

Henderson Robert

CHI: 1104583216

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**Clinical letter - GP:**



Gartnavel General Hospital  
1053 Great Western Road  
Glasgow  
G12 0YN

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main Switchboard: 0141 211 3000  
Department: NHSGGC OPAT Service  
Contact Tel: 0141 452 3107  
Enquiries to:  
Letter Date: 11/11/2025  
Reference:  
Dictated Date: 11/11/2025  
Transcribed Date:

Dear Dear Doctor,

**Robert Henderson; D.O.B: 11/04/1958; CHI: 1104583216  
APARTMENT 18/1,PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Your patient is under the care of the Out-patient Antibiotic Therapy (OPAT) Service at the QEUH from 11/11/2025.

Referred from: Outpatient Podiatry

The diagnosis is: Diabetic Foot Infection with Osteomyelitis

Planned treatment is with complex oral therapy: Oral Co-Trimoxazole 1.44g BD to complete 6 weeks finishing on 22/12/25

Other comments: Robert has been referred to the OPAT service for treatment of Diabetic Foot Infection with Osteomyelitis and is due to start treatment today with Oral Co-Trimoxazole.

While under the OPAT service, Robert is due to attend clinic for blood monitoring and will be discussed at the OPAT MDT.

We kindly request that you start and continue the prescription of Oral Co-Trimoxazole 1.44g BD in the community 11/11/25 - 22/12/25

We will write again on completion of OPAT or if there is a further update.

Henderson Robert

CHI: 1104583216

GCL 11/11/2025 v1

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To support the delivery of care a virtual Ambulatory Interface Care (AIC) Hospital is being used to manage patients being treated both at Hospital and in the community therefore this letter does not contain a Hospital address.

Please contact the OPAT Service on 0141 452 3107 if you wish to discuss this patient.

Yours sincerely

Kay Pexton

Clinical Nurse Specialist

OPAT Team

Electronically Signed: ,

cc.

**NHS Confidential: Personal data about a patient**

 Outlook

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**RH 1104583216**

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**From** Kay Pexton (NHS Greater Glasgow and Clyde) <kay.pexton@nhs.scot>  
**Date** Tue 11/11/2025 09:58  
**To** gp40455clinical (Drs Crawford, MacNeill & Clarey) <ggc.gp40455clinical@nhs.scot>  
**Cc** Outpatient Parenteral Antimicrobial Therapy <ggc.opat@nhs.scot>

Good Morning,

Robert has been referred to the OPAT service from podiatry. There is a plan to start Oral Co-Trimoxazole 1.44g BD (BMI>30) from today please to complete 6 weeks finishing on 22/12/25.

We kindly request that you start this prescription and continue until 22/12/25. We will carry out blood monitoring on Robert and action where necessary.

Please do not hesitate to call OPAT on 0141 452 3107 if more information is required.

Thanks

Kay

*Kay Pexton*

*OPAT Clinical Nurse Specialist  
Medical Day Unit  
Queen Elizabeth University Hospital  
Govan Road  
0141 452 (8)3107*

Henderson Robert

CHI: 1104583216

**Clinic Letter**



Queen Elizabeth University Hospital  
1345 Govan Road  
Glasgow  
G51 4TF  
0141 201 1100

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Vascular Surgery  
Contact Tel: 0141 451 5945  
Enquiries to: leeann.donohoe@nhs.scot  
Letter Date: 13/11/2025  
Reference: AM/mh  
Dictated: 13/11/2025  
Date:  
Transcribed: 14/11/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Vascular Surgery; Clinic - SUVOCVA8-URGENT RAPID ACCESS VASC  
THURS PM

Date and Time of Appointment - 13/11/2025 13:30

**Clinical Comments:**

**Appointment:** New Hot Clinic.

**Referred complaint:** Ulceration left foot, hallux and third toe following trauma. Awaiting elective right foot corrective procedure under orthopaedics for non-healing ulceration. MDT discussion Tuesday 11th of November with concerns of absent pedal pulses.

