

01273 688 333

My pronouns are they/them

This message may contain confidential information. If you are not the intended recipient please:

i) inform the sender that you have received the message in error before deleting it; and

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).

Thank you for your co-operation.

NHSmail is the secure email, collaboration and directory service available for all NHS staff in England. NHSmail is approved for exchanging patient data and other sensitive information with NHSmail and other accredited email services.

For more information and to find out how you can switch visit [Joining NHSmail - NHSmail Support](#)

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

Letter sent to consultant

08-May-2024 Ms Sunny Silva (SFDS251)

Additional: Letter sent to consultant

FAO Dr Edina Bravo

Filename: Letter sent to consultant SOUTHERN, Patrick (Mr) 1620 08-May-2024.rtf

Extension: .tif

Pages:

Ardingly Court Surgery

Dr E Howard - Dr S Mitchell - Dr E Turlini
1 Ardingly Street, Brighton, East Sussex, BN2 1SS
Telephone: 01273 688333
www.ardinglycourt.surgery.co.uk

Dictated: 08-05-2024

Typed: 08-May-2024

Ref: SM/S


PRIVATE & CONFIDENTIAL

Dr Edina Bravo

Consultant Neurologist

RSCH

Dear Dr Bravo,

SOUTHERN, Patrick (Mr)

Date of Birth: 15-Dec-1977, NHS Number: 651 087 8186

11 Kebbell Lodge, High Street, Brighton, E Sussex, BN2 1SU

Mobile Telephone: 07795625256

Mr Southern was last seen by yourself in April of this year. As you know he has a history of epilepsy and has recently been released from prison. He has a past history of alcohol excess and smokes cannabis, although he tells me that he's been alcohol free for the last 22 months. He was concerned about his memory and we undertook a GPCOG test and in the 6 item cognitive impairment test he scored 8/28, in the GPCOG test he scored 6/9 and the informant score was 0/6. He's had some bloods which did not show any significant abnormalities. I wonder if this is related to his previous alcohol intake and his epilepsy. I would be very grateful if you could please review this when you see him in his next appointment.

Yours sincerely,

Dictated but not signed to avoid delay

Dr Sean Mitchell

Attachment

02-May-2024 Mr PCTItd DOCMAN (docman)

Additional: Attachment

Clinical Report Universal credit Further information

Filename: D10_G81006_504333_40622d82-15af-4bb3-89e4-14e233221fd7.TIF.XX2

Extension: .tif

Pages:



RECEIVED
 7 MAY 2024

13756 0092179 0000 00000 0000

Practice Manager
 ARDINGLY COURT SURGERY
 1 ARDINGLY STREET
 BRIGHTON
 BN2 1SS

38500/66 48210

Our phone number is: 020 3285 6584

If you have a textphone,
 you can call on: 18001 020 3285 6584

If you get in touch with us, tell us this
 reference number: PW911903D

Date: 2nd May 2024

About your patient

Full Name Mr Patrick Southern

Address

11 Kebbell Lodge, High Street, Brighton,
 BN2 1SU

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

Ms Fiona McCallion

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

UC113

Patient Name:

Mr Patrick Southern

Patient NIno:

PW911903D

Patient Date of Birth:

15.12.1977

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?

26/12/12

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



Freeport RUEC-ZHJY-GERH
Centre for Health and Disability Assessments
Croydon BSC
Mail Handling Site A
Wolverhampton
WV98 2FY

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
Epilepsy	nausea	Seizures
Alcohol Dependence	nausea	

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.

Empty box for listing conditions not affecting ability to work.

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

Vertical column of checkboxes for activity difficulties.

Large box for providing brief explanations for activity difficulties.

5 Does the patient have a history of threatening or violent behaviour?

No [] Yes []

Not recorded

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 [x]

Please tell us why at Part 7

7 Additional information

Please continue on a separate sheet if necessary.

Large empty box for additional information.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Handwritten signature box

Name IN CAPITALS

Dr Sean Mitchell GMC: 7451999

Profession IN CAPITALS

Empty box for profession

Date

16/05/24

Practice stamp

Ardingly Court Surgery
1 Ardingly Street
Brighton
BN2 1SS
Tel: 01273 688333
Fax: 01273 671123

UC113

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Referral for further care

01-May-2024 Ms Sunny Silva (SFDS251)

Additional: Referral for further care

NHS referral ltr 2024 to Adult Social care

Filename: Referral for further care SOUTHERN, Patrick (Mr) 1156 01-May-2024.rtf

Extension: .tif

Pages:

Ardingly Court Surgery

Dr E Howard - Dr S Mitchell - Dr E Turlini
1 Ardingly Street, Brighton, East Sussex, BN2 1SS
Telephone: 01273 688333
www.ardinglycourt.surgery.co.uk

Dictated: 01-05-2024
Typed: 01-May-2024

Ref: SM/SS

PRIVATE & CONFIDENTIAL
Adult Social Care

Dear Colleagues,

SOUTHERN, Patrick (Mr)

Date of Birth: 15-Dec-1977, NHS Number: 651 087 8186

11 Kebbell Lodge, High Street, Brighton, E Sussex, BN2 1SU

Mobile Telephone: 07795625256

I'd be very grateful if you could please undertake an assessment at this 46 year old gentleman's home who has a diagnosis of epilepsy. I've had a letter recently from his Neurologist who tells me that he lives on his own in a flat that does not have a shower facility. It is strongly advised that patients with epilepsy do not take baths due to the high risk of seizure and drowning. I would therefore be very grateful if you could please assess his home and ensure that it's safe and suitable for him.

Yours sincerely,

Dictated but not signed to avoid delay

Dr Sean Mitchell

Problems**Active**

Date	Problem	Associated Text
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
Ketoconazole 2% shampoo	Apply Once Every 1-2 Weeks	120 ml	
Lactulose 3.1-3.7g/5ml oral solution	Three 5ml Spoonfuls To Be Taken Twice A Day at 8am and 10pm prn as per D/S 23/12/2	500 ml	
Codeine 30mg tablets	Two to be taken Four times a day as per D/S 23/12/2	56 tablet	

Repeat

Drug	Dosage	Quantity	Last Issued On
Epimax original cream (Aspire Pharma Ltd)	as needed	500 gram	

Repeat Dispensing

Drug	Dosage	Quantity	Last Issued On
Levetiracetam 250mg tablets	One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022	14 tablet	18-Apr-2024
Sodium valproate 200mg gastro-resistant tablets	One To Be Taken Twice A Day	20 tablet	18-Apr-2024
Levetiracetam 500mg tablets	One To Be Taken Twice A Day as per neurology 06/07/21	14 tablet	18-Apr-2024
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	One To Be Taken Daily	7 tablet	18-Apr-2024
Thiamine 100mg tablets	Three to be taken with breakfast	21 tablet	18-Apr-2024

Allergies

Date	Description	Associated Text
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	

eMED3 (2010) new statement issued, not fit for work

26-Apr-2024 Dr Anita D'Mello (ADMELLO251)

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Epilepsy; Duration 26-Apr-2024 - 26-May-2024)

Filename: FitNote_13045bac-b8cb-4090-8f36-ca67a052c1b1.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: 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:

<input type="checkbox"/> a phased return to work-	<input type="checkbox"/> amended duties-
<input type="checkbox"/> altered hours-	<input type="checkbox"/> workplace adaptations-


Comments, including functional effects of your condition(s):

This will be the case for

or from **to**

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 D'MELLO, Anita (Dr)
Issuer's profession Doctor
Date of statement
Issuer's address



Unique ID: Med 3 04/22 13045BAC-B8CB-4090-8F36-CA67A052C1B1

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

Other names

Address

Postcode

Date of birth **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**.

THIRD PARTY COPY


eMED3 (2010) duplicate issued, not fit for work
 26-Apr-2024 Miss Hannah McFall (HMcfall251)
 Additional:eMED3 (2010) duplicate issued, not fit for work

Fit Note Document (Diagnosis: Epilepsy; Duration 26-Apr-2024 - 26-May-2024)

Filename: FitNote_640da8b2-9ba2-4b6a-b7e3-b321f0240f2d.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:	26 / 04 / 2024
and, because of the following condition(s):	Epilepsy
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work-	<input type="checkbox"/> amended duties-
<input type="checkbox"/> altered hours-	<input type="checkbox"/> workplace adaptations-
Comments, including functional effects of your condition(s):	
This will be the case for _____ or from 26 / 04 / 2024 to 26 / 05 / 2024	
I will/will not need to assess your fitness for work again at the end of this period. <i>(Please delete as applicable)</i>	
Issuer's name	D'MELLO, Anita (Dr)
Issuer's profession	Doctor
Date of statement	03 / 05 / 2024
Issuer's address	Ardingly Court Surgery 1 Ardingly Street Brighton, BN2 1SS Telephone: 01273 688333
	
Unique ID: Med 3 04/22 640DA8B2-9BA2-4B6A-B7E3-B321F0240F2D	

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	
<ul style="list-style-type: none"> 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
 24-Apr-2024 Mr PCTIldt DOCMAN (docman)
 Additional:Attachment
 Email Brighton and Hove City Council Health & Adult Social Care
 Filename: D10_G81006_504333_77df11a8-c38b-45c3-ad34-6ddb53f11222.TIF.XX2
 Extension:.tif
 Pages:

SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Sent: 24 April 2024 08:03
To: 'AccessPoint'
Subject: RE: - Patrick Southern - 15-Dec-1977

Dear Kofo

Thank you for your email with regards to Patrick Southern. I can confirm that it is important that he takes his medication on a regular basis as he suffers with epilepsy. Any support that you can provide with this would be greatly appreciated.

I will ask him to book an appointment with me to discuss his suicidal thoughts.

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

From: AccessPoint <AccessPoint@brighton-hove.gov.uk>
Sent: 18 April 2024 13:40
To: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY) <ardinglycourt.surgery@nhs.net>
Subject: FW: - Patrick Southern - 15-Dec-1977

Hi Colleagues,

We have received a referral for one of your patients - Patrick (please see attached).

The referral indicate he is struggling to take his medication, could you please advise if the medication is vital or if there is any potential risk stemming from this.

The referral also indicate suicidal ideation, could the GP please review.

Kind regards,

Kofo Bello | Access Officer | Health & Adult Social Care | Brighton & Hove City Council,
2nd Floor Bartholomew House, Bartholomew Square, Brighton, BN1 1JE
Tel 01273 295555

Our customer promise to you

We will make it clear how you can contact or access our services | We will understand and get things done | We will be clear and treat you with respect

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

The contents of this email are intended for the recipient only. It should not be forwarded, copied or processed by someone who is not the intended recipient. If you have received this email in error, please delete the message immediately and notify the sender as soon as possible. Change Grow Live is a registered charity in England and Wales (1079327) and in Scotland (SC039861). Company Registration Number 3861209 (England and Wales).

From: NoReply@mail.brighton-hove.gov.uk <NoReply@mail.brighton-hove.gov.uk>

Sent: Friday, April 12, 2024 1:54 PM

To: AccessPoint@brighton-hove.gov.uk

Subject: REFERRAL Health and Adult Social Care assessment - 559174 - Patrick Southern

This email originates from outside of Brighton & Hove City Council. Please think carefully before opening attachments or clicking on links.

New Contact Management Case assigned, please see attached pdf for details.

Administrative procedure**24-Apr-2024 Ms Sunny Silva (SFDS251)****Additional:**Administrative procedure*Reply Letter to B&H Council***Filename:** Administrative procedure SOUTHERN, Patrick (Mr) 1247 24-Apr-2024.rtf**Extension:**.tif**Pages:****Ardingly Court Surgery**

Dr E Howard - Dr S Mitchell - Dr E Turlini
1 Ardingly Street, Brighton, East Sussex, BN2 1SS
Telephone: 01273 688333
www.ardinglycourt.surgery.co.uk

Dictated: 24-04-2024

Typed: 24-Apr-2024

Ref: SM/SS

PRIVATE & CONFIDENTIAL

Dear Colleague,

SOUTHERN, Patrick (Mr)**Date of Birth: 15-Dec-1977, NHS Number: 651 087 8186****11 Kebbell Lodge, High Street, Brighton, E Sussex, BN2 1SU****Home Telephone: Mobile Telephone: 07795625256**

Mt Southern is a patient registered at Ardingly Court Surgery since the 7th March 2024, having previously been registered from June 2023 to July 2023 and prior to that back in May 2021.

Since registering he presented to the Surgery on 26th March reporting that he is recently out of prison and struggling with his memory. He reports that he has been alcohol free for 22 months but does smoke cannabis.

We discussed his 4-year-old twins who live with their mother, he tells me that he's has increased episodes of seizures due to stress and does attend alcoholic anonymous.

There are no immediate concerns raised.

If you require any further information please do not hesitate to contact me.

Yours sincerely,

*Dictated but not signed to avoid delay***Dr Sean Mitchell****Attachment****23-Apr-2024 Mr PCTItd DOCMAN (docman)****Additional:**Attachment*Clinic Letter Brighton And Sussex University Hospitals NHS Trust Neurology***Filename:** D10_G81006_504333_9f719e5b-6def-4c80-8425-49e408554e52.TIF.XX2**Extension:**.tif**Pages:**



University Hospitals Sussex
NHS Foundation Trust

Department of Neurology RSCH

Royal Sussex County Hospital
Eastern Road
Brighton
East Sussex
BN2 5BE

Dictated: 23/4/2024
Typed: 25/4/2024
Transcribed by: FR

Tel: 01273 696955

PRIVATE AND CONFIDENTIAL

Dr Se Mitchell
Ardingly Court Surgery
1 Ardingly Street
Brighton
East Sussex
BN2 1SS

Trust Patient ID: 3137898
NHS No: 651 087 8186

Dr Edina Bravo, Consultant Neurologist
Secretary: Francine Rodriguez
Tel. 01273-696955 Ext: 67985

Dear Dr Mitchell,

Re: Mr Patrick Southern DOB: 15-12-1977
11 Kebbell Lodge High Street Brighton BN2 1SU

I reviewed today over the phone this 46-year-old patient and I was also talking over the phone with his friend Tona. Patrick has been referred to us with seizures. I was very glad to hear from his friend Tona that he hasn't suffered from any further seizures since he has been released from prison. He did have seizures whilst being in prison for about a year and she reports that he would always get seizures when he is stressed and cold weather or being cold would also bring on a seizure. However he continues with his medication of Levetiracetam 750 mg bd and Sodium Valproate 200 mg bd.

Whilst being in prison he has also been diagnosed with complex PTSD, ADHD, Korsakoff syndrome and early detachment syndrome. I was also very glad to hear that he hasn't been drinking alcohol now for over 2 years and he however continues also with Thiamine treatment.

We discussed today the way forward and I have advised him that he needs to continue with his medication as it is and once he would be free of seizures for 24 months, we might then consider reducing his treatment. Certainly it goes without saying that he needs to try and avoid stress as much as possible and also to completely abstain from alcohol.

I am booking him for a telephone follow-up in 6 months time. He also will 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 adjustment in his flat regarding his epilepsy like for instance he

doesn't have a shower at all. We encourage patients 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; also swimming is possible only if there is a qualified swimming supervisor.

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: Mr Patrick Southern

THIRD PARTY COPY

For all appointment queries please ring the Bookings Hub on 0300 303 8360

Attachment

19-Apr-2024 Mr PCTLtd DOCMAN (docman)

Additional:Attachment

GPCOG Test

Filename: D10_G81006_504333_06d1ae29-3477-425e-9624-d4963e37dc19.TIF.XX2

Extension:.tif

Pages:

651 987 8186
 15/12/1977
 SOUTHERN
 Patrick Francis
 Date 04/04/2024
 Time 12.38

Patient name: _____

Date: _____

GPCOG Screening Test

Step 1: Patient Examination

Unless specified, each question should only be asked once

Name and Address for subsequent recall test

1. "I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington." (Allow a maximum of 4 attempts).

Time Orientation

2. What is the date? (exact only)

Correct Incorrect

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Clock Drawing – use blank page

3. Please mark in all the numbers to indicate the hours of a clock (correct spacing required)
4. Please mark in hands to show 10 minutes past eleven o'clock (11.10)

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Information

5. Can you tell me something that happened in the news recently? (Recently = in the last week. If a general answer is given, eg "war", "lot of rain", ask for details. Only specific answer scores).

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Recall

6. What was the name and address I asked you to remember

John
Brown
42
West (St)
Kensington

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

(To get a total score, add the number of items answered correctly)

Total correct (score out of 9)

6/9

If patient scores 9, no significant cognitive impairment and further testing not necessary.

If patient scores 5-8, more information required. Proceed with Step 2, Informant section.

If patient scores 0-4, cognitive impairment is indicated. Conduct standard investigations.

651 887 8186
 15/12/1977
 SOUTHERN
 Patrick Francis
 Date 04/04/2024
 Time 12:38

Informant Interview

Date: _____

Informant's name: _____

Informant's relationship to patient, i.e. informant is the patient's: _____

These six questions ask how the patient is compared to when s/he was well, say 5 – 10 years ago
 Compared to a few years ago:

- | | Yes | No | Don't Know | N/A |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| • Does the patient have more trouble remembering things that have happened recently than s/he used to? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Does he or she have more trouble recalling conversations a few days later? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • When speaking, does the patient have more difficulty in finding the right word or tend to use the wrong words more often? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Is the patient less able to manage money and financial affairs (e.g. paying bills, budgeting)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the patient less able to manage his or her medication independently? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the patient need more assistance with transport (either private or public)?
<small>(If the patient has difficulties due only to physical problems, e.g. bad leg, tick 'no')</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(To get a total score, add the number of items answered 'no', 'don't know' or 'N/A')
 Total score (out of 6)

If patient scores 0-3, cognitive impairment is indicated. Conduct standard investigations.

Brodaty, H., et al, (2002) The GPCOG: a new screening test for dementia designed for general practice. Journal of the American Geriatrics Society, 50, 530 - 4

Attachment
 18-Apr-2024 Mr PCTItd DOCMAN (docman)
 Additional: Attachment
 Email Brighton and Hove City Council Health and Adult social care
 Filename: D10_G81006_504333_15f8cfe1-808d-46bd-b386-8ceec8ae7db02.TIF.XX2
 Extension: .tif
 Pages:

high p - cp

SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: AccessPoint <AccessPoint@brighton-hove.gov.uk>
Sent: 18 April 2024 13:40
To: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Subject: FW: - Patrick Southern - 15-Dec-1977
Attachments: Health and Adult Social Care assessment - 559174 - Patrick Southern.pdf

Hi Colleagues,

We have received a referral for one of your patients - Patrick (please see attached).

The referral indicate he is struggling to take his medication, could you please advise if the medication is vital or if there is any potential risk stemming from this.

The referral also indicate suicidal ideation, could the GP please review.

Kind regards,

Kofo Bello | Access Officer | Health & Adult Social Care | Brighton & Hove City Council,
 2nd Floor Bartholomew House, Bartholomew Square, Brighton, BN1 1JE
 Tel 01273 295555

Our customer promise to you

We will make it clear how you can contact or access our services | We will understand and get things done | We will be clear and treat you with respect

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

The contents of this email are intended for the recipient only. It should not be forwarded, copied or processed by someone who is not the intended recipient. If you have received this email in error, please delete the message immediately and notify the sender as soon as possible. Change Grow Live is a registered charity in England and Wales (1079027) and in Scotland (SC039989). Company Registration Number 3801208 (England and Wales)

From: NoReply@mail.brighton-hove.gov.uk <NoReply@mail.brighton-hove.gov.uk>
Sent: Friday, April 12, 2024 1:54 PM
To: AccessPoint <AccessPoint@brighton-hove.gov.uk>
Subject: REFERRAL Health and Adult Social Care assessment - 559174 - Patrick Southern

This email originates from outside of Brighton & Hove City Council. Please think carefully before opening attachments or clicking on links.

New Contact Management Case assigned, please see attached pdf for details.

THIRD PARTY COPY



Case # 559174 Health and Adult Social Care assessment

Created	12/04/2024	Assigned to	ASC Access Point
Case Status	PDF email to service	Watched By	ASC Access Point
Due Date		Assigned to Staff	

Contact details

Title options	Mr	Landline phone	
First name	Patrick	Mobile phone	07795625256
Middle name	Francis	Email address	
Last name	Southern	Date of birth	15/12/1977
Address 1	11 Kebbelf Lodge	Address 2	High Street
Town/City	Brighton	Postcode	BN2 1SU
UPRN	22147329		

Case details

Case ID #	559174	Case created date	12/04/2024
Assigned to	ASC Access Point	Assigned to staff	
Due Date		Case status	Review
UPRN		Tags	

Customer index details

Customer Index Details
No customer index results

Additional contact details

Do you have any sensory needs?	No	Do you need an interpreter?	No
GP Name		GP practice	
GP Address		I am completing this self assessment	On behalf of someone else

Communication needs

communication_needs	Yes YesYes	Do you find it difficult to communicate with others?	Yes
Do you find it difficult to understand or to retain information?		Do you find it difficult to make decisions or understand their impact?	

Yes

Yes

Home and living needs

I am able to clean and maintain my home on my own and without help

I am able to manage my day to day paperwork on my own and without help

No

No

Home and living needs detail

Mr. Southern has significant memory retainment issues.

I have not seen a diagnosis, but appears to be alcohol induced dementia/ or Alzheimer's- he carries around several notebooks with him to write down what he requires to do and where he needs to be. Mr. Southern resides alone. He is on medication and has reported that sometimes forgets to take them, as well as forgets to eat, and that he has placed his food in the microwave. He also has difficulties with completing his paperwork, such as PIP.

He forgets where he places his keys and this results in him not being able to leave the house.

Eating healthily & safety needs

Any Healthy eating needs?

Healthy Eating

No

No

I am able to shop for food/essentials on my own and without help

I am able to prepare meals, drinks and snacks on my own and without help

No

No

I am able to eat and drink on my own and without supervision

Eating Healthily & Safety detail

Yes

As above.

Personal care needs

Yes/No

I am able to use the toilet on my own and without help

Yes

Yes

I am able to wash on my own and without help

I am able to get dressed and undressed on my own and without help

Yes

Yes

Social relationships needs

I am able to develop and maintain relationships with my family, friends and others without help

I am able to go out into the community on my own and without help or supervision

No

No

I am able to socialise without help or supervision

Social relationships and activities needs detail

Yes

Mr. Southern reports feeling scared about leaving the house, because he has sensory issues (noise) and has a difficult time being in the presence of others.

Work and education needs

I am able to access and undertake work/training/ education/volunteering on my own and without help or supervision

Work, training, education and volunteering needs detail

No

Mr. Southern is medically signed off sick.

Caring for others needs

I have children that are dependent on me

I am able to carry out my parenting/caring responsibilities without help and support

Yes

No

Caring for others needs detail

Mr. Southern has two children and has weekly contact with them - there is social care involvement.

Staying safe needs

Staying_Safe_YesOrNo

No

Do you have any concerns about how others treat you?

No

I am safe to be at home on my own

No

Staying safe detail

I would assess Mr. Southern as not being safe on his own - however will require professional assessment from your service.

I have concerns that he might forget important things in the household which can lead to hazards.

Mental health needs

Carelink

Yes

Do you have or have you ever experienced a serious mental health issue

Yes

Please provide more details

During a previous short period in custody Mr. Southern admitted to have attempted to take his life by tying a ligature around his neck in an attempted to hang himself. This was unsuccessful due to the line breaking. He reports that since this incident he continues to have fleeting thought of suicide.

Do you have any diagnosed physical health conditions?

Yes

Please provide more details

Epilepsy, potential dementia.

Do you use any walking aids or have any equipment around the home?

No

Please provide more details

Do you currently have CareLink or Telecare equipment in place?

No

Would you like to be put in touch with the council's Carelink Plus team to find out more about Telecare equipment?

Not sure

Support received

Do you currently receive help and support from family, friends, neighbours or volunteers?

No

Please select the areas in which your needs are currently being fully met by family, friends or volunteers

Finances

Do you own your own home (including shared ownership)?

No

Do you have savings, investments or other properties worth over £23,250 (combined)?

No

Do you live alone?

Yes

Please provide details about other people living i your home

Consent

Do you consent to your information being shared to support your care?

Yes

Additional Household

person_household_composite_1	
person_household_composite_2	
person_household_composite_3	
person_household_composite_4	
person_household_composite_5	

THIRD PARTY COPY

Attachment
27-Mar-2024 Mr PCTI Ltd DOCMAN (docman)
Additional: Attachment
Email HMP Lewes
Filename: D10_G81006_504333_f3fda0df-e383-4f68-a272-f0fd3784c59a.TIF.XX2
Extension: .tif
Pages:

SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED)
Sent: 27 March 2024 14:20
To: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Subject: Re: patient

Marvelous

We'll send that this afternoon

Kind regards

Admin

Administration Team PPG
practiceplusgrp.hmples-admin@nhs.net
Tel: 01273 785311 / 785224 / 785140 / 785148
HMP Lewes, 1 Brighton Road, BN7 1EA

From: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY) <ardinglycourt.surgery@nhs.net>
Sent: 27 March 2024 14:17
To: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED) <practiceplusgrp.hmples-admin@nhs.net>
Subject: RE: patient

Good Afternoon,

We can confirm that he has re-registered with us.

It seems that his notes have come over but if you could send a patient summary just we can check we have everything.

Chanesse Gordon
Reception/Admin

Ardingly court Surgery
1 Ardingly Street
Brighton
BN2 1SS
Tel : 01273 688333

From: HMPLEWES-ADMIN (CARE UK - NTP) (PRACTICE PLUS GROUP HOSPITALS LIMITED)
<practiceplusgrp.hmples-admin@nhs.net>
Sent: 27 March 2024 14:07
To: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY) <ardinglycourt.surgery@nhs.net>
Subject: patient
Importance: High

Hi can you confirm if P Southern 15/12/1977 has been re-registered at your surgery?

