Date of birth	15-Dec-1977	NHS Number	651 087 8186
Address	11 Kebbell Lodge, High Street, Brighton, BN2 1SU		
		Postcode	BN2 1SU
Telephone No - Home		Mobile	07482390313
Name & address of: -Parent / Guardian (if child) -Family member and relationship (if adult)			
Name of GP	ARDINGLY COURT, A T (Mr)		
Address & Postcode of GP	Ardingly Court Surgery 1 Ardingly Street, BN2 1SS		
Does the patient have a social worker or key worker? If so, please provide details			
Does the patient require an interpreter?	x No ☐ Yes – if so, what language?		
Does the patient have capacity to consent if an adult?	☐ Yes ☐ No If no, please provide copy of MCA		

Full Medical History – please include full summary medical record, obtained from the patient's GP with the patient's consent including up to date information with regards to their medication

Problems

Active

Date	Problem	Associated Text	Date Ended
22-Jul-2025	Adjustment disorder		
26-Nov-2024	Allergy to penicillin		
18-Jun-2024	Mixed anxiety and depressive disorder		

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04-Jan-2022	Admitted to alcohol detoxification centre	(Portsmouth) - (Combined with Admitted to alcohol detoxification centre)
07-Sep-2021	Admitted to alcohol detoxification centre	
02-Jul-2021	Alcohol dependence	
04-Aug-2019	Complex partial epileptic seizure	
12-Feb-2019	Epilepsy	
15-Mar-2010	[D]Restlessness and agitation	

Significant Past

Date	Problem	Associated Text	Date Ended
02-Jul-2021	Misuses drugs		24-Sep-2021
22-Mar-2021	Alcohol intoxication		19-Apr-2021
21-Mar-2021	Alcohol intoxication		12-Apr-2021
23-Dec-2020	Incision and drainage of abscess	overlying index MCPJ - left	17-Mar-2021
12-Oct-2020	Suicidal		04-Jan-2021
09-Oct-2020	Suicidal		01-Jan-2021
13-Jul-2020	Alcohol withdrawal-induced convulsion		10-Aug-2020
22-Jun-2020	Seizure		14-Sep-2020
18-Jun-2019	[D]Seizure NOS		27-Jun-2019
25-Oct-2018	[D]Seizure NOS		18-Jan-2019
18-Oct-2018	Primary repair of tendon	- ruptured distal bicep - left	23-Jul-2019
09-Oct-2018	Rupture biceps tendon	left distal	12-Jul-2019
02-Jun-2009	Alcohol problem drinking		

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Doxycycline 100mg capsules	Two To Be Taken Each Day at breakfast at 8am for 14 days as per D/S 23/12/2	10 capsule	24-Dec-2020

Repeat

Drug	Dosage	Quantity	Last Issued On
Nizoral 2% shampoo (Thornton & Ross Ltd)	Apply Once Every 1-2 Weeks	120 ml	22-Jul-2025
Epimax original cream (Aspire Pharma Ltd)	as needed	500 gram	15-Jul-2025

Repeat Dispensing

Drug	Dosage	Quantity	Last Issued On
Trazodone 100mg capsules	two in the morning, two at teatime, two	42 capsule	22-Jul-2025

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	at night		
Prazosin 500microgram tablets	Two to be taken at Night as per D/S 14/07/25	14 tablet	15-Jul-2025
Levetiracetam 250mg tablets	One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022	14 tablet	15-Jul-2025
Sodium valproate 200mg gastro-resistant tablets	Two To Be Taken Twice A Day as per D/S 14/07/25 (Wockhardt brand)	28 tablet	15-Jul-2025
Levetiracetam 500mg tablets	One To Be Taken Twice A Day as per neurology 06/07/21	14 tablet	15-Jul-2025
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	One To Be Taken Daily	7 tablet	15-Jul-2025
Thiamine 100mg tablets	Three to be taken with breakfast	21 tablet	15-Jul-2025

Allergies

Date	Description	Associated Text
11-Jul-2025	H/O: allergies	penicillin
26-Nov-2024	Allergy to penicillin	
24-Aug-2023	Alcohol-induced epilepsy	valproate appears to have been stopped inadvertently. He has noticed an increase in partial seizures since being here, but no generalised seizures.
20-Apr-2006	Adverse reaction to penicillins	

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Reason for Referral - [redacted]

West Sussex & Brighton:	
x Complex medical problems	☐ Learning disability limiting daily function
☐ Behavioural problems	☐ Severe mental health diagnosis
☐ Significant physical disability Can the patient manage a single flight of stairs? ☐ Yes ☐ No	☐ Wheelchair user unable to transfer
☐ Significant child protection or social problems [redacted] including up to date details of social worker, CP plans etc.	☐ Weight above 139kg/22 stone and patient unable to manage dental care from a primary care dentist with a suitable dental chair [redacted]? ([redacted])
Brighton & Hove area only:	**West Sussex Only:**
☐ Traveller children	☐ Exceptionally high caries risk (children only)
☐ Active substance misuse [redacted]	
☐ Current street homelessness [redacted]	
Details of any of the above (please note specific information is required as to why the patient requires referral to the Special Care Dental Service and why have they been unable to manage with dental care from a primary care dentist). Unfortunately, difficulty with accessing NHS dental care is not a referral criteria.	

Clinical Information – Please complete in full

Patient current problems & history, including details of previous dentist and last dental appointment, if known

Complex partial seizures, anxiety with depression, hx alcohol misuse. Released from prison 9 days ago, 3 years sober-attending meetings, struggling to cope with adjustment. Front lower teeth missing and has cross bite which is causing tongue pain.

I confirm that I have advised the patient that:

- SCDS only provide care to certain categories of patient and they will be assessed against the service's acceptance criteria. If these are not fulfilled the patient will not be accepted for care.
- SCDS do not offer emergency dental appointments to patients that are not retained under the service's retention criteria.
- SCDS may not retain the patient following a course of dental treatment if their referral is accepted. It is the responsibility of the patient or parent/guardian to ensure they have a dentist following completion of treatment with SCDS.
- Patients who fail to attend their assessment, or any 2 subsequent appointments in a course of treatment, may be discharged.

Signed (Referrer)	ARDINGLY COURT, A T (Mr)	Date	22-Jul-2025
Patient / Parent / Carer Signature	Mr SOUTHERN, Patrick (Mr)	Date	22-Jul-2025
Printed Name / Relation to patient			

Failure to complete this form in full will cause delay and will be returned to you.

Please return completed form to:

email sc-tr.scdhq@nhs.net

Patient Referral form/September 2022 – V3.0

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Attachment
14-July-2025 Mr PCTlltd DOCMAN (docman)
Additional: Attachment
Discharge summary HMP Lewes
Filename: D10_G81006_504333_991d2128-9da6-4ef5-93fc-ada667b25e70.TIF.XX2
Extension:.tif
Pages:

Discharge Summary

Mr Patrick Francis Southern (6510878186)

Common Measurements

Quick Glance Template Overview

BP	99/57 mmHg - (13.2/7.6 kPa)	11 Jun 2025	
Pulse rate	65 bpm	11 Jun 2025	(29)
BMI	32.87 Kg/m²	24 Mar 2025	(9)
Weight	95 Kg (~ 14 st 13 lb)	24 Mar 2025	(11)
Height	1.7 m (~ 5 ' 7 ")	25 Nov 2024	(5)
Alcohol intake	6 Units/Week Original units: U/week had reduced from 40 units to 6 over preceeding days	13 Jul 2020	(2)
Smoking Status	Failed attempt to stop smoking (XaWNE)	10 Jan 2025	(15)

Pending Appointments

Wed 09 Jul 2025 11:30	Finished	Sms Psychosocial8	SMS Psychosocial

Details: Visit, release tomorrow
Location: HMP Lewes
Last Amended: 09 Jul 2025 14:00
Amended By: Ashley Acott

Thu 10 Jul 2025 10:30	Booked	Public Health Clinic	Physical Health - Nurse

Details: HepA vaccine - also discuss pre release and bloods
Location: HMP Lewes

Drug Sensitivities & Allergies

26 Nov 2024	PHENOXYMETHYLPENICILLIN	

Allergic to Penicillin

All medication within last 3 months

17 Apr 2025	Prazosin 500microgram tablets	2 tablet	56 tablet	A

Administrative notes: as continuity until MH review and adding to repeats
Script notes: 2 tablet, 1 times per 1 day(s) (17:00)

18 Apr 2025	Thiamine 100mg tablets	3 tablet	84 tablet	

Ended early on 22 Apr 2025: Other (daily blister pack. Meds to be in sync) by Mrs Claire Slater
Administrative notes: Daily Blister Pack
Script notes: 3 tablet, 1 times per 1 day(s) (08:00)

23 Apr 2025	Thiamine 100mg tablets	3 tablet	84 tablet	A

Ended early on 15 May 2025: Other (overlap) by Dr Margery J Peyton-Jones
Administrative notes: Blister Pack
Script notes: 3 tablet, 1 times per 1 day(s) (08:00)

23 Apr 2025	Levetiracetam 250mg tablets	1 tablet	56 tablet	A

Administrative notes: Total dose 750mg BD.
Daily blister pack
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

23 Apr 2025	Sodium valproate 200mg gastro-resistant tablets	2 tablet	120 tablet	A

Administrative notes: Daily blister pack. Dose as per clinic letter from Dr. Bravo. Wockhardt brand only please.
Script notes: 2 tablet, 2 times per 1 day(s) (08:00, 17:00)

23 Apr 2025	Trazodone 150mg tablets	1 tablet	28 tablet	A

Ended early on 15 May 2025: Other (overlap) by Dr Margery J Peyton-Jones

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Administrative notes: Swallow tablets whole with a glass of water.
Take with or after food.
Total daily dose: 300mg, 150mg at 12.00 and 17.00
Daily blister pack
Script notes: 1 tablet, 1 times per 1 day(s) (17:00)

23 Apr 2025	Trazodone 150mg tablets	1 tablet	28 tablet	A

Ended early on 15 May 2025: Other (overlap) by Dr Margery J Peyton-Jones
Administrative notes: Swallow whole with a glass of water.
Take with or after food.
Total daily dose 300mg: 150mg at noon and 17.00
Daily blister pack
Script notes: 1 tablet, 1 times per 1 day(s) (12:00)

23 Apr 2025	Hydroxyzine 10mg tablets	2 tablet	56 tablet	A

Administrative notes: daily blister pack
Script notes: 2 tablet, 1 times per 1 day(s) (08:00)

23 Apr 2025	Levetiracetam 500mg tablets	1 tablet	56 tablet	A

Administrative notes: Total dose 750mg BD
Daily blister pack
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

23 Apr 2025	Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablet	

Ended early on 15 May 2025: Other (overalpa) by Dr Margery J Peyton-Jones
Administrative notes: Daily blister pack
Script notes: 1 tablet, 1 times per 1 day(s) (08:00)

08 May 2025	Trazodone 50mg tablets	Variable Dose	Total: 24 tablet Quantity: 24 tablets	A

Ended early on 13 May 2025: Formulary substitution (Pharmacy staff request to tablets to capsule for patient comfort.) by Mr Thomas O'Sullivan
Administrative notes: Agitation - Complex PTSD
Script notes: Tapered increase

14 May 2025	Trazodone 50mg capsules	Variable Dose	Total: 18 capsule Quantity: 18 capsules	A

Script notes: Dr Lewis to review.

14 May 2025	Ketoconazole 2% shampoo	1 application	1 pack of 120 mls	A

Administrative notes: Use 1-2 times per week and regular shampoo in between times
Script notes: 1 application, 1 times per 3 day(s) (08:00)

16 May 2025	Levetiracetam 250mg tablets	1 tablet	56 tablets	

Administrative notes: Total dose: 750mg BD
Daily Blister Pack
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

16 May 2025	Levetiracetam 500mg tablets	1 tablet	56 tablets	

Administrative notes: Total dose: 750mg BD
Daily Blister Pack
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

16 May 2025	Prazosin 500microgram tablets	2 tablet	56 tablet	

Script notes: 2 tablet, 1 times per 1 day(s) (17:00)

15 May 2025	Thiamine 100mg tablets	3 tablet	84 tablet	

Administrative notes: Daily Blister Pack
Script notes: 3 tablet, 1 times per 1 day(s) (08:00)

15 May 2025	Trazodone 150mg tablets	1 tablet	28 tablet	

Administrative notes: Swallow capsules whole with a glass of water. Take with or after food.
Total daily dose: 300mg: 150mg BD
Daily Blister Pack

THIRD PARTY COPY

Script notes: 1 tablet, 1 times per 1 day(s) (17:00)

15 May 2025	Trazodone 150mg tablets	1 tablet	28 tablet	

Administrative notes: Swallow capsules whole with a glass of water. Take with or after food.
Total daily dose: 300mg: 150mg BD
Daily Blister Pack
Script notes: 1 tablet, 1 times per 1 day(s) (12:00)

21 May 2025	Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablet	

Ended early on 15 May 2025: Prescription not collected by Dr Margery J Peyton-Jones
Administrative notes: Daily blister pack
Script notes: 1 tablet, 1 times per 1 day(s) (08:00)

23 May 2025	Sodium valproate 200mg gastro-resistant tablets	2 tablet	120 tablet	

Administrative notes: Dose as per clinic letter from Dr. Bravo.
Wockhardt brand only please.
Daily Blister Pack
Script notes: 2 tablet, 2 times per 1 day(s) (08:00, 17:00)

16 May 2025	Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablet	

Administrative notes: Daily blister pack
Script notes: 1 tablet, 1 times per 1 day(s) (08:00)

23 May 2025	Trazodone 100mg capsules	1 capsule	28 capsule	A

Administrative notes: Swallow capsules whole with a glass of water.
Take with or after food.
Script notes: 1 capsule, 1 times per 1 day(s) (08:00)

13 Jun 2025	Levetiracetam 250mg tablets	1 tablet	56 tablet	

Administrative notes: Total dose: 750mg BD
Daily Blister Pack
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

13 Jun 2025	Levetiracetam 500mg tablets	1 tablet	56 tablet	

Administrative notes: Total dose: 750mg BD
Daily Blister Pack
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

13 Jun 2025	Prazosin 500microgram tablets	2 tablet	56 tablet	

Script notes: 2 tablet, 1 times per 1 day(s) (20:00)

12 Jun 2025	Thiamine 100mg tablets	3 tablet	84 tablet	

Administrative notes: Daily Blister Pack
Script notes: 3 tablet, 1 times per 1 day(s) (08:00)

12 Jun 2025	Trazodone 150mg tablets	1 tablet	28 tablet	

Administrative notes: Swallow capsules whole with a glass of water. Take with or after food.
Total daily dose: 300mg: 150mg BD
Daily Blister Pack
Script notes: 1 tablet, 1 times per 1 day(s) (12:00)

12 Jun 2025	Trazodone 150mg tablets	1 tablet	28 tablet	

Administrative notes: Swallow capsules whole with a glass of water. Take with or after food.
Total daily dose: 300mg: 150mg BD
Daily Blister Pack
Script notes: 1 tablet, 1 times per 1 day(s) (17:00)

13 Jun 2025	Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablet	

Administrative notes: Daily blister pack
Script notes: 1 tablet, 1 times per 1 day(s) (08:00)

05 Jun 2025	Ibuprofen 200mg tablets	1-2 tablet	1 pack of 16 tablet(s)	A

Administrative notes: 1-2 tablets every 6 - 8 hours
headache

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Script notes: 1-2 tablet, 3 times per 1 day(s) (08:00, 12:00, 17:00)

05 Jun 2025	Paracetamol 500mg tablets	1-2 tablet	1 pack of 16 tablet(s)	A

Administrative notes: 1-2 tablets every 4 - 6 hours for 2 days
headache
Script notes: 1-2 tablet, 4 times per 1 day(s) (08:00, 12:00, 17:00, 20:00)

22 Jun 2025	Sodium valproate 200mg gastro-resistant tablets	2 tablet	120 tablet	

Administrative notes: Dose as per clinic letter from Dr. Bravo.
Wockhardt brand only please.
Daily Blister Pack
Script notes: 2 tablet, 2 times per 1 day(s) (08:00, 17:00)

16 Jun 2025	Trazodone 100mg capsules	1 capsule	28 capsule	

Administrative notes: Swallow capsules whole with a glass of water.
Take with or after food.
Script notes: 1 capsule, 1 times per 1 day(s) (08:00)

11 Jul 2025	Levetiracetam 250mg tablets	1 tablet	56 tablet	

Administrative notes: Total dose: 750mg BD
Daily Blister Pack
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

11 Jul 2025	Levetiracetam 500mg tablets	1 tablet	56 tablet	

Administrative notes: Total dose: 750mg BD
Daily Blister Pack
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

11 Jul 2025	Prazosin 500microgram tablets	2 tablet	56 tablet	

Script notes: 2 tablet, 1 times per 1 day(s) (20:00)

22 Jul 2025	Sodium valproate 200mg gastro-resistant tablets	2 tablet	120 tablet	

Administrative notes: Dose as per clinic letter from Dr. Bravo.
Wockhardt brand only please.
Daily Blister Pack
Script notes: 2 tablet, 2 times per 1 day(s) (08:00, 17:00)

14 Jul 2025	Trazodone 100mg capsules	1 capsule	28 capsule	

Administrative notes: Swallow capsules whole with a glass of water.
Take with or after food.
Script notes: 1 capsule, 1 times per 1 day(s) (08:00)

11 Jul 2025	Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablet	

Administrative notes: Daily blister pack
Script notes: 1 tablet, 1 times per 1 day(s) (08:00)

10 Jul 2025	Thiamine 100mg tablets	3 tablet	84 tablet	

Administrative notes: Daily Blister Pack
Script notes: 3 tablet, 1 times per 1 day(s) (08:00)

10 Jul 2025	Trazodone 150mg tablets	1 tablet	28 tablet	

Administrative notes: Swallow tablets whole with a glass of water. Take with or after food.
Total daily dose: 400mg: 100mg AM, 150mg 12.00, 17.00
Daily Blister Pack
Script notes: 1 tablet, 1 times per 1 day(s) (12:00)

03 Jul 2025	Prazosin 500microgram tablets	[20:00-2 tablets]	14 tablet	A

Administrative notes: May affect performance of skilled tasks eg driving.
First dose should be taken at bedtime.

All Vaccinations

n/a

All pathology reports within last 12 months

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24 Mar 2025 09:48	PSA, TOTAL (SERUM)
Message	
Result Indicator	Normal
Follow Up Action	No Further Action
Result Filed	UNKNOWN - 24 Mar 2025 20:34
Patient Informed	Patient not informed yet
Report Archived	Mr Abdul Butt (Systems Support Access Role) - 14 May 2025 11:51
Specimen Collected	24 Mar 2025 09:48
Textual Investigations	Clinical Information: PSAPSA, TOTAL (SERUM)

10 Jun 2025 14:15	Full blood count
Message	
Result Indicator	Satisfactory
Follow Up Action	No Further Action
Result Filed	UNKNOWN - 10 Jun 2025 19:57
Patient Informed	Patient not informed yet
Report Archived	
Specimen Collected	10 Jun 2025 14:15
Textual Investigations	Clinical Information: GENERALLY UNWELL

10 Jun 2025 14:15	Differential white blood cell count
Message	
Result Indicator	Satisfactory
Follow Up Action	No Further Action
Result Filed	UNKNOWN - 10 Jun 2025 19:57
Patient Informed	Patient not informed yet
Report Archived	
Specimen Collected	10 Jun 2025 14:15
Textual Investigations	Clinical Information: GENERALLY UNWELL

10 Jun 2025 14:15	C-REACTIVE PROTEIN (S)
Message	Significantly raised CRP. Needs urgent GP review
Result Indicator	Abnormal
Follow Up Action	Need to speak to doctor
Result Filed	UNKNOWN - 10 Jun 2025 20:37
Patient Informed	Patient not informed yet
Report Archived	
Specimen Collected	10 Jun 2025 14:15
Textual Investigations	Clinical Information: GENERALLY UNWELLC-REACTIVE PROTEIN (S)

10 Jun 2025 14:15	Liver function tests
Message	Elevated ALT. Follow up with GP
Result Indicator	Abnormal
Follow Up Action	Need to speak to doctor
Result Filed	UNKNOWN - 10 Jun 2025 20:37
Patient Informed	Patient not informed yet
Report Archived	
Specimen Collected	10 Jun 2025 14:15
Textual Investigations	Clinical Information: GENERALLY UNWELL

10 Jun 2025 14:15	Urea and electrolytes
Message	
Result Indicator	Normal
Follow Up Action	No Further Action
Result Filed	UNKNOWN - 10 Jun 2025 20:37
Patient Informed	Patient not informed yet
Report Archived	

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Specimen Collected 10 Jun 2025 14:15

Textual Investigations Clinical Information: GENERALLY UNWELLEGFR COMMENT 1: eGFR should not be used in patients with acute renal impairment.

Outstanding Recalls

09 May 2024	medication review	Pending, Due 10 May 2025
26 Mar 2024	Primary Care Group	Pending, Due 29 Mar 2110
Notes: Admin tag (DO NOT REMOVE)		
26 Mar 2024	Primary Care Group	Pending, Due 29 Mar 2110
Notes: Admin tag (DO NOT REMOVE)		
26 Mar 2024	Primary Care Group	Pending, Due 29 Mar 2110
Notes: Admin tag (DO NOT REMOVE)		

Last 3 Consultations

10 Jul 2025 08:36	Surgery: Mr Moses Zona (Nurse Access Role)
14 Sep 2025	Prison: Mr Sukhraj Chahil (Health Professional Access Role)
Date (Xa0ck)	
16 Jan 2027	Prison: Mr Sukhraj Chahil (Health Professional Access Role)
Date (Xa0ck)	

Recent Hospital Letters

n/a

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Attachment
11-July-2025 Mr PCTlltd DOCMAN (docman)
Additional: Attachment
Registration form
Filename: D10_G81006_504333_5b29c98c-1fd9-406f-bcaa-28141565865b.TIF.XX2
Extension:.tif
Pages:

NHS Register with a GP Surgery

How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

You should:

- use a 'tick' or 'x' for boxes where necessary
- complete all sections that apply to you or the person you are registering
- provide as much information as possible
- use BLOCK CAPITALS
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'
- only use black or blue ink
- ask at the reception desk of the surgery you want to register with if you need help completing this form

Which sections should be completed?

- Part A - all sections that apply.
- Part B - this section is optional, but will help the GP provide the best care.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

Section 1 - Who is registering?

1 **Are you registering**

✓ Yourself (Go to Section 2 - Patient details) Someone else

Only provide your details if you are registering someone else.

2 **Your name**

3 **Your relationship to the person you are registering**

4 **Your contact phone number**

You can help save lives as a blood or organ donor. Become someone's lifeline.
Visit www.nhsbt.nhs.uk/lifeline or **call us on 0300 123 23 23.**

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Section 2 - Details of patient registering

1 Title
Mr

2 First name
PATRICK

3 Last name
SOUTHERN

4 Middle name (if you have one)
FRANCIS

5 Previous last name

6 Date of birth DD MM YYYY
15 12 1977

7 What is your sex as recorded on your NHS record?
Female / Male Intersex
Not specified or known

8 NHS number (if you have it)
651 087 8186

9 Village, town or city of birth
DUBLIN

10 Country of birth
IRELAND

11 Current address
11 KEBBLE LODGE
HIGH STREET
BRIGHTON EAST SUSSEX
Postcode BN2 1SU
No fixed address

12 What postcode did you give to the last GP surgery you registered with?

13 Name and address of UK GP surgery you registered with
ARDINGLY COURT
Postcode BN2 1SS

14 Have you ever lived somewhere else in the UK?
/ Yes No

15 Last address in the UK
HMP LEWES
Postcode

The NHS and your GP surgery can use these details to call, text or email you about health care services. All phone numbers must be registered in the UK.

16 Home phone number

17 Mobile phone number
07482390313

18 Email address
patrickfsouthern@gmail.com

19 Name of emergency contact

20 Phone number of emergency contact

21 Their relationship to you

22 Name of next of kin

23 Phone number of next of kin

24 Their relationship to you

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Section 3 - Patients under 18 years

For children under 12 months only

1 **Where were they born?**

England | Northern Ireland | Wales

Isle of Man | Scotland | Outside the UK

2 **Where was the mother living when the baby was born?**

Postcode

For patients under 18 years

1 **Do you attend any of the following?**

School | Nursery | Home school

None of these

2 **Address**

Postcode

3 **Are any of these involved in your care?**

Hospital specialist | Health worker

Social worker | None of these

4 **Have you had all your routine vaccinations?**

Yes | No | Don't know

5 **Did you get your routine vaccinations in the UK?**

Yes | No | Don't know

Section 4 - Additional information

1 **What is your ethnic group?**

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

(A) White

✓ English, Welsh, Scottish, Northern Irish or British

Irish | Gypsy or Irish Traveller

Any other White background

(B) Mixed or multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or Multiple ethnic background

(C) Asian or Asian British

Indian | Pakistani | Bangladeshi

Chinese

Any other Asian background

(D) Black/African/Caribbean/British

African | Caribbean

Any other Black, African or Caribbean background

(E) Other ethnic group

Arab

Any other ethnic group

Prefer not to say

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Section 4 - Additional information

2 **Have you registered with a UK GP before?**

✓ Yes No

3 **If you have moved to the UK, what date did you arrive?**

4 **Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas?**

Yes ✓ No Prefer not to say

If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed forces, you should give this to your GP surgery.

5 **Do you need an interpreter for your appointments?**

Yes ✓ No

6 **What language?**

British Sign Language (BSL)

7 **Are you a carer?**

Yes ✓ No

8 **What is your relationship to the person you are caring for?**

9 **What type of carer are you?**

Young carer, under 18 Paid as a job

Unpaid, but may get benefits Foster carer

10 **Do you have a carer?**

✓ Yes No

11 **What is your relationship to your carer?**

friend

12 **What type of carer are they?**

Young carer, under 18 Paid as a job

✓ Unpaid, but may get benefits Foster carer

13 **Carer's contact telephone number**

14 **What pharmacy do you want your prescriptions sent to?**

Pharmacy address

BCP

Postcode

You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you

15 **Do you live more than 1 mile from your nearest pharmacy?**

Yes No

16 **Would you have serious difficulty getting medicines or appliances from your nearest pharmacy?**

Yes No

Do you want important information from your GP record to be available to other health and care professionals?

Your GP surgery needs permission to share important information from your GP record. This is called a Summary Care Record (SCR). Your SCR can only be shared with health and care staff across England who are providing you with direct care. It gives them access to vital information from your GP record.