Mr Henderson attended the clinic today with the above concerns and a short history of ulceration of the left foot as a result of trauma. Reassuringly pedal pulses are in fact intact and an arterial duplex today demonstrated modest disease of his anterior tibial artery, but otherwise two vessel run-off.

An x-ray performed on the 10 of November, demonstrates some lytic changes to the left third toe apex and the wound probes to bone on examination today. There is a small amount of discharge from this site also.

Mr Henderson is well in himself and I am comfortable that urgent debridement of the foot is not necessary. However, I am concerned that even with a prolonged course of antibiotics, it is unlikely that his left third toe will recover and there has been a spreading cellulitis to the forefoot that has responded to antibiotics. I have offered the option of left third toe terminalisation to control the infection process or the alternative of prolonged antibiotics.

Henderson Robert

CHI: 1104583216

OPCL 13/11/2025 v1

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With Mr Henderson's planned overseas travel at the end of the year, he would prefer a more definitive approach and we have scheduled him for left third toe terminalisation under local anaesthetic on November 21st on a same day basis. I have explained that fasting will not be required and he can remain on his regular medications.

With kind regards

Alan Meldrum

Consultant Vascular and Endovascular Surgeon

Electronically Signed: Mr Alan Meldrum, Consultant

cc.

## Registration Details - Patient No: 28166

Personal details...		Address details...	
Date of birth	11/04/1958	Post Code	G3 8HX
Sex	M	No and Street	Appt 18-1 Block A 30 Anderson Quay
Title	Mr	Town	Glasgow
Surname	Henderson	County	
Previous Surname		Village	
Forenames	Robert	House Name Flat No	
Calling Name	Robert		
Ethnic Origin			
Marital Status			
Birth Surname			

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	MainTel No	07817497109
Registered GP	Dr Roderick MacNeill	Alt Tel No	
Usual GP	Dr Roderick MacNeill	N.O.K Tel DO NOT USE	
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	1104583216		
NHS Number			

Imported user defined fields		Practice Information...	
GPASS Patient ID		Hospital Number	
Next of Kin Name and Tel	isobel 07504241867	Records At	
Contact Relationship	mother	Dispensing	
School Attending			
Welfare Contact Name			

Further Information		Upload Consent	
Long Short Dead		SCI-DC Consent	Implied Consent (default)
Date of Registration	21/10/2024		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
eCompliance Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

## Medical Record

### Problems

Active Problems		Authorised By	Code
04/04/2009	Essential hypertension	Mrs Devitt	G20
01/01/2000	Type 2 diabetes mellitus	Mrs Devitt	C10F

Past Problems		Authorised By	Code
11/11/2024	Type 2 diabetes mellitus - insulin dependent	Dr Mamet	C109-2
19/10/2020	Diastasis recti abdominis (Bilateral)	Any Wilson	N23y3
31/07/2019	Percutaneous transluminal angioplasty of artery NEC	Any Wilson	7A540
27/02/2018	Ischaemic ulcer diabetic foot (Right)	Any Wilson	M2710
31/12/2013	Amputation hallux (Right)	Any Wilson	7L080
29/06/2007	Erectile dysfunction	Any Wilson	E2273-1