Do you require a patient summary to add to his record?

many thanks and

Kind regards

Admin

Administration Team PPG

practiceplus@hmp.lewes-admin@nhs.net

Tel: 01273 785311 / 785224 / 785140 / 785148

HMP Lewes, 1 Brighton Road, BN7 1EA

THIRD PARTY COPY

Attachment
27-Mar-2024 Mr PCTIld DOCMAN (docman)
Additional: Attachment
Patient Summary
Filename: D10_G81006_504333_39fa1871-578d-431e-b6e3-4ec37694c64d.TIF.XX2
Extension: .tif
Pages:

HMP Lewes

1 of 4

Mr Patrick Francis Southern**Client ID: A6398AA****Patient Summary: Discharge Summary****Mr Patrick Francis Southern** **NHS Number: 651 087 8186**Date of Birth 15 Dec 1977 00:00 (46 y) Gender Male
Language Main spoken language English English Speaker Unknown**Contact Details**Current Home Address 11 High Street Kebble Lodge Brighton E Sussex BN2 07 Mar 2024 - 1SU
Amendment via PDS
Mobile Tel. (preferred) 07795625256. Amendment via PDS
Previous Home Address HMP Lewes, 1 Brighton Road Lewes E Sussex BN7 06 Mar 2024 - 07 Mar 2024 1EA**Registration Details**Usual GP Dr Lewes General Practitioner Home GP
PDS Registered Ardingly Court Surgery (NHS Sussex Icb - 09d) (01273 688333)
Practice
Usual Branch HMP Lewes (01273785311)**Common Measurements**

Quick Glance Template Overview

BP	128/78 mmHg - (17.06/10.4 kPa)	09 Feb 2024	
Pulse rate	76 bpm	09 Feb 2024	(24)
BMI	28.37 Kg/m ²	03 Aug 2023	(6)
Weight	84 Kg (~ 13 st 3 lb)	24 Aug 2023	(8)
Height	1.7 m (~ 5' 7")	13 Jul 2023	(4)
Alcohol intake	6 Units/Week Original units: U/week had reduced from 40 units to 6 over preceding days	13 Jul 2020	(2)
Smoking Status	Smoker	13 Jul 2023	(11)

Pending Appointments

No information recorded

Drug Sensitivities & Allergies

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

13 Jul 2023	Adverse reaction to drug	Penicillin	
13 Jul 2023	Checking for drug allergy		
10 Aug 2023	Checking for drug allergy		
10 Aug 2023	Verification of allergy status		
02 Oct 2023	Checking for drug allergy		
02 Oct 2023	Verification of allergy status		
02 Nov 2023	Verification of allergy status		
02 Nov 2023	Checking for drug allergy		
17 Nov 2023	Checking for drug allergy		
17 Nov 2023	Verification of allergy status		
08 Jan 2024	Checking for drug allergy		
08 Jan 2024	Verification of allergy status		
09 Jan 2024	Checking for drug allergy		
09 Jan 2024	Verification of allergy status		
10 Jan 2024	Checking for drug allergy		
10 Jan 2024	Verification of allergy status		

Wed 27 Mar 2024 14:28
Confidential: Personal DataMr Patrick Francis Southern (A6398AA)
651 087 8186, 15 Dec 1977

HMP Lewes

2 of 4

11 Jan 2024	Checking for drug allergy		
11 Jan 2024	Verification of allergy status		
12 Jan 2024	Checking for drug allergy		
12 Jan 2024	Verification of allergy status		
25 Feb 2024	Verification of allergy status		
25 Feb 2024	Checking for drug allergy		
06 Mar 2024	Verification of allergy status	nkda	
06 Mar 2024	Checking for drug allergy	nkda	

All medication within last 3 months

A = Acute P = Private I = Dispensed D = Dental H = Hospital O = Other

04 Jan 2024	Zopiclone 7.5mg tablets	1 tablet	3 tablets	A
Administrative notes: 3/7 course only, No extensions or repeats				
Script notes: 1 tablet, 1 times per 1 day(s) (20:00)				
08 Jan 2024	Ibuprofen 200mg tablets	2 tablet	2 tablets	A
Ended early on 08 Jan 2024. Medication has been administered by Miss Caitlyn Gallagher				
Administrative notes: For Pain				
24 Jan 2024	Levetiracetam 250mg tablets	1 tablet	56 tablets	
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)				
24 Jan 2024	Levetiracetam 500mg tablets	1 tablet	56 tablets	
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)				
24 Jan 2024	Sodium valproate 200mg gastro-resistant tablets	1 tablet	56 tablets	
Administrative notes: Do not place in blister. Wokhardt Brand Only				
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)				
24 Jan 2024	Thiamine 100mg tablets	3 tablet	84 tablets	
Script notes: 3 tablet, 1 times per 1 day(s) (08:00)				
24 Jan 2024	Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablets	A
Administrative notes: Blister Pack Please				
Script notes: 1 tablet, 1 times per 1 day(s) (08:00)				
24 Jan 2024	Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablets	
Administrative notes: Blister Pack Please				
Script notes: 1 tablet, 1 times per 1 day(s) (08:00)				
30 Jan 2024	Epimax original cream (Aspire Pharma Ltd)	1 application	1 pack of 500 gram(s)	
Administrative notes: May also be used as a soap substitute for skin washing.				
Script notes: 1 application, 2 times per 1 day(s) (08:00, 17:00)				
31 Jan 2024	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)				
23 Feb 2024	Levetiracetam 250mg tablets	1 tablet	56 tablets	
Ended early on 06 Mar 2024: Sentence Ended by Mr Abdul Butt				
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)				
23 Feb 2024	Levetiracetam 500mg tablets	1 tablet	56 tablets	
Ended early on 06 Mar 2024: Sentence Ended by Mr Abdul Butt				
Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)				
21 Feb 2024	Sodium valproate 200mg gastro-resistant tablets	1 tablet	56 tablets	
Ended early on 12 Feb 2024: End of course (purple alert) by Mr Paul Scott-Harris				

Wed 27 Mar 2024 14:28
Confidential: Personal DataMr Patrick Francis Southern (A6398AA)
651 087 8186, 15 Dec 1977

HMP Lewes

3 of 4

Administrative notes: Do not place in blister. Wokhardt Brand Only

Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

23 Feb 2024	Thiamine 100mg tablets	3 tablet	84 tablets	
-------------	------------------------	----------	------------	--

Ended early on 06 Mar 2024: Sentence Ended by Mr Abdul Butt

Script notes: 3 tablet, 1 times per 1 day(s) (08:00)

23 Feb 2024	Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablets	
-------------	---	----------	------------	--

Ended early on 06 Mar 2024: Sentence Ended by Mr Abdul Butt

Administrative notes: Blister Pack Please

Script notes: 1 tablet, 1 times per 1 day(s) (08:00)

09 Feb 2024	Paracetamol 500mg tablets	1-2 tablet	2 tablets	A
-------------	---------------------------	------------	-----------	---

Ended early on 09 Feb 2024: Medication has been administered by Ms Claudia Ntombela

Administrative notes: Every 4-6 hours

16 Feb 2024	Sodium valproate 200mg gastro-resistant tablets	1 tablet	60 tablets	
-------------	---	----------	------------	--

Ended early on 06 Mar 2024: Sentence Ended by Mr Abdul Butt

Administrative notes: Do not place in blister. Wokhardt Brand Only

Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

17 Mar 2024	Sodium valproate 200mg gastro-resistant tablets	1 tablet	56 tablets	
-------------	---	----------	------------	--

Ended early on 06 Mar 2024: Sentence Ended by Mr Abdul Butt

Script notes: 1 tablet, 2 times per 1 day(s) (08:00, 17:00)

All Vaccinations

No information recorded

All pathology reports within last 12 months

18 Oct 2023	M, C & S
-------------	----------

Message Please repeat WITH a boric acid sample pot if indicated
 Result Indicator Specimen lost / unusable
 Follow Up Action Need to repeat test
 Result Filed Dr Iain Brew (Clinical Practitioner Access Role) - 22 Oct 2023 13:23
 Patient Informed Patient does not need to be informed
 Report Archived Dr Iain Brew (Clinical Practitioner Access Role) - 22 Oct 2023 13:24
 Specimen Collected 18 Oct 2023 00:00
 Textual Investigations 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

18 Oct 2023 10:50	Full blood count;Differential white blood cell count
-------------------	--

Message
 Result Indicator Normal
 Follow Up Action No Further Action
 Result Filed Dr Iain Brew (Clinical Practitioner Access Role) - 19 Oct 2023 12:44
 Patient Informed Patient does not need to be informed
 Report Archived Dr Iain Brew (Clinical Practitioner Access Role) - 19 Oct 2023 12:44
 Specimen Collected 18 Oct 2023 10:50
 Textual Investigations Clinical Information: ?dementia

18 Oct 2023 10:50	Urea and electrolytes;Liver function tests;AST (SERUM);Thyroid function test;CALCIUM (SERUM);C-REACTIVE PROTEIN (S);B12/folate level
-------------------	--

Message
 Result Indicator Normal

Wed 27 Mar 2024 14:28
 Confidential: Personal Data

Mr Patrick Francis Southern (A6398AA)
 651 087 8186, 15 Dec 1977

HMP Lewes

4 of 4

Follow Up Action	No Further Action
Result Filed	Dr Iain Brew (Clinical Practitioner Access Role) - 19 Oct 2023 12:47
Patient Informed	Patient does not need to be informed
Report Archived	Dr Iain Brew (Clinical Practitioner Access Role) - 19 Oct 2023 12:47
Specimen Collected	18 Oct 2023 10:50
Textual Investigations	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

Outstanding Recalls

No information recorded

Last 3 Consultations

06 Mar 2024 09:28	Prison: James Bugden (Nurse Access Role)
Released from prison Verification of allergy status - nkda Checking for drug allergy - nkda Has no outstanding hospital/ Doctors appointments Supply of discharge medication On prescription medication Previous Home Address: HMP Lewes, 1 Brighton Road, Lewes BN7 1EA	
06 Mar 2024 11:12	Prison: James Bugden (Nurse Access Role)
GP Deduction Request - Embarkation, Gone Away / Address Unknown - 6 month	
14 Sep 2025	Prison: Mr. Sukhraj Chahil (Health Professional Access Role)
Date	

Recent Hospital Letters

No information recorded

Wed 27 Mar 2024 14:28
Confidential: Personal Data

Mr Patrick Francis Southern (A6398AA)
651 087 8186, 15 Dec 1977

e-RS Letter (27-Mar-2024)
27-Mar-2024 Ms Sunny Silva (SFDS251)
Additional:e-RS Letter (27-Mar-2024)
NHS e-Referral UBRN 000427364983 for Referral to physiotherapy service
Filename: 2403271208_NHS e-RS Letter.rtf
Extension:.tif
Pages:

Clinical Information Summary

Patient:	Southern, Mr Patrick	Date of Birth:	15-Dec-1977
UBRN:	000427364983	Age:	46y
NHS:	651 087 8186	Gender:	M

UBRN Information

Date:	27-Mar-2024	UBRN Created	
Priority:	Routine	Referral letter created	
Referred by:	TURLINI, Eleonora (Dr)	Letter last modified	27-Mar-2024
Referring org:		Named clinician	
Address:	1 Ardingly Street Brighton East Sussex BN2 1SS	Allocated clinician	
Clinical Context:	NHS e-Referral Service		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	11 Kebbell Lodge High Street Brighton E Sussex BN2 1SU	Registered practice: Address	Ardingly Court Surgery 1 Ardingly Street Brighton East Sussex BN2 1SS
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Requested action

Requested action **Management Advice**
 Request action Comments

Medication

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Ketoconazole 2% shampoo	1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024	120 ml	26-Mar-2024
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
Ketoconazole 2% shampoo	Apply Once Every 1-2 Weeks	120 ml	
Ketoconazole 2% shampoo	1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024	120 ml	
Ketoconazole 2% shampoo	1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024	120 ml	
Lactulose 3.1-3.7g/5ml oral solution	Three 5ml Spoonfuls To Be Taken Twice A Day at 8am and 10pm prn as per D/S 23/12/2	500 ml	
Codeine 30mg tablets	Two to be taken Four times a day as per D/S 23/12/2	56 tablet	

Repeat

Drug	Dosage	Quantity	Last Issued On
Sodium valproate 200mg gastro-resistant tablets	1 tablet	56 tablets	17-Mar-2024
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablets	23-Feb-2024
Levetiracetam 500mg tablets	1 tablet	56 tablets	23-Feb-2024
Levetiracetam 250mg tablets	1 tablet	56 tablets	23-Feb-2024

Repeat Dispensing

Drug	Dosage	Quantity	Last Issued On
Levetiracetam 250mg tablets	One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022	14 tablet	14-Mar-2024
Levetiracetam 500mg tablets	One To Be Taken Twice A Day as per neurology 06/07/21	14 tablet	14-Mar-2024
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	One To Be Taken Daily	7 tablet	14-Mar-2024
Thiamine 100mg tablets	Three to be taken with breakfast	21 tablet	14-Mar-2024
Sodium valproate 200mg gastro-resistant tablets	One To Be Taken Twice A Day	14 tablet	30-Jun-2023

Past

Drug	Dosage	Quantity	Last Issued On
Thiamine 100mg tablets	3 tablet	84 tablets	23-Feb-2024
Sodium valproate 200mg gastro-resistant tablets	1 tablet	60 tablets	21-Feb-2024
Paracetamol 500mg tablets	1-2 tablet - Once only (Oral) Scheduled end date:	2 tablets	09-Feb-2024
Ketoconazole 2% shampoo	1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024	1 pack of 120 mls	31-Jan-2024
Epimax original cream (Aspire Pharma Ltd)	1 application	1 pack of 500 gram(s)	30-Jan-2024
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet - admin times: 08:00 (Oral) Scheduled end date: 21 Feb 2024	28 tablets	24-Jan-2024
Ibuprofen 200mg tablets	2 tablet - Once only (Oral) Scheduled end date:	2 tablets	08-Jan-2024
Zopiclone 7.5mg tablets	1 tablet - admin times: 20:00 (Oral) Scheduled end date: 07 Jan 2024	3 tablets	04-Jan-2024
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablets	31-Dec-2023

Levetiracetam 500mg tablets	1 tablet	56 tablets	31-Dec-2023
Ibuprofen 200mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 25 Dec 2023	1 pack of 16 tablet(s)	23-Dec-2023
Ibuprofen 200mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 17 Dec 2023	1 pack of 16 tablet(s)	15-Dec-2023
Ibuprofen 200mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 12 Dec 2023	1 pack of 16 tablet(s)	10-Dec-2023
Ibuprofen 200mg tablets	2 tablet - Once only (Oral) Scheduled end date:	2 tablets	09-Dec-2023
Ibuprofen 200mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 06 Dec 2023	1 pack of 16 tablet(s)	04-Dec-2023
Ibuprofen 200mg tablets	2 tablet - Once only (Oral) Scheduled end date:	2 tablets	03-Dec-2023
Levetiracetam 250mg tablets	1 tablet	56 tablets	03-Dec-2023
Paracetamol 500mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 04 Dec 2023	1 pack of 16 tablet(s)	02-Dec-2023
Ibuprofen 200mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 04 Dec 2023	1 pack of 16 tablet(s)	02-Dec-2023
Paracetamol 500mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 30 Nov 2023	1 pack of 16 tablet(s)	28-Nov-2023
Ibuprofen 200mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 30 Nov 2023	1 pack of 16 tablet(s)	28-Nov-2023

Paracetamol 500mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 24 Nov 2023	1 pack of 16 tablet(s)	22-Nov-2023
Ibuprofen 200mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 24 Nov 2023	1 pack of 16 tablet(s)	22-Nov-2023
Sodium valproate 200mg gastro-resistant tablets	1 tablet - admin times: 08:00, 17:00 (Oral) Scheduled end date: 05 Dec 2023	55 tablets	07-Nov-2023
Sodium valproate 200mg gastro-resistant tablets	1 tablet	56 tablets	06-Nov-2023
Ibuprofen 400mg tablets	1 tablet - admin times: 08:00, 12:00, 17:00 (Oral) Scheduled end date: 07 Nov 2023	19 tablets	31-Oct-2023
Paracetamol 500mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00, 22:00 (Oral) Scheduled end date: 13 Oct 2023	1 pack of 16 tablet(s)	11-Oct-2023
Ibuprofen 200mg tablets	1-2 tablet - admin times: 10:00, 14:00, 18:00 (Oral) Scheduled end date: 13 Oct 2023	1 pack of 16 tablet(s)	11-Oct-2023

Clinical record details

Consultations

Problems

Active

Date	Problem	Associated Text	Date Ended
04-Jan-2022	Admitted to alcohol detoxification centre	(Portsmouth) - (Combined with Admitted to alcohol	

07-Sep-2021 Admitted to alcohol detoxification centre (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

Allergies and intolerances

Allergies

Date	Description	Associated Text
12-Jan-2024	Verification of allergy status	
11-Jan-2024	Verification of allergy status	
11-Jan-2024	Checking for drug allergy	
10-Jan-2024	Verification of allergy status	
10-Jan-2024	Checking for drug allergy	
09-Jan-2024	Verification of allergy status	
09-Jan-2024	Checking for drug allergy	
08-Jan-2024	Verification of allergy status	
08-Jan-2024	Checking for drug allergy	
17-Nov-2023	Verification of allergy status	
17-Nov-2023	Checking for drug allergy	
02-Nov-2023	Checking for drug allergy	
02-Nov-2023	Verification of allergy status	
02-Oct-2023	Verification of allergy status	
02-Oct-2023	Checking for drug allergy	
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.
10-Aug-2023	Verification of allergy status	
10-Aug-2023	Checking for drug allergy	
13-Jul-2023	Checking for drug allergy	
20-Apr-2006	Adverse reaction to penicillins	

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
09-Feb-2024	O/E - blood pressure reading Side: Left	128/78	mm[Hg]	

Family History

Family History

Social Context**Alcohol Consumption**

Date	Description	Value	Units	Range
22-Oct-2015	Alcohol consumption	2	U/week	

Smoking

Date	Description
13-Jul-2023	Smoker

Non-Therapeutic Drug Use

Date	Description
22-Aug-2023	Has never shared drug injection equipment

Fax sent to outside agency SOUTHERN, Patrick (Mr) 1802 26-Mar-2024.rtf

eMED3 (2010) new statement issued, not fit for work

26-Mar-2024 Dr Sean Mitchell (SEM251)

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Epilepsy; Duration 26-Mar-2024 - 26-Apr-2024)

Filename: FitNote_32e2e23a-894a-4b07-8c96-89919523b8dd.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:	26 / 03 / 2024
and, because of the following condition(s):	Epilepsy
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from:	
<input type="checkbox"/> a phased return to work-	<input type="checkbox"/> amended duties-
<input type="checkbox"/> altered hours-	<input type="checkbox"/> workplace adaptations-
Comments, including functional effects of your condition(s):	
This will be the case for 1 Month(s) or from / / to / /	
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	MITCHELL, Sean (Dr)
Issuer's profession	Doctor
Date of statement	26 / 03 / 2024
Issuer's address	Ardingly Court Surgery 1 Ardingly Street Brighton, BN2 1SS Telephone: 01273 688333
Unique ID: Med 3 04/22 32E2E23A-894A-4B07-8C96-89919523B8DD	

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	
<ul style="list-style-type: none"> 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. 	

Fax sent to outside agency

26-Mar-2024 Dr Sean Mitchell (SEM251)

Additional:Fax sent to outside agency

MSK Referral Form

Filename: Fax sent to outside agency SOUTHERN, Patrick (Mr) 1802 26-Mar-2024.rtf

Extension:.tif

Pages:


MSK REFERRAL FORM

PLEASE NOTE: Patients with symptoms of cauda equina compromise should go for acute orthopaedic admission agreed over the phone and NOT the Spine Service. This referral form EXCLUDES referrals for fracture clinic, urgent A&E referrals and suspected cancer 2WW

Referral Date	26-Mar-2024	NHS No	651 087 8186	BMI	28.37	Gender	M
This chap has noticed reduced sensation over ulnar aspect of left forearm with reduced power on flexion at left hand He is right hand dominant Started after a seizure in January Otherwise FROM Neurological examination otherwise normal					28.37		
					28.37		
					26.64		
					25.61		
					25.07		
Patient Full Name Mr Patrick Southern							
DOB		15-Dec-1977		Referring GP Name		Dr Sean Mitchell	
Registered GP Practice		Ardingly Court Surgery					
Patient Address		11 Kebbell Lodge, High Street, Brighton, E Sussex, BN2 1SU					
E-mail		patrickfsouthern@gmail.com		Pref. Tel.			
Contact Number				Consent to leave message?			
Ambulance transport?		Details					
Occupation		Interpreter Required?		Which language?		Main spoken language English	
Patient OFF WORK due to condition?		If yes, how long for?		Armed forces?			
ANATOMICAL SITE:		Knee	Hip	Hand&Wrist	Foot&Ankle	Pain	Spine
Shoulder&Elbow		Rheumatology					
Please give a brief history and reason for referral (date of onset, comorbidities etc.) Please note that PMH and medications will auto-populate from your clinical system into the bottom of this form.				SYMPTOM DISTRIBUTION (Please mark on chart or drag and drop the symbols) PAIN: NUMBNESS: PINS & NEEDLES: SWELLING:			

PLEASE ATTACH ALL REQUIRED REPORTS, PREVIOUS CORRESPONDENCE AND ANY FURTHER INFORMATION REQUIRED

MSK REFERRAL FORM

I would be grateful if you could please review him - may benefit from physiotherapy	Optional 	
Previous treatment: (Successful or not including physiotherapy, osteopathy etc.)	Previous investigation: (Please attach reports)	
Any Red Flags? Please list in the blank box below:		
Please note that Red Flags include:		
Unexplained weight loss (> 10% body weight in last 3-6/12)	Immunosuppressed (other than steroids)	Hx of serious pathology
Progressive weakness and/or sensory loss	Severe, unremitting night pain	Gait disturbance
	Rapidly worsening neurological symptoms	Hx of systemic illness
Additional details:		

Consultations

26-Mar-2024 15:02	GP Surgery (Ardingly Court Surgery) MITCHELL, Sean (Dr)		
History	F2F - recently out of prison - worried about memory - struggling with routine		
	Has been EtOH free for 22 months		
	Smokes cannabis		
	Has four year old twins who live with their mother		
	Increase in seizures due to stress		
	Under AA		
	Has no wife - friend is going to help		
	Feels that he has lost dexterity - since a seizure in January		
	Neuropathy over ulnar aspect left forearm		
	Asking for Med 3		
Examination	Left hand power 4/5 - on grip		

PLEASE ATTACH ALL REQUIRED REPORTS, PREVIOUS CORRESPONDENCE AND ANY FURTHER INFORMATION REQUIRED

MSK REFERRAL FORM

	No pronator drift		
	Right hand dominant		
Comment	I will organise meds for him		
	Referral to MSK to review		
	Bloods and memory test		
Test Request	Biochemistry, Haematology & Immunology - Unknown specimen		
	Test Request : Vitamin B12/Folate profile		
	Test Request : Calcium level, adjusted		
	Test Request : C reactive protein level		
	Test Request : Electrolytes & Creatinine		
	Test Request : Full blood count		
	Test Request : Haemoglobin A1c level		
	Test Request : Glucose level, Random		
	Test Request : Liver function Test		
	Test Request : Thyroid function test (TFTs)		
	Test Request : Urea and electrolytes		
Medication	(NOT ISSUED) Ketoconazole 2% shampoo 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024, 120 ml		
	(NOT ISSUED) Ketoconazole 2% shampoo Apply Once Every 1-2 Weeks, 120 ml		
	(NOT ISSUED) Ketoconazole 2% shampoo 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024, 120 ml		
	Ketoconazole 2% shampoo 1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024 120 ml		
Document	eMED3 (2010) new statement issued, not fit for work Fit Note Document (Diagnosis: Epilepsy; Duration 26-Mar-2024 - 26-Apr-2024)		

Medication

Acute

Ketoconazole 2% shampoo	1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024	120 ml	26-Mar-2024
Doxycycline 100mg capsules	Two To Be Taken Each Day at breakfast at 8am	10 capsule	24-Dec-2020

PLEASE ATTACH ALL REQUIRED REPORTS, PREVIOUS CORRESPONDENCE AND ANY FURTHER INFORMATION REQUIRED

MSK REFERRAL FORM

	for 14 days as per D/S 23/12/2		
Ketoconazole 2% shampoo	Apply Once Every 1-2 Weeks	120 ml	
Ketoconazole 2% shampoo	1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024	120 ml	
Ketoconazole 2% shampoo	1 application - admin times: 08:00 (Topical) Scheduled end date: 28 Feb 2024	120 ml	
Lactulose 3.1-3.7g/5ml oral solution	Three 5ml Spoonfuls To Be Taken Twice A Day at 8am and 10pm prn as per D/S 23/12/2	500 ml	
Codeine 30mg tablets	Two to be taken Four times a day as per D/S 23/12/2	56 tablet	

Repeat

Sodium valproate 200mg gastro-resistant tablets	1 tablet	56 tablets	17-Mar-2024
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	1 tablet	28 tablets	23-Feb-2024
Levetiracetam 500mg tablets	1 tablet	56 tablets	23-Feb-2024
Levetiracetam 250mg tablets	1 tablet	56 tablets	23-Feb-2024

Repeat Dispensing

Levetiracetam 250mg tablets	One To Be Taken Twice A Day with 500mg tablet to make 750mg as per Neurology 04/08/2022	14 tablet	14-Mar-2024
Levetiracetam 500mg tablets	One To Be Taken Twice A Day as	14 tablet	14-Mar-2024

PLEASE ATTACH ALL REQUIRED REPORTS, PREVIOUS CORRESPONDENCE AND ANY FURTHER INFORMATION REQUIRED

MSK REFERRAL FORM

	per neurology 06/07/21		
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)	One To Be Taken Daily	7 tablet	14-Mar-2024
Thiamine 100mg tablets	Three to be taken with breakfast	21 tablet	14-Mar-2024
Sodium valproate 200mg gastro-resistant tablets	One To Be Taken Twice A Day	14 tablet	30-Jun-2023

Medical History (Active Significant, Active Minor, Past Significant)**Active**

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

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		

Allergies

PLEASE ATTACH ALL REQUIRED REPORTS, PREVIOUS CORRESPONDENCE AND ANY FURTHER INFORMATION REQUIRED

MSK REFERRAL FORM

12-Jan-2024	Verification of allergy status	
11-Jan-2024	Verification of allergy status	
11-Jan-2024	Checking for drug allergy	
10-Jan-2024	Verification of allergy status	
10-Jan-2024	Checking for drug allergy	
09-Jan-2024	Verification of allergy status	
09-Jan-2024	Checking for drug allergy	
08-Jan-2024	Verification of allergy status	
08-Jan-2024	Checking for drug allergy	
17-Nov-2023	Verification of allergy status	
17-Nov-2023	Checking for drug allergy	
02-Nov-2023	Checking for drug allergy	
02-Nov-2023	Verification of allergy status	
02-Oct-2023	Verification of allergy status	
02-Oct-2023	Checking for drug allergy	
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.
10-Aug-2023	Verification of allergy status	
10-Aug-2023	Checking for drug allergy	
13-Jul-2023	Checking for drug allergy	
20-Apr-2006	Adverse reaction to penicillins	

Values and Investigations

25-Feb-2024	IPRA (in possession risk assessment) - patient on medication at risk state	25	Unk UoM	
09-Feb-2024	Pulse rate	76	{beats}/min	
09-Feb-2024	Temperature	36.5	Cel	
09-Feb-2024	Oxygen saturation at periphery	98	%	
09-Feb-2024	O/E - blood pressure reading	128/78	mm[Hg]	
	Side: Left			
26-Jan-2024	Respiratory rate	16	{breaths}/min	
07-Jan-2024	Royal College of Physicians NEWS2 (National Early Warning Score 2) total score	0	Unk UoM	
07-Jan-2024	Glasgow coma scale	15	Unk UoM	
03-Jan-2024	Case management risk assessment score	8	Unk UoM	
18-Oct-2023	Full blood count;Differential white blood cell count			
	Abnormality indicator: Normal			