✓ **Yes, share a Summary Care Record with additional information**
Includes details of your medicines, allergies, adverse reactions and additional information, which includes details of any significant illnesses and health problems, operations and vaccinations

Yes, share a Summary Care Record without additional information
Includes details of your medicines, allergies and adverse reactions only

No, do not share a Summary Care Record
Details of your medicines, allergies, adverse reactions and any additional information will not be shared with anyone involved in your direct care

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PART B

You do not have to complete this section. But any information you do give will help the GP give you the best care

Section 5 - Patient health

1 Have you ever had any of these conditions?

- [/] Alzheimer's disease or dementia
- [ ] Asthma
- [ ] Cancer
- [ ] Diabetes
- [/] Epilepsy
- [ ] Heart disease
- [ ] High blood pressure (hypertension)
- [ ] Stroke
- [ ] Thyroid disease

2 What best describes you?

- [/] I smoke
- [ ] I used to smoke
- [ ] I have never smoked
- [ ] Prefer not to say

3 On average, how many cigarettes do you smoke a day?

VAPE

4 What date did you stop smoking? DD MM YYYY

5 How often do you drink alcohol?

- [/] Never
- [ ] Monthly or less
- [ ] 2 to 4 times a month
- [ ] 2 to 3 times a week
- [ ] 4 or more times a week
- [ ] Prefer not to say

6 How many units of alcohol do you drink on a typical day when you are drinking?

1 pint of 4% beer is 2.5 units, a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.

Units: 0

7 How often have you had six or more units of alcohol on a single occasion in the last year?

- [/] Never
- [ ] Less than monthly
- [ ] Monthly
- [ ] Weekly
- [ ] Daily or almost daily
- [ ] Prefer not to say

8 What is your weight?

Kilograms: 105 Or Stone: Pounds:

9 What is your height?

Centimetres: Or Foot: 5 Inches: 9

10 Allergies

Penicilin

11 Mental health conditions

PTSD-Complex
ADHD
KORSAKOFF SYNDROME

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Section 5 - Patient health (continued)

12 Disabilities

N/A

13 Other medical conditions

EPILEPSY

14 Give details of any medication you are taking

D/S ATTATCHED

✓ BLISTER PACKS

Are any of these repeat prescriptions?

✓ Yes No

15 Do you or your carer need to be communicated in an accessible format?

For example, braille, audio, large format or EasyRead.

Tell us what you need

N/A

16 Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.

Tell us what you need

N/A

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PART C

Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job
- a permanent resident in the UK and receive a pension or benefit from a European country.

Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card) which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

Select the statement that applies to you

- I understand I may have to pay for NHS treatment outside of the GP practice
- I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.
- I do not know if I have to pay for treatment

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PART C

Section 6 - Patients from abroad (continued)

Giving us this information means that if you need NHS care outside the GP practice and you are entitled to that care without charge, it will be easier for you to demonstrate this entitlement.

We'll use the information to establish your chargeable status in order to recover NHS costs from countries responsible for your healthcare where applicable. This will not impact your entitlement to register with the GP practice or to receive free GP services.

1 **Tick one of the following**

- ☐ I have an S1 form issued by an EU or EEA member state
- ☐ I am entitled to an EHIC card, but I do not have one
- ☐ I have an EHIC card issued by an EU or EEA member state
- ☐ I am in receipt of a European pension or benefit
- ☐ I am in the UK as part of my employment
- ☐ None of these

Enter details from your EHIC

1 **Country code**

2 **Name**

3 **Given name**

4 **Date of birth** DD MM YYYY

5 **Personal identification number**

6 **Identification number of the institution**

7 **Identification number of the card**

8 **Expiry date** DD MM YYYY

How will your EHIC and S1 data be used?

By using your EHIC for NHS treatment costs your EHIC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

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Ardingly Court Surgery
Confidential Health Questionnaire for New Patients

Please complete your form and hand in to Reception
If you are unsure of anything, please ask a member of staff at Reception for assistance.

Name: PATRICK SOUTHERN

Are registering with the same gender that you were assigned at birth? ☑ **Yes** ☐ **No**

We ask this to ensure you are invited to the correct screening programmes.

Marital Status: Single ☑ Married ☐ Cohabiting ☐ Separated ☐ Divorced ☐ Widowed ☐

Family Medical History

Please specify if any of your close relatives have suffered from any significant medical problems (who and diagnosis): N/A - was in care.

Blood Pressure

Systolic Reading:	Diastolic Reading:	Pulse:
99	57	65

If you do not have a blood pressure machine at home, please use the one in Reception to complete this section.

Text Message Consent

We offer a text messaging service, allowing you to receive reminders of your appointment time and other important communications from the Practice.

Do you consent to receiving messages from us via text? **Yes** ☑ **No** ☐

Online Access

By providing us with your email address we can set up an account which you can use to book appointments and order your medication quickly online.

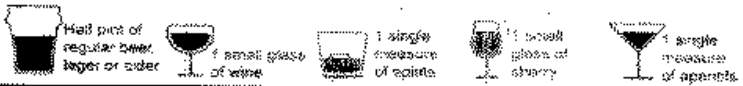
☐ Yes **I would** like online access ☑ No **I do not** want online access

Email Address:

Please turn over page

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This is one unit of alcohol...



...and each of these is more than one unit



Weekly Unit Consumption

Two or more alcohol free days

Yes / No

The following questions are validated as screening tools for alcohol use

AUDIT - C: First 3 Questions		Scoring system					Your score
		0	1	2	3	4	
1	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	0
2	How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3-4	5-6	7-9	10+	0
3	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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
						Total score for questions 1-3 =	0

Full AUDIT: Remaining 7 Questions		Scoring system					Your score
		0	1	2	3	4	
4	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
5	How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
8	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
9	Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	0
10	Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	0
						Total score for questions 7-10 =	0
						TOTAL score for ALL questions =	2

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Please turn over page

Important Note:

If you are unsure of anything, please speak with a receptionist.

If the forms are incomplete or you forget to bring ID, your registration will be delayed. Registrations can take between 7 and 10 days to be processed.

You must therefore obtain **at least 2 weeks medication** from your previous surgery before submitting your application to join Ardingly Court Surgery. Failure to do this may leave you without medication due to the time aspect of the registration process, please also inform reception if you receive your medication in a blister pack.

Please sign below and hand back to reception

Signature P Saumen **Date** 11/07/2025

Office use only

Photographic ID Driver's Licence or Passport	☑
Proof of Residence Utility Bill, Bank Statement, Council Letter, Tenancy or Mortgage Agreement	☑

Checked by: Megs **Date:** 11/07/2025

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Please turn over page

THIAMINE_24 Jun 2025 09:44_Adherence.txt
24-Jun-2025 Mrs Claire Slater ()
Additional:THIAMINE_24 Jun 2025 09:44_Adherence.txt

Filename: 1086AA11-5E54-11F0-B3A3-48DF37DF55D0_THIAMINE_24_Jun_2025_09_44_Adherence.txt
Extension:.tif
Pages:

Thiamine 100mg tablets
84 tablet - 3 tablet - admin times: 08:00 (Oral)
Start date: 10 Jul 2025
Adherence: 0.0% In Possession
Last administration: Never administered.

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TRAZODONE_24 Jun 2025 09:44_Adherence.txt
24-Jun-2025 Mrs Claire Slater ()
Additional:TRAZODONE_24 Jun 2025 09:44_Adherence.txt

Filename: 1086AA12-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_24_Jun_2025_09_44_Adherence.txt
Extension:.tif
Pages:

Trazodone 150mg tablets
28 tablet - 1 tablet - admin times: 12:00 (Oral)
Start date: 10 Jul 2025
Adherence: 0.0% In Possession
Last administration: Never administered.

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LEVETIRACETAM_23 Jun 2025 16:57_Adherence.txt
23-Jun-2025
Additional:LEVETIRACETAM_23 Jun 2025 16:57_Adherence.txt

Filename: 1086AA17-5E54-11F0-B3A3-48DF37DF55D0_LEVETIRACETAM_23_Jun_2025_16_57_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 250mg tablets
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 11 Jul 2025
Adherence: 0.0% In Possession
Last administration: Never administered.

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LEVETIRACETAM_23 Jun 2025 16:57_Adherence.txt
23-Jun-2025 Ms Kaide Morton ()
Additional:LEVETIRACETAM_23 Jun 2025 16:57_Adherence.txt

Filename: 1086AA16-5E54-11F0-B3A3-48DF37DF55D0_LEVETIRACETAM_23_Jun_2025_16_57_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 500mg tablets
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 11 Jul 2025
Adherence: 0.0% In Possession
Last administration: Never administered.

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PRAZOSIN_23 Jun 2025 16:57_Adherence.txt
23-Jun-2025 Ms Kaide Morton ()
Additional:PRAZOSIN_23 Jun 2025 16:57_Adherence.txt

Filename: 1086AA14-5E54-11F0-B3A3-48DF37DF55D0_PRAZOSIN_23_Jun_2025_16_57_Adherence.txt
Extension:.tif
Pages:

Prazosin 500microgram tablets
56 tablet - 2 tablet - admin times: 20:00 (Oral)
Start date: 11 Jul 2025
Adherence: 0.0% In Possession
Last administration: Never administered.

THIRD PARTY COPY

VALUPAK MULTIVITAMIN_23 Jun 2025 16:57_Adherence.txt
23-Jun-2025 Ms Kaide Morton ()
Additional:VALUPAK MULTIVITAMIN_23 Jun 2025 16:57_Adherence.txt

Filename: 1086AA2F-5E54-11F0-B3A3-48DF37DF55D0_VALUPAK_MULTIVITAMIN_23_Jun_2025_16_57_Adherence.txt
Extension:.tif
Pages:

Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablet - 1 tablet - admin times: 08:00
Start date: 11 Jul 2025
Adherence: 0.0% In Possession
Last administration: Never administered.

THIRD PARTY COPY

Scanned Image
20-Jun-2025 Miss Danielle Stent ()
Additional: Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 20 Jun 2025 09:09
Filename: 1086AA73-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_20_Jun_2025_by_DS_4670568342.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Location: G 1 012

Prison number: A6398AA

Family Name: Mr Patrick Southern

An appointment has been booked for you in the following clinic for the date mentioned below.

Monday 23 June 2025

With: **Dentist AM - Mon & Tue**

What to do on the day of your appointment?
Please stay on your wing to be picked up and escorted over to healthcare. If your appointment is in the afternoon, you can continue your normal regime but must be on the wing in the afternoon.

Appointment Times:
Your clinic details are detailed above. AM = morning appointment; PM = afternoon appointment.

Working at this time?
Don't worry, attending a healthcare appointment is an acceptable absence and you will be paid for any time missed. There will be no negative consequences.

Don't want your appointment anymore?
Please complete the slip below so we can offer this appointment to someone else.

Name: MR PATRICK SOUTHE Prison number: A6398AA

I am unable to attend my healthcare appointment on **Monday 23 June 2025**

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

THIRD PARTY COPY

SODIUM VALPROATE_15 Jun 2025 13:35_Adherence.txt
15-Jun-2025 Mrs Kayleigh Diaz Pratt ()
Additional:SODIUM VALPROATE_15 Jun 2025 13:35_Adherence.txt

Filename: 1086AA31-5E54-11F0-B3A3-48DF37DF55D0_SODIUM_VALPROATE_15_Jun_2025_13_35_Adherence.txt
Extension:.tif
Pages:

Sodium valproate 200mg gastro-resistant tablets
120 tablet - 2 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 22 Jun 2025
Adherence: 90.0% In Possession
Last administration: 4 tablets at 09 Jul 2025 07:40

THIRD PARTY COPY

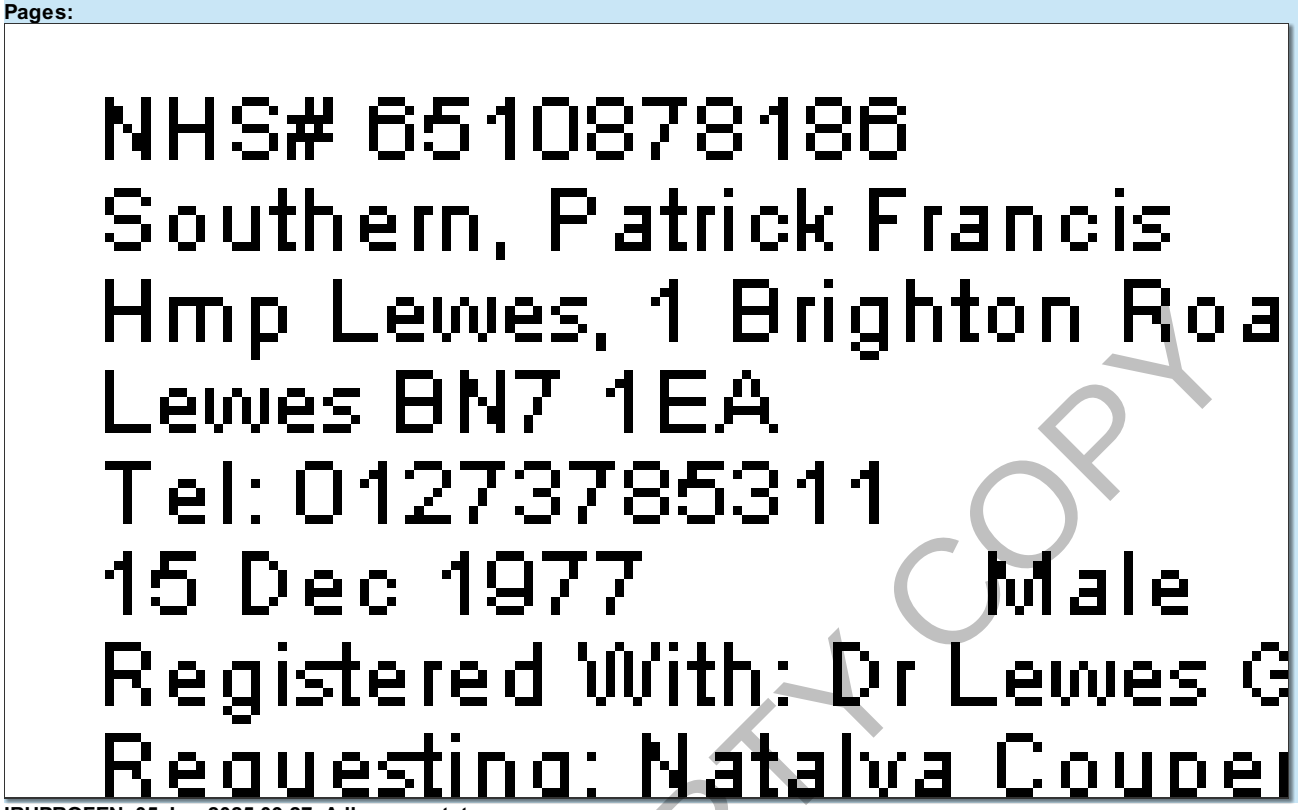
TRAZODONE_15 Jun 2025 13:35_Adherence.txt
15-Jun-2025 Mrs Kayleigh Diaz Pratt ()
Additional:TRAZODONE_15 Jun 2025 13:35_Adherence.txt

Filename: 1086AA24-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_15_Jun_2025_13_35_Adherence.txt
Extension:.tif
Pages:

Trazodone 100mg capsules
28 capsule - 1 capsule - admin times: 08:00 (Oral)
Start date: 16 Jun 2025
Adherence: 92.3% In Possession
Last administration: 1 capsules at 09 Jul 2025 07:40

THIRD PARTY COPY

Scanned Image
10-Jun-2025 Natalya Couper ()
Additional: Scanned Image
Appointment Letter Sender: Natalya Couper Recipient: Mr Patrick Southern Sent: 10 Jun 2025 12:17
Filename: 1086AA43-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_10_Jun_2025_by_NC_4652658609.PNG
Extension:.tif
Pages:



IBUPROFEN_05 Jun 2025 09:27_Adherence.txt
05-Jun-2025 Mrs Kayleigh Diaz Pratt ()
Additional:IBUPROFEN_05 Jun 2025 09:27_Adherence.txt

Filename: 1086AA30-5E54-11F0-B3A3-48DF37DF55D0_IBUPROFEN_05_Jun_2025_09_27_Adherence.txt
Extension:.tif
Pages:

THIRD PARTY COPY

Ibuprofen 200mg tablets
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 08:00, 12:00, 17:00 (Oral)
Start date: 05 Jun 2025
Adherence: 100.0% In Possession
Last administration: 16 tablets at 05 Jun 2025 09:29

THIRD PARTY COPY

PARACETAMOL_05 Jun 2025 09:27_Adherence.txt
05-Jun-2025 Mrs Kayleigh Diaz Pratt ()
Additional:PARACETAMOL_05 Jun 2025 09:27_Adherence.txt

Filename: 1086AA39-5E54-11F0-B3A3-48DF37DF55D0_PARACETAMOL_05_Jun_2025_09_27_Adherence.txt
Extension:.tif
Pages:

Paracetamol 500mg tablets
1 pack of 16 tablet(s) - 1-2 tablet - admin times: 08:00, 12:00, 17:00, 20:00 (Oral)
Start date: 05 Jun 2025
Adherence: 100.0% In Possession
Last administration: 16 tablets at 05 Jun 2025 09:29

THIRD PARTY COPY

LEVETIRACETAM_31 May 2025 12:53_Adherence.txt
31-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:LEVETIRACETAM_31 May 2025 12:53_Adherence.txt

Filename: 1086AA29-5E54-11F0-B3A3-48DF37DF55D0_LEVETIRACETAM_31_May_2025_12_53_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 250mg tablets
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 13 Jun 2025
Adherence: 96.4% In Possession
Last administration: 2 tablets at 09 Jul 2025 07:40

THIRD PARTY COPY

LEVETIRACETAM_31 May 2025 12:53_Adherence.txt
31-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:LEVETIRACETAM_31 May 2025 12:53_Adherence.txt

Filename: 1086AA28-5E54-11F0-B3A3-48DF37DF55D0_LEVETIRACETAM_31_May_2025_12_53_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 500mg tablets
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 13 Jun 2025
Adherence: 96.4% In Possession
Last administration: 2 tablets at 09 Jul 2025 07:40

THIRD PARTY COPY

PRAZOSIN_31 May 2025 12:53_Adherence.txt
31-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:PRAZOSIN_31 May 2025 12:53_Adherence.txt

Filename: 1086AA25-5E54-11F0-B3A3-48DF37DF55D0_PRAZOSIN_31_May_2025_12_53_Adherence.txt
Extension:.tif
Pages:

Prazosin 500microgram tablets
56 tablet - 2 tablet - admin times: 20:00 (Oral)
Start date: 13 Jun 2025
Adherence: 89.3% In Possession
Last administration: 2 tablets at 09 Jul 2025 07:40

THIRD PARTY COPY

THIAMINE_31 May 2025 12:53_Adherence.txt
31-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:THIAMINE_31 May 2025 12:53_Adherence.txt

Filename: 1086AA1C-5E54-11F0-B3A3-48DF37DF55D0_THIAMINE_31_May_2025_12_53_Adherence.txt
Extension:.tif
Pages:

Thiamine 100mg tablets
84 tablet - 3 tablet - admin times: 08:00 (Oral)
Start date: 12 Jun 2025
Adherence: 100.0% In Possession
Last administration: 3 tablets at 09 Jul 2025 07:40

THIRD PARTY COPY

TRAZODONE_31 May 2025 12:53_Adherence.txt
31-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:TRAZODONE_31 May 2025 12:53_Adherence.txt

Filename: 1086AA1E-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_31_May_2025_12_53_Adherence.txt
Extension:.tif
Pages:

Trazodone 150mg tablets
28 tablet - 1 tablet - admin times: 12:00 (Oral)
Start date: 12 Jun 2025
Adherence: 96.4% In Possession
Last administration: 1 tablets at 09 Jul 2025 07:40

THIRD PARTY COPY

TRAZODONE_31 May 2025 12:53_Adherence.txt
31-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:TRAZODONE_31 May 2025 12:53_Adherence.txt

Filename: 1086AA1F-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_31_May_2025_12_53_Adherence.txt
Extension:.tif
Pages:

Trazodone 150mg tablets
28 tablet - 1 tablet - admin times: 17:00 (Oral)
Start date: 12 Jun 2025
Adherence: 100.0% In Possession
Last administration: 1 tablets at 09 Jul 2025 07:40

THIRD PARTY COPY

VALUPAK MULTIVITAMIN_31 May 2025 12:53_Adherence.txt
31-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:VALUPAK MULTIVITAMIN_31 May 2025 12:53_Adherence.txt

Filename: 1086AA33-5E54-11F0-B3A3-48DF37DF55D0_VALUPAK_MULTIVITAMIN_31_May_2025_12_53_Adherence.txt
Extension:.tif
Pages:

Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablet - 1 tablet - admin times: 08:00
Start date: 13 Jun 2025
Adherence: 96.4% In Possession
Last administration: 1 tablets at 09 Jul 2025 07:40

THIRD PARTY COPY

TRAZODONE_22 May 2025 15:30_Adherence.txt
22-May-2025 Dr Paul Lewis ()
Additional:TRAZODONE_22 May 2025 15:30_Adherence.txt

Filename: 1086AA23-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_22_May_2025_15_30_Adherence.txt
Extension:.tif
Pages:

Trazodone 100mg capsules
28 capsule - 1 capsule - admin times: 08:00 (Oral)
Start date: 23 May 2025
Adherence: 89.3% In Possession
Last administration: 1 capsules at 16 Jun 2025 07:55

THIRD PARTY COPY

SODIUM VALPROATE_15 May 2025 16:37_Adherence.txt
15-May-2025 Dr Margery Peyton-Jones ()
Additional:SODIUM VALPROATE_15 May 2025 16:37_Adherence.txt

Filename: 1086AA34-5E54-11F0-B3A3-48DF37DF55D0_SODIUM_VALPROATE_15_May_2025_16_37_Adherence.txt
Extension:.tif
Pages:

Sodium valproate 200mg gastro-resistant tablets
120 tablet - 2 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 23 May 2025
Adherence: 100.0% In Possession
Last administration: 4 tablets at 21 Jun 2025 09:01

THIRD PARTY COPY

VALUPAK MULTIVITAMIN_15 May 2025 16:37_Adherence.txt
15-May-2025 Dr Margery Peyton-Jones ()
Additional:VALUPAK MULTIVITAMIN_15 May 2025 16:37_Adherence.txt

Filename: 1086AA38-5E54-11F0-B3A3-48DF37DF55D0_VALUPAK_MULTIVITAMIN_15_May_2025_16_37_Adherence.txt
Extension:.tif
Pages:

Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablet - 1 tablet - admin times: 08:00
Start date: 16 May 2025
Adherence: 100.0% In Possession
Last administration: 1 tablets at 12 Jun 2025 09:08

THIRD PARTY COPY

LEVETIRACETAM_15 May 2025 14:49_Adherence.txt
15-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:LEVETIRACETAM_15 May 2025 14:49_Adherence.txt

Filename: 1086AA2A-5E54-11F0-B3A3-48DF37DF55D0_LEVETIRACETAM_15_May_2025_14_49_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 250mg tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 16 May 2025
Adherence: 89.3% In Possession
Last administration: 2 tablets at 12 Jun 2025 09:08

THIRD PARTY COPY

LEVETIRACETAM_15 May 2025 14:49_Adherence.txt
15-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:LEVETIRACETAM_15 May 2025 14:49_Adherence.txt

Filename: 1086AA2B-5E54-11F0-B3A3-48DF37DF55D0_LEVETIRACETAM_15_May_2025_14_49_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 500mg tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 16 May 2025
Adherence: 89.3% In Possession
Last administration: 2 tablets at 12 Jun 2025 09:08

THIRD PARTY COPY

PRAZOSIN_15 May 2025 14:49_Adherence.txt
15-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:PRAZOSIN_15 May 2025 14:49_Adherence.txt

Filename: 1086AA26-5E54-11F0-B3A3-48DF37DF55D0_PRAZOSIN_15_May_2025_14_49_Adherence.txt
Extension:.tif
Pages:

Prazosin 500microgram tablets
56 tablet - 2 tablet - admin times: 17:00 (Oral)
Start date: 16 May 2025
Adherence: 92.9% In Possession
Last administration: 2 tablets at 12 Jun 2025 09:08

THIRD PARTY COPY

THIAMINE_15 May 2025 14:49_Adherence.txt
15-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:THIAMINE_15 May 2025 14:49_Adherence.txt

Filename: 1086AA1D-5E54-11F0-B3A3-48DF37DF55D0_THIAMINE_15_May_2025_14_49_Adherence.txt
Extension:.tif
Pages:

Thiamine 100mg tablets
84 tablet - 3 tablet - admin times: 08:00 (Oral)
Start date: 15 May 2025
Adherence: 100.0% In Possession
Last administration: 3 tablets at 11 Jun 2025 09:44

THIRD PARTY COPY

TRAZODONE_15 May 2025 14:49_Adherence.txt
15-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:TRAZODONE_15 May 2025 14:49_Adherence.txt

Filename: 1086AA20-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_15_May_2025_14_49_Adherence.txt
Extension:.tif
Pages:

Trazodone 150mg tablets
28 tablet - 1 tablet - admin times: 17:00 (Oral)
Start date: 15 May 2025
Adherence: 100.0% In Possession
Last administration: 1 tablets at 11 Jun 2025 09:44

THIRD PARTY COPY

TRAZODONE_15 May 2025 14:49_Adherence.txt
15-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:TRAZODONE_15 May 2025 14:49_Adherence.txt

Filename: 1086AA21-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_15_May_2025_14_49_Adherence.txt
Extension:.tif
Pages:

Trazodone 150mg tablets
28 tablet - 1 tablet - admin times: 12:00 (Oral)
Start date: 15 May 2025
Adherence: 100.0% In Possession
Last administration: 1 tablets at 11 Jun 2025 09:44

THIRD PARTY COPY

VALUPAK MULTIVITAMIN_15 May 2025 14:49_Adherence.txt
15-May-2025 Mrs Kayleigh Diaz Pratt ()
Additional:VALUPAK MULTIVITAMIN_15 May 2025 14:49_Adherence.txt

Filename: 1086AA2E-5E54-11F0-B3A3-48DF37DF55D0_VALUPAK_MULTIVITAMIN_15_May_2025_14_49_Adherence.txt
Extension:.tif
Pages:

Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablet - 1 tablet - admin times: 08:00
Start date: 21 May 2025
Adherence: 0.0% In Possession
Last administration: Never administered.