**NHS Confidential: Personal data about a patient**

Health Admin Problems	Authorised By	Code
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Investigations	Authorised By	Code
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14/10/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
17/09/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
16/07/2025	<b>Urea and electrolytes</b> (Source: LAB) stable no change (ALI).	44JB.
24/06/2025	<b>Urine albumin</b> (Source: LAB) Normal - no action (GH).	46N4.
24/06/2025	<b>Urine protein test</b> (Source: LAB) Normal - no action (GH).	467..
24/06/2025	<b>Bone profile</b> (Source: LAB) normal - no action (RM).	44Z2.
24/06/2025	<b>Liver function test</b> (Source: LAB) normal - no action (RM).	44D6.
24/06/2025	<b>Serum lipids</b> (Source: LAB) satisfactory (RM).	44O..
24/06/2025	<b>Thyroid function tests</b> (Source: LAB) normal - no action (RM).	442..
24/06/2025	<b>Urea and electrolytes</b> (Source: LAB) kidney finction very marginally reduced. (RM).	44JB.
24/06/2025	<b>(Non Coded Event - HbA1C (IFCC) )</b> (Source: LAB) 40 tighter diabetes control. Will call to discuss as may need insulin adjustment.? DSN (MORAG_18830).	
24/06/2025	<b>Full blood count - FBC</b> (Source: LAB) satisfactory (RM).	424..
19/05/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
16/05/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
12/03/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
15/01/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
28/11/2024	<b>Urine albumin</b> (Source: LAB) Improved since last test (GH).	46N4.
28/11/2024	<b>Urine protein test</b> (Source: LAB) Satisfactory (GH).	467..
25/11/2024	<b>Urea and electrolytes</b> (Source: LAB) Normal/ Negative (GH).	44JB.
20/11/2024	<b>Urine albumin</b> (Source: LAB) raised - needs repeat sample within 2-3 weeks (MORAG_18830).	46N4.
20/11/2024	<b>Urine protein test</b> (Source: LAB) raised (MORAG_18830).	467..
20/11/2024	<b>(Non Coded Event - HbA1C (IFCC) )</b> (Source: LAB) Satisfactory (GH).	
20/11/2024	<b>Urea and electrolytes</b> (Source: LAB) Potassium raised. Rpt U+E (GH).	44JB.
20/11/2024	<b>Liver function test</b> (Source: LAB) Normal/ Negative (GH).	44D6.
20/11/2024	<b>Serum lipids</b> (Source: LAB) Satisfactory (GH).	44O..
20/11/2024	<b>(Non Coded Event - Prostate Specific Ag )</b> (Source: LAB) Normal/ Negative (GH).	
20/11/2024	<b>Thyroid function tests</b> (Source: LAB) Normal/ Negative (GH).	442..
20/11/2024	<b>Full blood count - FBC</b> (Source: LAB) Normal/ Negative (GH).	424..

Alerts	Authorised By	Code
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23/01/2025	<b>Alert 22/1/25</b> did not take part in bowel screening	Ms Kinnear EMISALERT
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Drug Allergies	Authorised By	Code
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None		
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Non Drug Allergies	Authorised By	Code
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None		
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Family History	Authorised By	Code
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None		
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Referrals	Authorised By	Code
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None		
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Immunisations	Authorised By	Code
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14/10/2025	<b>Administration of first inactivated seasonal influenza vacc 0556311P2/ FLUAQIV/IM/Left Arm//FLU - Adjuvanted Trivalent ( Reach Pharmacy (Finnieston) )</b>	65ED4
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Health Status	Authorised By	Code
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21/10/2024	<b>Height</b> 172.72 cm	
24/06/2025	<b>Weight</b> 97 Kg	
24/06/2025	<b>Body Mass Index</b> 32.52 kg/m2	
24/06/2025	<b>Blood pressure</b> reading 128/78 mm Hg	