PLEASE ATTACH ALL REQUIRED REPORTS, PREVIOUS CORRESPONDENCE AND ANY FURTHER INFORMATION REQUIRED

MSK REFERRAL FORM

	Clinical Information: Pdementia			
	Full blood count			
	Haemoglobin concentration	156	g/L	135 - 180 g/L
	Total white blood count	7.5	10 ⁹ /L	4 - 10 10 ⁹ /L
	Nucleated red blood cell count	0	10 ⁹ /L	0 - 0.1 10 ⁹ /L
	Platelet count	195	10 ⁹ /L	150 - 410 10 ⁹ /L
	Red blood cell count	5.04	10 ¹² /L	4.5 - 5.5 10 ¹² /L
	Haematocrit	0.47	Unk UoM	0.4 - 0.54 Unk UoM
	Mean cell volume	93.3	fL	83 - 101 fL
	Mean cell haemoglobin level	31	pg	27 - 32 pg
	Mean cell haemoglobin concentration	33.2	g/dL	31 - 36 g/dL
	This value has been converted from: 332.0 g/L			
	Differential white blood cell count			
	Neutrophil count	3.9	10 ⁹ /L	2 - 7 10 ⁹ /L
	Lymphocyte count	2.9	10 ⁹ /L	1 - 3 10 ⁹ /L
	Monocyte count	0.6	10 ⁹ /L	0.2 - 1 10 ⁹ /L
	Eosinophil count	0	10 ⁹ /L	0 - 0.5 10 ⁹ /L
	Basophil count	0.1	10 ⁹ /L	0 - 0.1 10 ⁹ /L
18-Oct-2023	Serum folate level	13.3	ng/mL	1.9 - 25 ng/mL
18-Oct-2023	! Serum vitamin B12 level	1099	ng/L	197 - 771 ng/L
	Above high reference limit			
18-Oct-2023	B12/folate level			
18-Oct-2023	Serum C reactive protein level	<1	mg/L	0 - 5 mg/L
18-Oct-2023	Serum adjusted calcium concentration	2.39	mmol/L	2.15 - 2.5 mmol/L
18-Oct-2023	Serum calcium level	2.33	mmol/L	2.15 - 2.5 mmol/L
18-Oct-2023	Serum TSH level	1.09	m[iU]/L	0.27 - 4.2 m[iU]/L
18-Oct-2023	Serum free T4 level	17.5	pmol/L	11.1 - 22 pmol/L
18-Oct-2023	Thyroid function test			
18-Oct-2023	AST serum level	28	[iU]/L	0 - 40 [iU]/L
18-Oct-2023	Serum alanine aminotransferase level	27	[iU]/L	0 - 41 [iU]/L
18-Oct-2023	Serum total bilirubin level	17	umol/L	0 - 21 umol/L
18-Oct-2023	Serum alkaline phosphatase level	61	[iU]/L	40 - 129 [iU]/L
18-Oct-2023	Serum globulin level	33	g/L	18 - 36 g/L
18-Oct-2023	Serum total protein	75	g/L	66 - 87 g/L
18-Oct-2023	Serum albumin level	42	g/L	35 - 52 g/L
18-Oct-2023	Liver function test			
18-Oct-2023	GFR calculated abbreviated MDRD	>60	mL/min/1.73.ar	60 - 90 mL/min/1.73.ar
18-Oct-2023	Serum creatinine level	94	umol/L	58.9 - 104.1 umol/L
	As of 23/08/2023, enzymatic creatinine is in primary use.			
18-Oct-2023	Serum urea level	7.9	mmol/L	2.8 - 8.1 mmol/L

PLEASE ATTACH ALL REQUIRED REPORTS, PREVIOUS CORRESPONDENCE AND ANY FURTHER INFORMATION REQUIRED

MSK REFERRAL FORM

18-Oct-2023	Serum potassium level	4.1	mmol/L	3.5 - 5.1 mmol/L
18-Oct-2023	Serum sodium level	138	mmol/L	136 - 145 mmol/L
18-Oct-2023	Urea and electrolytes			
18-Oct-2023	Six item cognitive impairment test	21	Unk UoM	
18-Oct-2023	Random sample			
18-Oct-2023	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				
11-Oct-2023	Lying diastolic blood pressure	52	mm[Hg]	
11-Oct-2023	Lying systolic blood pressure	96	mm[Hg]	
13-Sep-2023	Fit frequency	365	/a	
24-Aug-2023	O/E - weight	84	kg	
03-Aug-2023	Body mass index	28.37	kg/m2	
13-Jul-2023	HIV negative			
13-Jul-2023	Hepatitis B surface antigen negative			
13-Jul-2023	Alcohol screen - AUDIT PC completed	0	Unk UoM	
13-Jul-2023	Hepatitis B screening test			
13-Jul-2023	HIV screening test			
13-Jul-2023	O/E - height	170	cm	
05-Aug-2022	HbA1c level (DCCT aligned) - (SEM251) - Normal - No Action			
	HbA1c level - IFCC standardised	32	mmol/mol	20.00 - 41.00mmol/mol
COMMENT FOR HBA1C				
Note normal HbA1c does not exclude diabetes of recent onset.				
For monitoring diagnosed diabetes: individualised targets recommended (NICE NG28).				
05-Aug-2022	C-REACTIVE PROTEIN (S) - (SEM251) - Normal - No Action			
	Serum C reactive protein level	1	mg/L	0.00 - 5.00mg/L
05-Aug-2022	Bone profile - (SEM251) - Normal - No Action			
	Serum calcium	2.26	mmol/L	2.15 - 2.50mmol/L
	Serum adjusted calcium conc	2.29	mmol/L	2.15 - 2.50mmol/L
Please note change in reference ranges Aug 2022.				
	Serum inorganic phosphate	1.07	mmol/L	0.87 - 1.45mmol/L
	Serum alkaline phosphatase	64	iu/L	40.00 - 129.00iu/L

PLEASE ATTACH ALL REQUIRED REPORTS, PREVIOUS CORRESPONDENCE AND ANY FURTHER INFORMATION REQUIRED

MSK REFERRAL FORM

	Serum total protein	68	g/L	66.00 - 87.00g/L
	Serum albumin	44	g/L	35.00 - 52.00g/L
	Serum globulin	23	g/L	18.00 - 36.00g/L
	Serum urea level	4	mmol/L	2.80 - 8.10mmol/L
05-Aug-2022	EGFR COMMENT 1			
	eGFR should not be used in patients with acute renal impairment.			
19-Jul-2022	Rolls own cigarettes	25	g/week	
30-May-2022	Wound care - length of appointment	20	min	
22-Nov-2021	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative - (VH251) - Normal - No Action			
	SARS-CoV-2-ORGN			
	PHE informed. No notifiable disease notification needed.			
08-Sep-2021	Blood oxygen saturation	95	%	
06-Jan-2021	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result positive - (SAB251) - positive , will call for moniotring			
	SARS-CoV-2-ORGY			
	PHE informed. No notifiable disease notification needed.			
23-Dec-2020	Hand X-ray Laterality: Left			
	- was clear with no features of osteomyelitis or fractures			
09-Oct-2020	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative - (VH251) - Normal - No Action			
	SARS-CoV-2-ORGN			
	PHE informed. No notifiable disease notification needed.			
13-Jul-2020	Alcohol intake	6	U/week	
	had reduced from 40 units to 6 over preceeding days			
06-Aug-2019	Patient health questionnaire (PHQ-9) score	17	/27	
06-Aug-2019	GAD-7 score	14	/21	
18-Jun-2019	Urine dipstick test			
	NAD			
08-Apr-2019	MRI scan abnormal			
	- brain - probable left mesial temporal sclerosis - consistent with a diagnosis of temporal lobe epilepsy			
25-Feb-2019	MRI of head			
	- suspicion of left hippocampal sclerosis			
22-Oct-2015	Cigarette smoker	20	/day	

PLEASE ATTACH ALL REQUIRED REPORTS, PREVIOUS CORRESPONDENCE AND ANY FURTHER INFORMATION REQUIRED

MSK REFERRAL FORM

THIRD PARTY COPY

PLEASE ATTACH ALL REQUIRED REPORTS, PREVIOUS CORRESPONDENCE AND ANY FURTHER INFORMATION REQUIRED

Attachment

05-Mar-2024 Mr PCTItd DOCMAN (docman)

Additional: Attachment

Clinic Letter HMP Lewes Integrated Mental Health Team

File name: D10_G81006_504333_300bcb41-524d-4e83-b338-b4e8be1baa98.TIF.XX2

Extension: .tif

Pages:



**Practice
Plus
Group**

→ SM -

RECEIVED
11 MAR 2024

Inreach Team
Integrated Mental Health Team
Prison Healthcare
HMP Lewes

Mr P F Southern
A6398AA
K 1 10

05 March 2024

Dear Mr Southern

You are currently under the care of the Inreach Team. You will be released from HMP Lewes soon and will be discharged from our care at this time.

I have tried to refer you to Mental Health Services in Brighton and Hove, but the referral was declined as your registered GP is currently in the prison. Please bring this letter to your registered GP in the community who can offer you mental health support in the community and make onward referrals if required.

In the meantime, you can make use of mental health crisis support in the community:

- MHRRS (0300 304 0078)
- Sussex Mental Healthline (111 and select the mental health option)
- Attend A&E in an acute mental health crisis

You can continue to utilise techniques, including:

- Breathing exercises
- Writing down your daily affirmations
- Reflecting on your day and writing things down when your emotions are building overwhelming

I wish you all the best on release.

Below is a summary of your mental health needs. Your GP can contact my team to request more information via the prison switchboard - 01273 785 100

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.

Practice Plus Group Health and Rehabilitation Services Ltd. Registered in England No 10498997
Registered Office: Hawker House, 5-6 Napier Court, Napier Road, Reading, Berkshire RG1 8BW



Practice Plus Group

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 4 weeks ago.

Patrick 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 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.

Yours sincerely

Lydia Radford
Integrated Mental Health Team
Prison Healthcare
HMP Lewes

Practice Plus Group Health and Rehabilitation Services Ltd, Registered in England No 10498997
Registered Office: Hawker House, 5-6 Napier Court, Napier Road, Reading, Berkshire RG1 8BW

Record Attachment
05-Mar-2024 Ms Lydia Radford ()

Additional: Record Attachment

Discharge summary Recipient: Mr Patrick Southern Sent: 05 Mar 2024 12:52

Filename: CBC919B3-DC5C-11EE-B3A3-48DF37DF55D0_1709643107936_B11428853269_L1792020485_1709643111136_SAVING.doc

Extension: .tif

Pages:



inreach Team
Integrated Mental Health Team
Prison Healthcare
HMP Lewes

Mr P F Southern
A6398AA
K 1 10

05 March 2024

Dear Mr Southern

You are currently under the care of the inreach Team. You will be released from HMP Lewes soon and will be discharged from our care at this time.

I have tried to refer you to Mental Health Services in Brighton and Hove, but the referral was declined as your registered GP is currently in the prison. Please bring this letter to your registered GP in the community who can offer you mental health support in the community and make onward referrals if required.

In the meantime, you can make use of mental health crisis support in the community:

- MHRRS (0300 304 0078)
- Sussex Mental Healthline (111 and select the mental health option)
- Attend A&E in an acute mental health crisis

You can continue to utilise techniques, including:

- Breathing exercises
- Writing down your daily affirmations
- Reflecting on your day and writing things down when your emotions are building overwhelming

I wish you all the best on release.

Below is a summary of your mental health needs. Your GP can contact my team to request more information via the prison switchboard - 01273 785 100

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.



Practice Plus Group

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 4 weeks ago.

Patrick 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 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.

Yours sincerely

Lydia Radford
Integrated Mental Health Team
Prison Healthcare
HMP Lewes

Practice Plus Group Health and Rehabilitation Services Ltd. Registered in England No 10498997
Registered Office: Hawker House, 5-6 Napier Court, Napier Road, Reading, Berkshire RG1 88W

PPG MSK Physio Health Questionnaire EQ-5D-3L (22 Feb 2024 16:28)

22-Feb-2024 Mr Paul New ()

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)

File name: CBC9197A-DC5C-11EE-B3A3-48DF37DF55D0_Questionnaire_256967430.tif

Extension: .tif

Pages:

PPG MSK Physio Health Questionnaire EQ-5D-3L

Patient	
Name: Mr Paul Francis Gauntlett	Client ID: A6398AA
Address: 11MP Lewes 1 Brighton Road Lewes BN7 1EA	Date of Birth: 15 Dec 1977
Telephone: 01273795311	Mobile Tel: _____
Done By	
Name: Mr Paul New (Health Professional Access Role)	Date: 22 Feb 2024 16:28

PPG MSK Physio Health Questionnaire EQ-5D-3L

Final Version Saved:

22 Feb 2024 16:28

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)

PPG MSK Physio Health Questionnaire EQ-5D-3L

Patient	
Name: <u>Mr Patrick Francis Southern</u>	Client ID: <u>A6398AA</u>

- Medium - Best State (75)
- Best State (100)

THIRD PARTY COPY

Scanned Image

20-Feb-2024 Mr Steven Corden ()

Additional: Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 20 Feb 2024 10:38

Filename: CBC9193B-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_20_Feb_2024_by_SC_3946940110.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: K 1 10

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 22 February 2024

With: Physio - Pain Class

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 Thursday 22 February 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.

THIRD PARTY COPY

Scanned Image

19-Feb-2024 Mrs Lucy Arkwell ()

Additional: Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 19 Feb 2024 14:24

Filename: CBC9193C-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_19_Feb_2024_by_LA_3943784400.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: K 1 10

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 22 February 2024

With: Physio - Pain Class

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 Thursday 22 February 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.

THIRD PARTY COPY

Scanned Image

14-Feb-2024 Christina Stockham ()

Additional: Scanned Image

Application for Healthcare Recipient: Mr Patrick Southern Sent: 14 Feb 2024 10:30

Filename: CBC919B4-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_14_Feb_2024_by_CS_3936270956.TIFF

Extension: .tif

Pages:



Practice Plus Group








HMP LEWES

6 FEB 2024

APPLICATION TO SEE A HEALTHCARE PROFESSIONAL

SURNAME Southern FIRST NAME Patrick NUMBER AG398AA
 Date of Birth 15-12-77 Location K-10 DATE 6-2-24

PLEASE ONLY TICK ONE BOX - USE ANOTHER FORM IF YOU NEED TO SEE MORE THAN ONE HEALTHCARE PROFESSIONAL

I would like an appointment with:			
 Nurse <input type="checkbox"/>	 Substance Misuse <input type="checkbox"/>		
 Mental Health & Emotional Wellbeing <input checked="" type="checkbox"/>	<input type="checkbox"/>		
 Dentist <input type="checkbox"/>	 Optician <input type="checkbox"/>		
 Sexual Health <input type="checkbox"/>	 Social Care Occupational Therapist <input type="checkbox"/>		
? Other..... <input type="checkbox"/>	Pre-release health check Date of release: <input type="checkbox"/>		

To allow us to assess your needs and ensure you see the most appropriate clinician please complete the following questions on the other side of this form. This will help us to deal with your issue as quickly as possible.

MISS THANK YOU FOR LISTENING 2 ME YESTERDAY
 I AM NOW RECOVERING ON THE EDGE OF SELF HARM 2
 SUICIDE LIKE WTF IS THE POINT OF LIVING MY
 THINGS ARE DOING FINE WITHOUT ME THEIR MOTHER WILL
 NEVER ALLOW THEM 2 SUFFER AS A CHILD AS I DID
 THAT DOES OFFER ME GREAT COMFORT AND THE FACT
 THEY HAVE EACH OTHER IVE REACHED THE END
 RECOVERY HAS DONE ME NO FAVOURS APART
 FROM THE FACT MY BEAUTIFUL BABIES NEVER SEEN
 ME IN THE MADNESS FOR THAT ALONE I AM GRATEFUL

What are your current symptoms?	DEEPEST DEPRESSION IVE EVER FELT
When did your symptoms start?	ORIGINAL HOWEVER PLUMMETED 2 A DEPTH LIKE NO OTHER IVE EVER FELT YESTERDAY
What makes your symptoms better? AA and Fellowship	DRINK AND DRUGS
What makes your symptoms worse?	UNCERTAINTY and UNSTABILITY
What treatment have you tried already?	WHEN NOT IN PRISON I DO DID 21 MEETINGS PER WEEK I HAVE HAD 2 SERVICE POSITIONS
Have you had these symptoms before?	IVE ALWAYS MANAGED THEM BY BEING OPEN and HONEST in MEETINGS
If so, did you see a doctor/nurse? And what did they say?	UNSURE WAITING on A NEUROLOGY APPOINTMENT
What do you think we can do to help you?	Put ME DOWN
Any other information you feel is relevant?	IVE alcoholic DEMENTIA until I HAVE ROUTINE EVERY DAY IS DAY ONE IM CONTINUALLY

TRAPPED IN DAM ONE IVE HAD ENOUGH OF IT
 Issues concerning mattresses and bedding are dealt with by wing staff and not healthcare.
 AS IM SPEAKING OUT BEFORE I GET OUT AS I DON'T REALLY WISH 2 DIE. HOWEVER I DON'T WISH 2 CONTINUE LIVING AS I AM

Outcome of Non-Urgent Healthcare Application

Name P.P.S I ACTUALLY WROTE THIS LAST NIGHT IN PREPARATION
 Number 2 Post THIS MORNING. I REE RETIRE TODAY NOT SUICIDAL
 Location BUT STILL quite LOW

Application Received (date stamp)	Triage completed (date completed + staff initials)	Outcome	date completed, how, staff initials
P.P.S sent HAEM IS NEW 2 ME DRINK and DRUGS WERE MY 902	P.P.P.S Now its Fellowship although only 1 meeting per week for which I am grateful	Thank you for your apps. You are hooked in to see your careload practitioner, and we will attend your next meet review.	



Practice Plus Group








7 FEB 2024

HMP LEWES

APPLICATION TO SEE A HEALTHCARE PROFESSIONAL

SURNAME Southern FIRST NAME Patrick NUMBER AG598AA
 Date of Birth 15-12-77 Location K-10 DATE 7-1-24

PLEASE ONLY TICK ONE BOX - USE ANOTHER FORM IF YOU NEED TO SEE MORE THAN ONE HEALTHCARE PROFESSIONAL.

I would like an appointment with:			
 Nurse	<input type="checkbox"/>	 Substance Misuse	<input type="checkbox"/>
 Mental Health & Emotional Wellbeing	<input checked="" type="checkbox"/>		<input type="checkbox"/>
 Dentist	<input type="checkbox"/>	 Optician	<input type="checkbox"/>
 Sexual Health	<input type="checkbox"/>	 Social Care Occupational Therapist	<input type="checkbox"/>
? Other.....	<input type="checkbox"/>	Pre-release health check Date of release:	<input type="checkbox"/>

To allow us to assess your needs and ensure you see the most appropriate clinician please complete the following questions on the other side of this form. This will help us to deal with your issue as quickly as possible.

MISS MY PARANOIA HAS REACHED NEW
 LEVELS and I am PREPARED for them
 2 SNACK ATTACK ME
 GOMA CAUSE them a lot more PROBLEM
 THAN IS WORTH 00
 0
 RAISED IN THE SYSTEM WE WILL DIE IN
 THE SYSTEM

What are your current symptoms?	
When did your symptoms start?	
What makes your symptoms better?	
What makes your symptoms worse?	
What treatment have you tried already?	
Have you had these symptoms before?	
If so, did you see a doctor/nurse? And what did they say?	
What do you think we can do to help you?	
Any other information you feel is relevant?	

Issues concerning mattresses and bedding are dealt with by wing staff and not healthcare.

Outcome of Non-Urgent Healthcare Application

Name

Number..... Location.....

Application Received (date stamp)	Triage completed (date completed + staff initials)	Outcome	date completed, how, staff initials



Practice Plus Group








12 FEB 2024

HMP LEWES

APPLICATION TO SEE A HEALTHCARE PROFESSIONAL

SURNAME Southern FIRST NAME Patrick NUMBER A6398AA
 Date of Birth 15-12-77 Location K-10 DATE 12.2.24

PLEASE ONLY TICK ONE BOX - USE ANOTHER FORM IF YOU NEED TO SEE MORE THAN ONE HEALTHCARE PROFESSIONAL

I would like an appointment with:			
 Nurse	<input type="checkbox"/>	 Substance Misuse	<input type="checkbox"/>
 Mental Health & Emotional Wellbeing	<input checked="" type="checkbox"/>		<input type="checkbox"/>
 Dentist	<input type="checkbox"/>	 Optician	<input type="checkbox"/>
 Sexual Health	<input type="checkbox"/>	 Social Care Occupational Therapist	<input type="checkbox"/>
? Other.....	<input type="checkbox"/>	Pre-release health check Date of release:	<input type="checkbox"/>

To allow us to assess your needs and ensure you see the most appropriate clinician please complete the following questions on the other side of this form. This will help us to deal with your issue as quickly as possible.

MISS. APOLOGIES 2 BE BOMBARDING you with APPS
 my PANICIA WAS PROVEN RIGHT. THEY TRIED 2
 GHOST ME OUT OF HERE FRIDAY AFTERNOON
 WITHOUT REVIEWING MY ACT. THE SYSTEM IS
 BEING LYING and DECEITFUL. I MADE AN
 ATTEMPT too cut my JUGULAR VEIN. ONCE
 FORCED onto me BCS. fortunably i FAILED
 THANK GOD NEXT TIME 1 OF THEM MAY NOT
 BE SO LUCKY 00

What are your current symptoms?	
When did your symptoms start?	
What makes your symptoms better?	
What makes your symptoms worse?	
What treatment have you tried already?	
Have you had these symptoms before?	
If so, did you see a doctor/nurse? And what did they say?	
What do you think we can do to help you?	
Any other information you feel is relevant?	

Issues concerning mattresses and bedding are dealt with by wing staff and not healthcare.

PS IVE COME 2 THE CONCLUSION WE MENTAL HEALTH ISSUES. WHEN IM LEFT ALONE IM HAPPY WHEN IM BACKED INTO A CORNER WE ARE NOT

Outcome of Non-Urgent Healthcare Application

Name

Number..... Location.....

Application Received (date stamp)	Triage completed (date completed + staff initials)	Outcome	date completed, how, staff initials
		P.P.S for me records I DID SPE OUT BEFORE CUTTING MY NECK/ACT OUT. BUT THEY WOULD <u>NOT</u> LISTEN	

Scanned Image

13-Feb-2024 Mrs Lucy Arkwell ()

Additional: Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 13 Feb 2024 13:31

Filename: CBC9193F-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_13_Feb_2024_by_LA_3935081826.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: K 1 10

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 15 February 2024

With: Physio - Pain Class

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 Thursday 15 February 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.

THIRD PARTY COPY

SODIUM VALPROATE_12 Feb 2024 10:07_Adherence.txt
12-Feb-2024 Mr Paul Scott-Harris ()
Additional:SODIUM VALPROATE_12 Feb 2024 10:07_Adherence.txt

Filename: CBC91921-DC5C-11EE-B3A3-48DF37DF55D0_SODIUM_VALPROATE_12_Feb_2024_10_07_Adherence.txt
Extension:.tif
Pages:

Sodium valproate 200mg gastro-resistant tablets
60 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 16 Feb 2024
Adherence: 88.5% Not In Possession
Last administration: 1 tablets at 05 Mar 2024 16:46
Only showing the latest schedule for this drug.

THIRD PARTY COPY

Medical drawing

12-Feb-2024

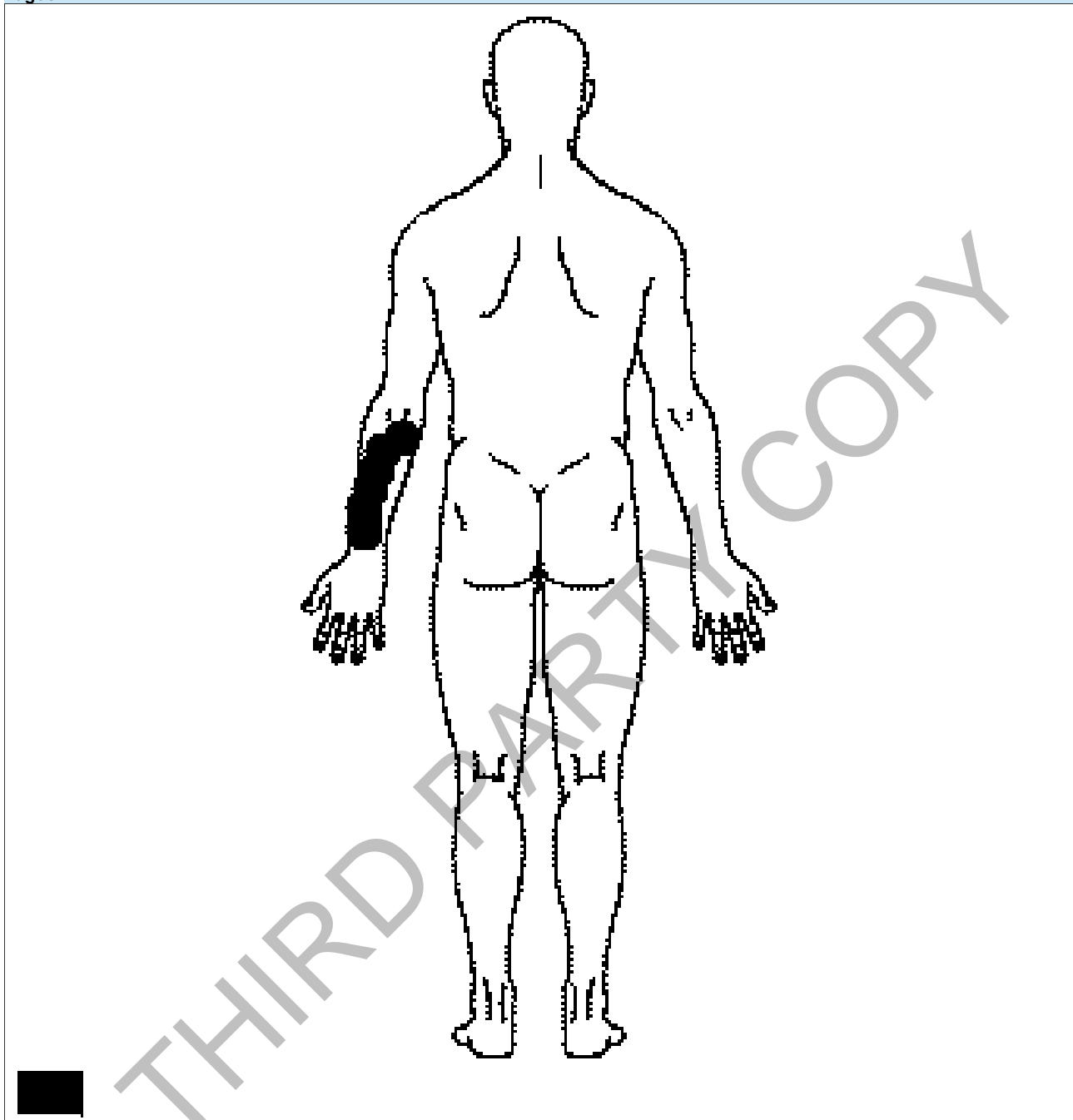
Additional: Medical drawing

Body Back (Male)

Filename: CBC9192D-DC5C-11EE-B3A3-48DF37DF55D0_Drawing_38759974.png

Extension: .tif

Pages:



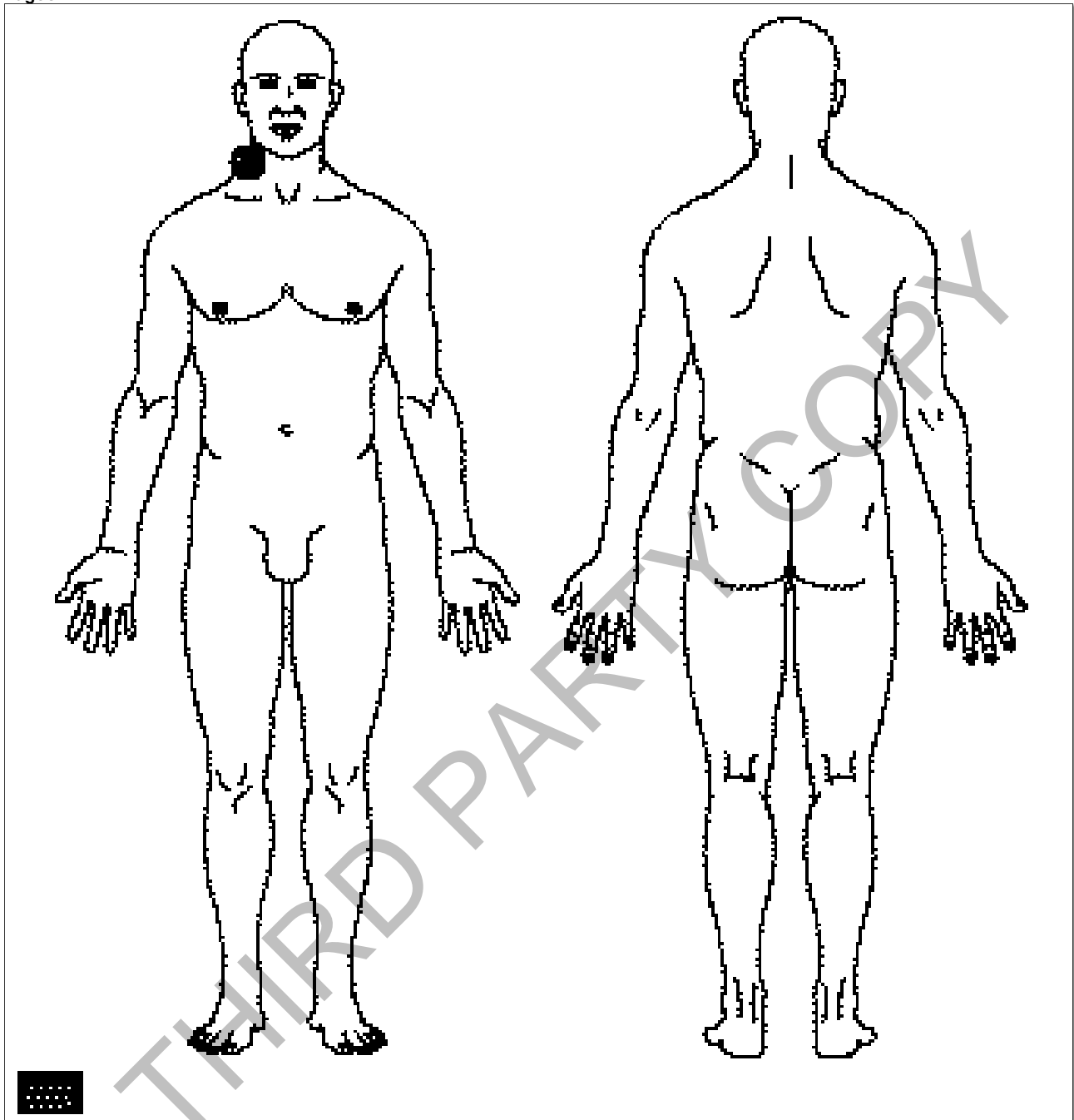
Medical drawing
10-Feb-2024 James Bugden ()

Additional: Medical drawing
Body Front & Back (Male)

Filename: CBC9192F-DC5C-11EE-B3A3-48DF37DF55D0_Drawing_38729210.png

Extension: .tif

Pages:



PARACETAMOL_09 Feb 2024 15:52_Adherence.txt
09-Feb-2024 Ms Claudia Ntombela ()
Additional:PARACETAMOL_09 Feb 2024 15:52_Adherence.txt

Filename: CBC9190A-DC5C-11EE-B3A3-48DF37DF55D0_PARACETAMOL_09_Feb_2024_15_52_Adherence.txt
Extension:.tif
Pages:

Paracetamol 500mg tablets
2 tablets - 1-2 tablet - Once only (Oral)
Start date: 09 Feb 2024
Adherence: 100.0% Not In Possession
Last administration: 2 tablets at 09 Feb 2024 16:04

THIRD PARTY COPY

Medical drawing

09-Feb-2024 Ms Claudia Ntombela ()

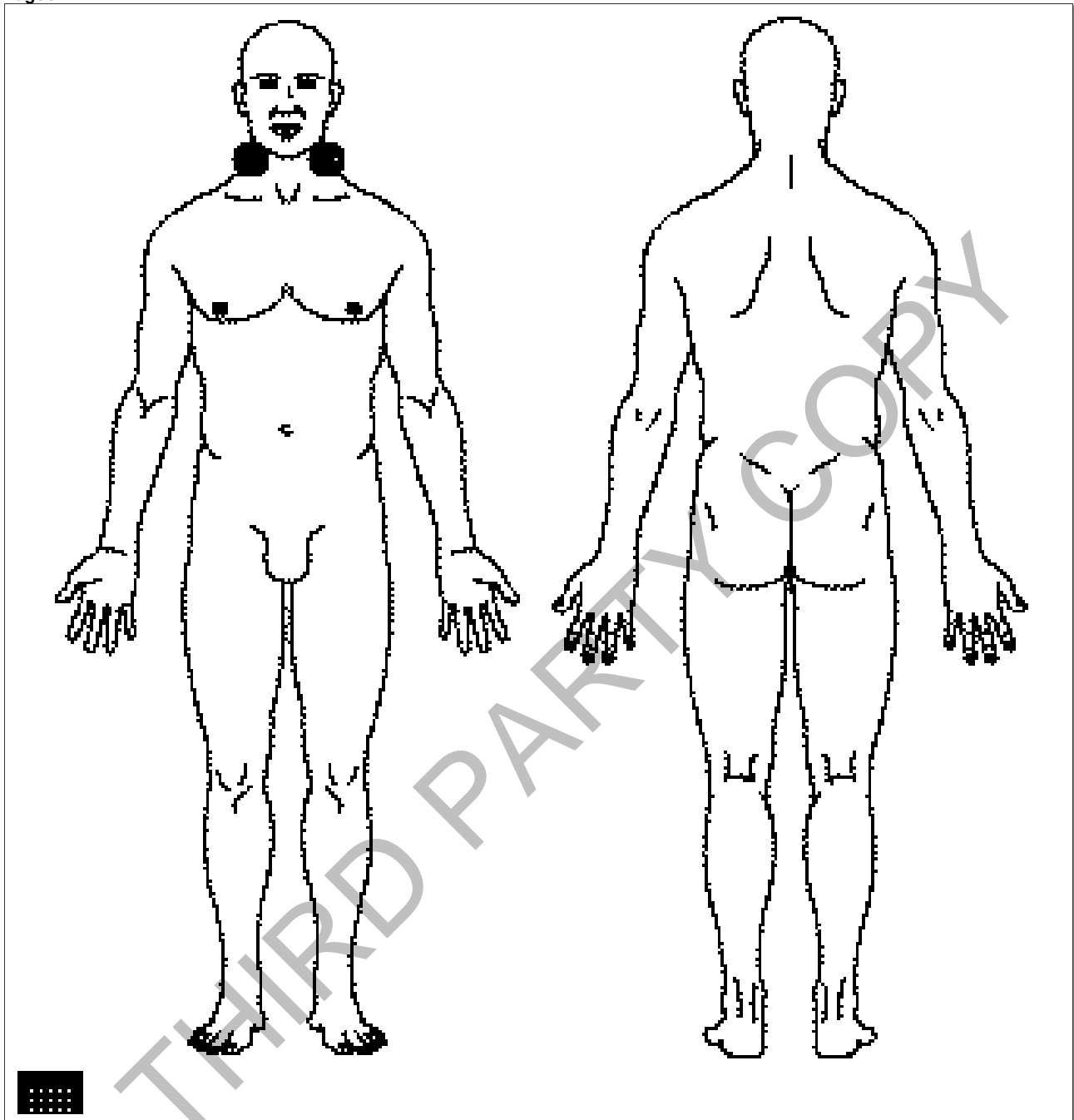
Additional: Medical drawing

Body Front & Back (Male)

Filename: CBC91932-DC5C-11EE-B3A3-48DF37DF55D0_Drawing_38728571.png

Extension:.tif

Pages:



LEVETIRACETAM_09 Feb 2024 13:03_Adherence.txt
09-Feb-2024
Additional:LEVETIRACETAM_09 Feb 2024 13:03_Adherence.txt

Filename: CBC9190F-DC5C-11EE-B3A3-48DF37DF55D0_LEVETIRACETAM_09_Feb_2024_13_03_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 250mg tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 23 Feb 2024
Adherence: 100.0% In Possession
Last administration: 14 tablets at 01 Mar 2024 09:15

THIRD PARTY COPY

LEVETIRACETAM_09 Feb 2024 13:03_Adherence.txt
09-Feb-2024 Miss Elena South ()
Additional:LEVETIRACETAM_09 Feb 2024 13:03_Adherence.txt

Filename: CBC9190E-DC5C-11EE-B3A3-48DF37DF55D0_LEVETIRACETAM_09_Feb_2024_13_03_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 500mg tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 23 Feb 2024
Adherence: 100.0% In Possession
Last administration: 14 tablets at 01 Mar 2024 09:15

THIRD PARTY COPY

SODIUM VALPROATE_09 Feb 2024 13:03_Adherence.txt
09-Feb-2024 Miss Elena South ()
Additional:SODIUM VALPROATE_09 Feb 2024 13:03_Adherence.txt

Filename: CBC91912-DC5C-11EE-B3A3-48DF37DF55D0_SODIUM_VALPROATE_09_Feb_2024_13_03_Adherence.txt
Extension:.tif
Pages:

Sodium valproate 200mg gastro-resistant tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 21 Feb 2024
Adherence: 0.0% In Possession
Last administration: Never administered.

THIRD PARTY COPY

THIAMINE_09 Feb 2024 13:03_Adherence.txt
09-Feb-2024 Miss Elena South ()
Additional:THIAMINE_09 Feb 2024 13:03_Adherence.txt

Filename: CBC9190C-DC5C-11EE-B3A3-48DF37DF55D0_THIAMINE_09_Feb_2024_13_03_Adherence.txt
Extension:.tif
Pages:

Thiamine 100mg tablets
84 tablets - 3 tablet - admin times: 08:00 (Oral)
Start date: 23 Feb 2024
Adherence: 100.0% In Possession
Last administration: 21 tablets at 01 Mar 2024 09:14

THIRD PARTY COPY

VALUPAK MULTIVITAMIN_09 Feb 2024 13:03_Adherence.txt
09-Feb-2024 Miss Elena South ()
Additional:VALUPAK MULTIVITAMIN_09 Feb 2024 13:03_Adherence.txt

Filename: CBC91917-DC5C-11EE-B3A3-48DF37DF55D0_VALUPAK_MULTIVITAMIN_09_Feb_2024_13_03_Adherence.txt
Extension:.tif
Pages:

Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablets - 1 tablet - admin times: 08:00 (Oral)
Start date: 23 Feb 2024
Adherence: 100.0% In Possession
Last administration: 7 tablets at 01 Mar 2024 09:14

THIRD PARTY COPY

Record Attachment
31-Jan-2024 Mr Graham Pollock ()
Additional:Record Attachment

**Sensitive* Do Not Disclose Recipient: Mr Patrick Southern*

Filename: CBC91986-DC5C-11EE-B3A3-48DF37DF55D0_1706711875566_B11305274238_L1767728564_1706711877859_SAVING.doc
Extension:.tif
Pages:

August 2022

Prison and Community Continuity of Care Form

I agree to the below information being shared with the community/prison treatment provider specified on this form for the purpose of the continuity of my care. I agree to the community treatment provider specified confirming my attendance with the substance misuse team at HMP Lewes

Section 1 -To be completed by the Prison team at induction stage

Date of referral	31/01/2024	Name of referrer	Graham Pollock
------------------	------------	------------------	----------------

Client details

Client full name	Patrick Southern	Date of birth	15 Dec 1977
NGMS ID	A6398AA	GP Surgery	HMP Lewes
Initial reception date	13 Jul 2023	Release date	11 Jul 2024
Address on release	11Kebell Lodge High Street Brighton BN2 1	Local authority of release	
Telephone number/s		Email address	

Prison – provider details

Prison name	HMP Lewes
Treatment provider (organisation)	Practice Plus Group
Recovery Worker / Contact name	
Telephone number	01273 785311
Secure email address (e.g. CJSM)	

Community – provider details

Treatment provider (organisation)	
Contact name	
Address	
Telephone number	
Secure email address (e.g. CJSM)	

Criminal Justice Status	
Offence details	Witness intimidation.
Risks / MAPPA?	
Expected Release Date/Potential HDC?	HDC eligibility of 08/02/2024 - there may be a delay of a week or so.
Substances of Choice (top 3)	
Alcohol use and audit	
Injecting status	Previously
Prescribed Medication	
Preferred pharmacy in community	

Has the client given consent for the community provider to contact them upon release?	yes
Has the client given consent for the community provider to share the information in Section 2?	yes

August 2022

Date of consent 31/01/2024

Section 2 - To be completed by the community within 2 working days and returned to the referring establishment (as above)

Client information

Substances of Choice	
Additional problem substances (please list)	
Injecting status	Currently / Previously / Never
BBV Status –	Hep C Intervention Status: Hep C tested? Date: Hep B Intervention Status: Hep B Vaccination Count:
GP name	
GP address	
Pharmacy Details –	
Housing need (if yes give details)	Yes / No Details:
Known Risks – Risk Assessment	
History of accidental overdose?	Yes / No Date of last accidental overdose;
Known Safeguarding Concerns	Yes / No Details:
Mental health need/ learning disability (if yes give details)?	Yes / No Details:
Physical health need, including pregnancy (if yes give details)?	Yes / No Details:
Has the client been provided with naloxone?	Yes / No

Treatment received by Patient

Treatment	
Clinical interventions – check all that apply (if 'other' provide details):	<input type="checkbox"/> OST maintenance <input type="checkbox"/> OST reduction <input type="checkbox"/> OST re-induction <input type="checkbox"/> Alcohol detox <input type="checkbox"/> Benzodiazepine detox <input type="checkbox"/> Hep C Treatment
Details of interventions/any further information:	
Any Further Information:	

Date NDTMS was closed within the community

Date _____ Name of Worker _____

August 2022

Section 3 - To be completed by the Prison as part of Exit Planning

Date of referral		Name of referrer	
------------------	--	------------------	--

Prison – provider details – *if different to Induction stage*

Prison name	HMP Lewes
Treatment provider (organisation)	Practice Plus Group
Contact name	
Telephone number	01273 785311
Secure email address (e.g. CJSM)	

Community – provider details – *if different to Induction stage*

Treatment provider (organisation)	
Address	
Telephone number	
Secure email address (e.g. CJSM)	

Client information

Criminal Justice Status	
Offence details:	Witness Intimidation
Expected Release Date	
Substances of Choice (top 3)	Alcohol
Injecting status	Previously
Additional problem substances (please list)	
Prescribed Medication	
BBV Status –	Hep C Intervention Status: Hep C tested? Date: Hep B Intervention Status: Hep B Vaccination Count:
Housing need (if yes give details)	No Details:
Known Risks – Risk Assessment (IE Risk to Staff)	
History of accidental overdose?	No Date of last accidental overdose;
Known Safeguarding Concerns	No Details:
Mental health need/ learning disability (if yes give details)?	Yes Details: Anxiety and depression.
Physical health need, including pregnancy (if yes give details)?	Yes – Onset of alcoholic dementia Details:
Has the client been trained to use naloxone?	Yes
Has the client been provided with naloxone?	Yes / No NB: Prison will offer but not dispense until leaving prison.

GP name	
---------	--

August 2022

GP address	
Pharmacy Details:	

Treatment received by Patient

Treatment			
Clinical interventions – check all that apply (if 'other' provide details):	<input type="checkbox"/> OST maintenance	<input type="checkbox"/> OST reduction	<input type="checkbox"/> OST re-induction
	<input type="checkbox"/> Alcohol detox	<input type="checkbox"/> Benzodiazepine detox	<input type="checkbox"/> Hep C Treatment
Please attach the following: 1. Completed NDTMS document. 2. Discharge Summary. 3. S1 record of interventions/ISMS appointments. 4. S1 record of Transitions worker appointments (if applicable).			
Details of interventions/any further information:			
Any Further Information, including information related to Covid19:			

Community Rehabilitation Company (CRC) / National Probation Service (NPS) details

Contact name	
Organisation name	
Telephone number	
Email address	
Licence condition to attend drug treatment appointment	Yes / No / Unknown

Has the client given consent for the community provider to contact them upon release?	Yes	No
Date of consent		
Name of Worker		

August 2022

Section 4 - Follow up Information – upon release community return to releasing establishment within 21 days of release

Date Client engaged with Community Service	
Client open on NDTMS as: 1. Brief Intervention 2. Structured Intervention 3. Recovery Support	
Name as recorded on NDTMS	

THIRD PARTY COPY

KETOCONAZOLE_30 Jan 2024 15:54_Adherence.txt
30-Jan-2024 Ms M Hogg Amy ()
Additional:KETOCONAZOLE_30 Jan 2024 15:54_Adherence.txt

Filename: CBC9190D-DC5C-11EE-B3A3-48DF37DF55D0_KETOCONAZOLE_30_Jan_2024_15_54_Adherence.txt
Extension:.tif
Pages:

Ketoconazole 2% shampoo
1 pack of 120 mls - 1 application - admin times: 08:00 (Topical)
Start date: 31 Jan 2024
Adherence: 0.0% In Possession
Last administration: Never administered.

THIRD PARTY COPY

EPIMAX_30 Jan 2024 12:06_Adherence.txt
30-Jan-2024 Mr Luke Hutchings ()
Additional:EPIMAX_30 Jan 2024 12:06_Adherence.txt

Filename: CBC91918-DC5C-11EE-B3A3-48DF37DF55D0_EPIMAX_30_Jan_2024_12_06_Adherence.txt
Extension:.tif
Pages:

Epimax original cream (Aspire Pharma Ltd)
1 pack of 500 gram(s) - 1 application - admin times: 08:00, 17:00 (Topical)
Start date: 30 Jan 2024
Adherence: 100.0% In Possession
Last administration: 500 grams at 30 Jan 2024 15:42

THIRD PARTY COPY

Scanned Image
29-Jan-2024 Mrs Lucy Arkwell ()
Additional:Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 29 Jan 2024 09:53

Filename: CBC9193A-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_29_Jan_2024_by_LA_3910146539.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: K 1 10

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 01 February 2024

With:

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 Thursday 01 February 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.

THIRD PARTY COPY

Medical drawing

26-Jan-2024 Alan Wason ()

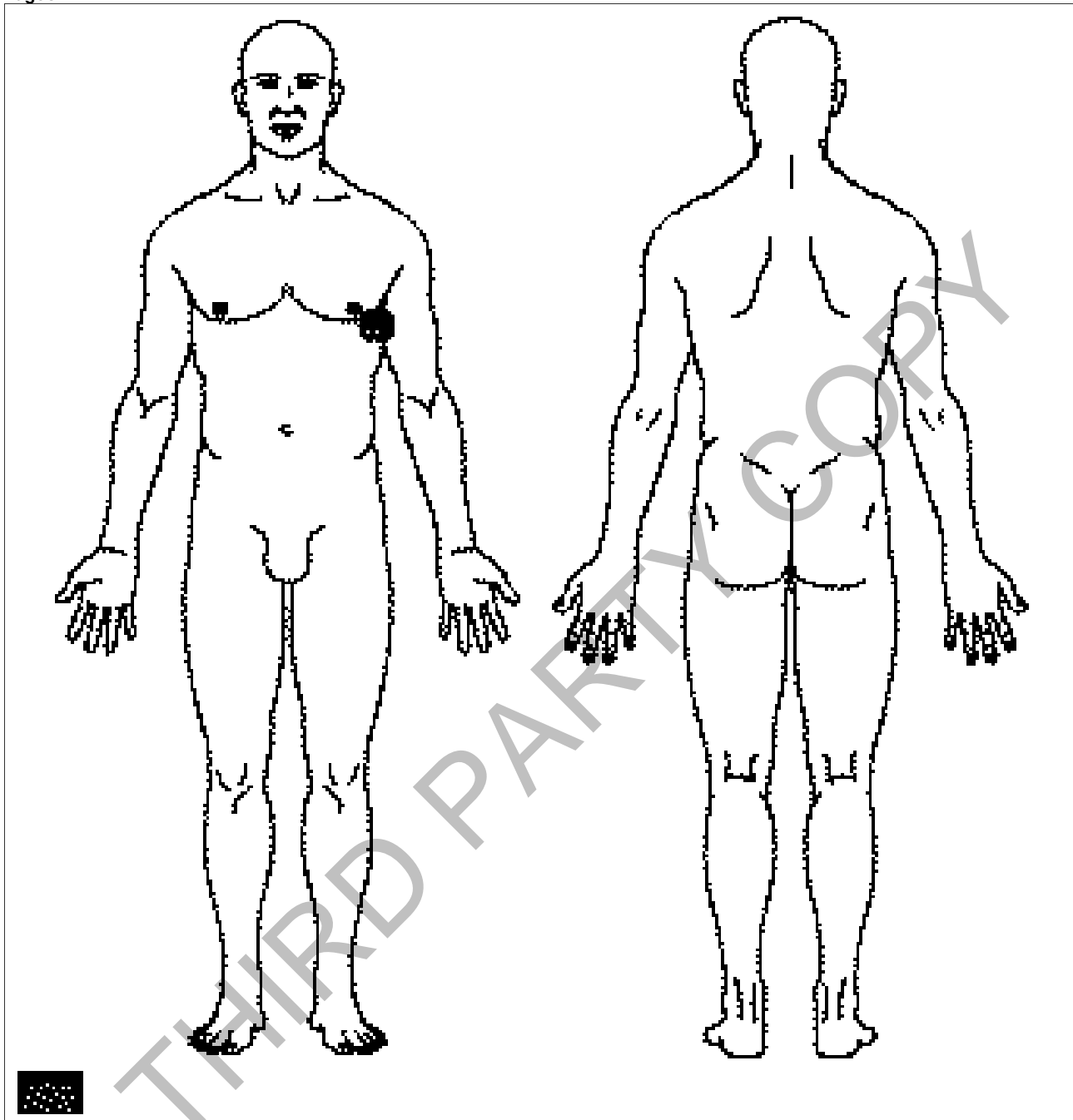
Additional:Medical drawing

Body Front & Back (Male)

Filename: CBC91930-DC5C-11EE-B3A3-48DF37DF55D0_Drawing_37749602.png

Extension:.tif

Pages:



Scanned Image

25-Jan-2024 Mr Steven Corden ()

Additional:Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 25 Jan 2024 07:44

Filename: CBC9193E-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_25_Jan_2024_by_SC_3904932787.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: A8398AA

Location: C 4 28

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Tuesday 30 January 2024

With: Dentist 8:30-10:00

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: A8398AA

I am unable to attend my healthcare appointment on Tuesday 30 January 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.

THIRD PARTY COPY

VALUPAK MULTIVITAMIN_19 Jan 2024 09:45_Adherence.txt
19-Jan-2024 Ms M Hogg Amy ()
Additional:VALUPAK MULTIVITAMIN_19 Jan 2024 09:45_Adherence.txt

Filename: CBC91916-DC5C-11EE-B3A3-48DF37DF55D0_VALUPAK_MULTIVITAMIN_19_Jan_2024_09_45_Adherence.txt
Extension:.tif
Pages:

Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablets - 1 tablet - admin times: 08:00 (Oral)
Start date: 24 Jan 2024
Adherence: 75.0% In Possession
Last administration: 7 tablets at 07 Feb 2024 18:20

THIRD PARTY COPY

VALUPAK MULTIVITAMIN_17 Jan 2024 12:18_Adherence.txt

17-Jan-2024 Jerome Obhio ()

Additional:VALUPAK MULTIVITAMIN_17 Jan 2024 12:18_Adherence.txt

Filename: CBC91915-DC5C-11EE-B3A3-48DF37DF55D0_VALUPAK_MULTIVITAMIN_17_Jan_2024_12_18_Adherence.txt

Extension:.tif

Pages:

Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablets - 1 tablet - admin times: 08:00 (Oral)
Start date: 24 Jan 2024
Adherence: 50.0% In Possession
Last administration: 7 tablets at 16 Feb 2024 16:53

THIRD PARTY COPY

LEVETIRACETAM_16 Jan 2024 12:26_Adherence.txt
16-Jan-2024 Jerome Obhio ()
Additional:LEVETIRACETAM_16 Jan 2024 12:26_Adherence.txt

Filename: CBC91911-DC5C-11EE-B3A3-48DF37DF55D0_LEVETIRACETAM_16_Jan_2024_12_26_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 250mg tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 24 Jan 2024
Adherence: 100.0% In Possession
Last administration: 14 tablets at 16 Feb 2024 16:53

THIRD PARTY COPY

LEVETIRACETAM_16 Jan 2024 12:26_Adherence.txt
16-Jan-2024 Jerome Obhio ()
Additional:LEVETIRACETAM_16 Jan 2024 12:26_Adherence.txt

Filename: CBC91910-DC5C-11EE-B3A3-48DF37DF55D0_LEVETIRACETAM_16_Jan_2024_12_26_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 500mg tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 24 Jan 2024
Adherence: 100.0% In Possession
Last administration: 14 tablets at 16 Feb 2024 16:53

THIRD PARTY COPY

SODIUM VALPROATE_16 Jan 2024 12:26_Adherence.txt
16-Jan-2024 Jerome Ohio ()
Additional:SODIUM VALPROATE_16 Jan 2024 12:26_Adherence.txt

Filename: CBC91913-DC5C-11EE-B3A3-48DF37DF55D0_SODIUM_VALPROATE_16_Jan_2024_12_26_Adherence.txt
Extension:.tif
Pages:

Sodium valproate 200mg gastro-resistant tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 24 Jan 2024
Adherence: 75.0% In Possession
Last administration: 14 tablets at 07 Feb 2024 18:20

THIRD PARTY COPY

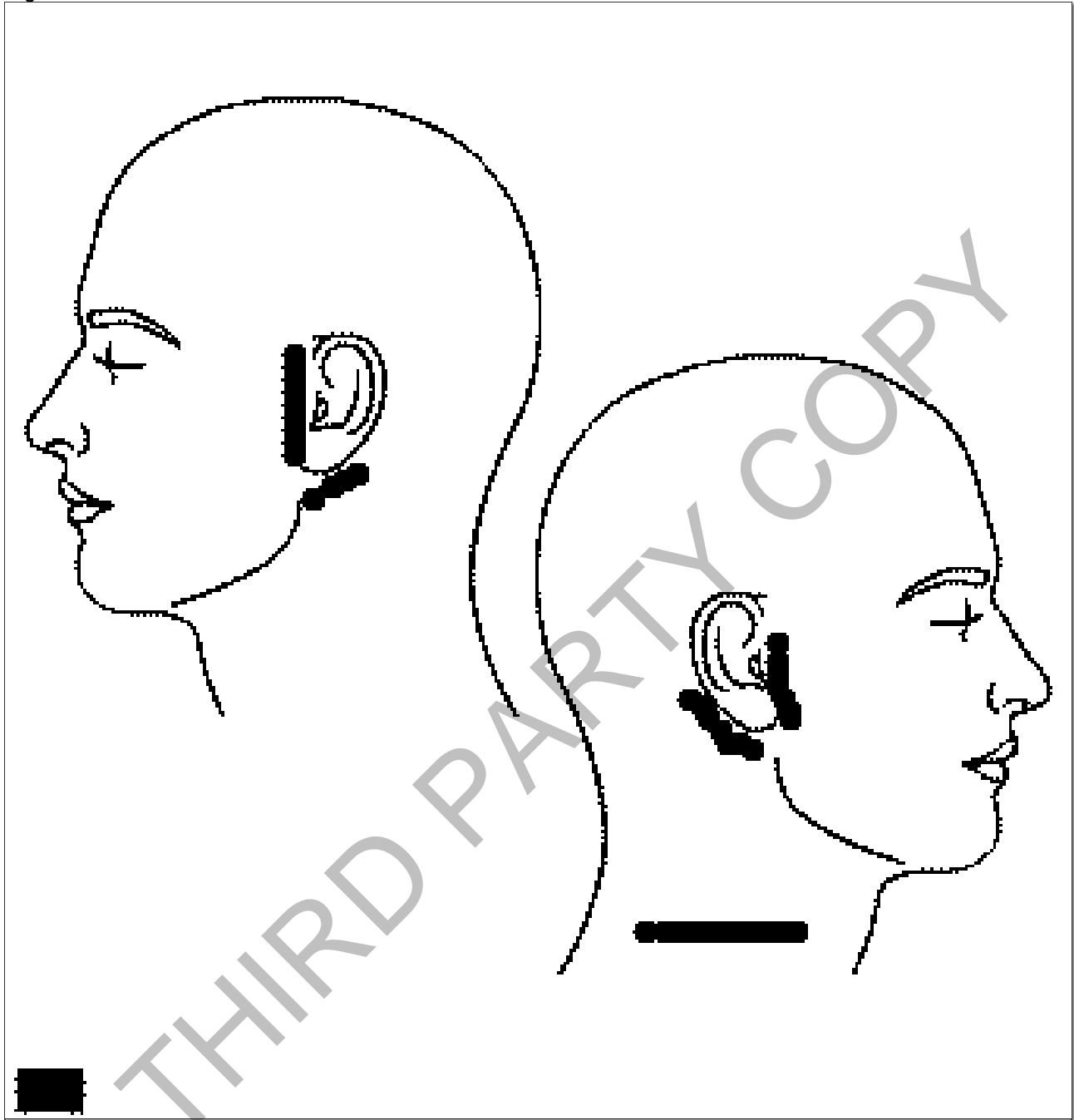
THIAMINE_16 Jan 2024 12:26_Adherence.txt
16-Jan-2024 Jerome Obhio ()
Additional:THIAMINE_16 Jan 2024 12:26_Adherence.txt

Filename: CBC9190B-DC5C-11EE-B3A3-48DF37DF55D0_THIAMINE_16_Jan_2024_12_26_Adherence.txt
Extension:.tif
Pages:

Thiamine 100mg tablets
84 tablets - 3 tablet - admin times: 08:00 (Oral)
Start date: 24 Jan 2024
Adherence: 100.0% In Possession
Last administration: 21 tablets at 16 Feb 2024 16:53

THIRD PARTY COPY

Medical drawing
13-Jan-2024 Alan Wason ()
Additional: Medical drawing
Head And Neck
Filename: CBC9192C-DC5C-11EE-B3A3-48DF37DF55D0_Drawing_53353008.png
Extension:.tif
Pages:



PPG MSK Physio Health Questionnaire EQ-5D-3L (04 Jan 2024 11:22)

04-Jan-2024 Mr Paul New ()

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)

Filename: CBC91965-DC5C-11EE-B3A3-48DF37DF55D0_Questionnaire_249274517.tif

Extension:.tif

Pages:

PPG MSK Physio Health Questionnaire EQ-5D-3L

Patient	
Name: Mr Patrick Francis Southern	Client ID: A6298AA
Address: 11MP Lewes 1 Brighton Road Lewes BN7 1EA	Date of Birth: 15 Dec 1977
Telephone: 01273795311	Mobile Tel: _____
Done By	
Name: Mr Paul New (Health Professional Access Role)	Date: 04 Jan 2024 11:22

PPG MSK Physio Health Questionnaire EQ-5D-3L

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)
 - Medium - Best State (75)
 - Best State (100)

Scanned Image

04-Jan-2024 Mr Steven Corden ()

Additional:Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 04 Jan 2024 07:55

MOVEMENT SLIP



Practice
Plus
Group

“Please inform Healthcare as soon as possible if you are unable to attend this appointment.”