THIRD PARTY COPY

TRAZODONE_13 May 2025 15:33_Adherence.txt
13-May-2025 Mr Thomas O'Sullivan ()
Additional:TRAZODONE_13 May 2025 15:33_Adherence.txt

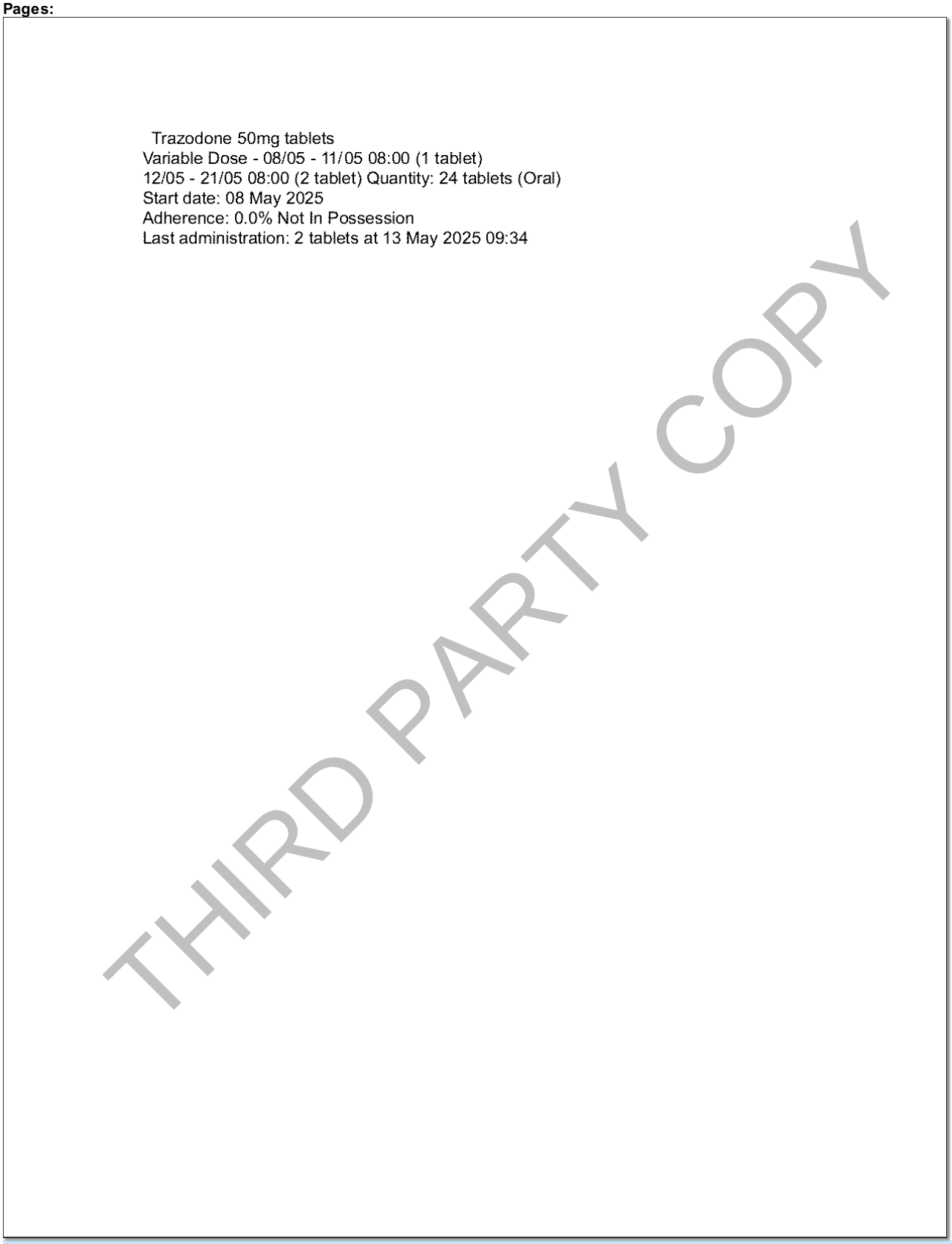
Filename: 1086AA37-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_13_May_2025_15_33_Adherence.txt
Extension:.tif
Pages:

Trazodone 50mg capsules
Variable Dose - 14/05 - 22/05 08:00 (2 capsule) Quantity: 18 capsules (Oral)
Start date: 14 May 2025
Adherence: 66.7% Not In Possession
Last administration: 2 capsules at 20 May 2025 09:55

THIRD PARTY COPY

TRAZODONE_07 May 2025 09:26_Adherence.txt
07-May-2025 Dr Paul Lewis ()
Additional:TRAZODONE_07 May 2025 09:26_Adherence.txt

Filename: 1086AA3B-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_07_May_2025_09_26_Adherence.txt
Extension:.tif
Pages:



THIRD PARTY COPY

Scanned Image
07-May-2025 Mrs Tracey Pumfrey ()
Additional: Scanned Image
Hospital Letter/Appointment Letter Sender: LVH - Neurology Team Recipient: Mr Patrick Southern Sent: 15 May 2025 08:22
Filename: 1110E8B5-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_07_May_2025_by_TP_4613189131.TIFF
Extension:.tif
Pages:

NHS
University Hospitals Sussex
NHS Foundation Trust

15 MAY 2025

Lewes Victoria Hospital
Lewes
East Sussex

BN7 1PE
01273474153
www.uhsussex.nhs.uk

Mr Patrick Southern
H M Prison
1 Brighton Road
Lewes
East Sussex
BN7 1EA

07 May 2025

Hospital No: **3137898**
NHS No: **651 087 8186**

Dear Mr Patrick Southern

Please see below details of your planned appointment to see the Neurology Team.

Date: Thursday, 20 Nov 2025 Time: 09:00

Location: Outpatient Department. Lewes Victoria Hospital, Nevill Road, Lewes, East Sussex, BN7 1PE

If you need to rearrange this appointment, please telephone 0300 303 8360 or quoting your hospital number 3137898.

We provide a Text reminder service. If we hold your Mobile telephone number on our system, you will receive a reminder 7 days before and again 48 hours prior to your appointment.

Although you have an allocated time slot for your appointment, you may have to wait as other appointments can over run or the doctor may be called away to an emergency. Hospital staff will always try to keep you informed about any delays.You should therefore allow plenty of time for your visit, inclusive of parking and/or public transport.

You can find information about coming to hospital for your appointment including travel, parking and our facilities on our website: www.uhsussex.nhs.uk/hospitals.

Please bring with you a list of any medications you currently take and your diary as it might be possible to agree a further date for treatment or appointment if needed.

Please note, NHS healthcare is not free for everyone. If you are visiting England or not living here on a lawful or settled basis, you may have to pay for your hospital treatment. Please check by visiting www.uhsussex.nhs.uk/Overseas.

THIRD PARTY COPY

We have free Wi-Fi. Just connect your device to 'NHS Wi-Fi' network.

Yours sincerely,

Appointment Officer, Neurology

THIRD PARTY COPY

If you have any concerns about the use of your medical information, copies of the 'Care Record Guarantee' and 'Your Medical Information' leaflets can be downloaded from www.uhsussex.nhs.uk or a printed copy can be obtained from any of our PALS offices.

Flu | diarrhoea | vomiting

To help protect our patients please do not visit our hospitals until 48 hours after your symptoms have cleared – thank you

To rearrange your appointment please call 01273 446 067

MY HEALTH AND CARE RECORD

View hospital appointments, clinical letters and pathology results using our secure online system – **www.uhsussex.nhs.uk/mhcr**

NHS University Hospitals Sussex

UHSx New-F/UP Teams Appt Clinic Code: 21NUEPI

Scanned Image
02-May-2025 Ms Teresa Turner ()
Additional: Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 02 May 2025 14:21
Filename: 1086AA71-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_02_May_2025_by_TT_4596900324.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Location: G 1 12

Prison number: A6398AA

Family Name: Mr Patrick Southern

An appointment has been booked for you in the following clinic for the date mentioned below.

Wednesday 07 May 2025

With: Psychiatrist

What to do on the day of your appointment?
Please stay on your wing to be picked up and escorted over to healthcare. If your appointment is in the afternoon, you can continue your normal regime but must be on the wing in the afternoon.

Appointment Times:
Your clinic details are detailed above. AM = morning appointment; PM = afternoon appointment.

Working at this time?
Don't worry, attending a healthcare appointment is an acceptable absence and you will be paid for any time missed. There will be no negative consequences.

Don't want your appointment anymore?
Please complete the slip below so we can offer this appointment to someone else.

THIRD PARTY COPY

Name: MR PATRICK SOUTHE Prison number: A6398AA

I am unable to attend my healthcare appointment on **Wednesday 07 May 2025**

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
25-Apr-2025 Ms Teresa Turner ()
Additional: Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 25 Apr 2025 10:58
Filename: 1086AA72-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_25_Apr_2025_by_TT_4585519148.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Location: G 1 12

Prison number: A6398AA

Family Name: Mr Patrick Southern

An appointment has been booked for you in the following clinic for the date mentioned below.

Wednesday 30 April 2025

With: Psychiatrist

What to do on the day of your appointment?
Please stay on your wing to be picked up and escorted over to Healthcare. If your appointment is in the afternoon, you can continue your normal regime but must be on the wing in the afternoon.

Appointment Times:
Your clinic details are detailed above. AM = morning appointment; PM = afternoon appointment.

Working at this time?
Don't worry, attending a healthcare appointment is an acceptable absence and you will be paid for any time missed. There will be no negative consequences.

Don't want your appointment anymore?
Please complete the slip below so we can offer this appointment to someone else.

Name: MR PATRICK SOUTHE Prison number: A6398AA

I am unable to attend my healthcare appointment on **Wednesday 30 April 2025**

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

THIRD PARTY COPY

VALUPAK MULTIVITAMIN_22 Apr 2025 11:44_Adherence.txt
22-Apr-2025 Mrs Claire Slater ()
Additional:VALUPAK MULTIVITAMIN_22 Apr 2025 11:44_Adherence.txt

Filename: 1086AA32-5E54-11F0-B3A3-48DF37DF55D0_VALUPAK_MULTIVITAMIN_22_Apr_2025_11_44_Adherence.txt
Extension:.tif
Pages:

Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablet - 1 tablet - admin times: 08:00
Start date: 23 Apr 2025
Adherence: 0.0% In Possession
Last administration: 1 tablets at 15 May 2025 07:53

THIRD PARTY COPY

LEVETIRACETAM_22 Apr 2025 11:41_Adherence.txt
22-Apr-2025 Mrs Claire Slater ()
Additional:LEVETIRACETAM_22 Apr 2025 11:41_Adherence.txt

Filename: 1086AA2D-5E54-11F0-B3A3-48DF37DF55D0_LEVETIRACETAM_22_Apr_2025_11_41_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 500mg tablets
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 23 Apr 2025
Adherence: 100.0% In Possession
Last administration: 2 tablets at 20 May 2025 09:51

THIRD PARTY COPY

HYDROXYZINE_22 Apr 2025 11:38_Adherence.txt
22-Apr-2025 Mrs Claire Slater ()
Additional:HYDROXYZINE_22 Apr 2025 11:38_Adherence.txt

Filename: 1086AA13-5E54-11F0-B3A3-48DF37DF55D0_HYDROXYZINE_22_Apr_2025_11_38_Adherence.txt
Extension:.tif
Pages:

Hydroxyzine 10mg tablets
56 tablet - 2 tablet - admin times: 08:00
Start date: 23 Apr 2025
Adherence: 0.0% In Possession
Last administration: 2 tablets at 07 May 2025 08:14

THIRD PARTY COPY

TRAZODONE_22 Apr 2025 11:31_Adherence.txt
22-Apr-2025 Mrs Claire Slater ()
Additional:TRAZODONE_22 Apr 2025 11:31_Adherence.txt

Filename: 1086AA1B-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_22_Apr_2025_11_31_Adherence.txt
Extension:.tif
Pages:

Trazodone 150mg tablets
28 tablet - 1 tablet - admin times: 17:00 (Oral)
Start date: 23 Apr 2025
Adherence: 0.0% In Possession
Last administration: 1 tablets at 15 May 2025 07:53

THIRD PARTY COPY

TRAZODONE_22 Apr 2025 11:31_Adherence.txt
22-Apr-2025 Mrs Claire Slater ()
Additional:TRAZODONE_22 Apr 2025 11:31_Adherence.txt

Filename: 1086AA1A-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_22_Apr_2025_11_31_Adherence.txt
Extension:.tif
Pages:

Trazodone 150mg tablets
28 tablet - 1 tablet - admin times: 12:00 (Oral)
Start date: 23 Apr 2025
Adherence: 0.0% In Possession
Last administration: 1 tablets at 15 May 2025 07:53

THIRD PARTY COPY

LEVETIRACETAM_22 Apr 2025 11:20_Adherence.txt
22-Apr-2025 Mrs Claire Slater ()
Additional:LEVETIRACETAM_22 Apr 2025 11:20_Adherence.txt

Filename: 1086AA2C-5E54-11F0-B3A3-48DF37DF55D0_LEVETIRACETAM_22_Apr_2025_11_20_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 250mg tablets
56 tablet - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 23 Apr 2025
Adherence: 100.0% In Possession
Last administration: 2 tablets at 20 May 2025 09:51

THIRD PARTY COPY

SODIUM VALPROATE_22 Apr 2025 11:20_Adherence.txt
22-Apr-2025 Mrs Claire Slater ()
Additional:SODIUM VALPROATE_22 Apr 2025 11:20_Adherence.txt

Filename: 1086AA35-5E54-11F0-B3A3-48DF37DF55D0_SODIUM_VALPROATE_22_Apr_2025_11_20_Adherence.txt
Extension:.tif
Pages:

Sodium valproate 200mg gastro-resistant tablets
120 tablet - 2 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 23 Apr 2025
Adherence: 100.0% In Possession
Last administration: 4 tablets at 22 May 2025 14:41

THIRD PARTY COPY

THIAMINE_22 Apr 2025 11:12_Adherence.txt
22-Apr-2025 Mrs Claire Slater ()
Additional:THIAMINE_22 Apr 2025 11:12_Adherence.txt

Filename: 1086AA15-5E54-11F0-B3A3-48DF37DF55D0_THIAMINE_22_Apr_2025_11_12_Adherence.txt
Extension:.tif
Pages:

Thiamine 100mg tablets
84 tablet - 3 tablet - admin times: 08:00 (Oral)
Start date: 23 Apr 2025
Adherence: 0.0% In Possession
Last administration: 3 tablets at 15 May 2025 07:53

THIRD PARTY COPY

HYDROXYZINE_09 Apr 2025 10:30_Adherence.txt
09-Apr-2025 Mrs Kayleigh Diaz Pratt ()
Additional:HYDROXYZINE_09 Apr 2025 10:30_Adherence.txt

Filename: 1086AA22-5E54-11F0-B3A3-48DF37DF55D0_HYDROXYZINE_09_Apr_2025_10_30_Adherence.txt
Extension:.tif
Pages:

Hydroxyzine 10mg tablets
56 tablets - 2 tablet - admin times: 08:00 (Oral)
Start date: 20 Apr 2025
Adherence: 0.0% In Possession
Last administration: 2 tablets at 22 Apr 2025 11:06

THIRD PARTY COPY

LEVETIRACETAM_09 Apr 2025 10:30_Adherence.txt
09-Apr-2025 Mrs Kayleigh Diaz Pratt ()
Additional:LEVETIRACETAM_09 Apr 2025 10:30_Adherence.txt

Filename: 1086AA27-5E54-11F0-B3A3-48DF37DF55D0_LEVETIRACETAM_09_Apr_2025_10_30_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 500mg tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 21 Apr 2025
Adherence: 0.0% In Possession
Last administration: 2 tablets at 22 Apr 2025 11:06

THIRD PARTY COPY

TRAZODONE_09 Apr 2025 10:30_Adherence.txt
09-Apr-2025 Mrs Kayleigh Diaz Pratt ()
Additional:TRAZODONE_09 Apr 2025 10:30_Adherence.txt

Filename: 1086AA19-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_09_Apr_2025_10_30_Adherence.txt
Extension:.tif
Pages:

Trazodone 150mg tablets
28 tablet - 1 tablet - admin times: 17:00 (Oral)
Start date: 19 Apr 2025
Adherence: 0.0% In Possession
Last administration: 1 tablets at 22 Apr 2025 11:06

THIRD PARTY COPY

TRAZODONE_09 Apr 2025 10:30_Adherence.txt
09-Apr-2025 Mrs Kayleigh Diaz Pratt ()
Additional:TRAZODONE_09 Apr 2025 10:30_Adherence.txt

Filename: 1086AA18-5E54-11F0-B3A3-48DF37DF55D0_TRAZODONE_09_Apr_2025_10_30_Adherence.txt
Extension:.tif
Pages:

Trazodone 150mg tablets
28 tablet - 1 tablet - admin times: 12:00 (Oral)
Start date: 19 Apr 2025
Adherence: 0.0% In Possession
Last administration: 1 tablets at 22 Apr 2025 11:06

THIRD PARTY COPY

Scanned Image
04-Apr-2025 Christina Stockham ()
Additional: Scanned Image
Clinic Letter Sender: Neurology Recipient: HMP Lewes Sent: 16 Apr 2025 11:59
Filename: 1086AB26-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_04_Apr_2025_by_CS_4574308362.TIFF
Extension:.tif
Pages:

NHS
University Hospitals Sussex
NHS Foundation Trust

Department of Neurology RSCH

Royal Sussex County Hospital
Eastern Road
Brighton
East Sussex
BN2 5BE

Dictated: 3/4/2025
Typed: 4/4/2025
Transcribed by: JP

PRIVATE AND CONFIDENTIAL

Tel: 01273 696955

Dr Lewes Hmp
1 Brighton Road
Lewes
East Sussex
BN7 1EA

Trust Patient ID: 3137898
NHS No: 651 087 8186

Dear Dr Hmp,

Re: Mr Patrick Southern DOB: 15-12-1977
H M Prison 1 Brighton Road Lewes BN7 1EA

Diagnosis:Seizures - seizure onset 2013 at the age of 35. Post-traumatic stress disorder, Attention deficit hyperactivity disorder, Korsakoff syndrome

Current epilepsy/related medications:

Sodium Valproate	500 mg twice daily
Levetiracetam	750 mg twice daily

Seizure frequency and date of last seizure:Patrick's last seizure was in January this year.

It was a pleasure to meet Patrick in the epilepsy nurse clinic today.

Patrick says that since the increase of Sodium Valproate in January he has had no more seizures.

Patrick is aware of his seizure triggers such as cold temperatures, anxiety and stress. He feels that the seizures in November were down to cold as he had not put the heating on. Patrick says that his home is now better set up with a wet room for when he leaves prison.

Patrick says that he has no overnight monitoring in prison. Should his seizures start again I would strongly recommend that this is put in place as he is at risk of SUDEP having night time seizures.

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I will make Patrick another appointment to see me in 6 months' time in Brighton.

Yours sincerely
Electronically checked and signed by

Shelley Jenkins
Epilepsy Nurse Specialist

CC: Mr Patrick Southern

CC: Dr Edina Bravo, Consultant Neurologist - via email.

shelley.jenkins3@nhs.net **secretary:** irene.millar1@nhs.net
tel: 01273 696955 ext 62965
uhsussex.neurologyadmin@nhs.net

For information about epilepsy and seizures please visit link below.
www.uhsussex.nhs.uk/wp-content/uploads/2022/10/Epilepsy-and-seizures.pdf
www.sudep.org

THIRD PARTY COPY

***For all appointment queries please ring the Bookings Hub on** 0300 131 6770*

Scanned Image
25-Mar-2025
Additional: Scanned Image
Consent Form Sender: Probation Recipient: HMP Lewes Sent: 25 Mar 2025 11:39
Filename: 1086AADB-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_25_Mar_2025_by_CS_4541103594.JPG
Extension:.tif
Pages:

G1-12.
CSU.

HM Prison & Probation Service

HMP Lewes

I ..Patrick...Southern... give my permission for other agencies working within the prison to be contacted by the Offender Management Department. I give consent for those agencies to share relevant information about me to support my time with probation, including Primary Health Care providers; Mental Health teams and Substance Misuse agencies and any relevant Covid 19 test results.

Name: Patrick

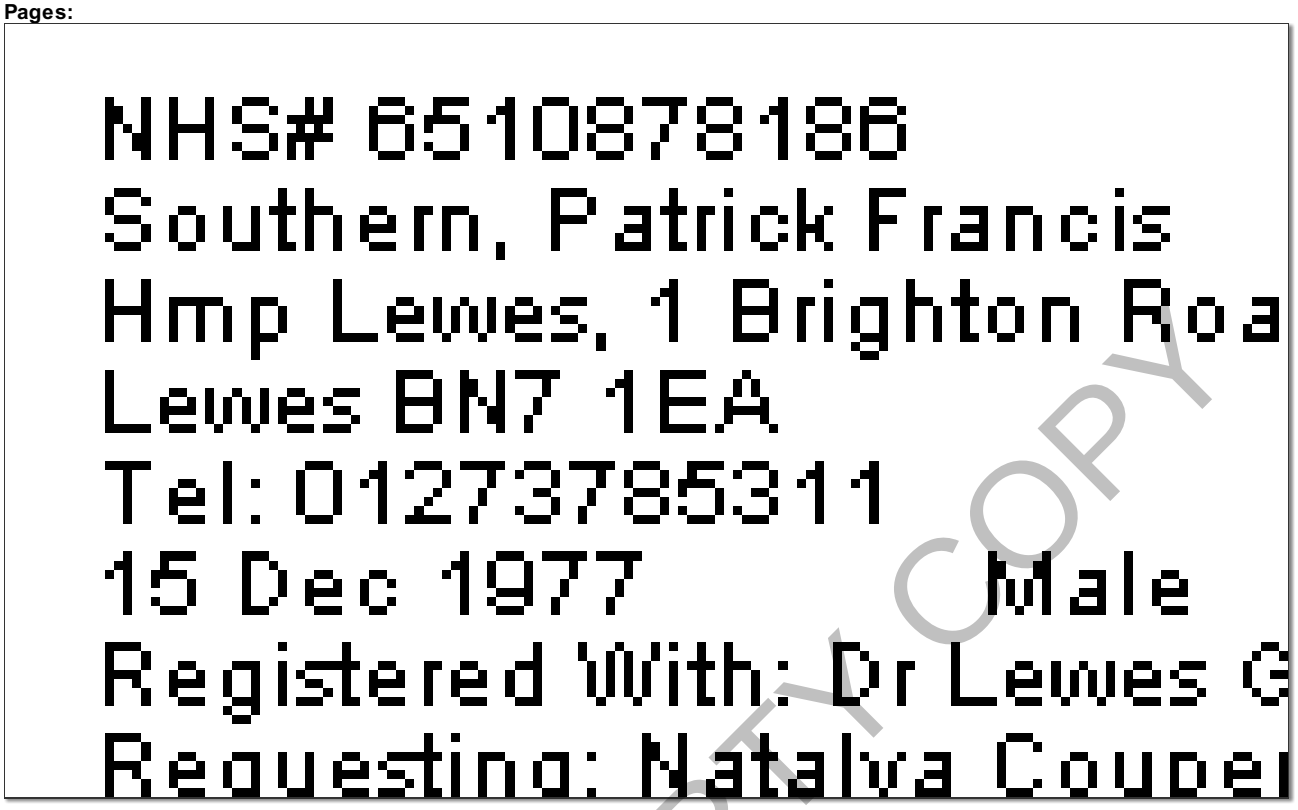
Signed:

Date: 24/3/25

THIRD PARTY COPY

HMP Lewes improving lives, changing futures

Scanned Image
24-Mar-2025 Natalya Couper ()
Additional: Scanned Image
Appointment Letter Sender: Natalya Couper Recipient: Mr Patrick Southern Sent: 24 Mar 2025 09:27
Filename: 1086AA42-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_24_Mar_2025_by_NC_4538503291.PNG
Extension:.tif
Pages:



THIRD PARTY COPY

Scanned Image
14-Mar-2025 Ms Teresa Turner ()
Additional: Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 14 Mar 2025 08:56
Filename: 1086AA6E-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_14_Mar_2025_by_TT_4525849412.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Location: G 1 12

Prison number: A6398AA

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Tuesday 18 March 2025

With: Optician - AM

An appointment has been booked for you in the above clinic for the date mentioned.

Please wait by your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

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Name: Mr Patrick Southern Prison number: A6398AA

I am unable to attend my healthcare appointment on Tuesday 18 March 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
11-Mar-2025 Mrs Tracey Pumfrey ()

Additional: Scanned Image
Hospital Letter/Appointment Letter Sender: LVH Epilesy Clinic Recipient: HMP Lewes Sent: 11 Mar 2025 12:12
Filename: 115AEA05-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_11_Mar_2025_by_TP_4519624168.TIFF
Extension:.tif
Pages:

Outlook

Fw: P.Southern NHS~6510878186

From HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>
Date Tue 11/03/2025 10:39
To Christina Stockham <Christina.Stockham@practiceplusgroup.com>

External email

Kind regards
Admin
Administration Team PPG
practiceplusgrp.hmplewes-admin@nhs.net
Tel: 01273 785311 / 785224 / 785140 / 785148
HMP Lewes, 1 Brighton Road, BN7 1EA
Practice Plus Group Healthcare

From: MILLAR, Irene (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <irene.millar1@nhs.net>
Sent: 11 March 2025 10:22
To: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>; JENKINS, Shelley (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <shelley.jenkins3@nhs.net>
Subject: Re: P.Southern NHS~6510878186

Dear Tracey,

The appointment comes under epilepsy clinic.

Kind regards
Irene

Irene Millar
Secretary to Shelley Jenkins- Adult Epilepsy Nurse Specialist
tel: 01273 696955 ext 62965
irene.millar1@nhs.net
Days of work: Monday- Wednesday

This is not an emergency service, if your request is urgent please contact your GP, 111 or A&E.
For appointment queries: 0300 303 8360 or email uhsussex.outpatientbookings@nhs.net

---

From: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>
Sent: 11 March 2025 09:49

THIRD PARTY COPY

To: JENKINS, Shelley (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <shelley.jenkins3@nhs.net>; MILLAR, Irene (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <irene.millar1@nhs.net>
Subject: Re: P.Southern NHS~6510878186

Hi Shelley

Yes we can do the 3rd April at 9am. You say OPD but will it come under epilepsy clinic as need to complete paperwork?

Kind regard
Tracey

Kind regards
Admin
Administration Team PPG
practiceplusgrp.hmplewes-admin@nhs.net
Tel: 01273 785311 / 785224 / 785140 / 785148
HMP Lewes, 1 Brighton Road, BN7 1EA
Practice Plus Group Healthcare

From: JENKINS, Shelley (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <shelley.jenkins3@nhs.net>
Sent: 11 March 2025 09:12
To: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>; MILLAR, Irene (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <irene.millar1@nhs.net>
Subject: Re: P.Southern NHS~6510878186

Hi Tracey,
I can do a face to face appointment at 9am on 3rd April.
This would be at Lewes Victoria Hospital outpatients department.

Please let me know if this is good for you and I will get it booked in.

Kind regards

Shelley

Shelley Jenkins
Adult Epilepsy Nurse Specialist
University Hospitals Sussex NHS Foundation Trust

If your query is about an **appointment** please contact the appointment line **0300 303 8360**
If your email is regarding an urgent health issue please contact your GP or NHS 111 or if an emergency 999
Other ways to contact the team:
Department email: uhsussex.neurologyadminaccount@nhs.net

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From: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>
Sent: 11 March 2025 08:40
To: MILLAR, Irene (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <irene.millar1@nhs.net>; JENKINS, Shelley (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <shelley.jenkins3@nhs.net>
Subject: Re: P.Southern NHS~6510878186

Hi Irene

It was me you spoke with. I have looked through our ledges and can accommodate the following appointments:-

Face to face Appointments
25th March between 2.30-3.30pm
27th March between 2.30-3.30pm
3rd April between 9 - 11am and 2.30-3.30pm
8th April between 9-11am and 2.30-3.30pm
10th April between 2.30-3.30pm

Telephone appointments
27th March at 10am
3rd April at 10am

I look forward to hearing from you

Kind regards
Tracey

Kind regards
Admin
Administration Team PPG
practiceplusgrp.hmplewes-admin@nhs.net
Tel: 01273 785311 / 785224 / 785140 / 785148
HMP Lewes, 1 Brighton Road, BN7 1EA
Practice Plus Group Healthcare

From: MILLAR, Irene (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <irene.millar1@nhs.net>
Sent: 11 March 2025 08:30
To: JENKINS, Shelley (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <shelley.jenkins3@nhs.net>; HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>
Subject: Re: P.Southern NHS~6510878186

Hi Shelley,

Patrick Southern - TeleMed appointment for 11/3/25 at 10:00am - request for cancellation

I have just spoken with a member of the Practice Plus care team regarding the above TeleMed. Please can you cancel this as HMP Lewes need at least 24hrs notice of any appointment.