21/05/2025 **Blood pressure reading O/E - BP reading**

24/06/2025 **Smoking Status Ex smoker**

21/10/2024 **Exercise grading Enjoys moderate exercise**

Other Observations	Authorised By	Code
15/07/2025 <b>SMS text sent to patient</b> Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 10:50 on Wednesday 16 of July at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.		9N3G
24/06/2025 <b>Health ed. - diet</b>	Mrs Devitt	6799
24/06/2025 <b>Health ed. - exercise</b>	Mrs Devitt	6798
24/06/2025 <b>Advice about weight</b>	Mrs Devitt	6719
24/06/2025 <b>Diabetes medication review</b>	Mrs Devitt	8B3I
24/06/2025 <b>GPPAQ physical activity index: active</b>	Mrs Devitt	138b
24/06/2025 <b>Healthy diet</b>	Mrs Devitt	1FH
24/06/2025 <b>Diabetic annual review</b>	Mrs Devitt	66AS
24/06/2025 <b>O/E - Injection sites normal</b>	Mrs Devitt	2F18
24/06/2025 <b>O/E - pulse rhythm regular</b>	Mrs Devitt	2431
24/06/2025 <b>Urine sample sent to Lab</b>	Mrs Devitt	4146
24/06/2025 <b>Blood sample taken</b>	Mrs Devitt	41D0
24/06/2025 <b>Alcohol intake within recommended sensible limits</b>	Mrs Devitt	136L
24/06/2025 <b>Ex smoker</b>	Mrs Devitt	137S
23/06/2025 <b>SMS text sent to patient</b> Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 11:15 on Tuesday 24 of June at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.		9N3G
15/04/2025 <b>Notes summary on computer</b>	Any Wilson	9344
24/01/2025 <b>SMS text sent to patient</b> DNA bowel text failed		9N3G
22/01/2025 <b>No response to bowel cancer screening programme invitation</b> Non-Responder	Ms Kinnear	9Ow2
22/01/2025 <b>No response to bowel cancer screening programme invitation</b>	Ms Kinnear	9Ow2
20/11/2024 <b>Diabetic monitoring</b>	Mrs Devitt	66A
19/11/2024 <b>SMS text sent to patient</b> Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 11:45 on Wednesday 20 of November at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.		9N3G
21/10/2024 <b>Ex smoker</b>	Ms Kinnear	137S
21/10/2024 <b>Enjoys moderate exercise</b>	Ms Kinnear	1384
21/10/2024 <b>Consent given for communication by SMS text messaging</b>	Ms Kinnear	9NdP

Consultations	
<u>03/11/2025 11:26</u>	<u>Mrs Joanne Millar at Data Entry</u> spoke to patient re consent for FULL records, happy for us to proceed, passed to CD for action
-	----
<u>31/10/2025 09:29</u>	<u>Ms Alison Martin at Data Entry</u> Full copy records request received via email from Aiker Legal solicitors- passed to Jo for action
-	----
<u>20/10/2025 10:32</u>	<u>Dr Alice Niven at Telephone Call</u> wasn't expecting call today, booked on 22nd sept. ears not sore ofr flakey anymore skin on forehead and scalp better. AK on forehead he picks off and comes back, away in Jordan next week then back for foot operation and then away again until New Year. leave AKtreatment until back in Scotland. Sun portection Medication Ketoconazole Shampoo 2 % 120 ML FOR TREATMENT APPLY TWICE WEEKLY FOR 4 WEEKS
-	----
<u>17/10/2025</u>	Administration of first inactivated seasonal influenza vacc 0556311P2/ FLUAQIV/IM/Left Arm//FLU - Adjuvanted Trivalent ( Reach Pharmacy (Finnieston) )
-	----
<u>22/09/2025 10:30</u>	<u>Dr Alice Niven at Sandyford Surgery</u> obvious seb derm around backs of ears and around nose. swollen pus-filled ear