Prison number: A6398AA Location: M 4 1
Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:
 Tuesday 09 January 2024

With: Dentist 8:30-10:00

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 Tuesday 09 January 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.

THIRD PARTY COPY

Scanned Image

02-Jan-2024 Christina Stockham ()

Additional: Scanned Image

Care Plan Epilepsy Sent: 02 Jan 2024 14:54

Filename: CBC91999-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_02_Jan_2024_by_CS_3872409057.TIFF

Extension: .tif

Pages:

HMP Lewes
1 Brighton Road, Lewes, E Sussex, BN7 1EA
01273 785311



RECEIVED

13 October 2023

My Epilepsy Care Plan

Mr Patrick Southern

Date of birth 15 Dec 1977. NHS number 651 087 8186

2 JAN 2024

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)

Emergency Medicine

Name of emergency medicine:	(none prescribed)
When should it be given?	e.g. after a certain length of time or number of seizures
How much should be given initially?	Dose:
Can a second dose be given?	<input type="checkbox"/> No <input type="checkbox"/> Yes If after: Dose:
Maximum dose to be given in a 24-hour period:	Dose:

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



RECEIVED

My family & friends who can be contacted if needed are:

Gaberella Minall, Partner
Ardingly Street Surgery, GP Practice

2- JAN 2024

My key information:

Memory issues

My medical history:**My allergies:**

Adverse reaction to drug
Checking for drug allergy
Verification of allergy status
Checking for drug allergy
Verification of allergy status
Checking for drug allergy

My current medication:

Levetiracetam 500mg tablets, 1 tablet
Levetiracetam 250mg tablets, 1 tablet
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd), 1 tablet
Sodium valproate 200mg gastro-resistant tablets, 1 tablet
Epimax original cream (Aspire Pharma Ltd), 1 application
Thiamine 100mg tablets, 3 tablet

My family & friends who can be contacted if needed are:

Gaberella Minall, Partner
Ardingly Street Surgery, GP Practice

My epilepsy can be triggered by the following which I therefore need to avoid:

Not taking my medication regularly
Stress
Emotion

My typical seizures are:

Before the seizure	Good warning
During the seizure	Tongue biting , double incontinence, injuries sustained
Duration of seizure	Unknown
After the seizure	'Discombobulated/Dazed'

I need to avoid the following situations which could put my safety at risk if I was to have a seizure:

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



Pharmacy to prompt with medication compliance – tools provided for self-administration
Safeguarding raised re: management of condition with short term memory issues
Suspected substance misuse concerns
Added to MPCCC for group input

Who needs to be informed?

Gaberella Minall, Partner
Ardingly Street Surgery, GP Practice

Dr Lewes General Practitioner

Epilepsy nurse specialist:

My goals:

Description of the goal:

Barriers and risks to achieving goals:

Status (achieved, on hold, not achieved, abandoned):

Action plan:

Description of actions:

Level of confidence:

Additional support needed:

Review date:

Progress:

Review date:

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



Seizure Diary

Date	Seizure Type	Further Details

For further help and information, please visit www.epilepsy.org.uk or call 0808 800 5050

LEVETIRACETAM_24 Dec 2023 09:59_Adherence.txt
24-Dec-2023 Alexandra Pagu ()
Additional:LEVETIRACETAM_24 Dec 2023 09:59_Adherence.txt

Filename: CBC9191B-DC5C-11EE-B3A3-48DF37DF55D0_LEVETIRACETAM_24_Dec_2023_09_59_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 500mg tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 31 Dec 2023
Adherence: 0.0% Not In Possession
Last administration: Never administered.
Only showing the latest schedule for this drug.

THIRD PARTY COPY

Medical drawing

23-Dec-2023 James Bugden ()

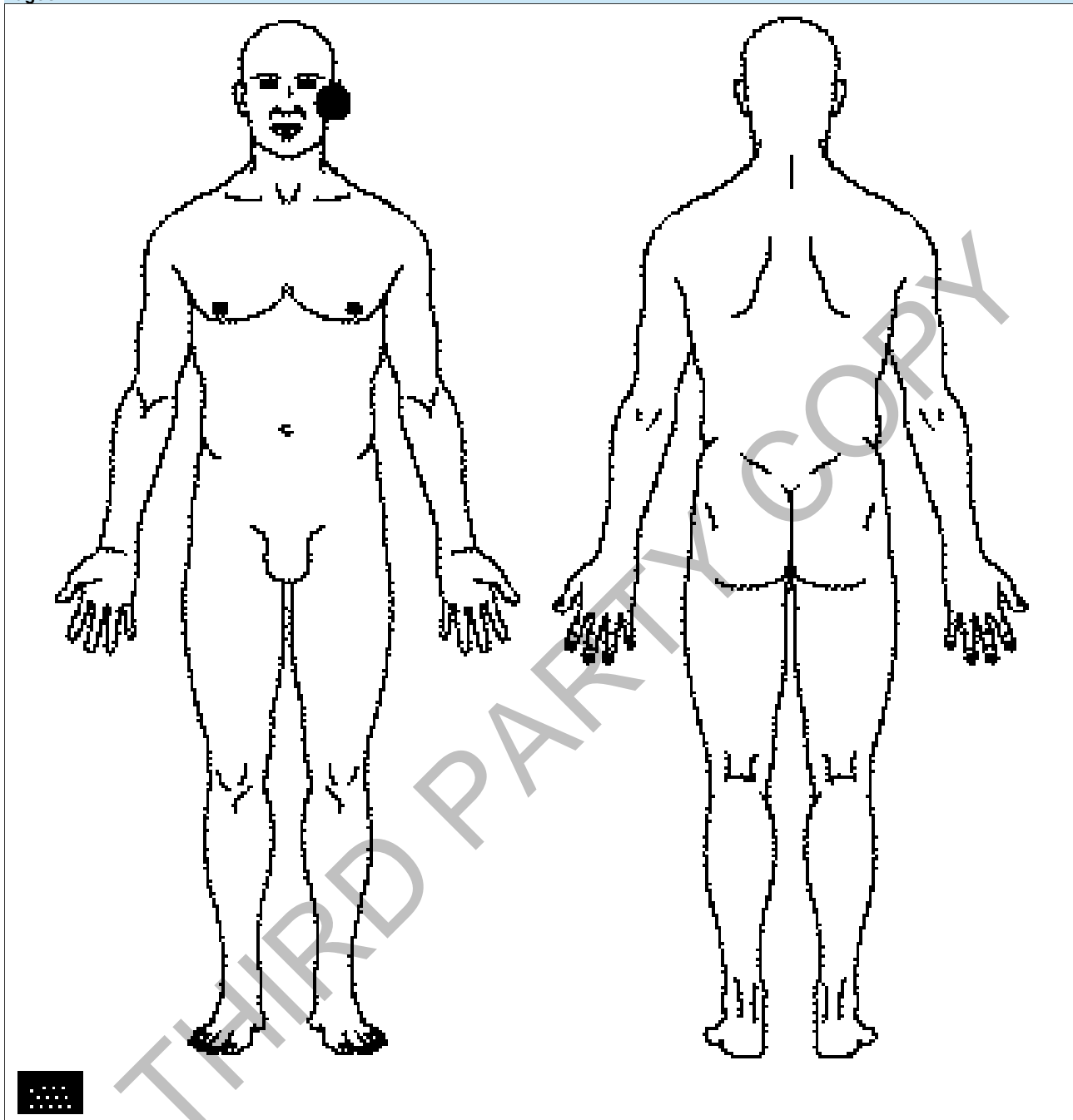
Additional:Medical drawing

Body Front & Back (Male)

Filename: CBC91931-DC5C-11EE-B3A3-48DF37DF55D0_Drawing_52692097.png

Extension:.tif

Pages:



Record Attachment

19-Dec-2023 Ms M Hogg Amy ()

Additional:Record Attachment

Word Document: PS MAS referral.doc

Filename: CBC91972-DC5C-11EE-B3A3-48DF37DF55D0_PS_MAS_referral.doc

Extension:.tif

Pages:

Memory Service (HWL&H) Referral Form



- This form is for GPs to use when making a routine referral of patients suspected of having dementia to the **HWLH Memory Service** for diagnosis and prescribing.
-
- Consider utilising DIADEM Tool for diagnosing advanced dementia in a care home setting
- Note - Those who do *not* require a routine diagnosis, but rather present with severe behavioural problems or risks that require immediate specialist support / complex case management, should continue to be referred directly to Sussex Partnership Trust, and not to the Memory Service (HWL&H).

When making a Referral to the Memory Service (HWL&H), please:

- Complete a brief cognitive assessment using a standardised tool either the GP-COG or the 6-CIT, as a baseline test. (Exception - those with a Learning Difficulty).
- Consider Depression as a possible reason for impairment, and treat if necessary prior to referral as well as impact of alcohol history
- Complete the pre-referral tests and obtain results as outlined on page 2 of this Referral Form, as well as including other relevant information as indicated.

Fax/Email this completed form to email/fax below

HWLH Memory Service Providers:

High Weald Lewes and Havens CCG:

Sussex Partnership Foundation Trust

Fax number: 0300 3044940

Email: SPNT.HWLHMemoryAssessmentServices@nhs.net

Patient Details		GP Details	
Name: Mr Patrick Francis Southern		Practice Name: HMP Lewes	
Sex: Male	Age: 46	Practice Code:	
DOB: 15/12/77		GP Name: Dr Brew	
Telephone: 01273785131		GP Code:	
Mobile:		Telephone:	
Hospital No:		Surgery Fax:	
NHS No: 651 087 8186		E-mail: practiceplusgrp.hmplewes-admin@nhs.net	
Address: HMP Lewes 1 Brighton Road Lewes BN7 1EA			
Next of Kin:			
Relationship:			
Telephone number of Next of Kin / Carer (if different from patient):			
Permission obtained to contact and share information with the Next of Kin/Carer: <input type="checkbox"/>			

Is Carer due to attend appointment with Patient: Escorted by officers		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Has explanation of what referral would involved been given:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Care Home Resident: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	Prison resident		
Clinical Details			
I suspect dementia in this Patient because:			
Very poor memory – has to rely on prompts and notes to function independently History of alcoholism ?Korsokoffs			
Cognitive Assessment	Score:21		
Tool used: <input type="checkbox"/> GPCOG <input checked="" type="checkbox"/> 6CIT			
I have completed the tests listed: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>			
If recent CT/MRI Head available please attach copy of report			
Special Requirements:			
Interpreter Required <input type="checkbox"/> Lang:		Mobility / Access Issues Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	
Sensory Impairment <input type="checkbox"/> Type:			
Learning Disability <input type="checkbox"/>			
Other Admin Information			
Has the Patient agreed to this referral?		Has a Referral been made to the Dementia Guide Service? (HSCC Form)	
Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> *This service is available pre-diagnosis to assist with scan attendance where required	
Referral Date: 19/12/23		GP Signature: I . BREW	

Memory Service Admin. Usage only	Comments:		
	Date Received:	Date Faxback:	Date 1 st appt.

Relevant Medical History (including medication, and any history of cardiac problems – alcohol history, previous depression episodes):

Epilepsy
Alcoholism

Are there currently any significant risks to the patient and carer? No

Allergies: Penicillin

Other Data from GP Clinical Information System:

6 CIT Score 3AD3
 MMSE Score 388m
 Smoking Status 137
 Alcohol Status 136

Pre-Referral Test Results / Read Codes		Pre-Referral Test Results / Read Codes	
Haemoglobin estimation	423	Serum total protein	44M3
Total white cell count	42H	Serum albumin	44M4
Platelet count	42P	Serum TSH level	442W
Mean corpuscular volume	42A	Serum folate	42U5
Erythrocyte sedimentation rate	42B6	Serum Vitamin B12	42T
Serum Sodium	44I5	Urine culture	46U
Serum potassium	44I4	Urine Leucocyte test	46F
Serum creatinine	44J3	Urine blood test	469
HbA1c	44TB	Urine nitrate	46X
Serum total bilirubin level	44EC	Urine protein	46N
ALT/SGPT serum level	44G3	Urine test for glucose	466
Serum alkaline phosphatase	44F	Urine ketone	468
Corrected serum calcium level	44IC		

SODIUM VALPROATE_19 Dec 2023 11:41_Adherence.txt

19-Dec-2023 Miss Hollie Cheal ()

Additional:SODIUM VALPROATE_19 Dec 2023 11:41_Adherence.txt

Filename: CBC91920-DC5C-11EE-B3A3-48DF37DF55D0_SODIUM_VALPROATE_19_Dec_2023_11_41_Adherence.txt

Extension:.tif

Pages:

Sodium valproate 200mg gastro-resistant tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 31 Dec 2023
Adherence: 66.7% Not In Possession
Last administration: 1 tablets at 24 Jan 2024 08:36
Only showing the latest schedule for this drug.

THIRD PARTY COPY

THIAMINE_19 Dec 2023 11:41_Adherence.txt
19-Dec-2023 Miss Hollie Cheal ()
Additional:THIAMINE_19 Dec 2023 11:41_Adherence.txt

Filename: CBC9191A-DC5C-11EE-B3A3-48DF37DF55D0_THIAMINE_19_Dec_2023_11_41_Adherence.txt
Extension:.tif
Pages:

Thiamine 100mg tablets
84 tablets - 3 tablet - admin times: 08:00 (Oral)
Start date: 31 Dec 2023
Adherence: 68.8% Not In Possession
Last administration: 3 tablets at 24 Jan 2024 08:36
Only showing the latest schedule for this drug.

THIRD PARTY COPY

VALUPAK MULTIVITAMIN_19 Dec 2023 11:41_Adherence.txt
19-Dec-2023 Miss Hollie Cheal ()
Additional:VALUPAK MULTIVITAMIN_19 Dec 2023 11:41_Adherence.txt

Filename: CBC91922-DC5C-11EE-B3A3-48DF37DF55D0_VALUPAK_MULTIVITAMIN_19_Dec_2023_11_41_Adherence.txt
Extension:.tif
Pages:

Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd)
28 tablets - 1 tablet - admin times: 08:00 (Oral)
Start date: 31 Dec 2023
Adherence: 68.8% Not In Possession
Last administration: 1 tablets at 24 Jan 2024 08:36
Only showing the latest schedule for this drug.

THIRD PARTY COPY

Scanned Image
19-Dec-2023 Mr Steven Corden ()
Additional:Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 19 Dec 2023 08:36

Filename: CBC91940-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_19_Dec_2023_by_SC_3859236850.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: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 21 December 2023

With: Back Pain Class

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 Thursday 21 December 2023

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

Scanned Image

12-Dec-2023 Mr Steven Corden ()

Additional: Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 12 Dec 2023 08:35

Filename: CBC91941-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_12_Dec_2023_by_SC_3850016813.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: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 14 December 2023

With: Back Pain Class

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 Thursday 14 December 2023

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

LEVETIRACETAM_11 Dec 2023 10:13_Adherence.txt
11-Dec-2023 Oluwatoyin Bello ()
Additional:LEVETIRACETAM_11 Dec 2023 10:13_Adherence.txt

Filename: CBC9191D-DC5C-11EE-B3A3-48DF37DF55D0_LEVETIRACETAM_11_Dec_2023_10_13_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 250mg tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 31 Dec 2023
Adherence: 66.7% Not In Possession
Last administration: 1 tablets at 24 Jan 2024 08:36
Only showing the latest schedule for this drug.

THIRD PARTY COPY

LEVETIRACETAM_11 Dec 2023 10:13_Adherence.txt
11-Dec-2023 Oluwatoyin Bello ()
Additional:LEVETIRACETAM_11 Dec 2023 10:13_Adherence.txt

Filename: CBC9191C-DC5C-11EE-B3A3-48DF37DF55D0_LEVETIRACETAM_11_Dec_2023_10_13_Adherence.txt
Extension:.tif
Pages:

Levetiracetam 500mg tablets
56 tablets - 1 tablet - admin times: 08:00, 17:00 (Oral)
Start date: 31 Dec 2023
Adherence: 66.7% Not In Possession
Last administration: 1 tablets at 24 Jan 2024 08:36
Only showing the latest schedule for this drug.

THIRD PARTY COPY

Scanned Image
06-Dec-2023 Mrs Lucy Arkwell ()
Additional:Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 06 Dec 2023 08:45

Filename: CBC91942-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_06_Dec_2023_by_LA_3841596961.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: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 07 December 2023

With: Back Pain Class

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 Thursday 07 December 2023

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

Scanned Image

22-Nov-2023 Christina Stockham ()

Additional: Scanned Image

Application for Healthcare Recipient: Mr Patrick Southern Sent: 22 Nov 2023 10:16

Filename: CBC9198C-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_22_Nov_2023_by_CS_3822251635.TIFF

Extension: .tif

Pages:



Practice Plus Group

Southern

HMP LEWES

APPLICATION TO SEE A HEALTHCARE PROFESSIONAL

SURNAME Southern FIRST NAME Patrick NUMBER A6598AA
 Date of Birth 15-12-77 Location M4-01 DATE 15-11-2023

PLEASE ONLY TICK ONE BOX - USE ANOTHER FORM IF YOU NEED TO SEE MORE THAN ONE HEALTHCARE PROFESSIONAL

I would like an appointment with:			
Nurse	<input type="checkbox"/>	Substance Misuse	<input type="checkbox"/>
Mental Health & Emotional Wellbeing	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Dentist	<input type="checkbox"/>	Optician	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	Social Care Occupational Therapist	<input type="checkbox"/>
? Other.....	<input type="checkbox"/>	Pre-release health check Date of release:	<input type="checkbox"/>

To allow us to assess your needs and ensure you see the most appropriate clinician please complete the following questions on the other side of this form. This will help us to deal with your issue as quickly as possible.

I ~~WAS~~ TRIED 2 SEEK HELP NO ONE

WOULD LISTEN

I WAS ~~WAS~~ RAISED IN THE CARE SYSTEM

Prison is becoming all I remember memories

of my 4 year old twins disappear day

By day I AM ~~WAS~~ prepared 2

DIE HERE SOUNDS DRASTIC HOWEVER ~~WAS~~

Dying slowly every day

What are your current symptoms?	FRANITY / blackout
When did your symptoms start?	ONGOING
What makes your symptoms better?	STRUCTURE
What makes your symptoms worse?	IGNORANCE
What treatment have you tried already?	STRICT STRUCTURE
Have you had these symptoms before?	IN A RAPID DECLINE SINCE BEING HELD ON CAMP
If so, did you see a doctor/nurse? And what did they say?	UNSURE ^{OO} CANT REMEMBER
What do you think we can do to help you?	ALLOW ME GYM ACCESS PLEASE PLEASE PLEASE
Any other information you feel is relevant?	IM FIGHTING MYSELF EVERY DAY W/ 2 HET OFFICERS

Issues concerning mattresses and bedding are dealt with by wing staff and not healthcare.

But thanks you are now being held by the mental health team

Outcome of Non-Urgent Healthcare Application

Name

Number..... Location.....

Application Received (date/stamp)	Triage completed (date completed + staff initials)	Outcome	date completed, how, staff initials

Medical drawing

17-Nov-2023 Alan Wason ()

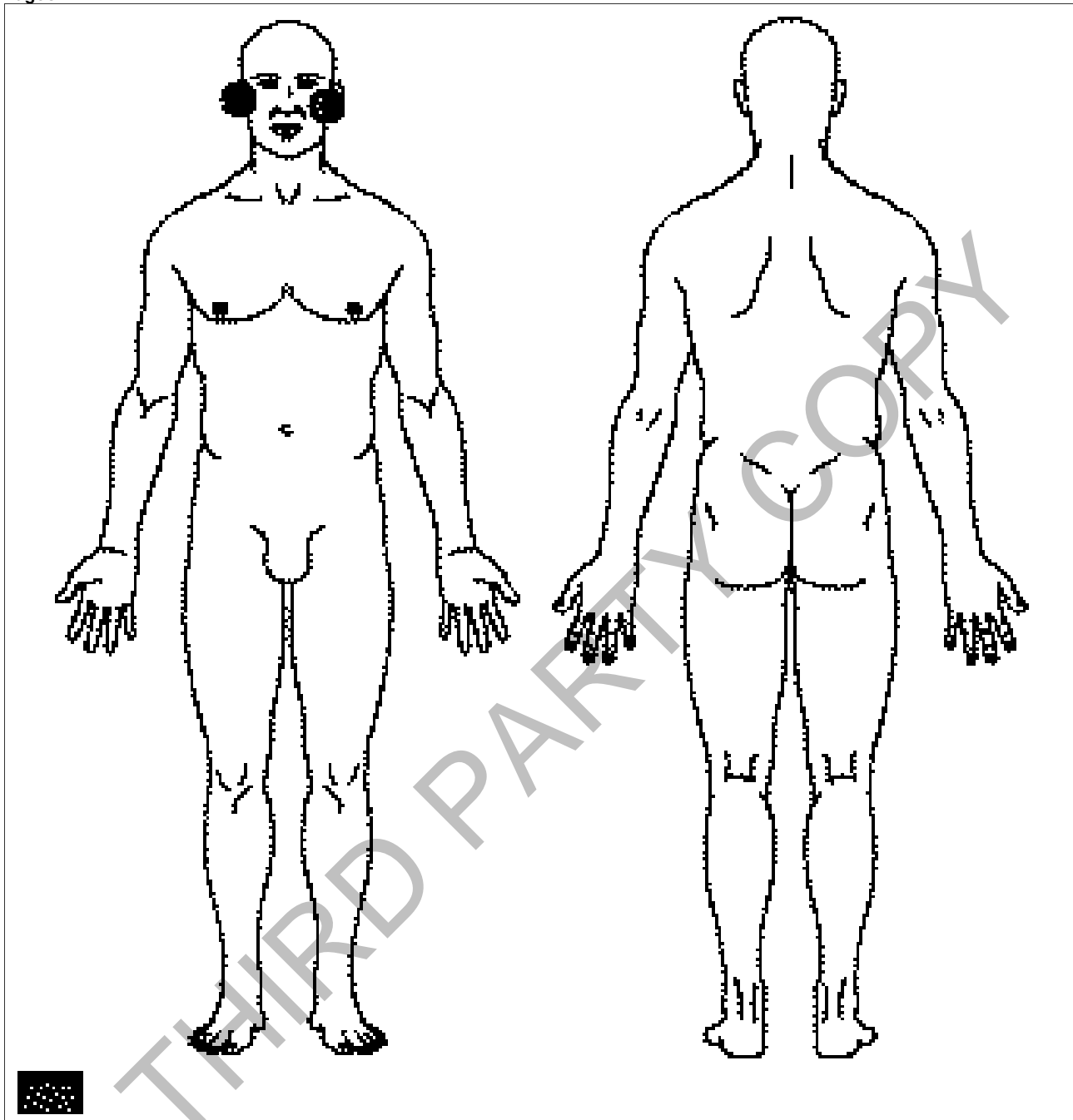
Additional:Medical drawing

Body Front & Back (Male)

Filename: CBC91933-DC5C-11EE-B3A3-48DF37DF55D0_Drawing_37387817.png

Extension:.tif

Pages:



Scanned Image

17-Nov-2023

Additional:Scanned Image

Clinic Letter Recipient: HMP Lewes Sent: 17 Nov 2023 13:33

Filename: CBC91979-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_17_Nov_2023_by_LA_3816163440.TIFF

Extension:.tif

Pages:


University Hospitals Sussex

NHS Foundation Trust

 Royal Sussex County Hospital
 Eastern Road
 Brighton
 East Sussex
 BN2 5BE

17 NOV 2023

Tel: 01273 696955

 Trust Patient ID: 3137898
 NHS No: 651 087 8186

Dr Edina Bravo, Consultant Neurologist
Secretary: Francine Rodriguez
Tel. 01273-696955 Ext: 67985
Department of Neurology RSCH

 Dictated: 7/11/2023
 Typed: 9/11/2023
 Transcribed by: FR

PRIVATE AND CONFIDENTIAL

 Dr Lewes Hmp
 1 Brighton Road
 Lewes
 East Sussex
 BN7 1EA

Dear DrHmpDoctor at HMP, Lewes,

Re: Mr Patrick Southern DOB: 15-12-1977
Hmp Lewes 1 Brighton Road Lewes E Sussex BN7 1EA

This is just to let you know that the above patient was not available for a scheduled telemed appointment with us today. The only number we have is 01273 785311 which is HMP Lewes and I was talking over the phone with reception.