The team member (sorry I do not have her name) is going to email us with some dates for Mr Southern to either have a f2f appointment at VHL or a TeleMed appointment. If you could kindly

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clarify the date for his appointment before you go on leave, they can then set his appointment plan in order.

Many thanks
Irene

Irene Millar
Secretary to Shelley Jenkins- Adult Epilepsy Nurse Specialist
tel: 01273 696955 ext 62965
irene.millar1@nhs.net
Days of work: Monday- Wednesday

This is not an emergency service, if your request is urgent please contact your GP, 111 or A&E.
For appointment queries: 0300 303 8360 or email uhsussex.outpatientbookings@nhs.net

---

From: MILLAR, Irene (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <irene.millar1@nhs.net>
Sent: 11 March 2025 08:14
To: JENKINS, Shelley (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <shelley.jenkins3@nhs.net>; HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>
Subject: Re: P.Southern NHS~6510878186

Hi Shelley,

Patrick Southern - TeleMed appointment for 11/3/25 at 10:00am

Has the above TeleMed appointment been confirmed for Mr Southern as not showing on CAREFLOW.

Many thanks
Irene

Irene Millar
Secretary to Shelley Jenkins- Adult Epilepsy Nurse Specialist
tel: 01273 696955 ext 62965
irene.millar1@nhs.net
Days of work: Monday- Wednesday

This is not an emergency service, if your request is urgent please contact your GP, 111 or A&E.
For appointment queries: 0300 303 8360 or email uhsussex.outpatientbookings@nhs.net

---

From: NEUROLOGYADMINACCOUNT (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <uhsussex.neurologyadminaccount@nhs.net>
Sent: 07 March 2025 09:16
To: JENKINS, Shelley (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <shelley.jenkins3@nhs.net>
Cc: MILLAR, Irene (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <irene.millar1@nhs.net>
Subject: Fw: P.Southern NHS~6510878186

Email from Neuro admin inbox.

From: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>

THIRD PARTY COPY

Sent: 07 March 2025 08:35
To: NEUROLOGYADMINACCOUNT (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <uhsussex.neurologyadminaccount@nhs.net>
Subject: Fw: P.Southern NHS~6510878186

Good Morning,

Please see email below.

Thank You
Kind regards
Danielle
Admin
Administration Team PPG
practiceplusgrp.hmplewes-admin@nhs.net
Tel: 01273 785311 / 785224 / 785140 / 785148
HMP Lewes, 1 Brighton Road, BN7 1EA
Practice Plus Group Healthcare

From: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>
Sent: 07 March 2025 08:33
To: JENKINS, Shelley (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <shelley.jenkins3@nhs.net>
Subject: Re: P.Southern NHS~6510878186

Good Morning,

Ss it possible do the appointment for 10:00 on Tuesday 11/03/25.

Could we confirm how long the appointment will be? as we are only allowed the patient's in the clinic rooms for a certain period of time.

Thank You
Kind regards
Danielle
Admin
Administration Team PPG
practiceplusgrp.hmplewes-admin@nhs.net
Tel: 01273 785311 / 785224 / 785140 / 785148
HMP Lewes, 1 Brighton Road, BN7 1EA
Practice Plus Group Healthcare

From: JENKINS, Shelley (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <shelley.jenkins3@nhs.net>
Sent: 06 March 2025 17:22
To: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>
Subject: Re: P.Southern NHS~6510878186

Hi Danielle,
Thank you for your email.

THIRD PARTY COPY

I have spaces for a telephone appointment at 3.30pm or 4pm on Tuesday 11th February. This is during clinic.
I am also able to do a telephone consultation at either 9.30 or 10am on Tuesday if this suits you better.

I am on annual leave Friday and Monday so will not be able to confirm time but happy to do any of the above times.

Kind regards

Shelley

Shelley Jenkins
Adult Epilepsy Nurse Specialist
University Hospitals Sussex NHS Foundation Trust

If your query is about an **appointment** please contact the appointment line **0300 303 8360**
If your email is regarding an urgent health issue please contact your GP or NHS 111 or if an emergency 999
Other ways to contact the team:
Department email: uhsussex.neurologyadminaccount@nhs.net

From: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>
Sent: 06 March 2025 14:35
To: JENKINS, Shelley (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <shelley.jenkins3@nhs.net>
Subject: P.Southern NHS~6510878186

Good Afternoon,

I have been asked by one of my collogues to email you in regards to booking in this patient in for a telephone consultation.

I have had a look, and if I remember correctly, you said Tuesday's and Thursday's?

I have found a space for a telephone consultation on Tuesday the 11/03/25 if you had any spaces on that day?

Thank You
Kind regards
Danielle
Admin
Administration Team PPG
practiceplusgrp.hmplewes-admin@nhs.net
Tel: 01273 785311 / 785224 / 785140 / 785148
HMP Lewes, 1 Brighton Road, BN7 1EA
Practice Plus Group Healthcare

****
** **********

THIRD PARTY COPY

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ii) do not disclose, copy or distribute information in this e-mail or take any action in relation to its content (to do so is strictly prohibited and may be unlawful).
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Record Attachment
07-Mar-2025 Dr Ishmit Moonga ()
Additional: Record Attachment
Letter to Patients Sender: HMP Lewes Recipient: Mr Patrick Southern Sent: 07 Mar 2025 12:24
Filename: 1086AB09-5E54-11F0-B3A3-48DF37DF55D0_1741349950383_B12735979566_L2008933473_1741349952685_SAVING.doc
Extension:.tif
Pages:

Healthcare Centre
HMP Lewes
1 Brighton Road
Lewes
East Sussex, BN7 1EA
T: 01273 785311
practiceplusgrp.hmplewes-admin@nhs.net

07 Mar 2025

Mr Patrick Southern
Hmp Lewes
1 Brighton Road
Lewes
E Sussex
BN7 1EA

Dear Mr Southern,

I am just writing to update you, following on from your recent GP appointment.
We have written to the cardiologists regarding the blackout episodes you were reporting, and they do not feel that these are related to the heart – especially in the context of a normal ECG (heart tracing).
We therefore don't need to investigate this further from a cardiology point of view at this stage.
Please let us know if you have any further questions.

Yours sincerely,

Healthcare

THIRD PARTY COPY

Scanned Image
06-Mar-2025 Mrs Tracey Pumfrey ()
Additional: Scanned Image
Clinic Letter Sender: dept of Neurology Sent: 13 Mar 2025 14:34

Filename: 1086AB29-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_06_Mar_2025_by_TP_4525098227.TIFF
Extension:.tif
Pages:

NHS
University Hospitals Sussex
NHS Foundation Trust

Department of Neurology RSCH

Royal Sussex County Hospital
Eastern Road
Brighton
East Sussex
BN2 5BE

Tel: 01273 696955

Dictated: 6/3/2025
Typed: 10/3/2025
Transcribed by: IM

PRIVATE AND CONFIDENTIAL

Dr Lewes Hmp
1 Brighton Road
Lewes
East Sussex
BN7 1EA

Trust Patient ID: 3137898
NHS No: 651 087 8186

Dear Dr Hmp,

Re: Mr Patrick Southern DOB: 15-12-1977
H M Prison 1 Brighton Road Lewes BN7 1EA

I was due to have a telephone appointment with Patrick today, however the medical centre had only got the letter with regard to the appointment the day before.

It is important to have this meeting to see how Patrick's seizures are, which are mainly nocturnal, and if any monitoring has been put into place. This is to help prevent the risk of sudden unexplained death in epilepsy **(SUDEP).**

My clinics are on a Tuesday afternoon and Thursday morning. I am happy to do a telephone appointment outside of these times, if it means the appointment can be done earlier.

I have asked for someone to email me, my email address is in this letter; shelley.jenkins3@nhs.net so that we can sort out an appointment time.

Yours sincerely
Electronically checked and signed by

Shelley Jenkins
Epilepsy Nurse Specialist

CC: Mr Patrick Southern

Epilepsy nurse contact:
Shelley.jenkins3@nhs.net
Secretary: Irene.millar1@nhs.net

THIRD PARTY COPY

uhsussex.neurologyadmin@nhs.net
Tel: 01273 696955 voice mail 62965

For information about epilepsy and seizures please visit link below.
www.uhsussex.nhs.uk/wp-content/uploads/2022/10/Epilepsy-and-seizures.pdf
www.sudep.org

THIRD PARTY COPY

***For all appointment queries please ring the Bookings Hub on** 0300 131 6770*

PPG MSK Physio Health Questionnaire EQ-5D-3L (27 Feb 2025 13:20)
27-Feb-2025 Mr Paul New ()
Additional:PPG MSK Physio Health Questionnaire EQ-5D-3L (27 Feb 2025 13:20)
PPG MSK Physio Health Questionnaire EQ-5D-3L (27 Feb 2025 13:20)
Filename: 1086AAC5-5E54-11F0-B3A3-48DF37DF55D0_Questionnaire_317726577.tif
Extension:.tif
Pages:

PPG MSK Physio Health Questionnaire EQ-5D-3L

Patient

Name: Mr Patrick Francis Saunders | Client ID: A6398AA
Address: Hillcrest House | Date of Birth: 15 Dec 1977
1 Brigham Road
Lewes BN7 1EA
Telephone: 01273755311 | Mobile: [redacted]

Done By

Name: Mr Paul New (Health Professional Access Role) | Date: 27 Feb 2025 13:20

PPG MSK Physio Health Questionnaire EQ-5D-3L

Final Version Saved:

27 Feb 2025 13:20

Mr Paul New

All questions marked with a * should be answered.

Please indicate which statements best describe your own health state today.

1. Mobility
   - (●) I have no problems in walking about
   - ( ) I have some problems in walking about
   - ( ) I am confined to bed

2. Self-Care
   - (●) I have no problems with self-care
   - ( ) I have some problems washing or dressing myself
   - ( ) I am unable to wash or dress myself

3. Usual Activities (e.g. work, study, housework, family or leisure activities)
   - (●) I have no problems with performing my usual activities
   - ( ) I have some problems with performing my usual activities
   - ( ) I am unable to perform my usual activities

4. Pain / Discomfort
   - (●) I have no pain or discomfort
   - ( ) I have moderate pain or discomfort
   - ( ) I have extreme pain or discomfort

5. Anxiety / Depression
   - (●) I am not anxious or depressed
   - ( ) I am moderately anxious or depressed
   - ( ) I am extremely anxious or depressed

To help people say how good or bad a health state is, we need you indicate how good or bad your own health is today, in your opinion.

6. The best state you can imagine is marked 100 and the worst state you can imagine is marked 0.
   - [ ] Worst State (0)
   - [ ] Worst - Medium State (25)
   - [ ] Medium State (50)

THIRD PARTY COPY

PPG MSK Physio Health Questionnaire EQ-5D-3L

Patient

Name: Mr Patrick Francis Southern Client ID: A6398AA

☐ Medium - Best State (75)
☑ Best State (100)

THIRD PARTY COPY

Record Attachment
27-Feb-2025 Mrs Tracey Pumfrey ()
Additional: Record Attachment
Acrobat Document: Mr Southern - Hernia referral.pdf
Filename: 1086AA8C-5E54-11F0-B3A3-48DF37DF55D0_Mr_Southern_-_Hernia_referral.pdf
Extension:.tif
Pages:

Private and confidential
Mr PATRICK FRANCIS SOUTHERN
HMP Lewes
1 Brighton Road
LEWES
BN7 1EA

27 February 2025
NHS number: 651 087 8186

Your referral is being reviewed

HMP LEWES has referred you to:
Hernia Referrals-University Hospitals Sussex NHS Trust-RXH01.

You do not need to do anything at this stage.

You will be contacted by either:

Hernia Referrals-University Hospitals Sussex NHS Trust-RXH01
if you need to be seen

or

HMP LEWES
if the clinic sends any other advice.

What to do if you have not been contacted

Please wait until 24th April 2025.

If you have not been contacted by this date, call **Hernia Referrals-University Hospitals Sussex NHS Trust-RXH01** using the referral details shown here.

Hernia Referrals-University Hospitals Sussex NHS Trust-RXH01

0300 303 8360

Mon-Fri 8-4

Referral details
Booking reference number
0004 4880 1246
Access code
riddle taste

THIRD PARTY COPY

This letter continues on the next page.

Changing your referral

If you need to change or cancel this referral, use one of the options below. You will need to provide your referral details shown on page 1.

To cancel or change

Go to
www.nhs.uk/referrals

or phone the
NHS appointment line on
0345 608 8888

or text phone **0345 850 2250**

The NHS appointment line is open Monday to Friday - 8am to 8pm, weekends and bank holidays - 8am to 4pm. A full translation service is available. All calls are charged at local rates.

The NHS constitution gives you the right to get some treatments within a set amount of time and get help to choose another clinic or hospital if you have to wait too long for some treatments.
To find out more visit www.nhs.uk/nhsconstitution, or contact the organisation that referred you.

THIRD PARTY COPY

This is the end of the letter.

Record Attachment
27-Feb-2025 Mrs Tracey Pumfrey ()
Additional: Record Attachment
Acrobat Document: Mr Sothern - Cardiolog refferal.pdf
Filename: 1086AA8B-5E54-11F0-B3A3-48DF37DF55D0_Mr_Sothern_-_Cardiolog_refferal.pdf
Extension:.tif
Pages:

Private and confidential
Mr PATRICK FRANCIS SOUTHERN
HMP Lewes
1 Brighton Road
LEWES
BN7 1EA

27 February 2025
NHS number: 651 087 8186

Your referral is being reviewed

HMP LEWES has referred you to:
Cardiology - University Hospitals Sussex - Royal Sussex Brighton - RYR.

You do not need to do anything at this stage.

You will be contacted by either:

Cardiology - University Hospitals Sussex - Royal Sussex Brighton - RYR
if you need to be seen

or

HMP LEWES
if the clinic sends any other advice.

What to do if you have not been contacted

Please wait until 24th April 2025.

If you have not been contacted by this date, call **Cardiology - University Hospitals Sussex - Royal Sussex Brighton - RYR** using the referral details shown here.

Cardiology - University Hospitals Sussex - Royal Sussex Brighton - RYR

0300 303 8360

Mon-Fri 8am - 4pm

Referral details
Booking reference number
0004 4880 4431
Access code
riddle taste

THIRD PARTY COPY

This letter continues on the next page.

Changing your referral

If you need to change or cancel this referral, use one of the options below. You will need to provide your referral details shown on page 1.

To cancel or change



Go to
www.nhs.uk/referrals



or phone the
NHS appointment line on
0345 608 8888



or text phone **0345 850 2250**

The NHS appointment line is open Monday to Friday - 8am to 8pm, weekends and bank holidays - 8am to 4pm. A full translation service is available. All calls are charged at local rates.

The NHS constitution gives you the right to get some treatments within a set amount of time and get help to choose another clinic or hospital if you have to wait too long for some treatments.
To find out more visit www.nhs.uk/nhsconstitution, or contact the organisation that referred you.

THIRD PARTY COPY

This is the end of the letter.

Record Attachment
26-Feb-2025 Dr Ishmit Moonga ()
Additional: Record Attachment
Referral Sender: HMP Lewes Recipient: Cardiology, Royal Sussex County Hospital Sent: 26 Feb 2025 11:46
Filename: 1086AB17-5E54-11F0-B3A3-48DF37DF55D0_1740569893712_B12698996621_L2002158960_1740569896036_SAVING.doc
Extension:.tif
Pages:

Practice Plus Group
Healthcare Centre
HMP Lewes
1 Brighton Road
Lewes
East Sussex, BN7 1EA
T: 01273 785311
practiceplusgrp.hmplewes-admin@nhs.net

Cardiology, Royal Sussex County Hospital
Royal Sussex County Hospital
Eastern Road
Brighton
E Sussex
BN2 5BE

26th February 2025

Re: Mr Patrick Southern
D.O.B: 15 Dec 1977
NHS No: 651 087 8186
White: other White backgrd- Eng+Wales ethnic cat 2011 census

****WE WOULD PREFER "ATTEND ANYWHERE" APPOINTMENTS WHERE APPROPRIATE****
WE CAN ONLY ACCEPT OUTPATIENT APPOINTMENTS MON – FRI BETWEEN 9:30-11AM AND 2:30-3:30PM

Dear Colleague,

Many thanks for seeing this 47 year old male who was recently seen by neurology with 'blackout' episodes.
He is known to have seizures and is currently taking 500mg BD of sodium valproate.
The episodes themselves are described as gaps in his memory where he cant recall what has happened. From what he has told me, they seem to correlate with 'flashbacks' relating to his PTSD and may be trauma related. He denies any chest pain or palpitations and is generally fit and active.
His most recent ECG was NSR which I have attached below. I am referring him to yourselves as per his recent neurology clinic letter to rule out any cardiac causes for this episodes.

Yours sincerely,

DUE TO SECURITY ISSUES, IF A PATIENT RECEIVES AN APPOINTMENT DIRECT THIS WILL HAVE TO BE RE-SCHEDULED
APPOINTMENTS CAN ONLY BE MADE BETWEEN 09:30-11:00 OR 14:30-15:30
PLEASE CALL 01273 785311 TO MAKE AN APPOINTMENT

PLEASE SEND ALL CORRESPONDANCE **C/O HEALTHCARE CENTRE** EITHER BY POST OR EMAIL TO THE ABOVE ADDRESS/CONTACT

THIRD PARTY COPY

HM PRISON SERVICE
Public Sector Prisons

Practice Plus Group

Dr Moonga

Healthcare Centre
HMP Lewes

Consultation date and time	Staff name	Full description	Dose	Quantity
26 Nov 2024 16:56	Mr Thomas O'Sullivan	Thiamine 100mg tablets 84 tablets - 3 tablet - admin times: 08:00 (Oral *Additional Script Notes: 3 tablet, 1 times per 1 day(s) (08:00* *Chronic alcoholism (XE1YQ*	3 tablet	84 tablets
12 Dec 2024 10:21	Mr Paul Scott-Harris	Sodium valproate 200mg gastro-resistant tablets 120 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral *Additional Script Notes: 2 tablet, 2 times per 1 day(s) (08:00, 17:00* *Epilepsy (F25..*	2 tablet	120 tablets
16 Jan 2025 13:31	Miss M Hogg Amy	Levetiracetam 250mg tablets 56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral *Additional Script Notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00* *Epilepsy (F25..*	1 tablet	56 tablets
24 Jan 2025 10:09	Mr Paul Scott-Harris	Trazodone 150mg tablets 28 tablets - 1 tablet - admin times: 17:00 (Oral *Additional Script Notes: 1 tablet, 1 times per 1 day(s) (17:00* *Mixed anxiety and depressive disorder (X00Sb*	1 tablet	28 tablets
24 Jan 2025 10:09	Mr Paul Scott-Harris	Trazodone 50mg capsules 28 capsules - 1 capsule - admin times: 12:00 (Oral *Additional Script Notes: 1 capsule, 1 times per 1 day(s) (12:00* *Mixed anxiety and depressive disorder (X00Sb*	1 capsule	28 capsules
24 Jan 2025 10:09	Mr Paul Scott-Harris	Hydroxyzine 10mg tablets 56 tablets - 2 tablet - admin times: 08:00 (Oral	2 tablet	56 tablets

DUE TO SECURITY ISSUES, IF A PATIENT RECEIVES AN APPOINTMENT DIRECT THIS WILL HAVE TO BE RE-SCHEDULED

APPOINTMENTS CAN ONLY BE MADE BETWEEN 09:30-11:00 OR 14:30-15:30
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THIRD PARTY COPY

HM PRISON SERVICE
Public Sector Prisons

Practice Plus Group

		Additional Script Notes: 2 tablet, 1 times per 1 day(s) (08:00		
24 Jan 2025 10:09	Mr Paul Scott-Harris	Levetiracetam 500mg tablets 56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral *Additional Script Notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00 Epilepsy (F25..*	1 tablet	56 tablets

Start date	End date	Allergy or Sensitivity
08 Jun 2022		No known allergies (1151.)
26 Nov 2024		PHENOXYMETHYLPENICILLIN

Date specimen collected	Battery Headers	Date report issued	Staff name	Result indicator	Follow-up action	Filing comments

THIRD PARTY COPY

DUE TO SECURITY ISSUES, IF A PATIENT RECEIVES AN APPOINTMENT DIRECT THIS WILL HAVE TO BE RE-SCHEDULED

APPOINTMENTS CAN ONLY BE MADE BETWEEN 09:30-11:00 OR 14:30-15:30

PLEASE CALL 01273 785311 TO MAKE AN APPOINTMENT

PLEASE SEND ALL CORRESPONDANCE **C/O HEALTHCARE CENTRE** EITHER BY POST OR EMAIL TO THE ABOVE ADDRESS/CONTACT

Record Attachment
26-Feb-2025 Dr Ishmit Moonga ()
Additional: Record Attachment
**Sensitive* Do Not Disclose Sender: HMP Lewes Recipient: General Surgery, Royal Sussex County Hospital Sent: 26 Feb 2025 11:33*
Filename: 1086AB16-5E54-11F0-B3A3-48DF37DF55D0_1740569583759_B12698996622_L2002158962_1740569586099_SAVING.doc
Extension:.tif
Pages:

HM PRISON SERVICE
Public Sector Prisons

Practice Plus Group

Healthcare Centre
HMP Lewes
1 Brighton Road
Lewes
East Sussex, BN7 1EA
T: 01273 785311
practiceplusgrp.hmplewes-admin@nhs.net

General Surgery, Royal Sussex County Hospital
Royal Sussex County Hospital
Eastern Road
Brighton
E Sussex
BN2 5BE

26th February 2025

Re: Mr Patrick Southern
D.O.B: 15 Dec 1977
NHS No: 651 087 8186
White: other White backgrd- Eng+Wales ethnic cat 2011 census

****WE WOULD PREFER "ATTEND ANYWHERE" APPOINTMENTS WHERE APPROPRIATE****
WE CAN ONLY ACCEPT OUTPATIENT APPOINTMENTS MON – FRI BETWEEN 9:30-11AM AND 2:30-3:30PM

Dear Colleague,

Many thanks for seeing this 47 year old gentleman who has been found to have both a linea alba epigastric hernia measuring 9.4mm and a separate umbilical hernia measuring 19mm.
He is currently asymptomatic with these and both are reducible.
He is keen to be added to the waiting list to have these surgically repaired.

Yours sincerely,

Dr Moonga

DUE TO SECURITY ISSUES, IF A PATIENT RECEIVES AN APPOINTMENT DIRECT THIS WILL HAVE TO BE RE-SCHEDULED
APPOINTMENTS CAN ONLY BE MADE BETWEEN 09:30-11:00 OR 14:30-15:30
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THIRD PARTY COPY

HM PRISON SERVICE
Public Sector Prisons

Healthcare Centre
HMP Lewes

Practice Plus Group

Consultation date and time	Staff name	Full description	Dose	Quantity
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12 Dec 2024 10:21	Mr Paul Scott-Harris	Sodium valproate 200mg gastro-resistant tablets 120 tablets - 2 tablet - admin times: 08:00, 17:00 (Oral *Additional Script Notes: 2 tablet, 2 times per 1 day(s) (08:00, 17:00 Epilepsy (F25..*	2 tablet	120 tablets
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PLEASE SEND ALL CORRESPONDANCE **C/O HEALTHCARE CENTRE** EITHER BY POST OR EMAIL TO THE ABOVE ADDRESS/CONTACT

THIRD PARTY COPY

	Scott-Harris	tablet - admin times: 08:00, 17:00 (Oral *Additional Script Notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00* *Epilepsy (F25..*		

Start date	End date	Allergy or Sensitivity
08 Jun 2022		No known allergies (1151.)
26 Nov 2024		PHENOXYMETHYLPENICILLIN

Date specimen collected	Battery Headers	Date report issued	Staff name	Result indicator	Follow-up action	Filing comments

THIRD PARTY COPY

DUE TO SECURITY ISSUES, IF A PATIENT RECEIVES AN APPOINTMENT DIRECT THIS WILL HAVE TO BE RE-SCHEDULED

APPOINTMENTS CAN ONLY BE MADE BETWEEN 09:30-11:00 OR 14:30-15:30

PLEASE CALL 01273 785311 TO MAKE AN APPOINTMENT

PLEASE SEND ALL CORRESPONDANCE **C/O HEALTHCARE CENTRE** EITHER BY POST OR EMAIL TO THE ABOVE ADDRESS/CONTACT

Scanned Image
25-Feb-2025 Ms Teresa Turner ()
Additional: Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 25 Feb 2025 09:23
Filename: 1086AA62-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_25_Feb_2025_by_TT_4498134447.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6398AA Location: G 1 012

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 27 February 2025

With: Physio - Pain Class

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6398AA

I am unable to attend my healthcare appointment on Thursday 27 February 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
25-Feb-2025 Ms Teresa Turner ()
Additional: Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 25 Feb 2025 09:21
Filename: 1086AA6C-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_25_Feb_2025_by_TT_4498126514.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6398AA Location: G 1 012

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Wednesday 26 February 2025

With: AM GP Clinic

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6398AA

I am unable to attend my healthcare appointment on Wednesday 26 February 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
21-Feb-2025 Miss Danielle Stent ()
Additional: Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 21 Feb 2025 08:32
Filename: 1086AA6B-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_21_Feb_2025_by_DS_4493803817.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6396AA Location: G 1 012

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Wednesday 26 February 2025

With: AM GP Clinic

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6396AA

I am unable to attend my healthcare appointment on Wednesday 26 February 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
18-Feb-2025 Ms Teresa Turner ()
Additional: Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 18 Feb 2025 10:04
Filename: 1086AA60-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_18_Feb_2025_by_TT_4488520642.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6398AA Location: G 1 012

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 20 February 2025

With: Physio - Pain Class

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6398AA

I am unable to attend my healthcare appointment on Thursday 20 February 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
18-Feb-2025 Ms Teresa Turner ()
Additional: Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 18 Feb 2025 09:22
Filename: 1086AA68-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_18_Feb_2025_by_TT_4488339191.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6398AA Location: G 1 012

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Wednesday 19 February 2025

With: Dentist AM

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6398AA

I am unable to attend my healthcare appointment on Wednesday 19 February 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
14-Feb-2025 Miss Danielle Stent ()
Additional: Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 14 Feb 2025 07:26
Filename: 1086AA69-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_14_Feb_2025_by_DS_4483899190.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6398AA Location: G 1 012

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Wednesday 19 February 2025

With: Dentist AM

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6398AA

I am unable to attend my healthcare appointment on Wednesday 19 February 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
11-Feb-2025 Miss Danielle Stent ()
Additional: Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 11 Feb 2025 09:35
Filename: 1086AA64-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_11_Feb_2025_by_DS_4477755821.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6398AA Location: G 1 012

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 13 February 2025

With: Physio - Pain Class

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6398AA

I am unable to attend my healthcare appointment on Thursday 13 February 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
07-Feb-2025 Miss Danielle Stent ()

Additional: Scanned Image
Ultrasound or Scan results Sender: LVH US Result Recipient: HMP Lewes Sent: 10 Feb 2025 14:54
Filename: 1086AB2A-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_07_Feb_2025_by_DS_4476501566.TIFF
Extension:.tif
Pages:

University Hospitals Sussex NHS Foundation Trust (E): Clinical Report Page 1 of 2

SOUTHERN, PATRICK FRANCIS DoB : **15-Dec-1977**
H M PRISON, 1 BRIGHTON ROAD, LEWES, BN7 1EA Hosp No: **RXH3137898**
Ref. Locn. : **Medical Officer** CRIS No. : **60883874**
Referrer : **SPARKES R** NHS No. **651 087 8186**
Ref Spec: General Practice

VERIFIED Verified By : Chiawa Chibuike Paul 07-Feb-2025
and : Chiawa Chibuike Paul
Typed By : EXTERNAL RADIOLOGIST 07-Feb-2025

Clinical History: Grape sized well circumscribed palpable lump epigastric region of abdomen. Partially mobile/ Similar lump approx 4cm below this over the midline
For further assesment of lump
iREFER Request Indications: Soft Tissue Mass, Abdomen/Pelvis (iRefer), iREFER Request Info: Concerning Features=Moderate-High Risk(Stable?:Yes;Soft?:Yes; Mobile?:No;Non-Tender?:No;< 5cm in Size?:Yes);US Done?=N
iREFER Request Score: Indicated

07/02/2025, 11:22, US Anterior Abdominal Wall
Scan with patient consent.
No previous for comparison.