History	canals as well. Most AK better with 12 weeks of solaraze (since May). slightly an AK at right eyebrow - no concerning features.
Comment	treat floriid seb derma nd then think about imiquimod for AK on forehead. however is going to Jordan and UAE (family there) over christmas so perhaps think about AK treatment when in scotland.
Medication	Otomize Spray 2 spray ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS Ketoconazole Shampoo 2 % 120 ML FOR TREATMENT APPLY TWICE WEEKLY FOR 4 WEEKS Zerobase Cream 11 % 500 GRAM(S) APPLY AS DIRECTED Freestyle Libre 2 Plus Sensor 4 KIT USE ONE EVERY TWO WEEKS
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18/07/2025 12:42	<u>Dr Alice Niven at Data Entry</u>
History	UE stable. on 10mg ramirpil.
-----	
16/07/2025	<u>Dr Alice Niven at General Practice Surgery</u>
Result	Urea and electrolytes stable no change (ALI)
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16/07/2025 10:42	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	Bloods taken as requested
Test Request	Urea and Electrolytes - Completed
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15/07/2025	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 10:50 on Wednesday 16 of July at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
-----	
03/07/2025 15:35	<u>Mrs Morag Devitt at Telephone Consultation</u>
Comment	Called to discuss diabetes results. No reply. Cut off and unable to leave a message. I see he has spoken with GP yesterday but not sure if diabetes discussed. Note he has diabetic clinic appt next month. Hba1c has been sitting at 40-42 since Nov 24 when we first checked here and they are aware.
-----	
02/07/2025 13:56	<u>Dr Alice Niven at Telephone Call</u>
History	NB RM input and recetn clinic letter. discussed all meds. doesn't drink much water. usually sugar free im bru and coca cola. and coffee. discussed.
Medication	Atorvastatin Tablets 20 mg 56 TABLET ONE TO BE TAKEN EACH DAY Clopidogrel Tablets 75 mg 56 TABLET ONE TO BE TAKEN EACH DAY Ramipril Capsules 10 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY Amlodipine Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY Canagliflozin Tablets 300 mg 60 TABLET ONE TO BE TAKEN EACH DAY Tresiba Penfill Solution for injection 100 units/ml, 3 ml cartridge 10 CARTRIDGE 30 UNITS ONCE A DAY Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen 5 PRE-FILLED DISPOSABLE INJECTION 14 UNITS WITH MEALS Freestyle Libre 2 Plus Sensor 4 KIT USE ONE EVERY TWO WEEKS
Test Request	Urea and Electrolytes - Requested
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26/06/2025 16:11	<u>Dr Roderick MacNeill at Data Entry</u>
Comment	TASK Could we give him a telephone appt with A GP to discuss his recent blood tests where his kidney function is just a little reduced. We would want to increase his ramipril and also consider other medicines advised by his last appointment with the diabetic foot clinic
-----	
26/06/2025 16:04	<u>Dr Roderick MacNeill at Data Entry</u>
History	GFR a little reduced. Has appt in Aug with diabetic clinic. Await their repeat. Note has proteinuria. BP is a little elevated. I think he needs to step up to 10mg Ramipril and I see that the May clinic letter recommended him starting clopidogrel and increasing the atorvastatin ! So tasked to make an appointment to code all this and initiate drug increases..
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24/06/2025	<u>Dr Roderick MacNeill at General Practice Surgery</u>
Result	Urea and electrolytes kidney function very marginally reduced. (RM) Thyroid function tests normal - no action (RM) Serum lipids satisfactory (RM) Liver function test normal - no action (RM) Bone profile normal - no action (RM)