I have been told that unfortunately they were not aware that Mr Southern was booked for a neurology appointment with us today, they did not receive the appointment letter and have asked if he could be rebooked. Therefore we will be rebooking him shortly and the letter for the appointment will go to the address of HMP Lewes, 1 Brighton Road, Lewes.

I also note that he has been recently seen in Accident & Emergency with seizures and that there was an issue with compliance. He needs to continue with his medication of Valproate 200mg bd as well as Keppra 750mg bd.

Yours sincerely

Electronically checked and signed by
Dr Edina Bravo FRCP
Consultant Neurologist

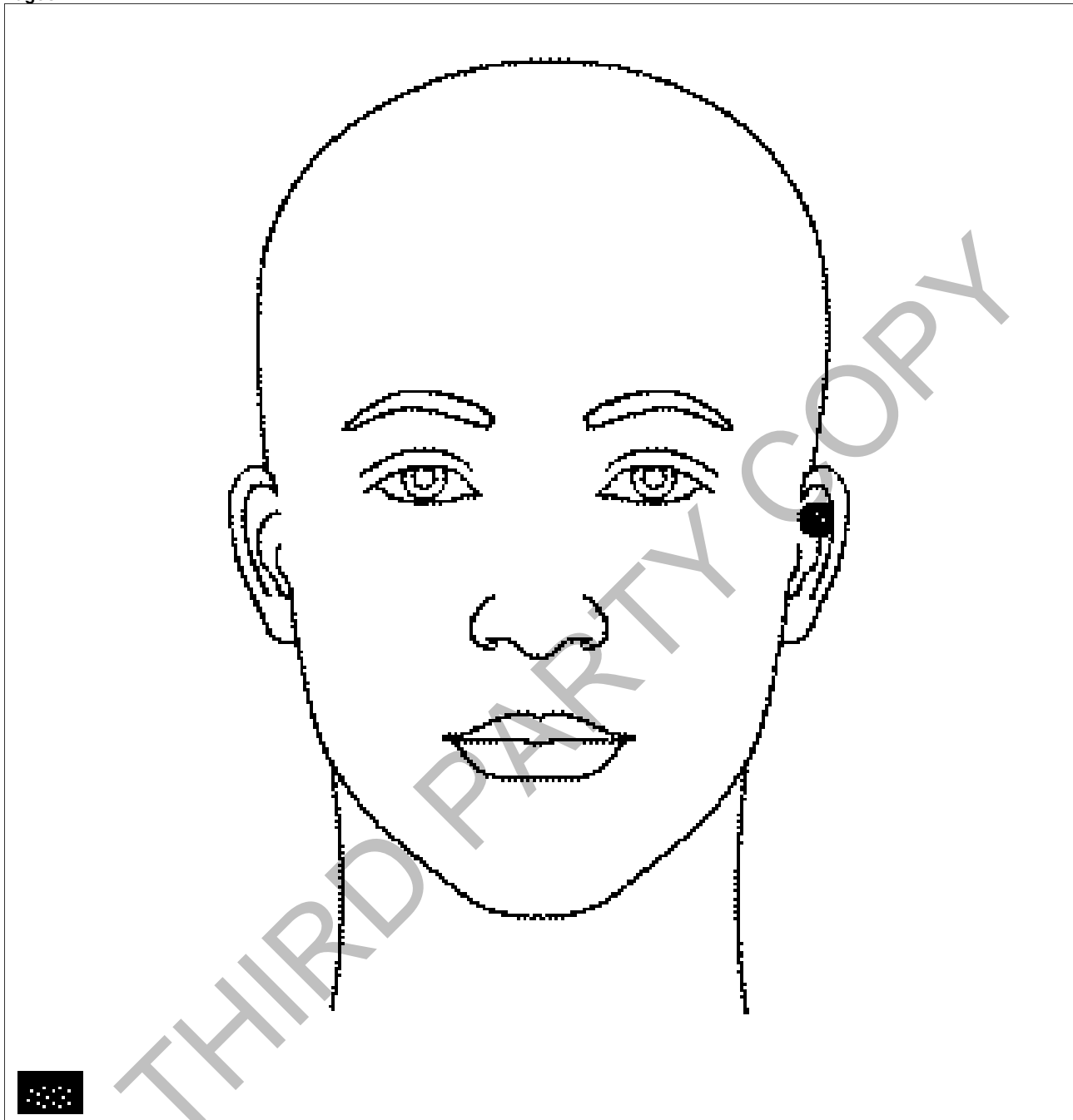
2
Patient ID:3137898
Patient NHS No: 651 087 8186

CC: Mr Patrick Southern

THIRD PARTY COPY

For all appointment queries please ring the Bookings Hub on 0300 303 8360

Medical drawing
15-Nov-2023 Alan Wason ()
Additional: Medical drawing
Head Front
Filename: CBC91929-DC5C-11EE-B3A3-48DF37DF55D0_Drawing_36952419.png
Extension:.tif
Pages:



Scanned Image
09-Nov-2023 Mr Steven Corden ()
Additional: Scanned Image
Appointment Letter Recipient: Mr Patrick Southern Sent: 09 Nov 2023 07:49
Filename: CBC91949-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_09_Nov_2023_by_SC_3803963224.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: A2398AA

Location: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Monday 13 November 2023

With: Triage Clinic 8:30-10:00

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: A2398AA

I am unable to attend my healthcare appointment on Monday 13 November 2023

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

Scanned Image

09-Nov-2023 Mrs Tracey Pumfrey ()

Additional: Scanned Image

Clinic Letter Recipient: HMP Lewes Sent: 20 Nov 2023 09:38

Filename: CC1C9030-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_09_Nov_2023_by_TP_3818131039.TIFF

Extension: .tif

Pages:


University Hospitals Sussex

NHS Foundation Trust

Department of Neurology RSCH

 Royal Sussex County Hospital
 Eastern Road
 Brighton
 East Sussex
 BN2 5BE

 Dictated: 7/11/2023
 Typed: 9/11/2023
 Transcribed by: FR

20 NOV 2023

PRIVATE AND CONFIDENTIAL

Tel: 01273 696955

 Mr Patrick Southern
 Hmp Lewes
 1 Brighton Road
 Lewes
 E Sussex
 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 DrHmpDoctor at HMP, Lewes,

**Re: Mr Patrick Southern DOB: 15-12-1977
 Hmp Lewes 1 Brighton Road Lewes E Sussex BN7 1EA**

This is just to let you know that the above patient was not available for a scheduled telemed appointment with us today. The only number we have is 01273 785311 which is HMP Lewes and I was talking over the phone with reception.

I have been told that unfortunately they were not aware that Mr Southern was booked for a neurology appointment with us today, they did not receive the appointment letter and have asked if he could be rebooked. Therefore we will be rebooking him shortly and the letter for the appointment will go to the address of HMP Lewes, 1 Brighton Road, Lewes.

I also note that he has been recently seen in Accident & Emergency with seizures and that there was an issue with compliance. He needs to continue with his medication of Valproate 200mg bd as well as Keppra 750mg bd.

Yours sincerely

Electronically checked and signed by
**Dr Edina Bravo FRCP
 Consultant Neurologist**

2
Patient ID:3137898
Patient NHS No: 651 087 8186

CC: Dr Lewes Hmp

ESUS VIM 03

THIRD PARTY COPY

For all appointment queries please ring the Bookings Hub on 0300 303 8360

Record Attachment

31-Oct-2023 Sunita Kaur Sahota ()

Additional:Record Attachment

JPEG Image: LL1_southern.JPG - Dental x ray - LL1

Filename: CBC9199C-DC5C-11EE-B3A3-48DF37DF55D0_LL1_southern.JPG

Extension:.tif

Pages:



Record Attachment

31-Oct-2023 Sunita Kaur Sahota ()

Additional:Record Attachment

JPEG Image: UR2 southern.JPG - Dental x ray - UR2

Filename: CBC9199D-DC5C-11EE-B3A3-48DF37DF55D0_UR2_southern.JPG

Extension:.tif

Pages:



Record Attachment

31-Oct-2023 Sunita Kaur Sahota ()

Additional:Record Attachment

JPEG Image: UL3 southern.JPG - Dental x ray - UL3

Filename: CBC919A2-DC5C-11EE-B3A3-48DF37DF55D0_UL3_southern.JPG

Extension:.tif

Pages:



Scanned Image

31-Oct-2023 Mrs Tracey Pumfrey ()

Additional:Scanned Image

Dentistry Sent: 01 Nov 2023 11:29

Filename: CBC9199E-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_31_Oct_2023_by_TP_3793205017.JPG

Extension:.tif

Pages:

Consent for Tooth or Surgical Extraction(s)

You have been advised or have requested an extraction because of usually either/or:

- advanced bone loss
- non-restorable decay
- tooth fracture
- continuing infection
- non-restorability
- or orthodontic needs.

Therefore, we need to give you some information about the procedure and the associated benefits and risks. This information will be given to you verbally by the dental team which will enable you to make an informed decision, shared decision making and give informed consent.

A dental extraction involves the administration of a local anaesthetic and removal of a tooth/root from the mouth. Some extractions require the elevating the gum tissue and exposing/removing bone and/or sectioning the tooth into smaller pieces prior to removal. The intended benefit of this treatment is to relieve current symptoms and/or permit further planned treatment.

You have been informed and fully understand that there are certain inherent and potential risks associated with any type of surgical procedure including dental extractions. You understand that during and following treatment you may experience pain or discomfort, bleeding, swelling, bruising, infection and stiffness of the jaws (trismus) all of which may last for several days.

Complications are extremely rare but may include infection, dry socket, loss of fillings, injury to other teeth or soft tissues, retained roots, jaw fracture, sinus exposure (possibly root tips displaced into sinus and need for hospital referral) or swallowing or aspiration of debris.

You understand that during surgery injury to nerves in your jaw that control sensations and function in lips, tongue, chin, teeth, and mouth may occur but are very rare. This may result in nerve disturbances such as temporary loss of sensation to the gum, lip, chin or tongue, or in extremely rare cases, permanent numbness. Through the natural process of bone resorption after an extraction, implant placement in the future may be compromised.

You have provided a complete and accurate medical history and have disclosed all medication and drug use. You will follow all instructions as explained and directed to yourself, and will permit recommended diagnostic procedures, including X-rays. You acknowledge that no guarantees have been made concerning the results of the procedure.

You have been given the opportunity and time to ask questions regarding the benefit, risks, and alternatives of the procedure and have received satisfactory answers to all your questions.

I hereby consent to the Extraction and/or Surgical Removal of upper right lateral incisor UR2,
the dentist) upper left canini, lower left
central incisor (completed by

Name of Patient PATRICK SOUTHERN (block capitals)

DOB of Patient 15 / 12 / 1977

Signature of Patient X [Signature] Date 31, 10, 23

2 | 3

Scanned Image

26-Oct-2023 Mrs Lucy Arkwell ()

Additional:Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 26 Oct 2023 09:13

Filename: CBC91946-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_26_Oct_2023_by_LA_3784517940.TIFF

MOVEMENT SLIP

Practice
Plus
Group

“Please inform Healthcare as soon as possible if you are unable to attend this appointment.”

Prison number: A2302AA

Location: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Tuesday 31 October 2023

With: Dentist 8:30-10:00

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: A2302AA

I am unable to attend my healthcare appointment on Tuesday 31 October 2023

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

Scanned Image

18-Oct-2023 Mrs Tracey Pumfrey ()

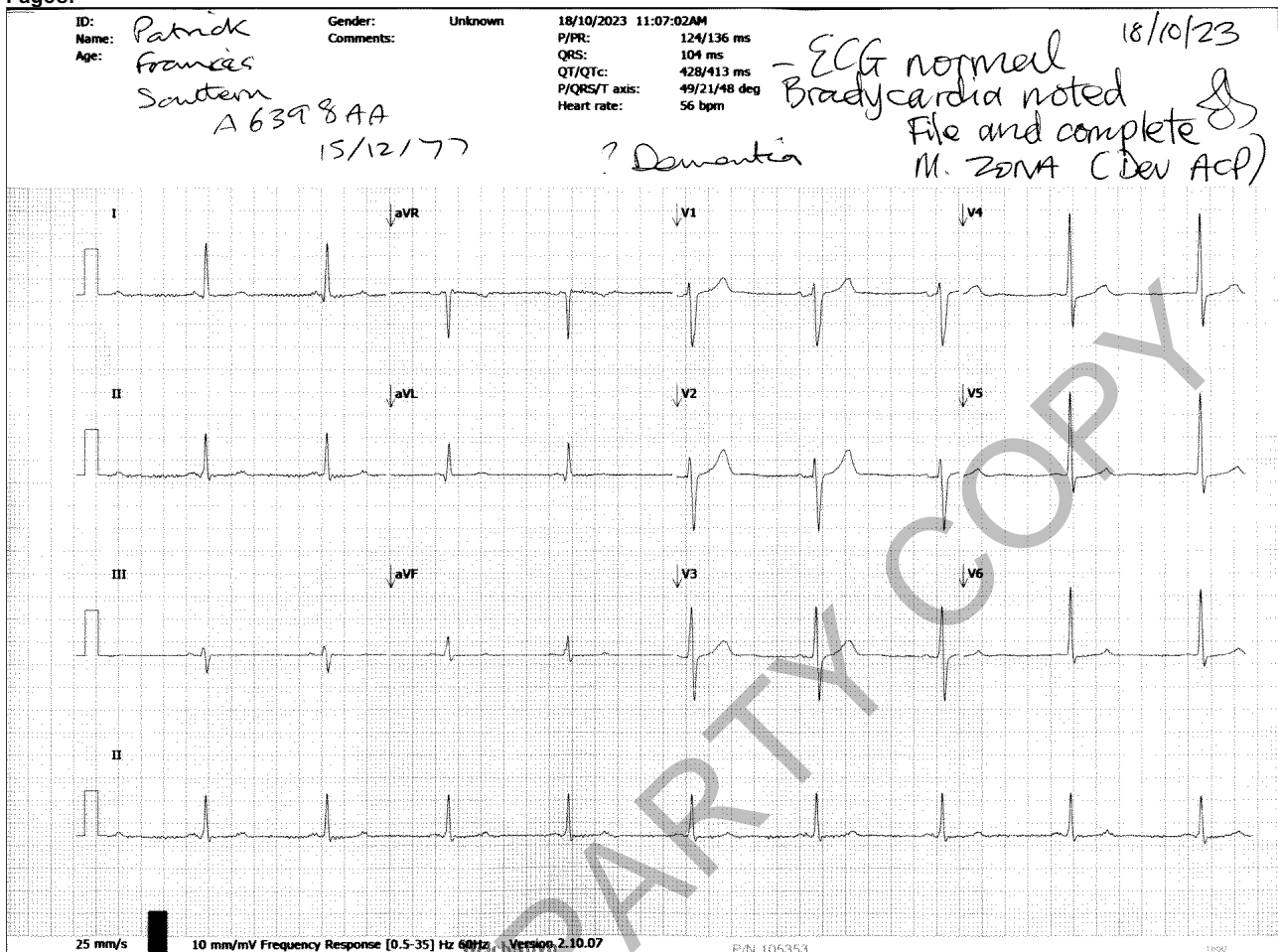
Additional: Scanned Image

Results Sent: 19 Oct 2023 11:17

Filename: CC70076C-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_18_Oct_2023_by_TP_3774483495.TIFF

Extension: .tif

Pages:



25 mm/s 10 mm/mV Frequency Response [0.5-35] Hz 60Hz Version 2.10.07

P/N 105353

ID: Patrick Southern
 Name: Frances
 Age: A 6398AA
 Gender: Unknown
 Comments: ? Demonia
 18/10/2023 11:07:02AM

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+	72	66	42	0	40	46	51	38	57	51	43	42
P-	0	0	0	-69	0	0	-59	-26	0	0	0	0
Q (µV)	132	0	0	1139	167	0	0	0	0	0	0	0
R (µV)	1268	1074	203	56	821	526	247	485	1118	1919	1976	1617
S (µV)	0	120	471	0	0	126	1109	1250	970	637	358	194
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	-3	18	28	-3	-15	10	-11	-23	-16	-44	-46	-31
ST20	11	16	5	-14	3	10	43	51	24	-24	-35	-31
ST40	-17	-5	12	11	-15	3	53	70	38	-20	-37	-34
ST60	-4	9	13	-3	-9	11	60	80	55	-10	-30	-30
ST80	-2	16	18	-7	-10	16	72	97	75	14	-21	-27
T+	107	129	0	0	44	74	342	563	346	218	160	116
T-	0	0	0	-118	0	0	0	0	0	0	0	0
I (ms)	6	6	2	18	4	4	6	14	6	10	12	10
K (ms)	4	6	4	6	4	16	2	2	4	4	6	6
Q (ms)	22	0	0	68	26	0	0	0	0	0	0	0
R (ms)	78	58	40	30	74	50	28	26	50	48	48	54
S (ms)	0	34	58	0	0	34	68	62	44	42	38	34
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

25 mm/s 10 mm/mV Frequency Response [0.5-35] Hz 60Hz Version 2.10.07

P/N 105353

Record Attachment
13-Oct-2023 Ms M Hogg Amy ()

Additional:Record Attachment

Care Plan Epilepsy Recipient: Mr Patrick Southern Sent: 13 Oct 2023 16:15

Filename: CBC9196D-DC5C-11EE-B3A3-48DF37DF55D0_1697209371640_B10944763104_L1718586937_1697209372598_SAVING.doc

Extension:.tif

Pages:

HMP Lewes
1 Brighton Road, Lewes, E Sussex, BN7 1EA
01273 785311



13 October 2023

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://systemonline.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)

Emergency Medicine

Name of emergency medicine:	(none prescribed)
When should it be given?	e.g. after a certain length of time or number of seizures
How much should be given initially?	Dose:
Can a second dose be given?	<input type="checkbox"/> No <input type="checkbox"/> Yes If after: Dose:
Maximum dose to be given in a 24-hour period:	Dose:

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



My family & friends who can be contacted if needed are:

Gaberella Minall, Partner
Ardingly Street Surgery, GP Practice

My key information:

Memory issues

My medical history:

My allergies:

Adverse reaction to drug
Checking for drug allergy
Verification of allergy status
Checking for drug allergy
Verification of allergy status
Checking for drug allergy

My current medication:

Levetiracetam 500mg tablets, 1 tablet
Levetiracetam 250mg tablets, 1 tablet
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd), 1 tablet
Sodium valproate 200mg gastro-resistant tablets, 1 tablet
Epimax original cream (Aspire Pharma Ltd), 1 application
Thiamine 100mg tablets, 3 tablet

My family & friends who can be contacted if needed are:

Gaberella Minall, Partner
Ardingly Street Surgery, GP Practice

My epilepsy can be triggered by the following which I therefore need to avoid:

Not taking my medication regularly
Stress
Emotion

My typical seizures are:

Before the seizure	Good warning
During the seizure	Tongue biting , double incontinence, injuries sustained
Duration of seizure	Unknown
After the seizure	'Discombobulated/Dazed'

I need to avoid the following situations which could put my safety at risk if I was to have a seizure:

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



Pharmacy to prompt with medication compliance – tools provided for self-administration
Safeguarding raised re: management of condition with short term memory issues
Suspected substance misuse concerns
Added to MPCCC for group input

Who needs to be informed?

Gaberella Minall, Partner
Ardingly Street Surgery, GP Practice

Dr Lewes General Practitioner

Epilepsy nurse specialist:

My goals:

Description of the goal:

Barriers and risks to achieving goals:

Status (achieved, on hold, not achieved, abandoned):

Action plan:

Description of actions:

Level of confidence:

Additional support needed:

Review date:

Progress:

Review date:

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



Seizure Diary

Date	Seizure Type	Further Details

THIRD PARTY COPY

For further help and information, please visit www.epilepsy.org.uk or call 0808 800 5050

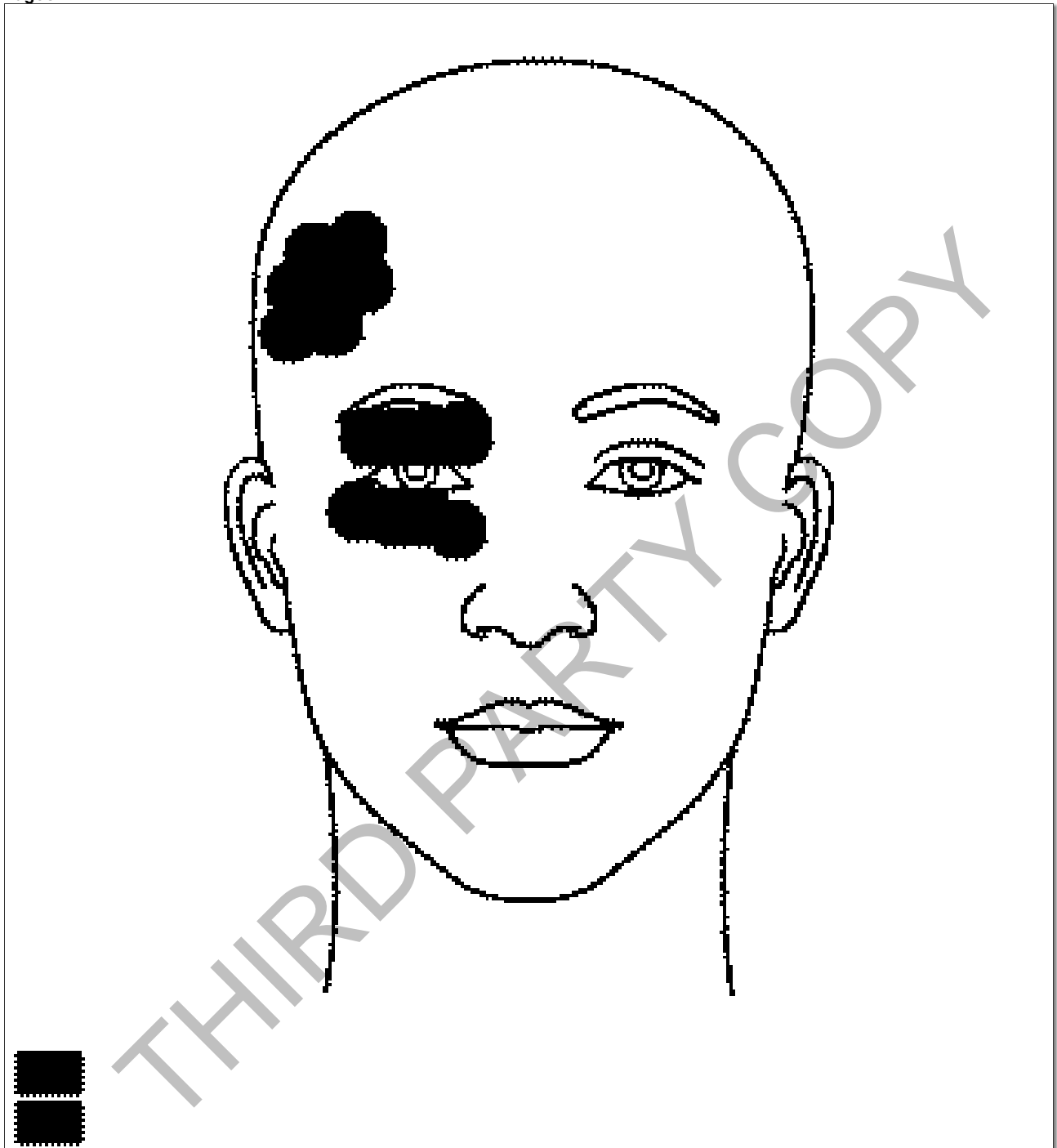
Medical drawing
12-Oct-2023 Alan Wason ()

Additional: Medical drawing
Head Front

Filename: CBC9192B-DC5C-11EE-B3A3-48DF37DF55D0_Drawing_36703671.png

Extension: .tif

Pages:



Record Attachment

28-Sept-2023

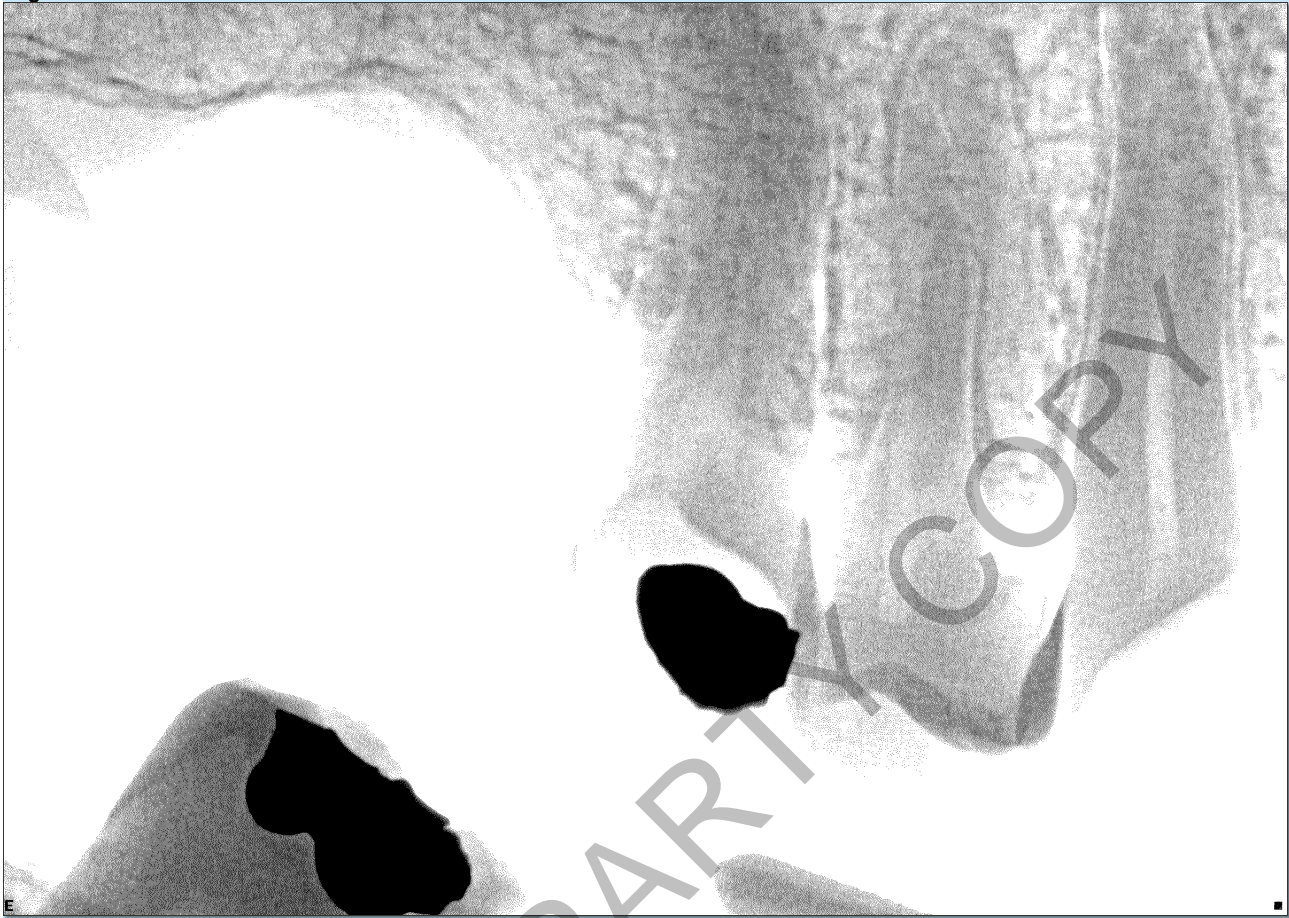
Additional:Record Attachment

JPEG Image: UR5 southern.JPG - Dental x ray - UR543

Filename: CBC91997-DC5C-11EE-B3A3-48DF37DF55D0_UR5_southern.JPG

Extension:.tif

Pages:



Scanned Image

28-Sept-2023 Mrs Tracey Pumfrey ()

Additional:Scanned Image

Dentistry Sent: 02 Oct 2023 11:20

Filename: CBC9199A-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_28_Sep_2023_by_TP_3746711923.JPG

Extension:.tif

Pages:

RECEIVED
28 SEP 2023

Medical History Form

Full Name: PATRICK SOUTHERN DOB: 15-12-77
 I.D Number A A6398AA

Are you receiving any medical treatment?	Yes <input type="checkbox"/>	Are you currently or have you previously taken bisphosphonates or any other bone medication?	Yes <input type="checkbox"/>
	No <input checked="" type="checkbox"/>		No <input checked="" type="checkbox"/>
Are you taking any medication? (if yes please provide details overleaf)	Yes <input type="checkbox"/>	Are you allergic to any drugs, foods or materials?	Yes <input type="checkbox"/>
	No <input checked="" type="checkbox"/>		No <input checked="" type="checkbox"/>
Are you currently or have you previously taken steroids?	Yes <input type="checkbox"/>		
	No <input checked="" type="checkbox"/>		

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	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	

Do you smoke or use any other forms of tobacco? Yes No Ex-smoker


Alcohol - Your average weekly intake prior to custody? zero

Do you have any communication needs? Yes No

Additional Information (use overleaf if required)

IN RECOVERY 15 months 3 weeks Levetiracetam.
Sodium valproate
Thiamine

Please sign below to certify that the information provided is correct and to the best of your knowledge.