Reports;
There is a linea alba epigastric hernia with a neck measuring 9.4mm. The hernia contains omentum and appear partly reducible on scan. It was very tender on scan but no sonographic evidence of strangulation is seen.

Also noted is an umbilical hernia with a neck measuring 19mm and the hernia contains omentum and appear reducible on scan.

There is divarication of recti.

Impression;
Linea alba epigastric hernia.

Umbilical hernia.

Divarication of recti..

Chibuike Chiawa
SCFT Sonographer
HCPC: RA82796

Event Number : E-86121752 Examination Date : **07-Feb-2025**
Ref. Source : SPARKES R, HMP Lewes Prison, 1 Brighton Road, Lewes, East Sussex, BN7 1EA
Examinations : **US Anterior Abdominal Wall**

THIRD PARTY COPY

SOUTHERN, PATRICK FRANCIS
H M PRISON, 1 BRIGHTON ROAD, LEWES, BN7 1EA
Ref. Locn. : **Medical Officer**
Referrer : **SPARKES R**
Ref Spec:

DoB : **15-Dec-1977**
Hosp No: **RXH3137898**
CRIS No. : **60883874**
NHS No. **651 087 8186**

'This report has been constructed using medical terminology to give the referring clinician actionable information to help with the clinical management of the patient. It remains the responsibility of the referring clinician to communicate the details of the report to the patient and respond to any queries.'

THIRD PARTY COPY

Event Number : E-86121752 Examination Date : **07-Feb-2025**
Ref. Source : SPARKES R, HMP Lewes Prison, 1 Brighton Road, Lewes, East Sussex, BN7 1EA
Examinations : **US Anterior Abdominal Wall**

Scanned Image
04-Feb-2025 Ms Teresa Turner ()
Additional: Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 04 Feb 2025 09:53
Filename: 1086AA65-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_04_Feb_2025_by_TT_4467527640.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6396AA Location: G 1 013

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 06 February 2025

With: Physio - Pain Class

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6396AA

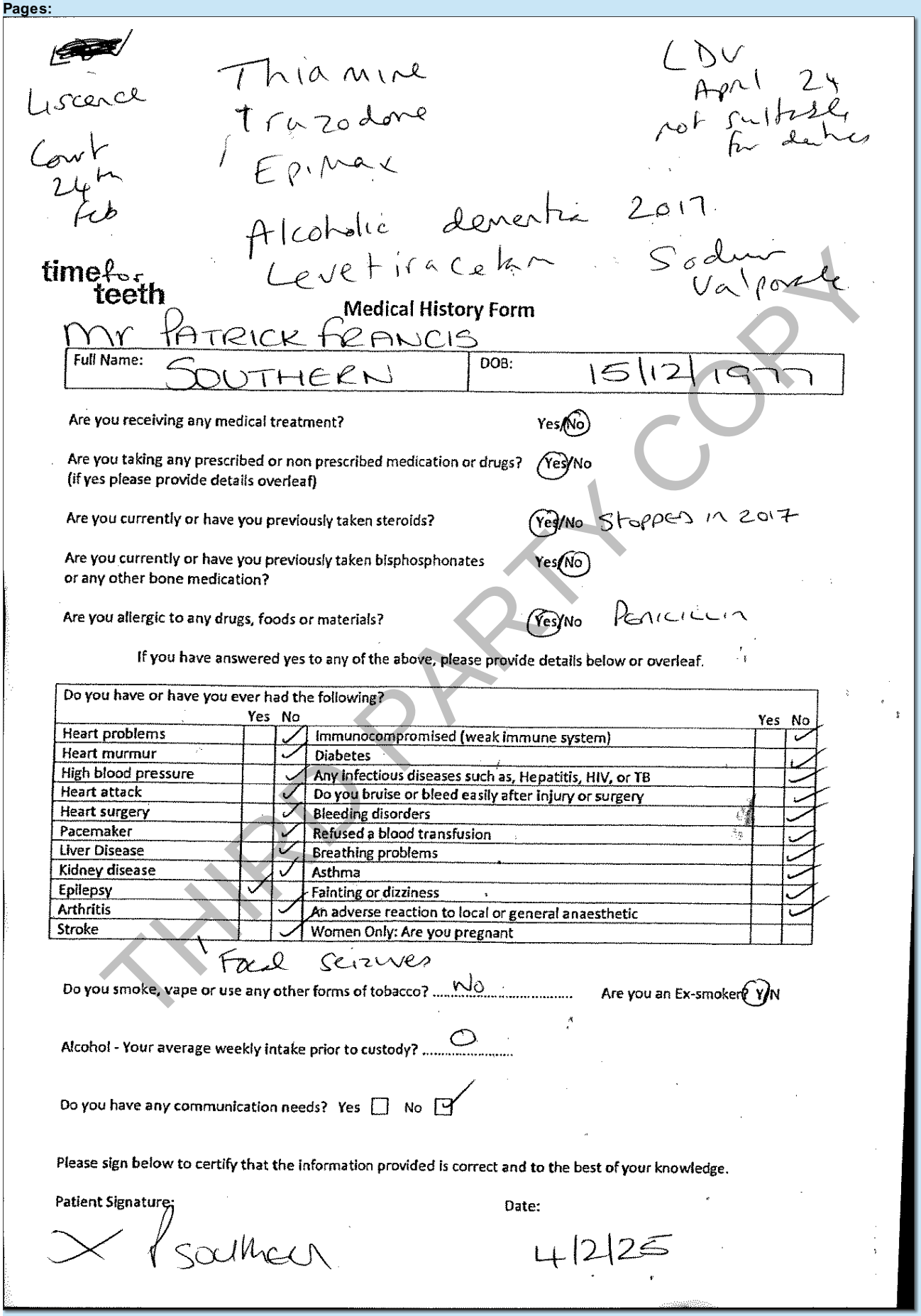
I am unable to attend my healthcare appointment on Thursday 06 February 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
04-Feb-2025 Mrs Tracey Pumfrey ()

Additional: Scanned Image
Dentistry Sender: Medical History Form Sent: 05 Feb 2025 12:36
Filename: 1086AB28-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_04_Feb_2025_by_TP_4470073582.TIFF
Extension:.tif
Pages:



Licence
Court 24th Feb

Thiamine
Trazodone
Epimax

LDV
April 24
not suitable for dentures

Alcoholic dementia 2017.
Levetiracetam
Sodium Valproate

timefor teeth

Medical History Form

Mr PATRICK FRANCIS

Full Name: SOUTHERN	DOB: 15/12/1977

Are you receiving any medical treatment? Yes/(No)

Are you taking any prescribed or non prescribed medication or drugs? (Yes)/No
(if yes please provide details overleaf)

Are you currently or have you previously taken steroids? (Yes)/No Stopped in 2017

Are you currently or have you previously taken bisphosphonates or any other bone medication? Yes/(No)

Are you allergic to any drugs, foods or materials? (Yes)/No Penicillin

If you have answered yes to any of the above, please provide details below or overleaf.

Do you have or have you ever had the following?	Yes	No		Yes	No
Heart problems		✓	Immunocompromised (weak immune system)		✓
Heart murmur		✓	Diabetes		✓
High blood pressure		✓	Any infectious diseases such as, Hepatitis, HIV, or TB		✓
Heart attack		✓	Do you bruise or bleed easily after injury or surgery		✓
Heart surgery		✓	Bleeding disorders		✓
Pacemaker		✓	Refused a blood transfusion		✓
Liver Disease		✓	Breathing problems		✓
Kidney disease		✓	Asthma		✓
Epilepsy	✓		Fainting or dizziness		✓
Arthritis		✓	An adverse reaction to local or general anaesthetic		✓
Stroke		✓	Women Only: Are you pregnant		

Focal Seizures

Do you smoke, vape or use any other forms of tobacco? ..... No ..... Are you an Ex-smoker? Y/(N)

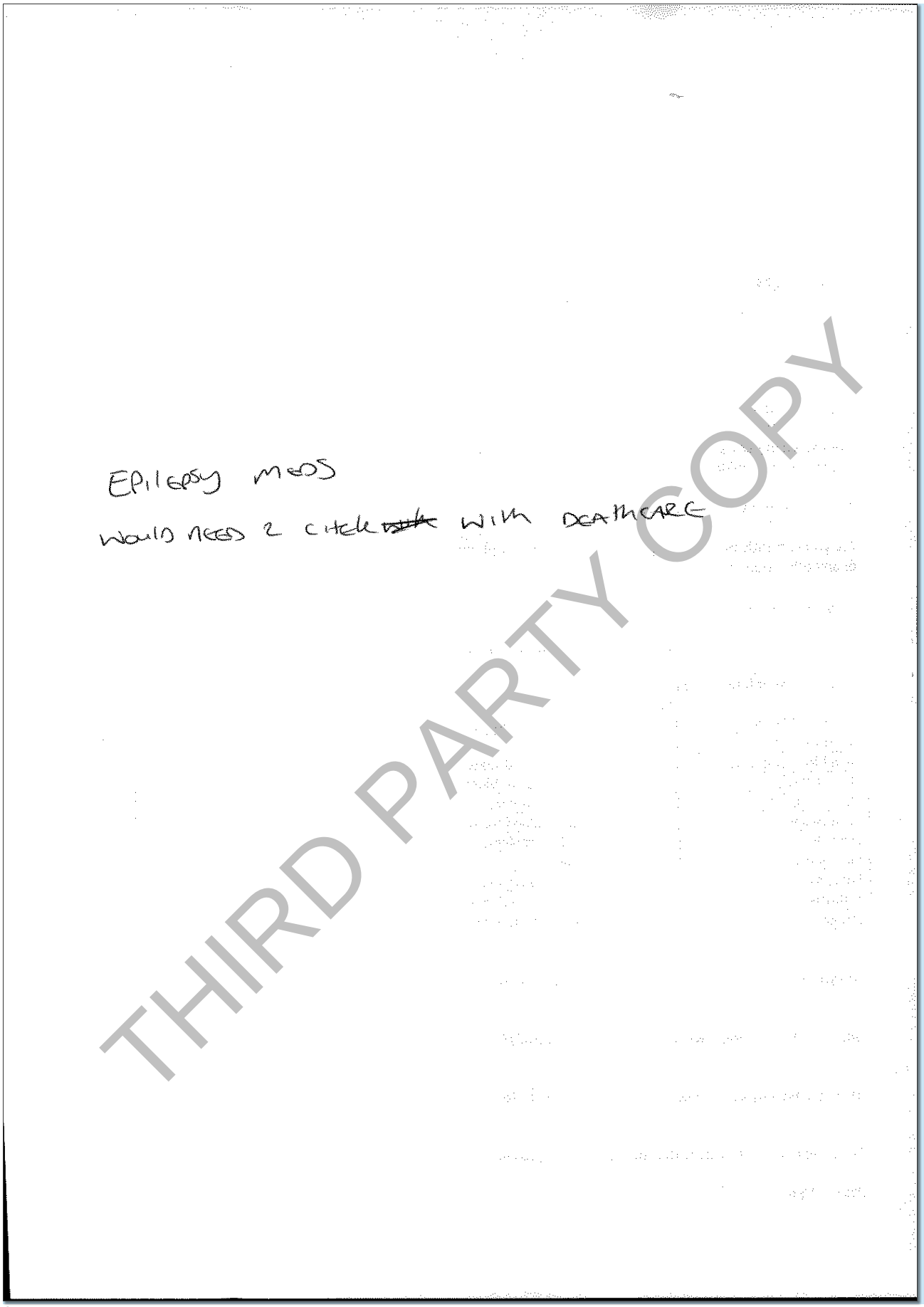
Alcohol - Your average weekly intake prior to custody? 0

Do you have any communication needs? Yes ☐ No ☑

Please sign below to certify that the information provided is correct and to the best of your knowledge.

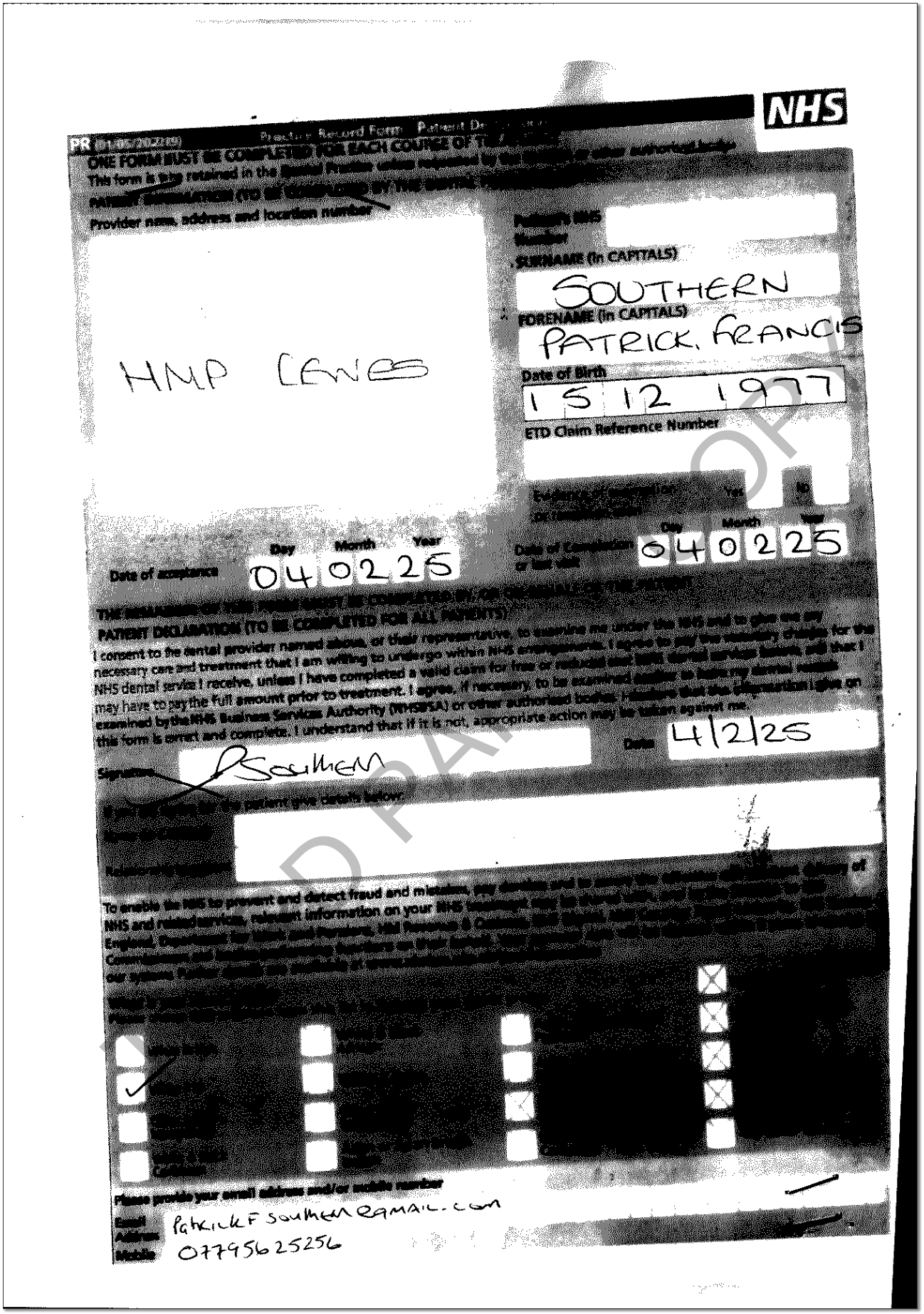
Patient Signature: P Southern Date: 4/2/25

THIRD PARTY COPY



THIRD PARTY COPY

Scanned Image
04-Feb-2025 Mrs Tracey Pumfrey ()
Additional: Scanned Image
Dentistry Sender: Patient Declaration Sent: 05 Feb 2025 12:44
Filename: 11A0095A-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_04_Feb_2025_by_TP_4470073581.TIFF
Extension:.tif
Pages:



NHS

Provider name, address and location number

HMP LEWES

SURNAME (in CAPITALS)

SOUTHERN

FORENAME (in CAPITALS)

PATRICK FRANCIS

Date of Birth

15 12 1977

ETD Claim Reference Number

Date of acceptance: Day 04 Month 02 Year 25

Date of Completion or last visit: Day 04 Month 02 Year 25

PATIENT DECLARATION (TO BE COMPLETED FOR ALL PATIENTS)

I consent to the dental provider named above, or their representative, to examine me under the NHS and to give me any necessary care and treatment that I am willing to undergo within NHS entitlements. I agree to pay any necessary charges for the NHS dental service I receive, unless I have completed a valid claim for free or reduced cost NHS dental services and that I may have to pay the full amount prior to treatment. I agree, if necessary, to be examined earlier to begin my dental course examined by the NHS Business Services Authority (NHSBSA) or other authorised bodies. I declare that the information I give on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me.

Signature: [signature]

Date: 4/2/25

If you are a friend of the patient give details below:

Name

Relationship to patient

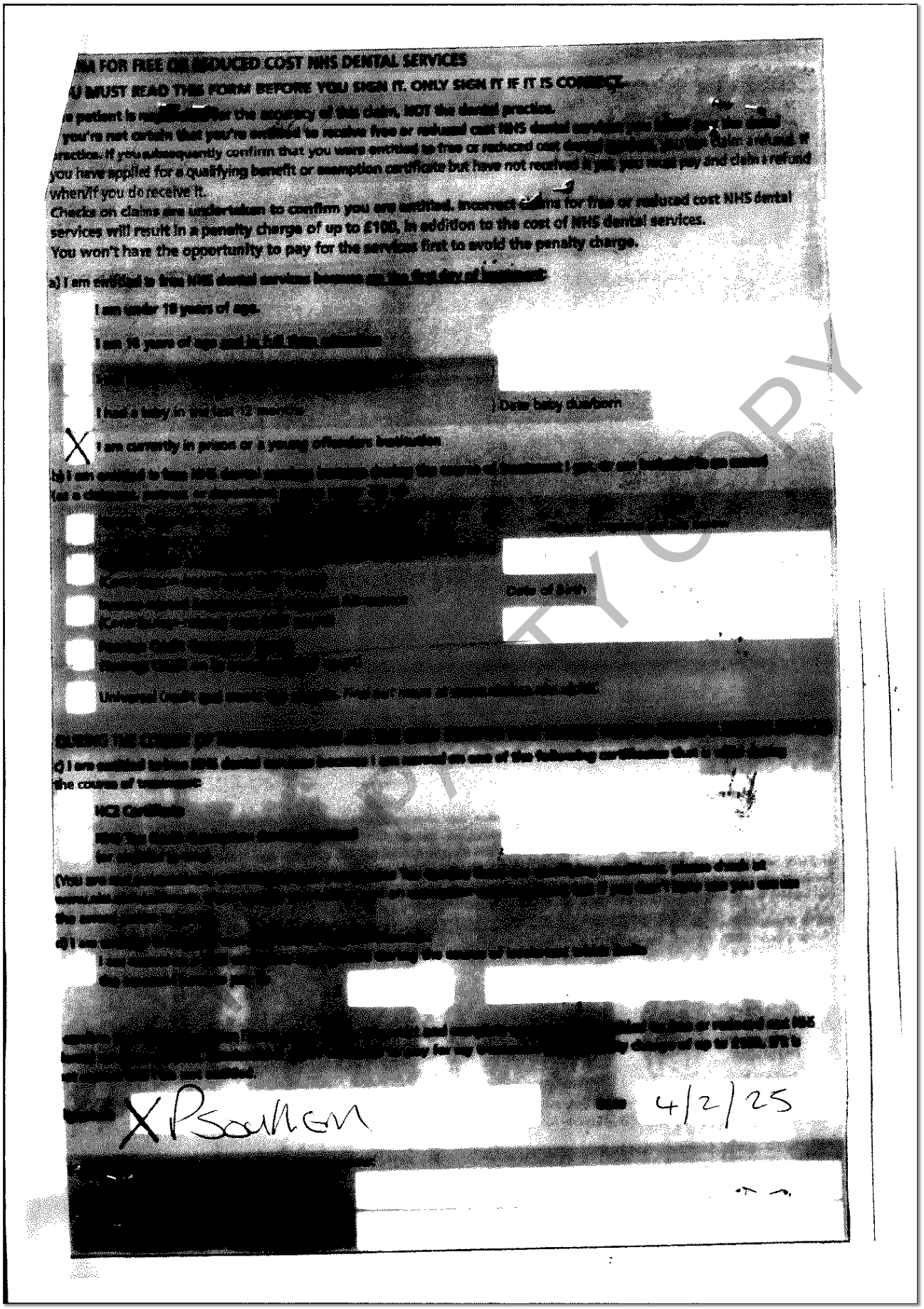
To enable the NHS to prevent and detect fraud and misuse, key dentists and NHS payments may be shared with, and used by the following groups of NHS and related services, relevant information on your NHS treatment may be shared with, and used by the following groups of England, Department for Work and Pensions, HM Revenue & Customs, NHS Counter Fraud Authority, Care Quality Commission and local authorities. Information will be shared with these groups only where it is necessary for their specific purposes and in accordance with the law. For more information about how your information is used, and your rights to access your information, please see the NHS Business Services Authority's Privacy Notice on their website or ask for a copy at your practice.

Please provide your email address and/or mobile number

Email Address: PatrickFSouthern@gmail.com

Mobile: 07795625256

DRAFT



FOR FREE OR REDUCED COST NHS DENTAL SERVICES

U MUST READ THIS FORM BEFORE YOU SIGN IT. ONLY SIGN IT IF IT IS CORRECT.

e patient is responsible for the accuracy of this claim, NOT the dental practice.

you're not certain that you're entitled to receive free or reduced cost NHS dental services you must pay for the dental
ractice. If you subsequently confirm that you were entitled to free or reduced cost dental treatment, you can claim a refund. If
you have applied for a qualifying benefit or exemption certificate but have not received it yet, you must pay and claim a refund
when/if you do receive it.

Checks on claims are undertaken to confirm you are entitled. Incorrect claims for free or reduced cost NHS dental
services will result in a penalty charge of up to £100, in addition to the cost of NHS dental services.

You won't have the opportunity to pay for the services first to avoid the penalty charge.

a) I am entitled to free NHS dental services because on the first day of treatment:

I am under 18 years of age.

I am 18 years of age and in full time education

I had a baby in the last 12 months) Date baby due/born

X I am currently in prison or a young offenders institution

b) I am entitled to free NHS dental services because during the course of treatment I will, or am hopeful I will be able
to a document, payment or circumstance

Date of birth

Universal Credit, and

c) I am entitled to free NHS dental services because I am covered by one of the following circumstances that is valid during
the course of treatment:

NHS Certificate

d) I am

4/2/25

Scanned Image
31-Jan-2025 Ms Teresa Turner ()
Additional: Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 31 Jan 2025 08:27
Filename: 1086AA5F-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_31_Jan_2025_by_TT_4462965816.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6396AA Location: G 1 013

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Tuesday 04 February 2025

With: Dentist PM

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6396AA

I am unable to attend my healthcare appointment on Tuesday 04 February 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
31-Jan-2025
Additional: Scanned Image
Appointment Letter Sender: Ms Teresa Turner Recipient: Mr Patrick Southern Sent: 31 Jan 2025 08:14
Filename: 1086AA67-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_31_Jan_2025_by_TT_4462928128.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6396AA Location: G 1 013

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Monday 03 February 2025

With: AM Clinic Doctor

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6396AA

I am unable to attend my healthcare appointment on Monday 03 February 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
28-Jan-2025 Miss Danielle Stent ()
Additional: Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 28 Jan 2025 09:03
Filename: 1086AA61-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_28_Jan_2025_by_DS_4457039816.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6396AA Location: G 1 013

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 30 January 2025

With: Physio - Pain Class

Signature:

An appointment has been booked for you in the above clinic for the date mentioned. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6396AA

I am unable to attend my healthcare appointment on Thursday 30 January 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
21-Jan-2025
Additional: Scanned Image
Hospital Letter/Appointment Letter Sender: LVH Radiology Recipient: HMP Lewes Sent: 22 Jan 2025 15:09
Filename: 1086AADC-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_21_Jan_2025_by_DS_4448833956.JPG
Extension:.tif
Pages:

NHS
Sussex Community
NHS Foundation Trust

VHL Main X-Ray Department
Lewes Victoria Hospital
Nevill Road
Lewes
East Sussex
BN7 1PE

Telephone 01273 666491
Date: 21 January 2025
Hospital No: RXH3137898

PRIVATE AND CONFIDENTIAL

Mr Patrick Francis Southern
H M Prison
1 Brighton Road
Lewes
BN7 1EA

Dear Mr Southern

An appointment has been made for you to attend the VHL Main X-Ray Department for the following:

For: **US Anterior Abdominal Wall**
On: **Friday 07 February 2025 at 11:00 am**
At: **Lewes Victoria Hospital, VHL Main X-Ray Department**

IMPORTANT INFORMATION AND INSTRUCTIONS BEFORE YOUR EXAMINATION.

Please note that you can eat and drink as normal.

We regret we do not have child care facilities within the department. Please do not bring children with you to your appointment, unless another adult comes with you to look after them whilst you have your examination.