24/06/2025	<u>Mrs Morag Devitt at General Practice Surgery</u>
Result	(Non Coded Event - HbA1C (IFCC) ) 40 tighter diabetes control. Will call to discuss as may need insulin adjustment.? DSN (MORAG_18830)
24/06/2025 11:16	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	<b>Diabetes/Hypertension A/R</b> Bp 142/78, 132/80. bloods taken and urine sent to lab. Attends diabetic clinic and foot clinic. On insulin and uses freestyle libre. Can get daily alerts of low BG trend. Worried re weight gain but on chatting tends to eat high amount sugary food to recover/prevent hypos. Discussed treating with smaller amount sugary foods and then have CHO. Also just restarted going to gym to try and build up strength. Aware this can increase hypo risk. Asking about Mounjaro. Advised against trying to access this privately due to being on insulin and tight control. Has appt with diabetic clinic in august so advised to discuss with them if it would be an option for him. Both sons have had large weight losses with it and this is what is driving him. Drinks some weeks and not others. Can be up to 30 units if is drinking. Ex smoker. Foot care by podiatrist as high risk. Is registered for MDMW but not tried to use. Keen for call with results next week. Last diabetic clinic letter mentions starting clopidogrel and increasing statin. Await bloods and speak to GP re this. Also wonder about titrating to Ramipril 10mg. Again await bloods and d/w GP.
Test Request	Bone Profile - <i>Completed</i> , Urea and Electrolytes - <i>Completed</i> , Liver Function Tests - <i>Completed</i> , Lipid profile ( inc. HDL ) - <i>Completed</i> , Thyroid function tests - <i>Completed</i> , HbA1c - <i>Completed</i> , Full Blood Count - <i>Completed</i> , Urine Albumin ( ACR or 24 hour ) - <i>Completed</i>
Examination	Blood pressure reading 128/78 mm Hg O/E - weight, 97 Kg Body Mass Index, 32.52
Social Examination	Ex smoker Diastolic blood pressure, 78 mm Hg O/E - pulse rhythm regular
Social Examination	Alcohol units per week, 15 U/week Alcohol intake within recommended sensible limits
Examination	O/E - Injection sites normal General well - being schedule, 4
Result	Blood sample taken Urine sample sent to Lab
Examination	Diabetic annual review
History	Healthy diet
Social	GPPAQ physical activity index: active
Follow up	Diabetic annual review (24/06/2026) Diabetic monitoring (24/12/2025)
Additional	Diabetes medication review Advice about weight Health ed. - exercise Health ed. - diet
23/06/2025	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 11:15 on Tuesday 24 of June at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
21/05/2025 10:54	<u>Dr Alice Niven at Sandyford Surgery</u>
History	Dizziness (lightheaded) episodes and bad shaking in right hand when stress/under pressure.
Examination	O/E - BP reading tone, power, sensation normal upper limbs. Blood pressure reading 140/80 mm Hg
Comment	intention tremor. Higher BP than we'd like but getting postural drops often. noted this with all medications for E.D as well.
Medication	Freestyle Libre 2 Plus Sensor 4 KIT USE ONE EVERY TWO WEEKS
History	AKs on forehead.
Medication	Diclofenac Sodium Gel 3 % 100 gram APPLY TO AFFECTED REGION TWICE DAILY FOR 12 WEEKS
History	weight gain despite good control of diabetes. on insulin. asking about mounjaro - needs diabetic team input as on insulin.
24/01/2025	<u>at MJog</u>
Additional	SMS text sent to patient DNA bowel text failed