Patient Signature  Date 28-9-23

Privacy: All patient information is kept strictly confidential at all times. The dental surgery is governed by the Data protection Act 2018.
 Medical history form V2

MOVEMENT SLIP



Practice
Plus
Group

"Please inform Healthcare as soon as possible if you are unable to attend this appointment."

Prison number: A2308AA

Location: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Monday 02 October 2023

With: Mental Health Triage

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: A2308AA

I am unable to attend my healthcare appointment on Monday 02 October 2023

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

Scanned Image

25-Sept-2023

Additional: Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 25 Sep 2023 12:51

Filename: CBC91948-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_25_Sep_2023_by_LA_3735745048.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: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 28 September 2023

With: Dentist 8:30-10:00

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 Thursday 28 September 2023

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

Scanned Image

20-Sept-2023

Additional: Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 20 Sep 2023 14:23

Filename: CBC91947-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_20_Sep_2023_by_JG_3728813071.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: A2398AA

Location: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Monday 25 September 2023

With: Mental Health Triage

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: A2398AA

I am unable to attend my healthcare appointment on Monday 25 September 2023

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

Record Attachment

13-Sept-2023 Mrs Jayne Collins ()

Additional:Record Attachment

Care Plan Epilepsy Recipient: Mr Patrick Southern

Filename: CBC91971-DC5C-11EE-B3A3-48DF37DF55D0_1694602925902_B10836308976_L1700668555_1694602926669_SAVING.doc

Extension:.tif

Pages:

HMP Lewes
1 Brighton Road, Lewes, E Sussex, BN7 1EA
01273 785311



13 September 2023

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:

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



Gaberella Minall, Partner
Ardingly Street Surgery, GP Practice

My key information:

Has been having daily auras but only just received correct medication, need to monitor going forward

My medical history:

My allergies:

Adverse reaction to drug
Checking for drug allergy
Verification of allergy status
Checking for drug allergy

My current medication:

Levetiracetam 500mg tablets, 1 tablet
Levetiracetam 250mg tablets, 1 tablet
Valupak Multivitamin One A Day tablets (BR Pharmaceuticals Ltd), 1 tablet
Sodium valproate 200mg gastro-resistant tablets, 1 tablet
Epimax original cream (Aspire Pharma Ltd), 1 application

My family & friends who can be contacted if needed are:

Gaberella Minall, Partner
Ardingly Street Surgery, GP Practice

My epilepsy can be triggered by the following which I therefore need to avoid:

My typical seizures are:

Before the seizure	
During the seizure	
Duration of seizure	
After the seizure	

I need to avoid the following situations which could put my safety at risk if I was to have a seizure:

Who needs to be informed?

Gaberella Minall, Partner

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



Ardingly Street Surgery, GP Practice

Dr Lewes General Practitioner

Epilepsy nurse specialist:

My goals:

Description of the goal:

Barriers and risks to achieving goals:

Status (achieved, on hold, not achieved, abandoned):

Action plan:

Description of actions:

Level of confidence:

Additional support needed:

Review date:

Progress:

Review date:

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



Seizure Diary

Date	Seizure Type	Further Details

THIRD PARTY COPY

For further help and information, please visit www.epilepsy.org.uk or call 0808 800 5050

Scanned Image

12-Sept-2023

Additional: Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 12 Sep 2023 14:04

File name: CBC9194A-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_12_Sep_2023_by_SC_3716589058.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: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 14 September 2023

With: Optician - NO F WING

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 Thursday 14 September 2023

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

Scanned Image

04-Sept-2023 Mrs Tracey Pumfrey ()

Additional: Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 04 Sep 2023 11:34

Filename: CBC91943-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_04_Sep_2023_by_TP_3703598400.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: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 07 September 2023

With: Optician

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 Thursday 07 September 2023

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

Scanned Image

04-Sept-2023

Additional: Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 04 Sep 2023 10:48

Filename: CBC9194B-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_04_Sep_2023_by_TP_3703444650.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: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 07 September 2023

With: Optician - NO F WING

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 Thursday 07 September 2023

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

Scanned Image

22-Aug-2023 Christina Stockham ()

Additional: Scanned Image

Appointment Letter Recipient: Mr Patrick Southern Sent: 22 Aug 2023 12:37

Filename: CBC91944-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_22_Aug_2023_by_CS_3689565276.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: M 4 1

Family Name: Mr Patrick Southern

Is required to go to **HEALTHCARE** for an appointment on:

Thursday 24 August 2023

With: GP - Dr Brew - AM Clinic

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 Thursday 24 August 2023

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

Record Attachment

22-Aug-2023

Additional:Record Attachment

Acrobat Document: Patrick Southern.pdf - SMS Consent forms

Filename: CBC919A4-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern.pdf

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 anyway.
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: [Signature] Date: 22/8/23

Witness Signature: [Signature] Date: _____



Practice Plus Group

HMP Lewes Healthcare
CONSENT TO SHARE INFORMATION

Prison Number	A6398AA	PLEASE AFFIX LABEL HERE
Name	Patricide Southern	

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	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
Hospital Staff	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
Community Healthcare Professionals e.g. CPN, Blood borne virus teams	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
Local Authority County Council - Social care purposes	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
Prison Staff	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
Community Drug & Alcohol Teams	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
Probation / Community Rehab Companies / Approved Premises	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
Subcontracted Healthcare Services within the prison (Optician, Dentist, Podiatrist and Physiotherapy)	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No

PLEASE INDICATE CLEARLY POSITIVE OR NEGATIVE CONSENT

Prisoner's Signature: *[Signature]*

GP's Signature: *G. Pollock*

Date: *22/8/23*

Please ensure that where a patient **DOES NOT** give consent to the above, this should be noted on this form and **NOT** left uncompleted.

Note as per GDPR Article 9(2)(h): for the purposes of direct care, relevant personal confidential information should be shared with the registered and regulated health and social care professionals who have a legitimate relationship with the individual.

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.

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](#). 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 *Patrick Southern*

Name *Patrick Southern*

Date *22/8/23*

THIRD PARTY COPY

Scanned Image
22-Aug-2023

Additional: Scanned Image

Application for Healthcare Sent: 10 Sep 2023 22:55

File name: CBC9198D-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_22_Aug_2023_by_AAB_3713523670.TIFF

Extension: .tif

Pages:



Practice Plus Group

RECEIVED
22 AUG 2023



HMP LEWES

APPLICATION TO SEE A HEALTHCARE PROFESSIONAL

SURNAME Southern FIRST NAME Peterick NUMBER A6398AA
 Date of Birth 15-12-77 Location M4-01 DATE 22-8-23

PLEASE ONLY TICK ONE BOX - USE ANOTHER FORM IF YOU NEED TO SEE MORE THAN ONE HEALTHCARE PROFESSIONAL

I would like an appointment with:	
Nurse <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>
Mental Health & Emotional Wellbeing <input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentist <input type="checkbox"/>	Optician <input type="checkbox"/>
Sexual Health <input type="checkbox"/>	Social Care Occupational Therapist <input type="checkbox"/>
? Other..... <input type="checkbox"/>	Pre-release health check Date of release: <input type="checkbox"/>

To allow us to assess your needs and ensure you see the most appropriate clinician please complete the following questions on the other side of this form. This will help us to deal with your issue as quickly as possible.

I Put in AN APP to nurse/mental health
 it WAS STAMPED RECEIVED ON 31-7-23 I DID
Not get it back until the 17-8-23 ⁰⁰₀₀
 I don't think I've been seen although you
 will know differently. The officers are REALLY
 Not helping me ⁰⁰₀₀ I understand staff shortages
 im not trying 2 be problematic. However don't
 TELL me something and then not do it, not
 yourselfs But the officers keep BRINGING ME BK 2
 DAY ONE

What are your current symptoms?	MEMORY LOSS, ANGER CONFUSION
When did your symptoms start?	ONGOING
What makes your symptoms better?	STRUCTURE
What makes your symptoms worse?	UNMANAGEABILITY
What treatment have you tried already?	BURNING CREAMS AND MEDICATION
Have you had these symptoms before?	SINCE BEING HELD ON REMIND MY MENTAL HEALTH DECLINED RAPIDLY
If so, did you see a doctor/nurse? And what did they say?	COULDN'T REMEMBER I PUT AN APP IN 16 MINS RECEIVED 31-7-23 I DID NOT GET
What do you think we can do to help you?	SPK TO OFFICERS PLEASE
Any other information you feel is relevant?	IVE ALCOHOL INGESTION, DEMENTIA / WET BRAIN

Issues concerning mattresses and bedding are dealt with by wing staff and not healthcare.

Outcome of Non-Urgent Healthcare Application

Name PATRICK SOUTHERN
 Number A6398AA Location M401

Application Received (date stamp)	Triage completed (date completed + staff initials)	Outcome	date completed, how, staff initials
22/08/23	THANK YOU YOU ARE TRIAGE	FOR YOUR APPLICATION, CURRENTLY AWAITING A ASSIGNMENT WITH THE TEAM.	

Scanned Image
 22-Aug-2023 Miss Emily Rose Walker ()
 Additional: Scanned Image

Application for Healthcare Recipient: Mental health Sent: 10 Oct 2023 14:30

File name: CBC9197E-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_22_Aug_2023_by_EW_3759540118.TIFF
 Extension: .tif
 Pages:



Practice Plus Group

RECEIVED
22/08/23



HMP LEWES

APPLICATION TO SEE A HEALTHCARE PROFESSIONAL

SURNAME Southern FIRST NAME Peterick NUMBER A6398AA
 Date of Birth 15-12-77 Location M4-01 DATE 22-8-23

PLEASE ONLY TICK ONE BOX - USE ANOTHER FORM IF YOU NEED TO SEE MORE THAN ONE HEALTHCARE PROFESSIONAL

I would like an appointment with:	
Nurse <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>
Mental Health & Emotional Wellbeing <input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentist <input type="checkbox"/>	Optician <input type="checkbox"/>
Sexual Health <input type="checkbox"/>	Social Care Occupational Therapist <input type="checkbox"/>
? Other..... <input type="checkbox"/>	Pre-release health check Date of release: <input type="checkbox"/>

To allow us to assess your needs and ensure you see the most appropriate clinician please complete the following questions on the other side of this form. This will help us to deal with your issue as quickly as possible.

I Put in AN APP to nurse/mental health
 it was stamped RECEIVED ON 31-7-23 I DID
Not get it back until the 17-8-23
 I DON'T think we've been seen although you
 will know differently. The officers are really
 not helping me I understand staff shortages
 im not trying 2 be problematic. However don't
 tell me something and then not do it, not
 yourselfs but the officers keep bringing me bk 2
 DAY ONE

THIRD PARTY COPY

Record Attachment

16-Aug-2023 Miss Anika Pepper ()

Additional:Record Attachment

Acrobat Document: Patrick Southern application SMS.pdf

Filename: CBC9198B-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_application_SMS.pdf

Extension:.tif

Pages:



Practice Plus Group

RECEIVED

31 JUL 2023

HMP LEWES

APPLICATION TO SEE A HEALTHCARE PROFESSIONAL

SURNAME Southern FIRST NAME Patrick NUMBER A6398AA
 Date of Birth 15-12-77 Location L-3-15 DATE 28-7-25

PLEASE ONLY TICK ONE BOX - USE ANOTHER FORM IF YOU NEED TO SEE MORE THAN ONE HEALTHCARE PROFESSIONAL

I would like an appointment with:	
Nurse <input type="checkbox"/>	Substance Misuse <input checked="" type="checkbox"/>
Mental Health & Emotional Wellbeing <input type="checkbox"/>	<input type="checkbox"/>
Dentist <input type="checkbox"/>	Optician <input type="checkbox"/>
Sexual Health <input type="checkbox"/>	Social Care Occupational Therapist <input type="checkbox"/>
? Other..... <input type="checkbox"/>	Pre-release health check Date of release: <input type="checkbox"/>

To allow us to assess your needs and ensure you see the most appropriate clinician please complete the following questions on the other side of this form. This will help us to deal with your issue as quickly as possible.

I NEED HELP PLEASE, I BEG OF YOU PLEASE IS HAPPENING IN MY MIND. IM STRUGGLING NOT TO HIT ME FUCK IT BUTTER
 IM 13 MONTHS 20 DAYS CLEAN I WANT IT TOO CONTINUE HOWEVER
 oo
 oo

What are your current symptoms?	Agitation, unmanageability LOSING WILL 2 CARE
When did your symptoms start?	LIVING JUST FOR TODAY
What makes your symptoms better?	getting off my face
What makes your symptoms worse?	continued offer of SUBSTANCES
What treatment have you tried already?	Just for today LIVING IN THE AM
Have you had these symptoms before?	YES
If so, did you see a doctor/nurse? And what did they say?	N/A
What do you think we can do to help you?	MORE LITERATURE get me off this wing
Any other information you feel is relevant?	ALCOHOLIC DEMENTIA forget how far I've come

Issues concerning mattresses and bedding are dealt with by wing staff and not healthcare.

Outcome of Non-Urgent Healthcare Application

Name Patrick Southern
 Number A6398AA Location M.4.1

Application Received (date stamp)	Triage completed (date completed + staff initials)	Outcome	date completed, how, staff initials
16/08/23	16/08/23 A.P.	Added to referrals list to be seen by a recovery worker.	16/08/23 on waiting list. Continued to be scheduled on weekly AA meetings.

Scanned Image

01-Aug-2023 Ms Teresa Turner ()

Additional: Scanned Image

Application for Healthcare Sent: 01 Aug 2023 16:33

File name: CBC91982-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_01_Aug_2023_by_TT_3662668106.TIFF

Extension: .tif

Pages:



Practice Plus Group

HMP LEWES

APPLICATION TO SEE A HEALTHCARE PROFESSIONAL

RECEIVED
24 JUL 2023
AGS98AA

SURNAME Southern FIRST NAME Patrick NUMBER AGS98AA
Date of Birth 15/12/77 Location L-3-15 DATE 21-7-23

PLEASE ONLY TICK ONE BOX - USE ANOTHER FORM IF YOU NEED TO SEE MORE THAN ONE HEALTHCARE PROFESSIONAL

I would like an appointment with:	
Nurse <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>
Mental Health & Emotional Wellbeing <input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentist <input type="checkbox"/>	Optician <input type="checkbox"/>
Sexual Health <input type="checkbox"/>	Social Care Occupational Therapist <input type="checkbox"/>
? Other..... <input type="checkbox"/>	Pre-release health check <input type="checkbox"/> Date of release: <input type="checkbox"/>

To allow us to assess your needs and ensure you see the most appropriate clinician please complete the following questions on the other side of this form. This will help us to deal with your issue as quickly as possible.

good morning ☺☺
☺

THIRD PARTY COPY

What are your current symptoms?	up and Down Thinking Patterns too Her times
When did your symptoms start?	ONGOING
What makes your symptoms better?	Hiding in Addiction
What makes your symptoms worse?	Being in the moment LIVING in the moment
What treatment have you tried already?	MEDICATION + CTS + REHAB
Have you had these symptoms before?	YES for A Lifetime
If so, did you see a doctor/nurse? And what did they say?	NEVER spoke Honestly
What do you think we can do to help you?	Not so sure
Any other information you feel is relevant?	Trauma Based

Issues concerning mattresses and bedding are dealt with by wing staff and not healthcare.

Thank you for your app. you are due to be seen by the mental health team shortly.

Outcome of Non-Urgent Healthcare Application

Name

Number..... Location.....

Application Received (date stamp)	Triage completed (date completed + staff initials)	Outcome	date completed, how, staff initials

Scanned Image

31-July-2023

Additional:Scanned Image

Hospital Letter/Appointment Letter Recipient: HCC Admin Sent: 31 Jul 2023 13:55

Filename: CBC91994-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_31_Jul_2023_by_CS_3660500266.JPG

Extension:.tif

Pages:

ID: 3137898

Your NHS No. : 651 087 8186

**University Hospitals Sussex**

NHS Foundation Trust

Department of Neurology
 Royal Sussex County Hospital
 Eastern Road
 Brighton
 East Sussex
 BN2 5BE

01273 242024

385 A

Mr Patrick Southern
 Hmp Lewes
 1 Brighton Road
 LEWES
 E Sussex
 BN7 1EA



8634Y1NK8Z1
 A385 c1.121/438 b1

www.uhsussex.nhs.uk/myappointment

20 Jul 2023

Dear Mr Patrick Southern

Telephone Consultation / Review

A telephone consultation / review appointment has been arranged for you to talk to:

Care Provider: Dr Edina Bravo or member of the clinical team.**Specialty:** Neurology**Date and Time:** Tuesday 14/11/2023 at approximately 11:00 ✓

Please remain available for 30 minutes before and after your approximate scheduled slot

This appointment is a TELEPHONE ASSESSMENT
DO NOT ATTEND the hospital for this appointment

We will ring you at home around the time stated, on the number you have previously provided.

This telephone appointment will last approximately 15 minutes and you will be contacted by your hospital Doctor/Health Care Professional on either your home telephone number or mobile telephone number, if this has been provided.

If either of these numbers are not suitable then please contact the Appointment line above to advise of a telephone number that you would prefer us to use.

If the above date or time is not convenient, please contact the Appointment line number to reschedule the appointment. These appointments are in great demand and if you are not available then it is important that you contact us so that we can offer the appointment to another patient.

Scanned Image

31-July-2023

Additional:Scanned Image

Mental Health Recipient: HMP Lewes Sent: 09 Aug 2023 19:13



Practice
Plus
Group

HMP LEWES

APPLICATION TO SEE A HEALTHCARE PROFESSIONAL

SURNAME Southern FIRST NAME Patrick NUMBER AL398AA
 Date of Birth 15-12-77 Location L-3-15 DATE 28-7-23
 RECEIVED 31 JUL 2023

PLEASE ONLY TICK ONE BOX - USE ANOTHER FORM IF YOU NEED TO SEE MORE THAN ONE HEALTHCARE PROFESSIONAL

I would like an appointment with:	
Nurse <input checked="" type="checkbox"/>	Substance Misuse <input type="checkbox"/>
Mental Health & Emotional Wellbeing <input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentist <input type="checkbox"/>	Optician <input type="checkbox"/>
Sexual Health <input type="checkbox"/>	Social Care Occupational Therapist <input type="checkbox"/>
? Other..... <input type="checkbox"/>	Pre-release health check Date of release: <input type="checkbox"/>

To allow us to assess your needs and ensure you see the most appropriate clinician please complete the following questions on the other side of this form. This will help us to deal with your issue as quickly as possible.

THIRD PARTY

What are your current symptoms?	UNMANAGEABILITY
When did your symptoms start?	
What makes your symptoms better?	MANAGEMENT BY MEDICATION
What makes your symptoms worse?	UNMANAGEABILITY
What treatment have you tried already?	SLIPPER PACTS
Have you had these symptoms before?	YES
If so, did you see a doctor/nurse? And what did they say?	WAITING TOO LONG
What do you think we can do to help you?	AM / PM BOX
Any other information you feel is relevant?	CANT REMEMBER

Issues concerning mattresses and bedding are dealt with by wing staff and not healthcare.

Thank you for your app you are due to be seen by the mental health team shortly.

Outcome of Non-Urgent Healthcare Application

Name

Number..... Location.....

Application Received (date stamp)	Triage completed (date completed + staff initials)	Outcome	date completed, how, staff initials

Scanned Image
25-July-2023

Additional: Scanned Image

Application for Healthcare Sent: 01 Aug 2023 16:34

File name: CBC91981-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_25_Jul_2023_by_TT_3662668105.TIFF

Extension: .tif

Pages:



Practice Plus Group

HMP LEWES

RECEIVED

25 JUL 2023

APPLICATION TO SEE A HEALTHCARE PROFESSIONAL

SURNAME Southern FIRST NAME Praveen NUMBER A6398 A4
 Date of Birth 15/12/77 Location C-3-15 DATE 25-7-23

PLEASE ONLY TICK ONE BOX - USE ANOTHER FORM IF YOU NEED TO SEE MORE THAN ONE HEALTHCARE PROFESSIONAL

I would like an appointment with:	
Nurse <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>
Mental Health & Emotional Wellbeing <input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentist <input type="checkbox"/>	Optician <input type="checkbox"/>
Sexual Health <input type="checkbox"/>	Social Care Occupational Therapist <input type="checkbox"/>
? Other..... <input type="checkbox"/>	Pre-release health check Date of release: <input type="checkbox"/>

To allow us to assess your needs and ensure you see the most appropriate clinician please complete the following questions on the other side of this form. This will help us to deal with your issue as quickly as possible.

good morning ☺☺
 HAPPY TUESDAY ☺

What are your current symptoms?	has unstable mental health
When did your symptoms start?	CHILDHOOD TRAUMA
What makes your symptoms better?	BEING LEFT ALONE
What makes your symptoms worse?	FEAR OF INTIMIDATION
What treatment have you tried already?	MEDICATION
Have you had these symptoms before?	YES
If so, did you see a doctor/nurse? And what did they say?	N/A IN A FELLOWSHIP KEEP MIND BUSY
What do you think we can do to help you?	A BRIEF CHAT
Any other information you feel is relevant?	LACK OF INFORMATION ON DAY 2 DAY LIVING

Issues concerning mattresses and bedding are dealt with by wing staff and not healthcare.

Outcome of Non-Urgent Healthcare Application

Name

Number..... Location.....

Application Received (date stamp)	Triage completed (date completed + staff initials)	Outcome	date completed, how, staff initials

IBUPROFEN_21 Jul 2023 09:51_Adherence.txt
21-July-2023 Dr Iain Brew ()
Additional:IBUPROFEN_21 Jul 2023 09:51_Adherence.txt

Filename: CBC9191E-DC5C-11EE-B3A3-48DF37DF55D0_IBUPROFEN_21_Jul_2023_09_51_Adherence.txt
Extension:.tif
Pages:

Ibuprofen 200mg tablets
84 tablets - 2 tablet - As required. Take: No more than 6 tablet in 24 hours.
Minimum interval: 6 hours (Oral)
Start date: 21 Jul 2023
Adherence: As required. In Possession
Last administration: 12 tablets at 02 Aug 2023 16:18

THIRD PARTY COPY

PARACETAMOL_21 Jul 2023 09:51_Adherence.txt
21-July-2023 Dr Iain Brew ()
Additional:PARACETAMOL_21 Jul 2023 09:51_Adherence.txt

Filename: CBC9191F-DC5C-11EE-B3A3-48DF37DF55D0_PARACETAMOL_21_Jul_2023_09_51_Adherence.txt
Extension:.tif
Pages:

Paracetamol 500mg tablets
112 tablets - 2 tablet - As required. Take: No more than 8 tablet in 24 hours.
Minimum interval: 6 hours (Oral)
Start date: 21 Jul 2023
Adherence: As required. In Possession
Last administration: 48 tablets at 02 Aug 2023 16:18

THIRD PARTY COPY

Medical drawing

14-July-2023 Alan Wason ()

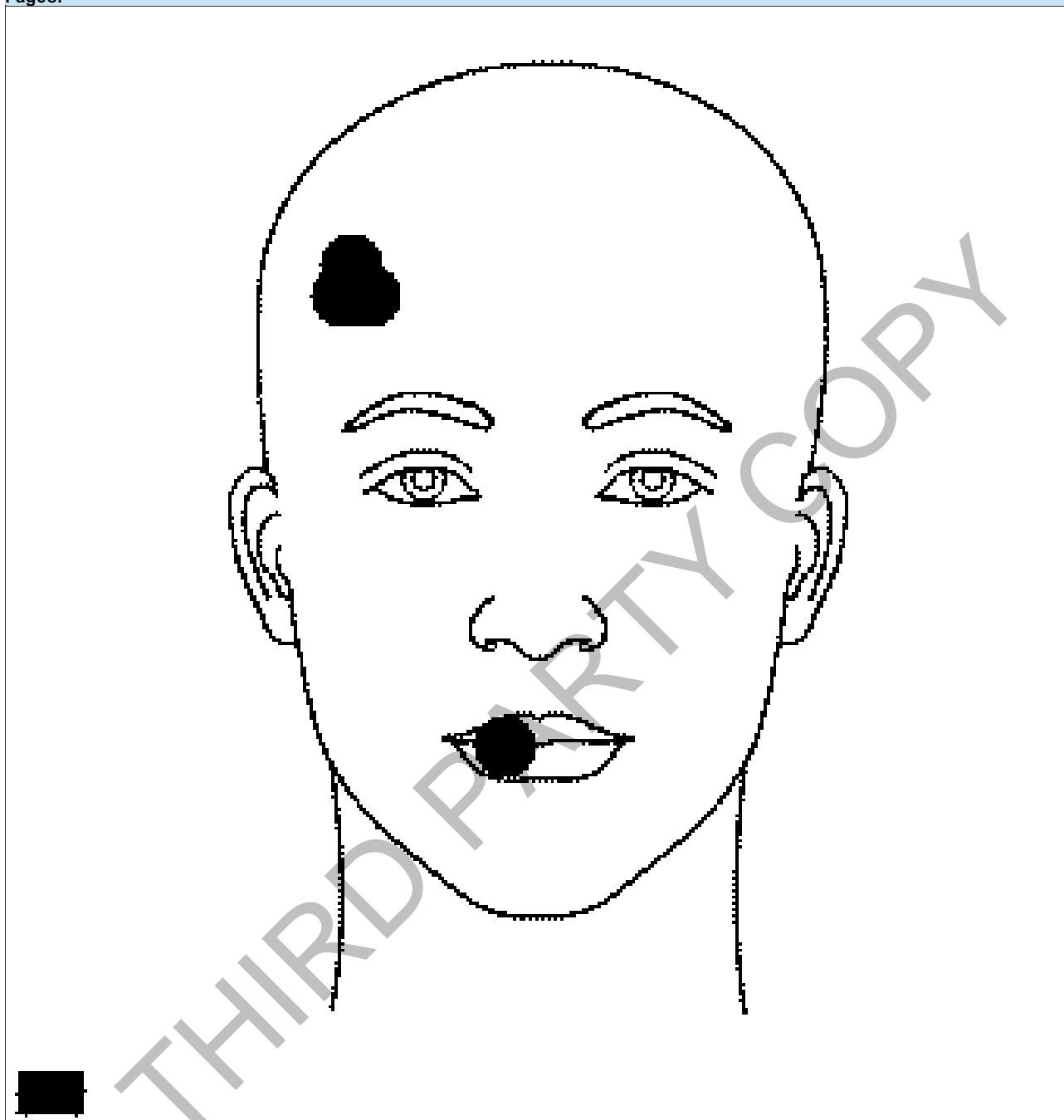
Additional:Medical drawing

Head Front

Filename: CBC9192A-DC5C-11EE-B3A3-48DF37DF55D0_Drawing_36369863.png

Extension:.tif

Pages:



Scanned Image

13-July-2023

Additional:Scanned Image

Correspondence Sent: 17 Jul 2023 11:27

Filename: CBC919CD-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_13_Jul_2023_by_TP_3639819632.TIFF

Extension:.tif

Pages:



**Practice
Plus
Group**

**HMP Lewes Healthcare
CONSENT TO SHARE INFORMATION**

Prison Number	A6398AA- PLEASE AFFIX LABEL HERE
Name	Patrick Sullivan

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:

Witness Signature:

DATE: 13/11/23

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.