You can take any prescribed drugs and medicines as usual.

Please phone the booking staff as soon as possible if you cannot attend. We can then re-appoint you, and someone else can have your appointment to achieve shorter waiting times.

We have male and female sonographers who perform all ultrasound examinations.

If you are unable to keep this appointment, please phone Monday to Friday 01273 666491 between the hours of 8am - 6pm, as soon as possible.

THIRD PARTY COPY

E-86121752

Scanned Image
20-Jan-2025 Mrs Tracey Pumfrey ()
Additional: Scanned Image
Correspondence Sender: Neurology - Hurstwood Park - Haywards Heath Recipient: Mr Patrick Southern Sent: 13 Feb 2025 10:16

Filename: 1140AB40-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_20_Jan_2025_by_TP_4482372614.TIFF
Extension:.tif
Pages:

RECEIVED
10 FEB 2025

NHS
University Hospitals Sussex
NHS Foundation Trust

Department of Neurology HWP

Hurstwood Park Neurological Centre
Lewes Road
Haywards Heath
West Sussex
RH16 4EX

Tel: 01444 441881

Dictated: 16/1/2025
Typed: 20/1/2025
Transcribed by: IM

PRIVATE AND CONFIDENTIAL

Dr Lewes Hmp
1 Brighton Road
Lewes
East Sussex
BN7 1EA

Trust Patient ID: 3137898
NHS No: 651 087 8186

Dear Mr Southern,

Re: Mr Patrick Southern DOB: 15-12-1977
H M Prison 1 Brighton Road Lewes BN7 1EA

I would like to take this opportunity to introduce myself, I am the adult epilepsy nurse specialist that is covering your area.

My contact details, phone number and email, and those of my secretary, are contained within this letter. Please do not hesitate in contacting me if you have any concerns regarding your epilepsy.

When contacting me please quote your initials, name and your hospital ID number: **3137898** which is also found at the top of this letter.

I will arrange a TeleMed appointment for the middle of February, and look forward to speaking with you then.

Yours sincerely

Electronically checked and signed by

Shelley Jenkins
Epilepsy Nurse Specialist

CC: Mr Patrick Southern

Epilepsy nurse contact:
Shelley.jenkins3@nhs.net
Secretary: Irene.millar1@nhs.net

THIRD PARTY COPY

uhsussex.neurologyadmin@nhs.net
Tel: 01273 696955 voice mail 62965

For information about epilepsy and seizures please visit link below.
www.uhsussex.nhs.uk/wp-content/uploads/2022/10/Epilepsy-and-seizures.pdf
www.sudep.org

The Epilepsy Specialist Nurses do not provide an emergency service. In an emergency, please call GP, 111, 999 or attend your nearest A&E Department.

Your GP can access on-call urgent neurology advice via Princess Royal Hospital at any time.

When to contact the Epilepsy Specialist Nurses:

If you experience a worsening in your seizure control
If you experience side effects related to your epilepsy medications
If you have concerns about your epilepsy or its treatment that cannot wait until your next appointment.
If you want advice on other issues related to your epilepsy

Other information please contact Epilepsy charities or helplines
Epilepsy action (https://www.epilepsy.org.uk/info) Tel:0808 800 5050
Epilepsy society (https://epilepsysociety.org.uk/) Tel: 01494 601 400
Epilepsy Sussex (https://www.epilepsysussex.com/)

THIRD PARTY COPY

***For all appointment queries please ring the Bookings Hub on** 0300 131 6770*

Record Attachment
17-Jan-2025 Ashley Acott ()
Additional: Record Attachment
Acrobat Document: Southern consent.pdf
Filename: 1086AA9B-5E54-11F0-B3A3-48DF37DF55D0_Southern_consent.pdf
Extension:.tif
Pages:

Practice Plus Group

HMP Lewes Healthcare
CONSENT TO SHARE INFORMATION

Prison Number	Patrick Southern PLEASE AFFIX LABEL HERE
Name	A6398AA

For the benefit of my health, I consent to staff within Practice Plus Group sharing medical information with the below agencies which have or will be involved in my healthcare / social care, past, present and future, whilst I am in custody within HMP Lewes.

I give consent to the following healthcare staff / agencies to provide and receive information about my health and share information for my benefit to the following identified professionals;

Community GP	* Yes / No
Hospital Staff	* Yes / No
Community Healthcare Professionals e.g. CPN, Blood borne virus teams	* Yes / No
Local Authority County Council – Social care purposes	* Yes / No
Prison Staff	* Yes / No
Community Drug & Alcohol Teams	* Yes / No
Probation / Community Rehab Companies / Approved Premises	* Yes / No
Subcontracted Healthcare Services within the prison (Optician, Dentist, Podiatrist and Physiotherapy)	* Yes / No

***PLEASE INDICATE CLEARLY POSITIVE OR NEGATIVE CONSENT**

Patient's Signature: P Southern

Witness Signature: AA

DATE: 17/1/25

NB – Please ensure that where a patient DOES NOT give consent to the above, this should be noted on this form and NOT left uncompleted.

Please note as per GDPR Article 9(2)(h): for the purposes of direct care, relevant personal confidential information should be shared among the registered and regulated health and social care professionals who have a legitimate relationship with the individual.

THIRD PARTY COPY

Record Attachment
17-Jan-2025 Ashley Acott ()
Additional: Record Attachment
Acrobat Document: Southern NDTMS.pdf

Filename: 1086AABE-5E54-11F0-B3A3-48DF37DF55D0_Southern_NDTMS.pdf
Extension:.tif
Pages:

Office for Health Improvement & Disparities

NDTMS: information and consent

This leaflet tells you about what information we collect from you, why we collect it, why we might share it, and what your rights are.

Who we are

We are the Office for Health Improvement and Disparities (OHID) in the Department of Health and Social Care. We have a database called the National Drug Treatment Monitoring System (NDTMS), which we use to collect information about drug and alcohol treatment in England.

We need your consent

We need your consent to collect information about you and your treatment. You can choose either to share your information with us, or not to share it. Whatever you choose, it will not affect the treatment you receive or how well you are looked after.

If you consent, your treatment service will share some of the information they collect from you with NDTMS.

What information we collect about you

We collect your service's reference number for you, which allows us to speak to them about your information without us knowing your name. We also collect information to make sure you are only counted once. This includes:

- your initials
- your date of birth
- your sex
- the area where you live (the first bit of your postcode)

THIRD PARTY COPY

We also collect information on things like the treatment you are receiving, and your nationality, ethnicity and disabilities, so we can see if people are being treated fairly. And we ask for information about your family situation so we can understand families' needs too.

Why we collect information about you

We are responsible for improving the lives of people who are affected by drug and alcohol use in England. We collect data about you to help improve your:

- treatment and other support
- health and wellbeing
- education and job prospects
- family life

We use NDTMS data to monitor alcohol and drug treatment across England. It can help us see what's not working well, so we can do something about it. It helps to make sure that people are getting the best possible care wherever they live.

Sharing your information

By sharing your personal data with OHID, any drug and alcohol treatment provider may become aware of any other treatment providers that you are in contact with.

If your current treatment provider is replaced or taken over by another treatment provider, they will continue to share your information with OHID.

We may share your information with other government departments, and other organisations working with us to improve the lives of people affected by drug and alcohol use.

If we do share information, we take as much of the detail out as possible, and only share what we really need for analysis.

We will not share information about you with the police, social services or the courts.

THIRD PARTY COPY

Your rights to your information

You can tell your treatment service if you change your mind about sharing data with us at any time. So, if you consent, you can change your mind about that. Or if you do not consent and later decide you're OK with us collecting your information, you can do that too.

You can get more information about your data and rights online in the NDTMS privacy notice (tinyurl.com/ndtms-consent). If you cannot access the information online, you can ask your keyworker to print it out for you.

You can also contact us if you have a complaint or if you have any concerns about how we may have used your information. Our contact details are in the privacy notice, or you can ask your keyworker to help you contact us.

If we have not been able to help you, or you are not happy with how we have handled your information, you can contact the Information Commissioner's Office (ICO). Details about how to contact the ICO are in the privacy notice.

Consent to share your information with us

Please tick the relevant box and sign and date the form to complete your consent.

☑ I consent and agree that my treatment provider can share my personal information with OHID for the purposes outlined above.

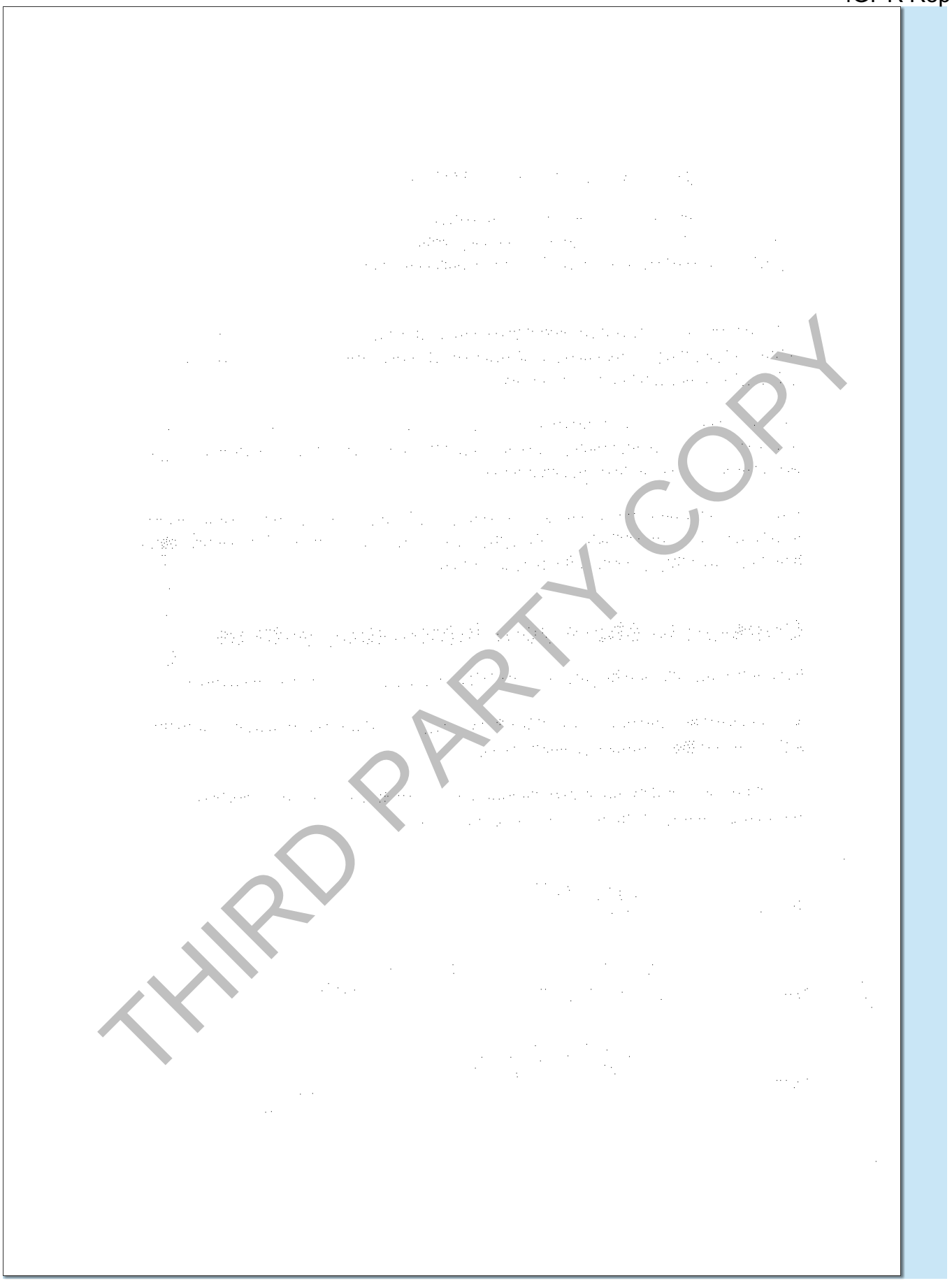
☐ I do not consent or agree that my treatment provider can share my personal information with OHID for the purposes outlined above.

Signature..... P Southern .....

Name..... Patrick Southern .....

Date..... 17/1/25 .....

THIRD PARTY COPY



THIRD PARTY COPY

Scanned Image
14-Jan-2025 Miss Danielle Stent ()
Additional: Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 14 Jan 2025 14:33
Filename: 1086AA63-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_14_Jan_2025_by_DS_4437327559.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6396AA Location: B 2 007

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 16 January 2025

With: Optician - PM

Signature:

An appointment has been booked for you in the above clinic for the date and time mentioned below. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6396AA

I am unable to attend my healthcare appointment on Thursday 16 January 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
14-Jan-2025 Miss Danielle Stent ()
Additional: Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 14 Jan 2025 14:30
Filename: 1086AA66-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_14_Jan_2025_by_DS_4437317482.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6396AA Location: B 2 007

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 16 January 2025

With: Physio - Pain Class

Signature:

An appointment has been booked for you in the above clinic for the date and time mentioned below. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

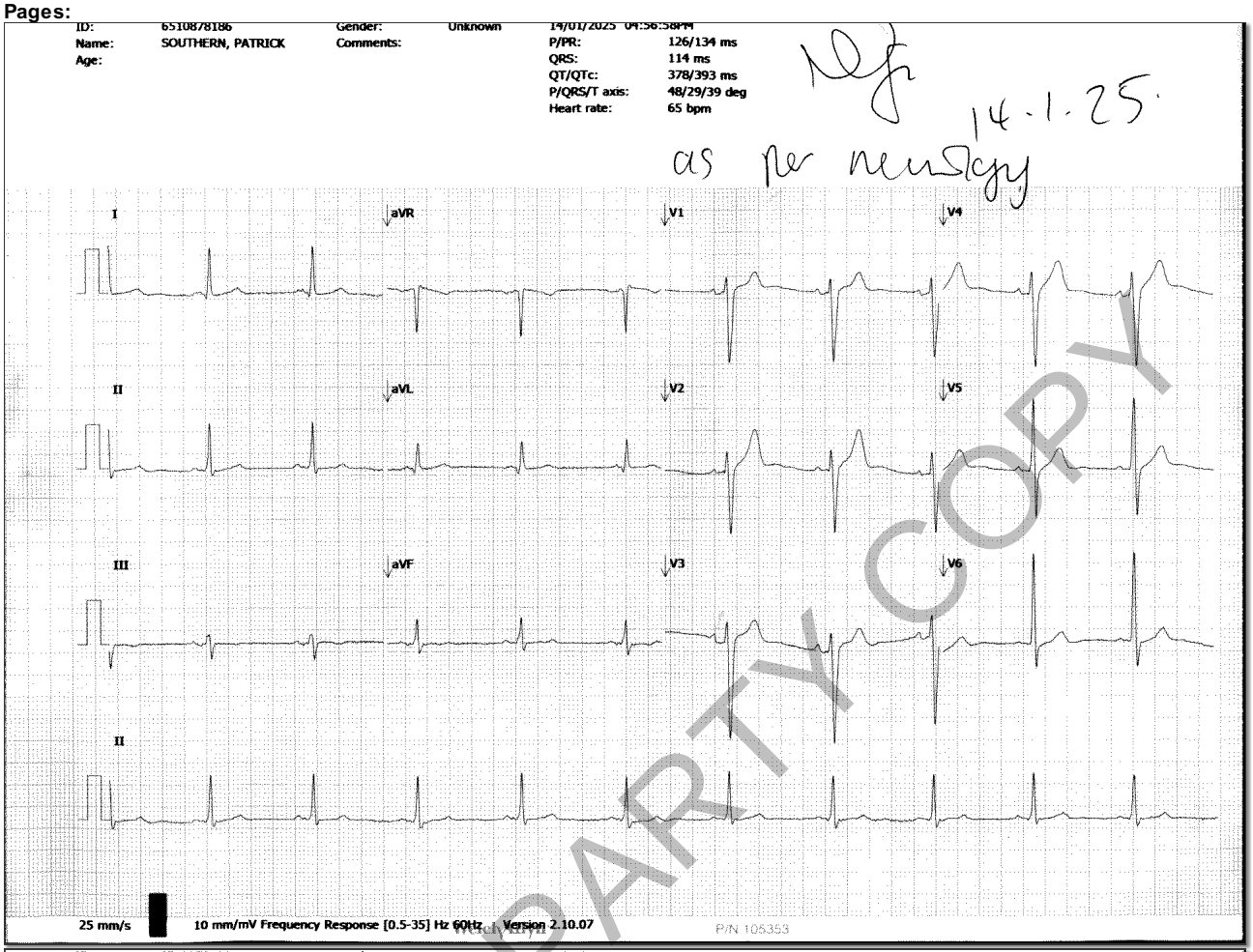
Name: Mr Patrick Southern Prison number: A6396AA

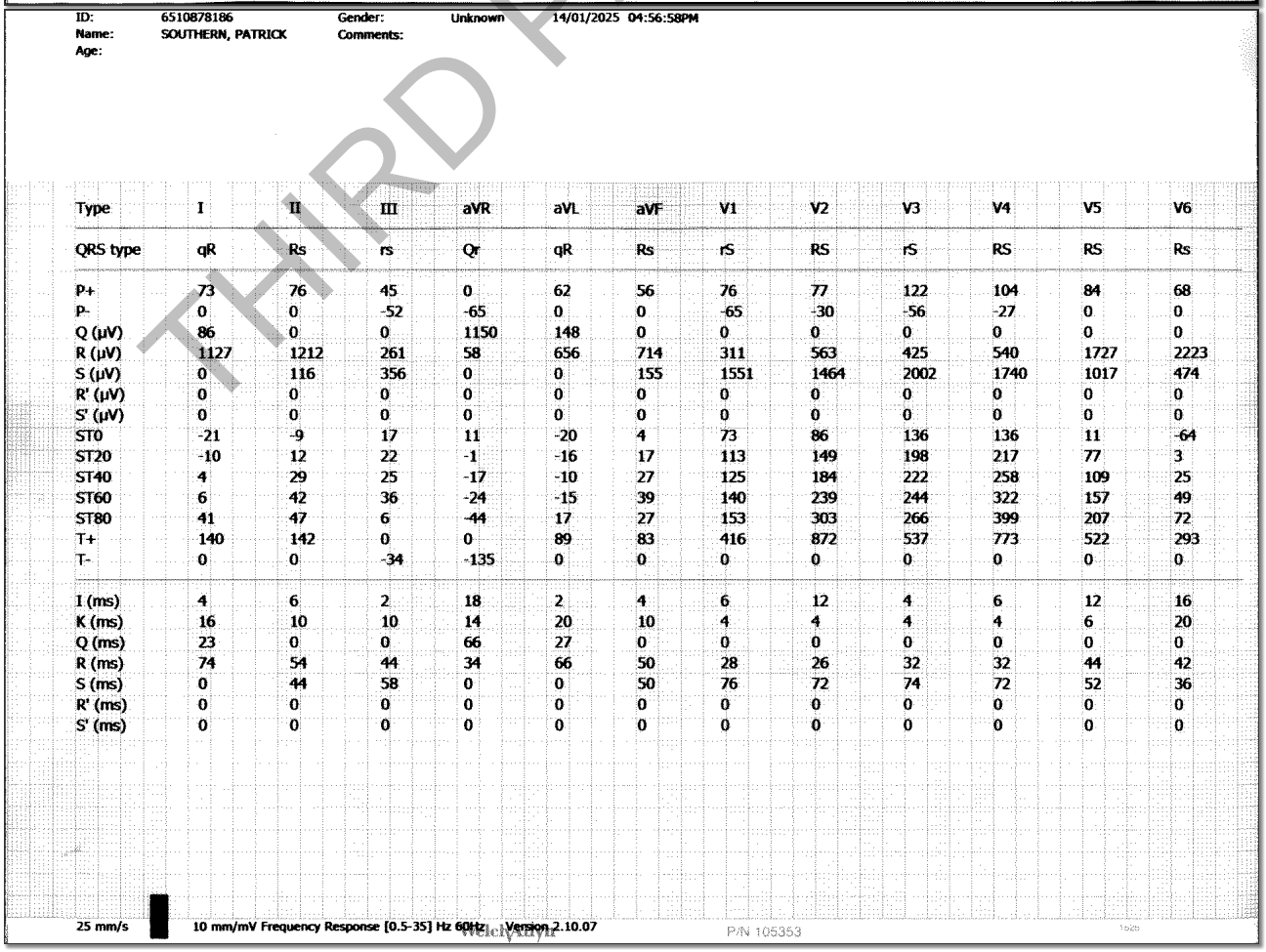
I am unable to attend my healthcare appointment on Thursday 16 January 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
14-Jan-2025 Mrs Tracey Pumfrey ()
Additional: Scanned Image
Results Sender: ECG Results Sent: 15 Jan 2025 08:47
Filename: 11E9E390-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_14_Jan_2025_by_TP_4437945542.TIFF
Extension:.tif
Pages:

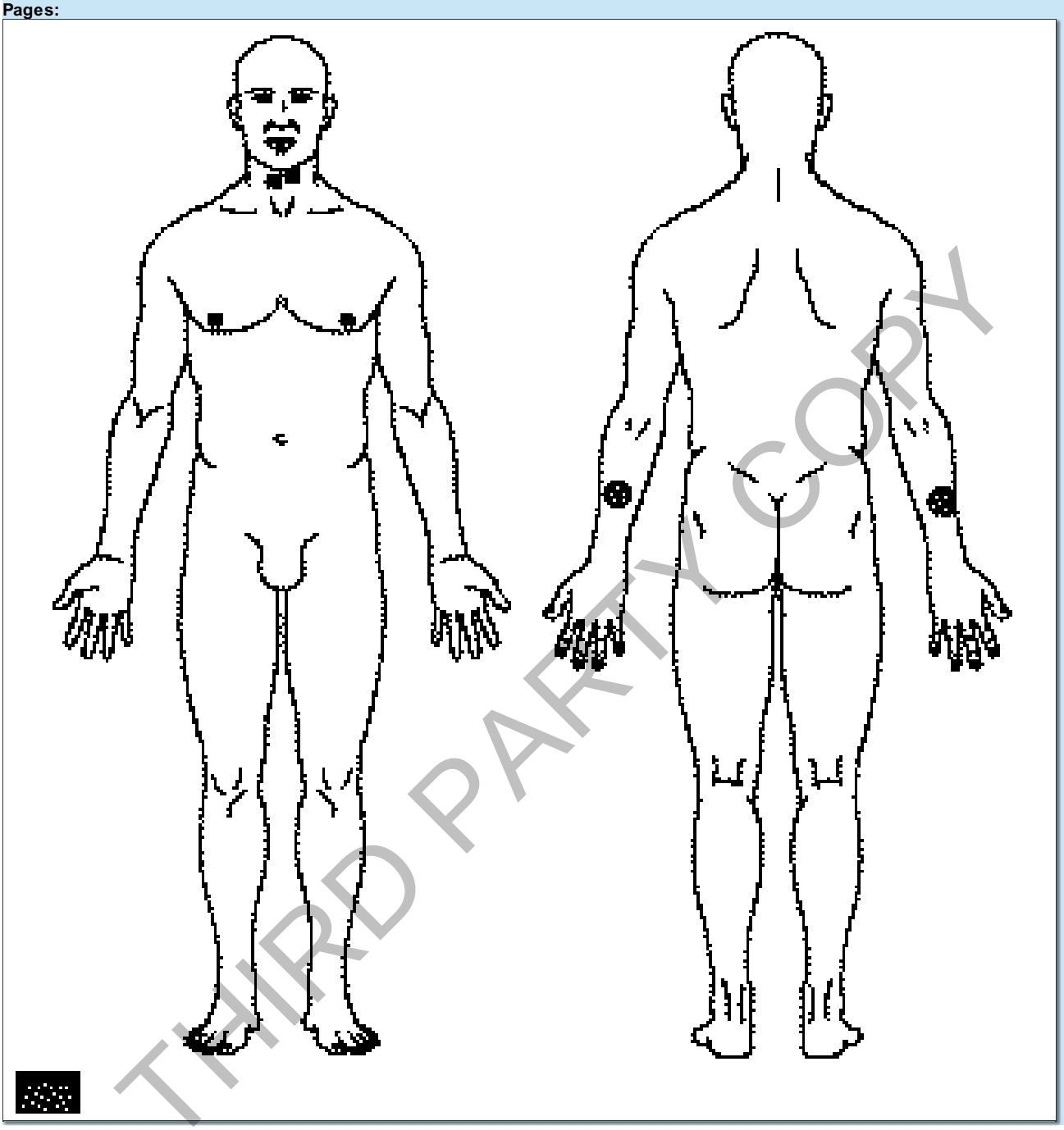




Type	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
QRS type	qR	Rs	rs	Qr	qR	Rs	rS	RS	rS	RS	RS	Rs
P+	73	76	45	0	62	56	76	77	122	104	84	68
P-	0	0	-52	-65	0	0	-65	-30	-56	-27	0	0
Q (µV)	86	0	0	1150	148	0	0	0	0	0	0	0
R (µV)	1127	1212	261	58	656	714	311	563	425	540	1727	2223
S (µV)	0	116	356	0	0	155	1551	1464	2002	1740	1017	474
R' (µV)	0	0	0	0	0	0	0	0	0	0	0	0
S' (µV)	0	0	0	0	0	0	0	0	0	0	0	0
ST0	-21	-9	17	11	-20	4	73	86	136	136	11	-64
ST20	-10	12	22	-1	-16	17	113	149	198	217	77	3
ST40	4	29	25	-17	-10	27	125	184	222	258	109	25
ST60	6	42	36	-24	-15	39	140	239	244	322	157	49
ST80	41	47	6	-44	17	27	153	303	266	399	207	72
T+	140	142	0	0	89	83	416	872	537	773	522	293
T-	0	0	-34	-135	0	0	0	0	0	0	0	0
I (ms)	4	6	2	18	2	4	6	12	4	6	12	16
K (ms)	16	10	10	14	20	10	4	4	4	4	6	20
Q (ms)	23	0	0	66	27	0	0	0	0	0	0	0
R (ms)	74	54	44	34	66	50	28	26	32	32	44	42
S (ms)	0	44	58	0	0	50	76	72	74	72	52	36
R' (ms)	0	0	0	0	0	0	0	0	0	0	0	0
S' (ms)	0	0	0	0	0	0	0	0	0	0	0	0

THIRD PARTY COPY

Medical drawing
09-Jan-2025 Alan Wason ()
Additional: Medical drawing
Body Front & Back (Male)
Filename: 1086AA56-5E54-11F0-B3A3-48DF37DF55D0_Drawing_56672380.png
Extension: .tif
Pages:



THIRD PARTY COPY

Scanned Image
07-Jan-2025 Miss Danielle Stent ()
Additional: Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 07 Jan 2025 13:14
Filename: 1086AA5E-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_07_Jan_2025_by_DS_4426809987.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6396AA Location: L 3 007

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Friday 10 January 2025

With: AM Clinic Doctor

Signature:

An appointment has been booked for you in the above clinic for the date and time mentioned below. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6396AA

I am unable to attend my healthcare appointment on Friday 10 January 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
07-Jan-2025 Mrs Tracey Pumfrey ()

Additional: Scanned Image
Clinic Letter Sender: Dept of Neurology - RSCH Recipient: HMP Lewes Sent: 13 Jan 2025 11:31
Filename: 120B4E49-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_07_Jan_2025_by_TP_4433874694.TIFF
Extension:.tif
Pages:

13 JAN 2025

NHS
University Hospitals Sussex
NHS Foundation Trust

Department of Neurology RSCH

Royal Sussex County Hospital
Eastern Road
Brighton
East Sussex
BN2 5BE

Dictated: 7/1/2025
Typed: 7/1/2025
Transcribed by: FR

Tel: 01273 696955

PRIVATE AND CONFIDENTIAL

Mr Patrick Southern
H M Prison
1 Brighton Road
Lewes
BN7 1EA

Trust Patient ID: 3137898

NHS No: 651 087 8186

Dr Edina Bravo, Consultant Neurologist
Secretary: Francine Rodriguez
Tel. 01273-696955 Ext: 67985

Dear Dr Hmp,

Re: Mr Patrick Southern DOB: 15-12-1977
H M Prison 1 Brighton Road Lewes BN7 1EA

Diagnosis:
Seizures - seizure onset 2013 at the age of 35.
Post-traumatic stress disorder
Attention deficit hyperactivity disorder
Korsakoff syndrome
Early detachment syndrome
Past history of alcohol abuse (started to drink alcohol at the age of 12).
Admission to rehabilitation unit called Connect in Portsmouth in January 2022
Past history of illicit drug use

Semiology: GTCS and complex partial type of seizures with panic coming over him with tightness in his chest, difficulty breathing and loss of consciousness. There was a description of "clucking" noise of the mouth like oral automatism, would be smacking lips together, would not have any memory of what was happening for about half an hour, would be walking around in circles, would be trying to say something, would be always turning to the right side, becoming stiff and these sometimes develop in major seizures when he would bite his tongue, would be throwing his arms etc.