22/01/2025 15:22	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Pt called back re note below, pt informed of note
22/01/2025 15:15	<u>Dr Fiona Clarey at Data Entry</u>
Comment	Had booked in for FU re doxycycline being commenced for ?osteomyelitis. No answer. However, I note he saw podiatry the day after who advised to hold off until further review and has now been seen by diabetes consultant at foot clinic. Suspicious of Charcot foot and MRI organised. Has FU with them and podiatry so will leave this in their hands.
22/01/2025 00:00	<u>Ms Lynne Kinnear at General Practice Surgery</u>
Follow up	No response to bowel cancer screening programme invitation (24/10/2024) Bowel Cancer Screening Exclusion
Comment	No response to bowel cancer screening programme invitation Non-Responder
10/01/2025 14:43	<u>Ms Alison Martin at Data Entry</u>
Comment	As per EMIS task from FC- An email request for old notes/gp summary mentioning orthopaedic information sent to prev practice Wimbledon Villiage Surgery-wimbledon.villagesurgery@nhs.net await response- delivery response received
08/01/2025 17:52	<u>Dr Fiona Clarey at Data Entry</u>
Comment	Script for doxycycline amended to twice a day by hand as had mistakenly prescribed once daily.
08/01/2025 17:02	<u>Dr Fiona Clarey at Telephone Consultation</u>
History	Phoned Robert. Discussed below and will collect abx and X-ray form in the morning. had felt a bit shivery yday but had only jusy returned from UAE and 22 hour flight so thinks may have been caused by this. Feels well today. Podiatry will be reviewing and I will phone in 2 weeks to review and see if abx to be continued and X-ray back. No allergies.
	Whilst living in London he had been on waiting list to have orthopaedic procedure on foot. Not clear what this was. Wondering how it works being transferred, would really need to get old notes and then can refer on locally.
08/01/2025 12:57	<u>Dr Fiona Clarey at Telephone Consultation</u>
History	Phoncall from Katy (podiatry). Patient seen by them with diabetic foot ulcer affecting right foot under 1st MTP joint. Ulcer looks superficial and no cellulitis but quite marked temp difference and they have a concern that could be osteomyelitis. They will keep under review and have also referred to foot protection team who will see him within 48 hours. Systemically well. Wondering if we can prescribe abx and organise X-ray. They would usually treat with 6 weeks of doxy although in some instances 2 weeks are given and then review at that point. Checked NHSGGC guidelines and advised doxycycline 100mg BD for 6 weeks. I note he has hx of amputations. No old notes so not clear if these were due to infection or vascular?
Medication	Doxycycline Hyclate Capsules 100 mg 28 capsule 1 Cap DAILY
Test Request	XR Foot Rt - Completed
Comment	MLOAM for patient to organise X-ray and abx.
08/01/2025 12:19	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	Ulcerated ulcer
19/12/2024 12:46	<u>Mrs Morag Devitt at Data Entry</u>
Comment	Coded as microalbuminuria as 2 x raised samples. On Ramipril and diabetes well controlled.
Result	Urine microalbumin positive
28/11/2024	<u>Mrs Morag Devitt at General Practice Surgery</u>
Result	Urine protein test Satisfactory (GH) Urine albumin Improved since last test (GH)
26/11/2024 12:38	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Pt informed of emis task, sample bottle in pt baskets awaiting collection