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: _____

Witness Signature: _____ Date: _____

13/7/23

Scanned Image

13-July-2023 Mrs Tracey Pumfrey ()

Additional: Scanned Image

GMS and SCR Information and Consent Form Sent: 17 Jul 2023 11:28

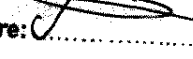
File name: CBC919CB-DC5C-11EE-B3A3-48DF37DF55D0_Patrick_Southern_6510878186_13_Jul_2023_by_TP_3639819631.TIFF

Extension: .tif

Pages:

Please complete your personal details below

Patient Details	
Title: MR.	NHS Number: 651 087 8186.
Surname: SOUTHERN	First name: PATRICK
Previous Surname/s (if it has changed):	Date of Birth: 15-12-97
	Gender: Mch.
Home Address: 11 Cherry Lodge	
	Postcode: BN2 1SU.
Current registered GP Practice: Addingly Court.	
Have you come from abroad? (lived or stayed outside of the UK)	Yes / <input checked="" type="radio"/> No
If previously lived in the UK, date of leaving:	Date you first came to live in UK:

Patient Signature: 

Date: 15/7/13

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.

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

I 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.

ICIAL

Attachment
12-July-2023 Mr PCTItd DOCMAN (docman)

Additional: Attachment

Clinic Letter Brighton And Sussex University Hospitals NHS Trust Accident & Emergency

File name: D10_G81006_504333_cc08ef9b-bb42-46ee-b689-b8e22ae19de6.TIF.XX2

Extension: .tif

Pages:



University Hospitals Sussex
NHS Foundation Trust

Emergency Department
Royal Sussex County Hospital
Eastern Road
Brighton
BN2 5BE
Tel: 01273 696955

Dr SJ BARKER
ARDINGLY COURT SURGERY
1 ARDINGLY STREET
BRIGHTON
EAST SUSSEX
BN2 1SS

Dear Dr **BARKER**

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-23-042678-1
Date : 12 Jul 2023

This patient attended the Emergency Department at this hospital at **14:58** on **12 Jul 2023**
The recorded COMPLAINT was : **Seizure (fit)**
The SOURCE OF REFERRAL was : **Self / family / friends / education / work colleague**

PATHOLOGY:

1. CALCIUM (SERUM) 2. RSCH ED Blood Bourne Virus 3. Full Blood Count 4. Gamma-glutamyl transferase (GGT) 5. MAGNESIUM (SERUM) 6. Urea & Electrolytes

OTHER TESTS:

ECG, Blood Sugar, Blood Gases

DIAGNOSIS:

1. Epilepsy : generalised- Suspected diagnosis-

TREATMENTS:

Guidance / advice- Verbal

ALLERGIES: Penicillins

Discharge Outcome: Home - no follow up

Discharge Destination: 0

Discharge Advice: Known seizures. Multiple episodes of 'conscious' seizures overnight whilst in custody. No post ictal period. In ED well, bloods normal, normal lactate, 1 further episode for a few seconds but settled when speaking to him. Some issues with compliance with meds. Is due for RV with specialist in 5/7. DW consultant who agrees safe for DC

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,
Alexander Fuller, A&E Registrar

THIRD PARTY COPY

Referral to community mental health team
 05-July-2023 Dr Aisling Moyle (AMoyle251)

Additional:Referral to community mental health team
 PCN Mental Health Team Referral form.edwt

Filename: Referral to community mental health team SOUTHERN, Patrick (Mr) 1059 05-Jul-2023.rtf

Extension:.tif

Pages:



Primary Care Network Mental Health

Referral form

Team

NHS No: 651 087 8186

Southdown



Sussex Partnership
 NHS Foundation Trust

Name	SOUTHERN, P. _____	<small>The Place to Work</small>
Date of Birth	15-Dec-1977	
GP Surgery	ARDINGLY COURT, A T (Mr) Ardingly C

Presenting mental health need:

Sober for a year, now struggling to deal with previous trauma. Please see my consult.

Substance misuse (illicit use, alcohol, over the counter medications)- If any

None current. Are they currently working with any other service in Brighton, if so which service?

Any current significant risks? Suicide, violence and Neglect?

For use by PCN MH Team- Triage discussion and Plan

Please email to bhccg-ecb-pcn-team@nhs.net

Administrative procedure
 04-May-2023 Miss Chanesse Gordon (CGordon251)
 Additional:Administrative procedure
 Itr to Dr Bravo Neurology

**Ardingly Court Surgery**

Dr S Barker - Dr E Turlini - Dr S Mitchell - Dr E Howard - Dr A Moyle

1 Ardingly Street

Telephone 01273 688333

Brighton

Fax 01273 671128

BN2 1SS

www.ardinglycourt.surgery.co.uk

Dictated: 03.05.23

Ref: SB/cg

Typed: 04-May-2023

PRIVATE & CONFIDENTIAL

Dr Edina Bravo - Neurology RSCH

Dear Dr Bravo

SOUTHERN, Patrick (Mr)**Date of Birth: 15-Dec-1977, NHS Number: 651 087 8186****11 Kebbell Lodge, High Street, Brighton, East Sussex, BN2 1SU****Home Telephone: Mobile Telephone: 07795625256**

I spoke to Mr Southern recently and he reports having what he feels are absent seizures approximately once a week he reports that he blacks out transiently. However there is no history of any shaking of his limbs or biting his tongue. This is not associated with alcohol use and he is fully compliant with his epileptic medications. I know you were due to review him in approximately 6 months which is quite close, I am not sure if a date has been set but I wondered if you could bring this forward.

Yours sincerely

*Dictated but not signed to avoid delay***Dr Samantha Barker**

THIRD PARTY COPY

GP out of hours service administration
22-Feb-2023 Mrs Paula Fuller (PF)
Additional:GP out of hours service administration
GP out of hours service administration
Filename: NHS 111 Report2023-02-22.cdax
Extension:.tif
Pages:

Case Summary

Pathways Disposition: Dx21

To Speak To A Dental Service Within 24 Hours

Consultation Summary:

Injury, illness or other health problem

Illness - 'TOOTH INFECTION'

Warm to touch

Toothache

New lump or swelling on face or beneath jaw

Analgesia taken

Advice Given:

Do not apply gels or medication directly to the tooth or surrounding gum area. This may damage gums.

Avoid very hot or very cold food and drink if it makes the pain worse.

Chew on the other side of the mouth.

Contact a dentist for treatment of your toothache.

Unless advised not to take, paracetamol or ibuprofen can be used to relieve pain or fever. Follow the instructions in the pack. If in doubt ask a pharmacist.

If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.

Document ID **C7463773-EB3A-48A1-AB32-83816327B0EC**

Version **1**

Primary Recipient **Dentist: Sussex - St Georges Dental Practice - Brighton Phone 01273692444**

THIRD PARTY COPY

Attachment

30-Jan-2023 Miss Chanesse Gordon (CGordon251)

Additional:Attachment

Photo submitted by patient (compressed file, for original please see photo link in affiliated consultation)

Filename: smxh3z5.jpg

Extension:.tif

Pages:



Attachment

15-Nov-2022 Mr PCTItd DOCMAN (docman)

Additional:Attachment

Clinical Letter Royal Sussex County Hospital Neurology

File name: D10_G81006_504333_b24a5d91-d2f4-4da5-a45d-b19474fd3a7a.TIF.XX2

Extension:.tif

Pages:



University Hospitals Sussex
NHS Foundation Trust

Department of Neurology RSCH

Royal Sussex County Hospital
Eastern Road
Brighton
East Sussex
BN2 5BE

Dictated: 15/11/2022
Typed: 16/11/2022
Transcribed by: FR

Tel: 01273 696955

PRIVATE AND CONFIDENTIAL

Dr Samantha Barker
Ardingly Court Surgery
1 Ardingly Street
Brighton
East Sussex
BN2 1SS

Trust Patient ID: 3137898
NHS No: 651 087 8186

Dr Edina Bravo, Consultant Neurologist
Secretary: Francine Rodriguez
Tel. 01273-696955 Ext: 67985

Dear Dr Barker,

Re: Mr Patrick Francis Southern DOB: 15-12-1977
11 Kebbell Lodge High Street Brighton BN2 1SU

I had today a telephone follow-up with this patient who suffers from seizures. He is also a patient who in the past had significant difficulties with alcohol abuse. I was very glad to hear that he has been completely abstaining from alcohol for the last 6 months. He also reports that he has not had any seizures since we had the last follow-up which was at the beginning of August 2022 and he is only having what he calls a feeling like he is going to get a seizure but he never gets a seizure. This is an improvement and I have advised him to continue with his Keppra 750mg bd and Valproate 200mg bd.

As he is doing quite well I will be giving him another phone call in 6 months time and it goes without saying that he has to be compliant with his treatment and also abstain from alcohol.

Yours sincerely

Electronically checked and signed by

Dr Edina Bravo FRCP
Consultant Neurologist

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).

cc:
Mr Patrick Francis Southern
11 Kebbell Lodge
High Street
Brighton
BN2 1SU

THIRD PARTY COPY

For all appointment queries please ring the Bookings Hub on 0300 303 8360

Referral for further care**17-Aug-2022 Mrs Alison Culmer (ACU)****Additional:**Referral for further care*ltr to Dr Bravo, neuro re update***Filename:** Referral for further care SOUTHERN, Patrick (Mr) 1102 17-Aug-2022.rtf**Extension:**.tif**Pages:**

**Ardingly Court Surgery**

Dr S Barker - Dr E Turlini - Dr S Mitchell - Dr E Howard - Dr A Moyle

1 Ardingly Street

Telephone 01273 688333

Brighton

Fax 01273 671128

BN2 1SS

www.ardinglycourt.surgery.co.uk

Dictated: 12 Aug 2022

Ref: SM/ac

Typed: 17-Aug-2022

PRIVATE & CONFIDENTIAL

Dr E Bravo

Consultant Neurologist

Dear Dr Bravo

SOUTHERN, Patrick (Mr)**Date of Birth: 15-Dec-1977, NHS Number: 651 087 8186****11 Kebbell Lodge, High Street, Brighton, East Sussex, BN2 1SU****Home Telephone: Mobile Telephone: 07795625256**

Thank you for your recent letter with regard to Mr Southern. Prior to your appointment with him he had seen me in mid-July complaining of lower limb weakness with electric shock type symptoms up his right thigh. The symptoms were particularly bad first thing in the morning and he does report episodes of falling over after standing up. I had arranged bloods and was awaiting the results before contacting yourselves. However in the meantime you have clearly had a telephone consultation with him so I thought it best to update you prior to your next consultation in a couple of months time.

His blood tests were unremarkable. On examination there was nothing grossly abnormal with regard to a neurological examination, other than some obvious difficulty standing from a chair, suggesting some proximal weakness. I do

wonder if this is alcohol related, although he tells me he last drank on 8th June as he has been in a treatment centre since then.

I hope this information is useful to you. I will continue to monitor him and have invited him to book a follow-up appointment should his symptoms not improve.

Yours sincerely

Dictated but not signed to avoid delay

Dr Sean Mitchell

THIRD PARTY COPY

Attachment

01-Aug-2022 Mr PCTItd DOCMAN (docman)

Additional:Attachment

Clinical Letter Royal Sussex County Hospital Neurology

File name: D10_G81006_504333_41b33730-52b9-4ac0-985a-76e0699851c5.TIF.XX2

Extension:.tif

Pages:



University Hospitals Sussex
NHS Foundation Trust

Department of Neurology RSCH

Royal Sussex County Hospital
Eastern Road
Brighton
East Sussex
BN2 5BE

Dictated: 1/8/2022
Typed: 1/8/2022
Transcribed by: FR

PRIVATE AND CONFIDENTIAL

Dr Samantha Barker
Ardingly Court Surgery
1 Ardingly Street
Brighton
East Sussex
BN2 1SS

Tel: 01273 696955
Fax Number: 01273 523265

Trust Patient ID: 3137898
NHS No: 651 087 8186

Dr Edina Bravo, Consultant Neurologist
Secretary: Francine Rodriguez
Tel. 01273-696955 Ext: 67985

Dear Dr Barker,

Re: Mr Patrick Francis Southern DOB: 15-12-1977
11 Kebbell Lodge High Street Brighton BN2 1SU

I am writing to let you know that today we had a telephone follow-up with this pleasant patient who is suffering from seizures. He is a patient who is also suffering from difficulties with alcohol abuse. I was glad to hear that he was admitted to a rehabilitation centre in Portsmouth and he found it very helpful. He now has not been drinking at all for the last 54 days. However he continues having his seizures and on average he would have 1 generalised tonic clonic seizure every 6 weeks and he would have vacant episodes about a couple of times every week.

He continues with Keppra 500mg bd and Valproate 200mg bd. I was weary of increasing Valproate in the past due to his alcohol abuse. As he continues having his seizures I would appreciate if you could increase his Keppra dose to 750mg bd and I am booking him for the next telephone follow-up with us in 3 months time. He will keep his diary and we might then look further into increasing the medication for this patient.

I have mentioned in my last letter and I will reiterate here again about antiepileptic life regime which means proper sleep regime, try to stay away from alcohol as much as possible, no swimming alone and also not taking baths only shower.

He today also told me that he doesn't experience any side effects from Keppra in terms of change of mood etc.

Yours sincerely

Electronically checked and signed by

Dr Edina Bravo FRCP
Consultant Neurologist

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).

cc:
Mr Patrick Francis Southern
11 Kebbell Lodge
High Street
Brighton
BN2 1SU

THIRD PARTY COPY

For all appointment queries please ring the Bookings Hub on 0300 303 8360

Attachment

21-Jun-2022 Mr PCTItd DOCMAN (docman)

Additional:Attachment

Admin Letter PIP support letter

Filename: D10_G81006_504333_e2b94028-c74d-4450-8250-2cb8895bbba6.TIF.XX2

Extension:.tif

Pages:

GPFR PW911903D: Mr PATRICK F SOUTHERN

Assessment Services

Delivered by Atos

RECEIVED
10 JUN 2022

SM

67823 003268 0001 E 38500 H2

DR SAMATHA BARKER
Ardingly Court Surgery
1 Ardingly Street
BRIGHTON
BN2 1SS
38500

Our address: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Telephone: 0118 914 9400

Our Ref: PW911903D

Date: 6th June 2022

PERSONAL INDEPENDENCE PAYMENT

Request for Further Medical Evidence

Dear Doctor,

I am writing to you about a patient who has made a claim for Personal Independence Payment:

Patient's name: **Mr PATRICK F SOUTHERN**

Date of birth: **15/12/1977**

Address: **11 Kebbell Lodge, High Street, BRIGHTON, BN2 1SU**

Independent Assessment Services is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. It would be very helpful in assessing your patient's benefit claim if you could complete the enclosed factual report form.

Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.

You should base your report on your knowledge of the patient and on his records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.

To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to your patient's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

The patient may, at any stage, request a copy of this report to be sent to them by the Department for Work and Pensions. Harmful and embarrassing information should not be included in your report.

E30296186/003268/1/5

Independent Assessment Services is a trading name of Atos IT Services UK Limited
Atos IT Services UK Limited is registered in England and Wales
Registered Office: Second Floor, MidCity Place, 71 High Holborn, London, WC1V 6EA
Registered No. 01245534. VAT No. GB 232327983

OP101

Providing assessment services on behalf of



Department for Work & Pensions

GPR FW911903D: Mr PATRICK F SOUTHERN

Independent
Assessment
Services

Delivered by Atos

Guidance on completing section 6 is enclosed. Further information including more detailed guidance on completing your report can be found at www.dwp.gov.uk/healthcare-professional/guidance.

We enclose an invoice for you to claim a fee of £33.50. Please send your completed report and invoice together* in the enclosed business reply envelope. **Please reply within 5 working days.**

*A request for payment will only be accepted on the enclosed invoice form, which must be completed and include the GMC number.

If you have any queries regarding completion of the report or if you would like to discuss this request with our medical staff, please phone the number at the top of this letter. Thank you for your help.

Yours sincerely,

Ms Margaret Mooney (Nurse, 79Y0404S)

THIRD PARTY COPY

OP101

Independent Assessment Services is a trading name of Atos IT Services UK Limited
Atos IT Services UK Limited is registered in England and Wales
Registered Office: Second Floor, MidCity Place, 71 High Holborn, London, WC1V 6EA
Registered No. 01245534. VAT No. GB 232327983

Providing
assessment
services on
behalf of



Department
for Work &
Pensions

Guidance on completion of section 6

The assessment for Personal Independence Payment considers the claimant's ability to carry out a series of everyday activities as per section 6.

In this section, please provide information on the claimant's ability to carry out the relevant activities, if you are able.

Write what has been observed by yourself or another healthcare professional in relation to these listed activities. For example: self-care - "rose unaided from a chair in surgery, no bending difficulty noted"; getting around - "walks slowly with marked right sided limp using a walking stick, not breathless or very breathless when attends surgery for routine check".

Please only include observations, not opinions.

To consider when completing the form:

Here are **examples of information** that is particularly useful to us for the following conditions.

- **Respiratory conditions** including asthma and COPD - exercise tolerance, **recorded** variability, peak flow readings (including serial readings), spirometry results, treatment and compliance - prescriptions requested regularly / when was last prescription, oral steroids and hospital admissions in last 12 months.
- **Ischaemic Heart Disease** - investigations including results of formal exercise testing, exercise tolerance, clinical findings, response to treatment including nitrates, treatment compliance, hospital admissions in last 12 months.
- **Musculoskeletal conditions** - **recorded** symptoms, recorded history of falls, detailed clinical findings **including range of joint movements**, treatment including planned surgical treatment with dates, response to treatment and compliance - prescriptions requested regularly / when was last prescription.
- **Mental health conditions** - documented history of self-harm, self-neglect, detailed mental state findings, history of admissions - voluntary or compulsory, regular prescriptions and last one ordered.
- **Sensory impairment** - visual and auditory acuity.

P30296186/003268/2/5

Independent Assessment Services is a trading name of Atos IT Services UK Limited
Atos IT Services UK Limited is registered in England and Wales
Registered Office: Second Floor, MidCity Place, 71 High Holborn, London, WC1V 6EA
Registered No. 01245534. VAT No. GB 232327983

OP101

Providing
assessment
services on
behalf of



Department
for Work &
Pensions

3. Symptoms and variability

This is especially helpful in conditions that fluctuate. It should be based on information in the clinical record. Include both day-to-day and longer-term fluctuations. Include the frequency and duration of exacerbations. Please also specify if the condition is well controlled.

Seizures - variable - on average
one per week
- Struggling with control

Alcohol intake - poorly controlled

4. Relevant clinical findings

Entitlement is based on the impact of the individual's impairment or health condition(s) on their everyday life. Please provide details of examination findings related to the severity or impact of any health conditions or impairments.

Both Seizures and Alcohol dependency
are having a significant negative
impact on Patrick's life and ability
to work or manage day to day
activities.

Your GP Factual Report

325169019

Patient's name & Ref No Mr PATRICK F SOUTHERN

PW911903D

Date when patient last seen by a health professional 30/5/2022

Where and by whom Practice Nurse Aldingly Care Surgery

Notes:

- Please record relevant information based on your knowledge of the patient and their medical records.
- Please write down facts rather than opinion. We require an objective report - please only include information about symptoms that are recorded in the patient's records and information about disabling effects that you or another healthcare professional have directly observed.
- It may be helpful to your patient to enclose any relevant correspondence contained in their file - for example, recent consultant letters or letters from a Community Mental Health Team. Please ensure that any third party information is removed. Third party information is any sensitive information that refers to someone other than the patient - for example, the patient's family
- Please complete all sections as fully as possible but write "not known" if appropriate. "Not known" can be helpful.
- Relevant information is anything that relates to health conditions or disabilities which impact on the patient's functional ability.

1. Disabling conditions

Please list conditions or impairments which affect the patient's functional ability.

Epilepsy - under Neurology
Alcohol dependence - under CBT

2. History of condition(s). Include details of any relevant special investigations

Investigated under Neurology who follow him up on a regular basis
Under CBT - recent Detox but has started drinking again

5. Treatment - Current, planned, response and prognosis

Please provide details of drug and non-drug treatment and aids and appliances used (prescribed or, if known, non-prescribed). Please specify frequency of treatment and, for medication, dose as relevant.

Please see notes

6. Effects of the disabling condition(s) on day to day life

If known, it would be helpful to have information on the patient's ability to:

- Manage their health conditions and treatment
- Communicate
- Walk or move around
- Get somewhere on their own
- Make simple decisions
- Prepare, cook and eat food
- Wash, bathe and use the toilet/ manage incontinence
- Dress and undress

Only include information that has been confirmed by a health professional. Please state if this is not known.

Epilepsy + Alcohol dependence
 impact on Day to Day like
 patient manages medication
 and controlling Epilepsy.

P30296186/003268/4/5

7. Does the patient have a history of threatening or violent behaviour?

No Yes Don't know

If yes, tell us about their behaviour within the last 5 years. Use the space below at Part 9

8. Could your patient travel to an assessment centre by public transport or taxi?

Yes No Don't know

If no, please tell us why. Use the space below at Part 9

9. Additional information

Use this section if there was insufficient space in one of the previous boxes OR to add important relevant factual information that has not been written in the body of the report. Do not use the section to provide an opinion.

2012 arrested for common assault

2020 - Arrested for attempt to kill

No record of threatening or violent behaviour to surgery staff or scribe

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Your signature

Name in capitals

Dr Sean Mitchell
GMC: 7451999

Date

15 / 6 / 2022

Stamp

The Surgery
1 Ardingly Street
Brighton, BN2 1SG
Tel: 686383
Fax: 671120

GPFR PW911903D: Mr PATRICK F SOUTHERN

Page 4 of 4

Attachment
08-Jun-2022 Mr PCTItd DOCMAN (docman)
Additional: Attachment
Clinic Letter The Firs Mental Health Liason Team
Filename: D10_G81006_504333_3b6f6b1e-497b-4a26-bdbd-56edd359eb2f.TIF.XX2
Extension: .tif
Pages:

SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)

From: WRIGHT, Dylan (SPFT) <dylan.wright@spft.nhs.uk>
Sent: 09 June 2022 16:16
To: SURGERY, Ardingly Court (ARDINGLY COURT SURGERY)
Attachments: PS Assessment.pdf; PS GP letter.pdf

I have attached a copy of an assessment that I have completed on one of your patients for your information.

Regards
Dylan Wright

Clinical Nurse Specialist
Police Custodies & Magistrates Courts

Sussex Liaison & Diversion Service
Forensic Healthcare Service
Sussex Partnership NHS Foundation Trust

07388994872
Team Office (Mon-Fri): 0300 304 0714
Please note I work shifts over a 7 day rota

dylan.wright@spft.nhs.uk
dylanwright@nhs.net
Dylan.wright@sussex.police.uk




My email address has changed to @spft.nhs.uk, replacing @sussexpartnership.nhs.uk - please update your records.
Any mail sent to @sussexpartnership.nhs.uk - has been automatically forwarded to my new address so there is no need to resend it.

This message and any attachments contain confidential and privileged information. If you are not the intended recipient please accept our apologies and delete the email after advising the sender of the error. Please do not disclose copy or distribute

information in this e- mail or take any action in reliance on its contents: to do so is strictly prohibited and may be unlawful.

The information contained within it may be subject to public disclosure under the Freedom of Information Act (2000), unless it is legally exempt from disclosure.

 Save the environment - think before you print

THIRD PARTY COPY

ADULTS - MHLS Assessment

Service User Details	
Full Name:	Mr Patrick Southern
Date of Birth:	15/12/1977
NHS Number:*	6510878186
Other Identifier: [CIS ID]	1131413
Latest Address:	
Home Contact Number:	Mobile Contact Number:
Medically fit	
Medically fit to be assessed?	Yes
Presenting Complaint / History of Presenting Complaint	
Presenting Complaint:	Patrick asked to be seen in custody due to him expressing suicidal ideation
History of Presenting Complaint:	Patrick was arrested for common assault , he was intoxicated when he came into custody and has spent a number of hours in the cell sobering up.
Past Psychiatric / Medical / Family / Social / Finance / Forensic History	
Psychiatric:	Previous seen in A&E and custody Reports coming out of rehab in March where he completed a 7 month detox (Alcohol)
Working Diagnosis:	1. Alcohol dependence - has had a detox - currently abstinent. 2. Given h/o childhood trauma - complex trauma within formulation
Medical:	Reports alcoholic seizures
Family:	Living on his own though has ex-partner and they have 2 3 year old children - he has regular contact with them via phone/ video calling
Social:	Lives on his own in Kemptown - Flat is a protective factor Unemployed In receipt of benefits and has applied for PIP Has a number of girlfriends
Finance:	On Benefits
Forensic history:	Extensive forensic history - custodial sentences - offences include stabbing in his 20s.
Substance Misuse History	
Alcohol / Drugs:	Yes
Long history of alcohol dependency - Relapsed 2 months ago and embarrassed to tell key worker at CGL that he is drinking again	
Does the patient smoke cigarettes?	Don't Know