10/ 2018 a cluster of 4 generalised tonic-clonic seizures the during night.
Investigations:

THIRD PARTY COPY

MRI brain 2019 suspicion of left hippocampal sclerosis with high T2 FLAIR signal but retained architecture of hippocampus
CT head November 2024 - small area of mature damage in the left orbitofrontal region which is probably due to previous trauma. Prominent posterior fossa extra-axial CCF space superiorly with some distortion of the superior cerebellum which could be either constitutional or due to an arachnoid cyst.

EEG requested in 2019 but the patient declined.

Seizure frequency:
During 2023 reportedly would be having absence seizures about once a week and he also reported blackouts at that time.
Increased seizure frequency in November 2024 with reported injury during seizure, reviewed in Accident & Emergency.

Medication:
Sodium Valproate 400 mg bd
Levetiracetam 750 mg bd.

I spoke today over the phone with Mr Southern for his follow-up. I was also talking over the phone with the nurse Amy or Anna Stevens. Mr Southern is again a resident in Lewes Prison. He reports that he does not feel well, he continues to have episodes that he calls "blackouts". The Valproate has recently been increased from 200 mg bd to 400 mg bd and he reports that he is improved somewhat but he is still having his blackouts.

We discussed today this in detail over the phone both with him as well as his nurse Ms Stevens who unfortunately doesn't know him very well. These episodes have not been witnessed and Mr Southern is alone in his cell. I note that his seizures previously were nocturnal. Therefore I have today emphasised and would strongly suggest and advise that this patient should not be alone in the cell especially during the night and that he should be monitored for his seizures. There is a well known risk of SUDEP whilst having a seizure especially nocturnal seizures or clusters of seizures which he did have in the past. Therefore being in an inpatient unit where he could be monitored would be ideal for him. I understand that he is to be moved to a segregation unit today where he could be monitored during the day but it is utmost of importance that he is also monitored during the night. I would strongly suggest to Mr Southern to agree to be in a unit where he could be monitored during the night as well.
I would suggest that his Valproate dose is increased to 500 mg bd. Thank you for providing him with prescription.
EEG would be useful as well if patient agrees and can be brought to hospital - please let me know.

THIRD PARTY COPY

As he is describing his episodes as blackouts, I would also very much suggest that he is cardiologically investigated with an ECG etc. to see if he might be truly suffering only from blackouts.

I have been advised by Mrs Stevens that this letter should be sent to the prison as he is now registered with a GP in the prison.
I am booking him for a follow-up with me in 3 months time.
I will ask our epilepsy nurse to give a call in about a month and should he continue to have these episodes, please do not hesitate to contact us immediately through my secretary. Her email address is francine.rodriguez@nhs.net and contact number is 01273 696955 ext. 67985.

Plan:
Increase Valproate to 500 mg bd
Move to inpatient/cell where patient can be monitored during night due to increased risk of SUDEP
GP ECG, ECG Holter, refer to Cardiology
Follow-up with epilepsy nurse in 1 month
Follow-up telephone with me in 3 months
EEG if patient agrees and can be brought to hospital

If I have requested investigations, then I will write to you when results are available to me. If for any reason you have not heard from me after 8 weeks of having the test, then do contact my secretary (details as per letterhead).

Yours sincerely

Electronically checked and signed by

Dr Edina Bravo FRCP
Consultant Neurologist

CC: Dr Lewes Hmp
Epilepsy Nurses
Dr Edina Bravo

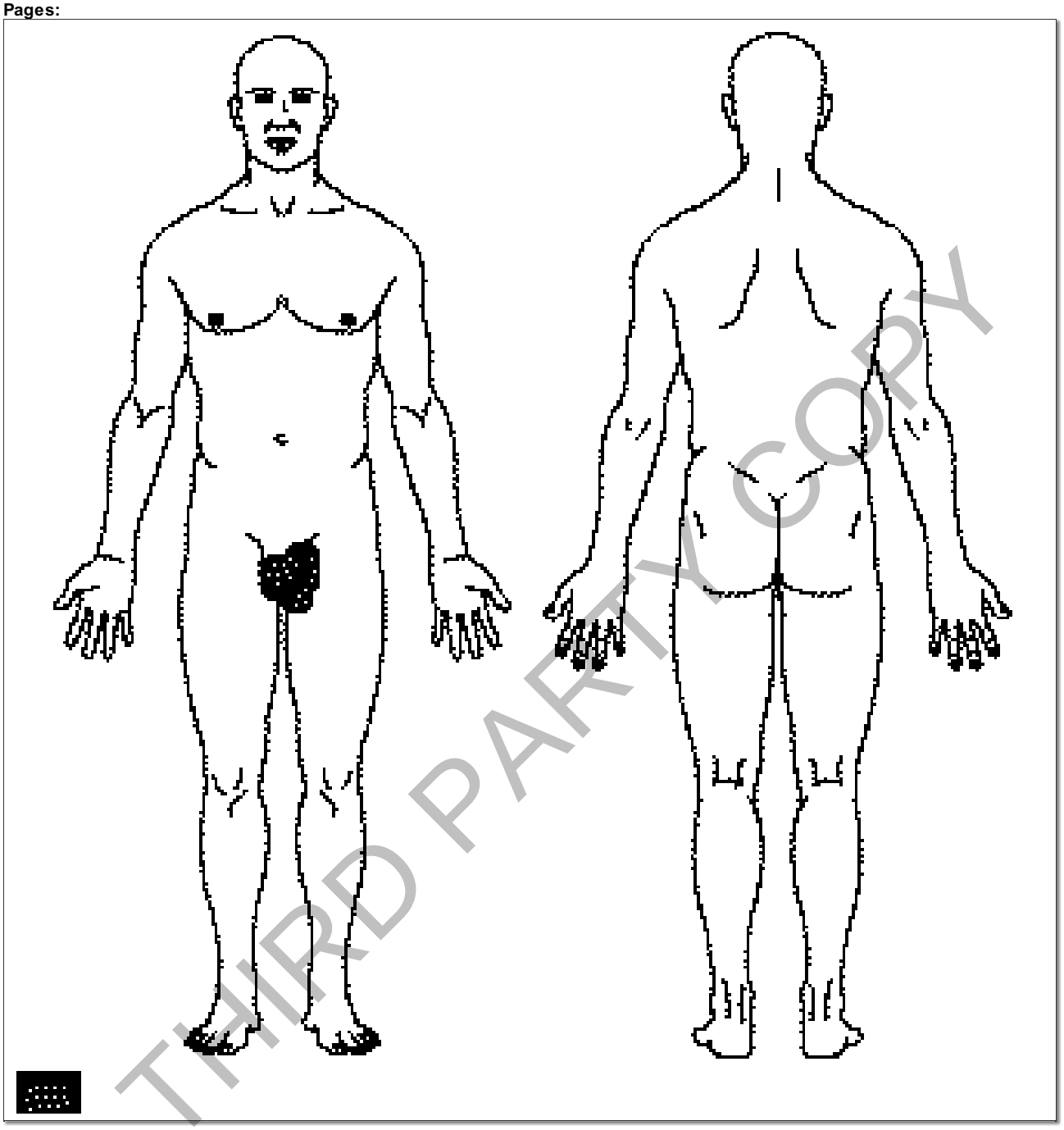
Dear Nurses

I would very much appreciate if you could arrange an urgent telephone appointment for this patient who is currently resident in Lewes Prison and is at risk of SUDEP.

***For all appointment queries please ring the Bookings Hub on** 0300 131 6770*

THIRD PARTY COPY

Medical drawing
02-Jan-2025
Additional: Medical drawing
Body Front & Back (Male)
Filename: 1086AA59-5E54-11F0-B3A3-48DF37DF55D0_Drawing_56430960.png
Extension: .tif
Pages:



THIRD PARTY COPY

Scanned Image
02-Jan-2025 Miss Danielle Stent ()
Additional: Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 02 Jan 2025 13:46
Filename: 1086AA6A-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_02_Jan_2025_by_DS_4421064423.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6396AA Location: L 3 007

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Tuesday 07 January 2025

With: Digital Appointment Clinic

Signature:

An appointment has been booked for you in the above clinic for the date and time mentioned below. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

Name: Mr Patrick Southern Prison number: A6396AA

I am unable to attend my healthcare appointment on Tuesday 07 January 2025

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Scanned Image
17-Dec-2024
Additional: Scanned Image
Appointment Letter Sender: Christina Stockham Recipient: Mr Patrick Southern Sent: 17 Dec 2024 09:11
Filename: 1086AA6D-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_17_Dec_2024_by_CS_4403207445.PNG
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A6398AA Location: L 3 007

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 19 December 2024

With: Physio - Pain Class

Signature:

An appointment has been booked for you in the above clinic for the date and time mentioned below. Please wait in your cell for the officer to collect you for this appointment.

If you think, however, that you'll be unable to attend, complete the bottom section of this slip and post in the healthcare box on your wing.

THIRD PARTY COPY

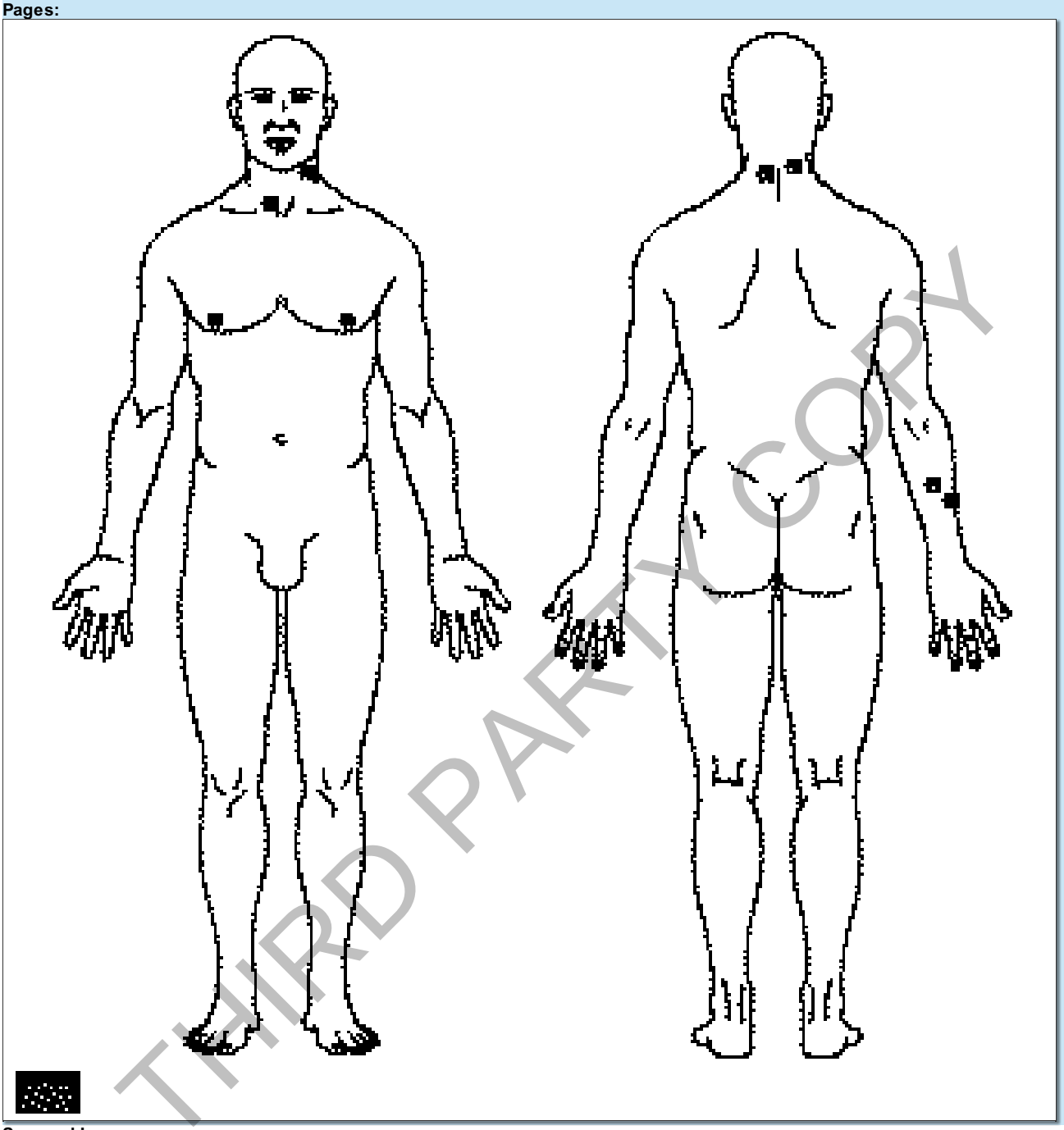
Name: Mr Patrick Southern Prison number: A6398AA

I am unable to attend my healthcare appointment on Thursday 19 December 2024

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

Medical drawing
11-Dec-2024 Alan Wason ()
Additional: Medical drawing
Body Front & Back (Male)
Filename: 1086AA58-5E54-11F0-B3A3-48DF37DF55D0_Drawing_42941475.png
Extension: .tif
Pages:



THIRD PARTY COPY

Scanned Image
10-Dec-2024 Melanie Jones ()
Additional: Scanned Image
Medications Sender: Mr Patrick Southern (Supply of Nicotine Replacement Therapy Agreement) Recipient: HMP Lewes Sent: 11 Dec 2024 10:20
Filename: 1086AB34-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_10_Dec_2024_by_MJ_4395337711.TIFF
Extension: .tif
Pages:

10 DEC 2024

Practice Plus Group

SUPPLY OF NICOTINE REPLACEMENT THERAPY AGREEMENT

The Healthcare Department is committed to facilitating a service which is equal to that provided by the NHS, to those who wish to give up smoking when it is clinically safe to do so.

NRT is a medication that provides you with a low level of nicotine, without the tar, carbon monoxide and other poisonous chemicals present in tobacco smoke. It can help reduce unpleasant withdrawal effects, such as bad moods and cravings which may occur when you stop smoking.

Healthcare will provide you with 8 weeks of nicotine patches and can also provide lozenges, providing that you comply with the following:

- You are responsible for the NRT issued to you. Do not sell, swap or give away your NRT.
- You understand that this is an 8 week step-by-step programme, and only in exceptional circumstances will your treatment extend beyond this period.
- You will need to provide samples of breath throughout the course when required.

I have read/had read to me, the above. I understand that if I do not comply with these terms, I will be removed from the programme.

Signature P Southern
Date 10-12-24
Name Patrick Southern
Alpha number A6398AA Cell 4 3-07

Please complete both forms and return to the Healthcare applications box on your wing

THIRD PARTY COPY

10 DEC 2024

SMOKING CESSATION SELF ASSESSMENT

Name: Patrick Southern Alpha Number: A6398AA. Date: 10-12-24

Current Smoking Status:

Smoker ☐

Ex-smoker ☑

User of Electronic Cigarette ☐

Never Smoked Tobacco ☐

PLEASE MAY I BE ~~ALLOCATED~~ ALLOCATED AN EXTRA BOX OF LOZENGES PER WEEK AS I USE ROUGHLY 10 PER DAY 00

Background Information:

Age started smoking: APPROXIMETELY 10 YEARS OLD MAYBE A LITTLE EARLIER

Cigarette consumption (per day): MAINLY USED TOBACCO to MIX WITH CANNABIS

Minutes/Hours from waking to first cigarette: MOMENTS PERHAPS LESS THAN A MINUTE

How many times (if any) have you tried to quit in the past:

I AM A NON SMOKER TODAY BUT RELY ON LOZENGES ONLY

Why do you want to quit?

I HAVE 5 YEAR OLD TWINS DON'T WISH 2 IMPACT THEIR LIVES BY MY POOR LIFESTYLE CHOICES IT STINKS IS UNATTRACTIVE NOT A NICE TRAIL

Medical History. Do you have any of the following:

Epilepsy ☑

Emphysema ☐ COPD ☐ Asthma ☐

Gastric Ulcer ☐

Liver Disease ☐

Diabetes ☐

High blood pressure ☐

Heart disease ☐

THIRD PARTY COPY

Scanned Image
06-Dec-2024 Melanie Jones ()
Additional: Scanned Image
Correspondence Sender: Department of Neurology Recipient: HMP Lewes Sent: 06 Dec 2024 14:45
Filename: 1086AB11-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_06_Dec_2024_by_MJ_4389744699.TIFF
Extension: .tif
Pages:

Outlook

Fw: Neurology Appointment - Patrick Southern, NHS 651 087 8186

From RODRIGUEZ, Francine (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <francine.rodriguez@nhs.net>
Date Fri 06/12/2024 13:55
To HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>

1 attachment (633 KB)
Expedite Email from Ardingly Court Surgery to Neurology - pt PS.PDF;

A message from Dr Bravo

"Can you please advise his GP to increase Epilim to 400 mg bd asap"
BW

Francine (Frankie) Rodriguez
Secretary to Dr Edina Bravo
Consultant Neurologist
Department of Neurology
LMB
Royal Sussex County Hospital
University Hospital Sussex NHS Foundation Trust
Tel. No. 01273 696955 Ext 67985
Courier Point No: OPLM3-Neurology

From: RODRIGUEZ, Francine (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <francine.rodriguez@nhs.net>
Sent: 04 December 2024 07:42
To: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>; SURGERY, Ardingly Court (ARDINGLY COURT SURGERY) <ardinglycourt.surgery@nhs.net>
Subject: Fw: Neurology Appointment - Patrick Southern, NHS 651 087 8186

The patient has a telemed appt booked for 7th January 2025 at 9.20. I have forwarded GP surgery email on to Dr Bravo who is on annual leave this week. Unfortunately that may be the earliest appt available. Should there be any change in the appt I will let you know.

BW

THIRD PARTY COPY

Francine (Frankie) Rodriguez
Secretary to Dr Edina Bravo
Consultant Neurologist
Department of Neurology
LMB
Royal Sussex County Hospital
University Hospital Sussex NHS Foundation Trust
Tel. No. 01273 696955 Ext 67985
Courier Point No: OPLM3-Neurology

From: MENDES, Caroline (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <caroline.mendes1@nhs.net>
Sent: 03 December 2024 13:49
To: RODRIGUEZ, Francine (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <francine.rodriguez@nhs.net>
Subject: Fw: Neurology Appointment - Patrick Southern, NHS 651 087 8186

Dear Francine
FAO Dr Bravo
With thanks

Caroline Mendes

Medical Secretary Neurology PRH

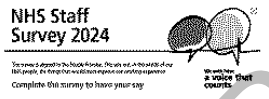
Days of work: Monday and Tuesday 08:00 - 16:00

Website: **www.uhsussex.nhs.uk**

Email: caroline.mendes1@nhs.net

Tel: 01444 441881 Ext: 68150

Princess Royal Hospital, Lewes Road, Haywards Heath, West Sussex RH16 4EX





THIRD PARTY COPY

From: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>
Sent: 03 December 2024 10:46
To: NEUROLOGYADMINACCOUNT (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST)

<uhsussex.neurologyadminaccount@nhs.net>
Subject: Neurology Appointment - Patrick Southern, NHS 651 087 8186

Hi,

Re the above patient, Mr Southern is now registered with us.

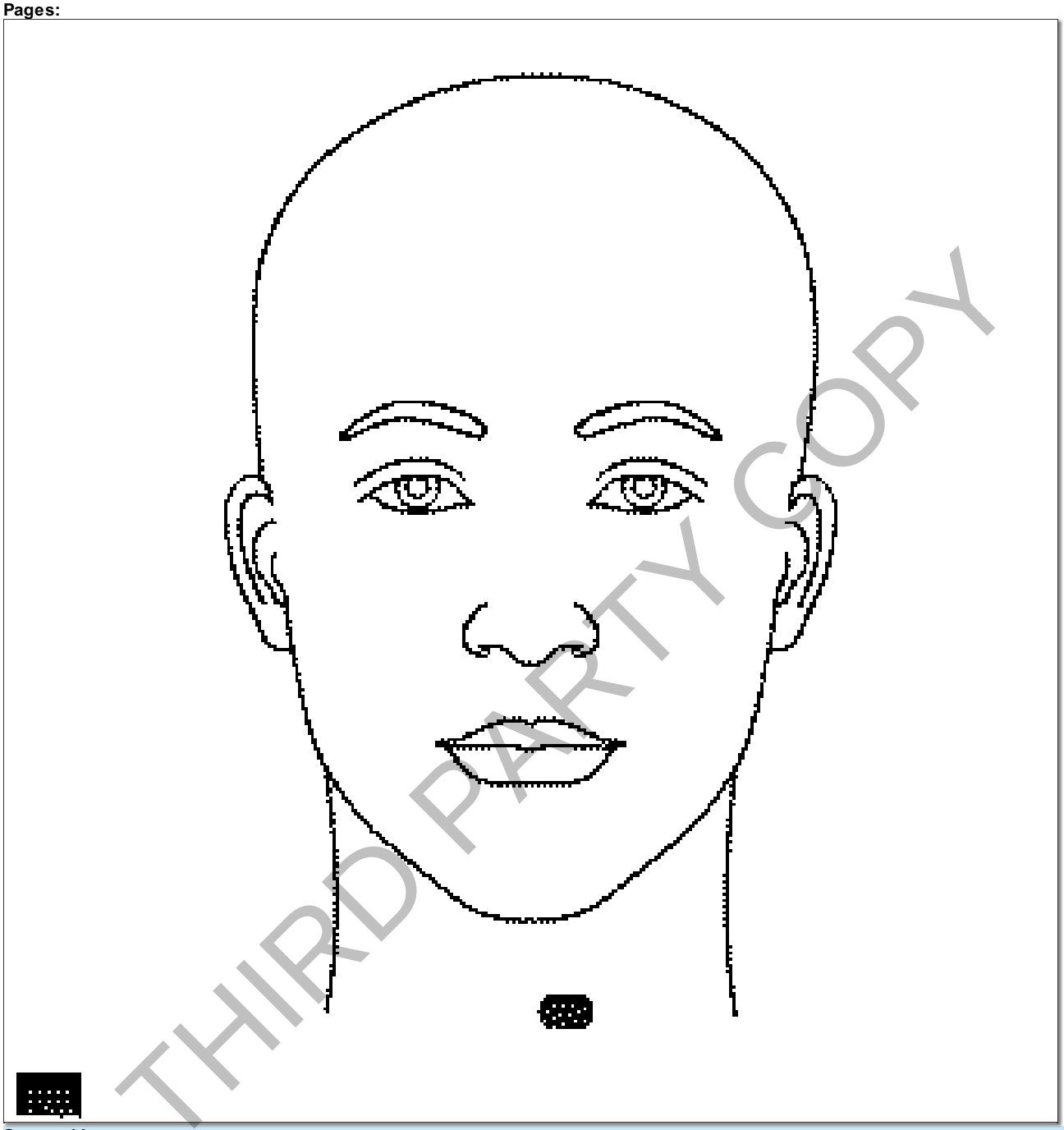
Please find attached expedite email that was sent to you by his previous GP surgery: Ardingly Court Surgery.

Please can we enquire whether he has missed an appointment or has any appointments booked in with you?

Many thanks.
Mel
Admin
Administration Team PPG
practiceplusgrp.hmplewes-admin@nhs.net
Tel: 01273 785311 / 785224 / 785140 / 785148
HMP Lewes, 1 Brighton Road, BN7 1EA

THIRD PARTY COPY

Medical drawing
05-Dec-2024 Alan Wason ()
Additional: Medical drawing
Head Front
Filename: 1086AA4B-5E54-11F0-B3A3-48DF37DF55D0_Drawing_42569730.png
Extension: .tif
Pages:



THIRD PARTY COPY

Scanned Image
04-Dec-2024
Additional: Scanned Image
Hospital Letter/Appointment Letter Sender: Neurology, Royal Sussex County Hospital Recipient: HMP Lewes Sent: 05 Dec 2024 09:32
Filename: 1086AB2D-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_04_Dec_2024_by_MJ_4386802612.TIFF
Extension: .tif
Pages:

Outlook

Fw: Neurology Appointment - Patrick Southern, NHS 651 087 8186

From RODRIGUEZ, Francine (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <francine.rodriguez@nhs.net>

Date Wed 04/12/2024 07:42

To HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>; SURGERY, Ardingly Court (ARDINGLY COURT SURGERY) <ardinglycourt.surgery@nhs.net>

1 attachment (633 KB)

Expedite Email from Ardingly Court Surgery to Neurology - pt PS.PDF;

01273 785223 [redacted]

The patient has a telemed appt booked for 7th January 2025 at 9.20. I have forwarded GP surgery email on to Dr Bravo who is on annual leave this week. Unfortunately that may be the earliest appt available. Should there be any change in the appt I will let you know.

BW

Francine (Frankie) Rodriguez
Secretary to Dr Edina Bravo
Consultant Neurologist
Department of Neurology
LMB
Royal Sussex County Hospital
University Hospital Sussex NHS Foundation Trust
Tel. No. 01273 696955 Ext 67985
Courier Point No: OPLM3-Neurology

From: MENDES, Caroline (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <caroline.mendes1@nhs.net>
Sent: 03 December 2024 13:49
To: RODRIGUEZ, Francine (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <francine.rodriguez@nhs.net>
Subject: Fw: Neurology Appointment - Patrick Southern, NHS 651 087 8186

Dear Francine
FAO Dr Bravo
With thanks

Caroline Mendes

Medical Secretary Neurology PRH

Days of work: Monday and Tuesday 08:00 - 16:00

THIRD PARTY COPY

Website: **www.uhsussex.nhs.uk**

Email: **caroline.mendes1@nhs.net**

Tel: 01444 441881 Ext: 68150

Princess Royal Hospital, Lewes Road, Haywards Heath, West Sussex RH16 4EX







From: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmplewes-admin@nhs.net>
Sent: 03 December 2024 10:46
To: NEUROLOGYADMINACCOUNT (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST) <uhsussex.neurologyadminaccount@nhs.net>
Subject: Neurology Appointment - Patrick Southern, NHS 651 087 8186

Hi,

Re the above patient, Mr Southern is now registered with us.

Please find attached expedite email that was sent to you by his previous GP surgery: Ardingly Court Surgery.

Please can we enquire whether he has missed an appointment or has any appointments booked in with you?

Many thanks.
Mel
Admin
Administration Team PPG
practiceplusgrp.hmplewes-admin@nhs.net
Tel: 01273 785311 / 785224 / 785140 / 785148
HMP Lewes, 1 Brighton Road, BN7 1EA

THIRD PARTY COPY

Record Attachment
03-Dec-2024 Miss M Hogg Amy ()
Additional: Record Attachment
Care Plan Epilepsy Sender: HMP Lewes Recipient: Mr Patrick Southern Sent: 03 Dec 2024 11:39
Filename: 1086AAAD-5E54-11F0-B3A3-48DF37DF55D0_1733225502518_B12409818383_L1945416123_1733225504829_SAVING.doc
Extension:.tif
Pages:

HMP Lewes
1 Brighton Road, Lewes, E Sussex, BN7 1EA
01273 785311

03 December 2024

My Epilepsy Care Plan

Mr Patrick Southern
Date of birth 15 Dec 1977. NHS number 651 087 8186

This care plan will help you understand your epilepsy better and will ensure that you receive the care and support that you need. Please share this care plan with your family, friends, work & school colleagues so they know how to help you if you have a seizure.

GREEN: Well Controlled & No Seizures

To keep my epilepsy well controlled I will:

1. Take my medications regularly, as advised by your GP
   (Remember that you can request repeat medication online at https://systmonline.tpp-uk.com)
2. Continue to maintain a healthy active lifestyle and will not drink too much alcohol
3. Attend any review appointments at my GP surgery or hospital that I am invited too
4. Avoid any potential triggers of my epilepsy
5. Avoid any situations which you could put my safety at risk if I were to have a seizure

AMBER: Seizures

If I have a seizure and start jerking and/or have lost consciousness, please:

1. Protect me from injury by cushioning their head and removing any harmful objects nearby
2. Do NOT restrain me or put anything in my mouth
3. Do NOT give me anything to eat or drink until I am fully awake
4. Be calm and reassuring, do NOT attempt to bring me round
5. Give me my emergency medication if I have some (see below)
6. After the seizure, if I have lost consciousness put me in the recovery position
7. Stay with me until I am fully recovered for at least 30 minutes and check for any injuries
8. Record the details in the seizure diary below

RED: Emergency

If I have:

- Prolonged convulsive seizure ("jerks" or "thrashes") that lasts longer than 5 minutes
- Recurrent seizures of 3 or more seizures within an hour
- Emergency medication is used and seizures return within 24 hrs of the last dose
- Emergency medication is used for the first time
- Emergency medication fails to control the seizure within 5 minutes
- If you have concerns about my breathing, an injury or anything else

What to do:

1. Call 999 for an ambulance immediately
2. Give me my emergency medication if I have some (see below)
3. Follow the information about seizures in the amber section above
4. Contact any family or friends (see below)

My family & friends who can be contacted if needed are:

Gaberella Minall, Partner
Ardingly Street Surgery, 01273688333, GP Practice

My key information:

Memory Impairment

For further help and information, please visit www.epilepsy.org.uk or call 0808 800 5050

THIRD PARTY COPY

HMP Lewes
1 Brighton Road, Lewes, E Sussex, BN7 1EA
01273 785311

My medical history:

My allergies:

PHENOXYMETHYLPENICILLIN

My current medication:

Thiamine 100mg tablets, 3 tablet
Hydroxyzine 10mg tablets - 112 tablets - 2 tablet - admin times: 08:00, 12:00 (Oral) (Future dated medication 27 Nov 2024)
Levetiracetam 250mg tablets - 56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) (Future dated medication 27 Nov 2024)
Levetiracetam 500mg tablets - 56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) (Future dated medication 27 Nov 2024)
Sodium valproate 200mg gastro-resistant tablets - 56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral) (Future dated medication 27 Nov 2024)
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd) - 28 tablets - 1 tablet - admin times: 08:00 (Oral) (Future dated medication 27 Nov 2024)

My family & friends who can be contacted if needed are:

Gaberella Minall, Partner
Ardingly Street Surgery, 01273688333, GP Practice

My epilepsy can be triggered by the following which I therefore need to avoid:

Stress and cold

I need to avoid the following situations which could put my safety at risk if I was to have a seizure:

Bathing alone, riding a bike, swimming, heights, operating machinery

Who needs to be informed?

Gaberella Minall, Partner
Ardingly Street Surgery, 01273688333, GP Practice

Dr Lewes General Practitioner

Epilepsy specialist: Dr Edina Bravo BSUH

My goals:

Description of the goal:

Barriers and risks to achieving goals: Increased stressors following change in situation and ongoing memory impairment

For further help and information, please visit www.epilepsy.org.uk or call 0808 800 5050

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HMP Lewes
1 Brighton Road, Lewes, E Sussex, BN7 1EA
01273 785311

Status (achieved, on hold, not achieved, abandoned):

Action plan:

Description of actions:
Level of confidence:
Additional support needed:
Review date:

Progress:

Review date:

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Seizure Diary

Date	Seizure Type	Further Details

For further help and information, please visit www.epilepsy.org.uk or call 0808 800 5050

HMP Lewes
1 Brighton Road, Lewes, E Sussex, BN7 1EA
01273 785311

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For further help and information, please visit www.epilepsy.org.uk or call 0808 800 5050

Scanned Image
29-Nov-2024
Additional: Scanned Image
Appointment Letter Sender: Miss Danielle Stent Recipient: Mr Patrick Southern Sent: 29 Nov 2024 09:26
Filename: 1086AA7C-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_29_Nov_2024_by_DS_4378785412.TIFF
Extension:.tif
Pages:

MOVEMENT SLIP

Practice Plus Group

****Please inform Healthcare as soon as possible if you are unable to attend this appointment.****

Prison number: A6398AA Location: L 3 007

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Monday 02 December 2024

With: LTC Clinic - OPD

Signature:

PLEASE WEAR A FACE COVERING WHEN ATTENDING HEALTHCARE

Clinics are divided into two time slots for both AM & PM Sessions. Prisoners with an appointments before 10:00 in the AM & 15:00 in the PM are asked to stay on the wings to be picked up. Prisoners with appointments later than these times will be picked up from their places of work. Attending clinics is an acceptable absence and you will be paid for any missed sessions.

In order to ensure clinics run as efficiently as possible the first 16 clinics for the AM & PM sessions will be received on free flow. Please meet with the Healthcare Staff on the centre. Wing staff will be able to confirm if you are required to access healthcare by the free flow route.

Name: Mr Patrick Southern Prison number: A6398AA

I am unable to attend my healthcare appointment on Monday 02 December 2024

☐ I no longer need the appointment.

☐ I want the appointment but I am unable to attend at this time and would like it rebooked.

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Record Attachment
28-Nov-2024
Additional: Record Attachment
Wound care Management Care Plan Sender: HMP Lewes Recipient: Mr Patrick Southern
Filename: 1086AABF-5E54-11F0-B3A3-48DF37DF55D0_1732802571281_B12395674884_L1942532109_1732802573605_SAVING.doc
Extension:.tif
Pages:

HMP Lewes
1 Brighton Road, Lewes, E Sussex, BN7 1EA
01273 785311

Wound Management Care Plan

Mr Patrick Southern
Hmp Lewes, 1 Brighton Road, Lewes, E Sussex, BN7 1EA

Wound Type

Type	Product	Directions
Skin Cleansing	Saline	Including soap substitutes
Creams / Barriers		Apply before dressing
First Dressing	Aquacel ribbon 1cm	Place this dressing on top of the wound
Second Dressing	Urgotui and softpore	Place this on top of the first dressing
Bandages / Tapes		Use this to hold the dressings in place

ABPI Doppler			
Leg	**Date**	**Result**	**Comments**
Left			
Right			

Hosiery Measurements				
Leg	**Thigh**	**Calf**	**Ankle**	**Leg Length**
Left				
Right				

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Plan & Additional Information		
Date	**Comments**	**Signature**
28 Nov 2024	Advised to keep clean and dry. For dressing change in nurse clinic on Tuesday.	NC

Dressing Changes	
Include why you changed the dressing. *A. Due to be changed* *B. Leaking* *C. Dressing falling off or fell off* *D. Other (please tell us why)*	
Date	**Comments**

Dressing Review	
A weekly review is usually enough to monitor progress but if there are changes, please note here. • *Was the wound the same/ bigger/ smaller?* • *Was the leakage the same/ more / less?* • *Was the pain the same/ more/ less?* • *Was the smell the same / worse / better?* • *Did you take a photo?*	
Date	**Comments**

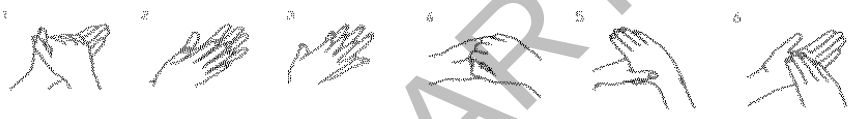
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Wound Care Guidance

Prepare to change the dressing - For the patient/ carer

1. Clean the table or work surface you are going to put the new dressings on with sanitising wipes or a solution of warm water and detergent (washing up liquid).

2. Wash your hands thoroughly with soap and water for 20 seconds, especially between fingers and palms of hands. Dry hands with a clean towel/kitchen roll.



3. Gather what you will need. This may include:
   - A dressing pack or similar (typically contains gauze, gloves, tray, apron, waste bag)
   - Dressing(s)
   - Clean scissors (blades wiped with a sanitising wipe)
   - Fluid to clean around the wound (tap water2 or saline)
   - Cream for the skin around your wound
   - Adhesive tape

4. Prepare your materials
   - Open dressing pack, put on apron (if you are not the patient) and put waste bag to one side
   - Spread out the dressing pack wrapping so you have a clean surface. Open new dressing(s) and drop onto the clean surface of the dressing pack wrapping

How to remove the old dressing

5. Carefully remove the old dressing without touching the part that been in contact with the wound or touching the wound itself.
   - If the dressing is stuck, soak with water or saline and wait for the dressing to loosen – allow a bit of time and avoid pulling as this will be painful and will damage the wound
   - If the dressing is adhesive or has an adhesive border, avoid peeling it off. Instead, lift one or more corners of the dressing and stretch it horizontally along the skin surface to break the

Mr Patrick Southern, 651 087 8186

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adhesive bond. Again, take your time and continue gently stretching until the entire dressing lifts.

6. Place the dirty dressing in the waste bag and wash your hands.

How to clean the wound and apply a new dressing

7. If you have sterile or clean gloves, put them on. If not, try to avoid touching the wound or anything that will be in contact with the wound.

8. If you want to clean the wound itself, clean from the centre outwards using tap water (or saline) and gauze from the dressing pack. Clean the skin around the wound.

9. Make sure the skin around the wound is dry. If your health care professional advises, apply cream to the skin around the wound but avoid where any adhesive tape or dressing will go, or it will not stick.

10. Put the new dressing on the wound following the instructions that came with the dressing.

11. Clear up, put sealed waste bag in bin and wash your hands. (The waste bag can go in your usual rubbish collection unless you have been advised otherwise.)

Be aware of what is happening with the wound

Monitor for signs of infection or other problems:

- More wound leakage than usual
- More pain than usual
- Increasing redness around the wound
- An unusual smell
- Wound is getting bigger
- Feeling generally unwell

How can I tell if my wound is improving or getting worse?

One way to keep a record of your wound healing is to take a photo. If you want to do this, you need:

- A digital camera or mobile phone with a camera.
- To be able to see the wound site easily and safely.

These tips will help:

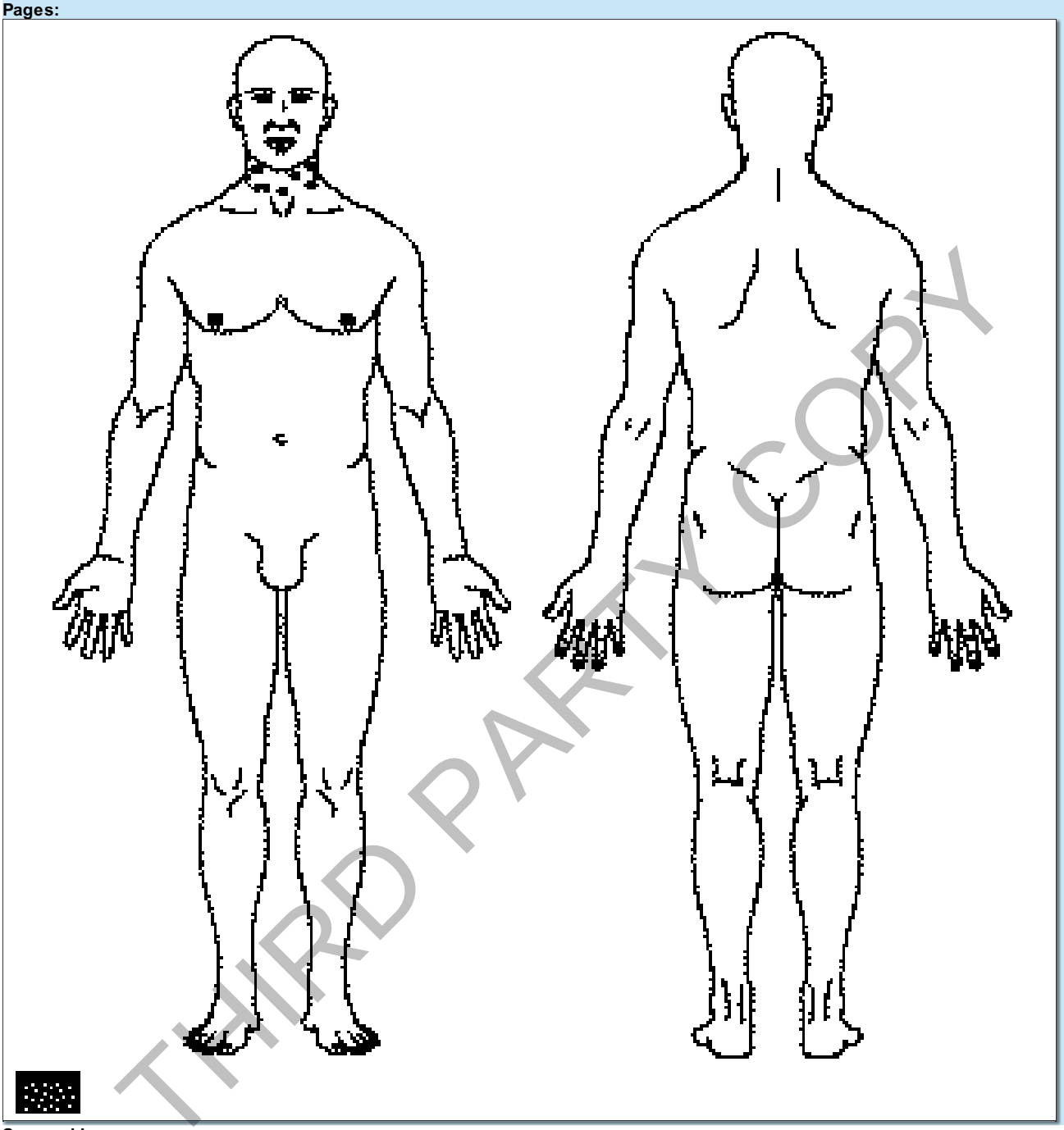
- Use the automatic settings on your camera and use something plain as a background. If possible, include a ruler in the photo.
- Make sure you are comfortable and there is plenty of light.
- Make sure that the photo will only show parts of your body you are comfortable showing. Avoid photographing any identifying marks such as your face, tattoos or birthmarks.

Who should I contact if I am worried?

Contact your health care professional or NHS 111 if you are worried.

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Medical drawing
27-Nov-2024
Additional: Medical drawing
Body Front & Back (Male)
Filename: 1086AA53-5E54-11F0-B3A3-48DF37DF55D0_Drawing_56080569.png
Extension: .tif
Pages:



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Scanned Image
26-Nov-2024 Mrs Tracey Pumfrey ()
Additional: Scanned Image
Correspondence Sender: PPG Medication Compact Sent: 28 Nov 2024 10:59
Filename: 1086AAEC-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_26_Nov_2024_by_TP_4377018727.JPG
Extension: .tif
Pages:

Practice Plus Group

PPG Medication Compact

Patient Medication Compact for In-Possession Medications:

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. 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.
3. If I am receiving Diazepam; Pregabalin; Gabapentin; Quetiapine; Codeine; Tramadol; Chlordiazepoxide and/or any controlled drugs I will drink approximately 200mls of water both before and after my medication.
4. If I am receiving Methadone I agree that I will take this medication at the treatment hatch, followed by approximately 200ml of water.
5. If I am receiving Buprenorphine I agree to take this as directed allowing the full dose to dissolve at the treatment hatch followed by approximately 200mls of water.
6. 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.

Patient's Signature: ..... Date: 26-11-23

Witness Signature: ..... Date:

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Scanned Image
25-Nov-2024
Additional: Scanned Image
GMS and SCR Information and Consent Form Recipient: Sexual Health (HMP Lewes) Sent: 28 Nov 2024 11:03
Filename: 1086AB2E-5E54-11F0-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_25_Nov_2024_by_TP_4377018726.TIFF
Extension:.tif
Pages:

Please complete your personal details below

Patient Details

Title:	NHS Number:
Surname:	First names: Patrick
Previous Surname/s (if it has changed):	Date of Birth: 15 - 12 - 71
	Gender: MALE
Home Address: 11 KEBBELL close High St	
	Postcode: BN2 1SG
Current registered GP Practice: Ardingly court	
Have you come from abroad? (lived or stayed outside of the UK)	Yes / No
If previously lived in the UK, date of leaving:	Date you first came to live in UK:

Patient Signature: .....

Date: 25 - 11 - 24

If you are filling out this form on behalf of another person, please make sure that you fill out their details above; and provide your details below:

Name: .....

Relationship to the patient: .....

Signature on behalf of patient: .....

If you require any more information, please speak to a member of the healthcare team.

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General Medical Services Registration and Summary Care Record - Patient Consent Form

Please make sure you have read and understand all the information about this form in sections 1 and 2. If you do not understand this information, please ask a member of the healthcare team to explain it to you.

After you have read this information, please show your choices by ticking the boxes below.

If you need help to fill out this form, please ask a member of the healthcare team.

General Medical Services (GP) registration

Yes – I would like to be General Medical Services registered, including automatic re-registration with a new healthcare provider if I move between places of detention

☑ Consent (permission)

OR

No – I would not like to be General Medical Services registered

☐ I do not consent (I do not give permission)

Summary Care Record

You will automatically have a Summary Care Record unless you tell us that you do not want one. This will include:

(1) basic information about medication, allergies, and adverse reactions; and
(2) extra information as explained above in section 2 of this form.

If you are happy for all this information to be included and available to healthcare staff, you do not need to do anything else in this part of the form – do not tick either of the boxes below.

You can choose to limit what information your Summary Care Record includes by choosing from one of the options below. You **must** be aware that if you choose one of these options, this may impact on the speed and quality of the care you receive. In an emergency, healthcare staff may still share important information about you with other healthcare providers caring for you.

☐ **I only agree to 'basic information' about my medication, allergies, and adverse reactions being included and shared – I do not give permission for additional information about my health to be included.**

OR

☐ **I would not like a Summary Care Record at all.**

OFFICIAL

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Attachment
19-Nov-2024 Mr PCTlltd DOCMAN (docman)
Additional: Attachment
Clinical Letter Royal Sussex County Hospital Accident & Emergency
Filename: D10_G81006_504333_f3cb1cac-7161-4f3d-9489-633953fd9b2f.TIF.XX2
Extension:.tif
Pages:

NHS
University Hospitals Sussex
NHS Foundation Trust

Emergency Department
Royal Sussex County Hospital
Eastern Road
Brighton
BN2 5BE
Tel: 01273 696955

Dr SE MITCHELL
ARDINGLY COURT SURGERY
1 ARDINGLY STREET
BRIGHTON
EAST SUSSEX
BN2 1SS

Dear Dr **MITCHELL**

Re: Patrick Southern
11 KEBBELL LODGE
HIGH STREET
BRIGHTON
BN2 1SU

Date of Birth : **15 Dec 1977**
NHS Number : 6510878186
Hospital No : 3137898
A&E Number : RSCH-24-075020-1
Date : 20 Nov 2024

This patient attended the Emergency Department at this hospital at **15:50** on **19 Nov 2024**
The recorded COMPLAINT was : **Pain in hip / leg / knee / ankle / foot**
The SOURCE OF REFERRAL was : **Self / family / friends / education / work colleague**

PATHOLOGY:
1. CT Spine lumbar 2. CT Head 3. MRI Spine cervical 4. MRI Spine lumbar and sacral 5. MRI Spine thoracic
OTHER TESTS:
Blood Gases

DIAGNOSIS:
1.Sciatica- Confirmed diagnosis-
PRESCRIPTION:
Dihydrocodeine,Oral ,Tablets / Capsules,30,milligrams ,QDS,14 days
Morphine sulphate MR,Oral ,Tablets / Capsules,10milligrams ,BD,14 days

TREATMENTS:
Guidance / advice- Verbal

ALLERGIES: Penicillins

Discharge Outcome:GP Follow up needed

Discharge Advice: injury during seizure 2 weeks ago, had been takig codiene
increaed in seizure frequncy, notes this can be increaed by stress and cold. Advised to contact his epielpsy nurse regarding this.

ct spine nad, no cauda equina symptoms, safety netted r./e this.

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increased codiene to morphine sulptha 10mg bd as severe pain and I think likely contribtuing to seizure and also making him consider alcohol again.
advised only a short course of this but admitted as previous drinker may need this dose increasing.

If you have any queries, please contact us at uhsussex.aereceptionrsch@nhs.net.
For Clinical enquiries, please contact us at uhsussex.edadmin@nhs.net

Yours sincerely,

Daniel Roberts, A&E Registrar

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Attachment
31-Oct-2024 Mr PCTlltd DOCMAN (docman)
Additional: Attachment
Email Ardingly Court Surgery - emailed to Neurology Med Secs.
Filename: D10_G81006_504333_cab28a34-13e2-4ce6-b1ee-cd0fcad7b920.PDF.XX2
Extension:.tif
Pages:

SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Sent: 31 October 2024 14:16
To: NEUROLOGY (UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST)
Subject: FAO Dr Edina Bravo

Dear Dr Bravo,

SOUTHERN, Patrick (Mr)
NHS 651 087 8186
15-Dec-1977 (46y)

Thank you for your ongoing care of this patient how is known to your team with Epilepsy. He attended today with back pain following a seizure on Monday. He informed me that over the last few months his seizure frequency has increased and he is having seizures around once a week. These are tonic clonic with associated tongue biting and incontinence and always occur while the patient is asleep. He reports on a few occasions he has woken with aura but is able to prevent a full seizure due to waking up.
He continues to take Levetiracetam 750mg BD and Sodium Valproate 200mg BD for his epilepsy in a blister pack along with Trazodone 50mg at night, Hydroxyzine 20mg BD and Thiamine in the morning. He informs me that he continues to be Tee Total as of 8 months ago, having previously had a high alcohol intake.
I would appreciate if you could expedite his follow up appointment to review his antiepileptic medication and increased seizure frequency.

Thank you.

Kind Regards,
Dr Olivia Lemareka
Ardingly Court Surgery
Brighton
01273 688 333

THIRD PARTY COPY

1

Attachment
20-Jun-2024 Mr PCTlltd DOCMAN (docman)
Additional: Attachment
Email HMP Lewes Admin Team
Filename: D10_G81006_504333_3d5f87c6-7d0e-48bb-b30f-4e557bb8968d.TIF.XX2
Extension:.tif
Pages:

SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Sent: 20 June 2024 10:02
To: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED)
Subject: Document Attached
Attachments: gs2p3ikq.k3x_dm10.TIF

Dear Admin team

Mr Southern is now registered at our practice. He tells me that while he was under your care he had a psychological assessment where he was diagnosed with PTSD and ADHD. I wonder if you have any letters relating to this.

Many thanks

Sean
Dr Sean Mitchell
GP Partner
Ardingly Court Surgery
1 Ardingly Street
Brighton
BN2 1SS
Tel: 01273 688333
Email: ardinglycourt.surgery@nhs.net

Please note I am at the surgery on Tuesday, Thursday and Friday

SOUTHERN, Patrick Francis (Mr) 15/12/1977 651 087 8186

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Attachment
03-Jun-2024 Mr PCTlltd DOCMAN (docman)
Additional: Attachment
Email Brighton and Hove City Council Access Point
Filename: D10_G81006_504333_7446c4b8-4cdd-4c8a-ad4d-489a41e1b2e3.PDF.XX2
Extension:.tif
Pages:

SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: HAOT <HAOT@brighton-hove.gov.uk>
Sent: 03 June 2024 11:47
To: AccessPoint; HAOT
Cc: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Subject: RE: Patrick Southern - (PER153004)

You don't often get email from haot@brighton-hove.gov.uk. Learn why this is important

Thanks Access Point,

Referral accepted and prioritised for assessment.

Kind regards,

Sonia Rosenfelder
Senior Occupational Therapist
Housing Adaptations Team
Hove Town Hall
Norton Road
Hove BN3 3BQ
Direct Line: 01273 292345

From: AccessPoint <AccessPoint@brighton-hove.gov.uk>
Sent: Monday, June 3, 2024 10:10 AM
To: HAOT <HAOT@brighton-hove.gov.uk>
Subject: FW: Patrick Southern - (PER153004)

Hi Colleagues,

Please see attached referral for your review.

From: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY) <ardinglycourt.surgery@nhs.net>
Sent: Wednesday, May 1, 2024 12:01 PM
To: AccessPoint <AccessPoint@brighton-hove.gov.uk>
Subject: CALL FOR DETAILS FOR HAOT REFERRAL Patrick Southern (PER153004) - Adult Social Care Referral

[redacted]

Dear colleague,

SOUTHERN, Patrick (Mr)
NHS 651 087 8186
15-Dec-1977 (46y)

Please find a referral for the patient above attached to this email for your consideration.

Kind Regards,
Sunny Silva
Medical Secretary
Ardingly Court Surgery

1

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