**NHS Confidential: Personal data about a patient**

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<u>26/11/2024 12:03</u>	<u>Mrs Morag Devitt at Data Entry</u>
Comment	Task to reception - Hi could we contact this patient to request a repeat urine sample please within next 2-3 weeks. There was some increased protein in urine which can happen for various reasons so a second sample is helpful to confirm/exclude.
Test Request	Urine Albumin ( ACR or 24 hour ) - <i>Requested</i>
-	----
<u>25/11/2024 16:07</u>	<u>Mrs Morag Devitt at Telephone Consultation</u>
Comment	Called to discuss hba1c. telse me this is not unusual for him. Discussed increased risk of hypos and awareness/treating. He adjusts insulin according to what he eats. Apt for diabetic clinic nnext friday so not sure if they will make changes to medication with control being so tight.
-	----
<u>25/11/2024</u>	<u>Dr Gail Henderson at General Practice Surgery</u>
Result	Urea and electrolytes Normal/ Negative (GH)
-	----
<u>25/11/2024 10:26</u>	<u>Nurse Maureen Costello at Sandyford Surgery</u>
Test Request	Urea and Electrolytes - <i>Completed</i>
-	----
<u>22/11/2024 16:23</u>	<u>Dr Alice Niven at Data Entry</u>
History	Phoned patient as lab result for k = 5.8. NB sample taken at midday and reached the lab 7am the NEXT day. No cardiac Sx. tells me this has happened before (spurious result and on rpt normal). rpt next week
Medication	Tresiba Penfill Solution for injection 100 units/ml, 3 ml cartridge 5 cartridge 30 UNITS ONCE A DAY Canagliflozin Tablets 300 mg 30 tablet ONE TO BE TAKEN EACH DAY Freestyle Libre 2 Plus Sensor 2 KIT USE ONE EVERY TWO WEEKS Ramipril Capsules 5 mg 56 capsule ONE TO BE TAKEN EACH DAY Amlodipine Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY Atorvastatin Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen 5 PRE-FILLED DISPOSABLE INJECTION 14 UNITS WITH MEALS Amlodipine Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY Atorvastatin Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY Canagliflozin Tablets 300 mg 60 TABLET ONE TO BE TAKEN EACH DAY Freestyle Libre 2 Plus Sensor 4 KIT USE ONE EVERY TWO WEEKS Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen 5 PRE-FILLED DISPOSABLE INJECTION 14 UNITS WITH MEALS Ramipril Capsules 5 mg 56 capsule ONE TO BE TAKEN EACH DAY Tresiba Penfill Solution for injection 100 units/ml, 3 ml cartridge 10 CARTRIDGE 30 UNITS ONCE A DAY
-	----
<u>21/11/2024 15:32</u>	<u>Mrs Morag Devitt at Data Entry</u>
Comment	Coded from summary sheet from previus GP for CDM. Also noted Erectile Dysfunction 29/06/2007 - told me had tried various treatments over the years but nothing was helpful and meidcation had intolerabel side effects. Also PTA 31/07/2019. Will pass to phamracist for adding medication to repeats and summariser for coding.
Problem (FIRST)	<b>Essential hypertension</b>
Problem (FIRST)	<b>Type 2 diabetes mellitus</b>
-	----
<u>20/11/2024 14:44</u>	<u>Mrs Joanne Millar at Data Entry</u>
Comment	task sent to Morag to advise summary sheet now received
-	----
<u>20/11/2024 13:00</u>	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	As per MD req pt prev surgery emailed to req med summary. Delivery report received awaiting on confirmation. Pt is needing medication and req for his meds to be on repeats
-	----
<u>20/11/2024</u>	<u>Mrs Morag Devitt at General Practice Surgery</u>
Result	Urine protein test raised (MORAG_18830) Urine albumin raised - needs repeat sample within 2-3 weeks (MORAG_18830)
-	----
<u>20/11/2024</u>	<u>Mrs Morag Devitt at General Practice Surgery</u>
Result	(Non Coded Event - HbA1C (IFCC) ) Satisfactory (GH)
-	-----

20/11/2024	Dr Gail Henderson at General Practice Surgery
Result	Thyroid function tests Normal/ Negative (GH) (Non Coded Event - Prostate Specific Ag ) Normal/ Negative (GH) Serum lipids Satisfactory (GH) Liver function test Normal/ Negative (GH) Urea and electrolytes Potassium raised. Rpt U+E (GH)
20/11/2024 12:08	Mrs Morag Devitt at Sandyford Surgery
Comment	N/P type 2 diabetes on insulin since around 2000. Medication as below. Has been attending podiatry or food ulcer and yhey have referred to QUEH diabetic clinic. He has appt an end of this month and for bloods one week prior. Advised I can do these today to save 2 hospital visits to QUEUH. Happy for this and he will contact them to advise and cancel. Urine also sent for ACR. BP 134/90, 132/80. Uses freestyle libre. Doesn't do other testing as struggled in past with callouses in fingers. Feels hbaic has been reducing since got libre. Doesn't get hypo symptoms and knows how to treat. Will be needing more medication towards end month. Asked reception to try to get summary sheet to get medication on repeats. Registered for MDMW nd keen for call next week with results and make sure medication sorted. Advised on expected diabetes care in Scotland. Will add to register when get summary sheet to confirm diagnosis date
Test Request	HbA1c - Completed, Urea and Electrolytes - Completed, Liver Function Tests - Completed, Lipid profile ( inc. HDL ) - Completed, PSA - Completed, Thyroid function tests - Completed, Full Blood Count - Completed, Urine Albumin ( ACR or 24 hour ) - Completed
Examination	O/E - BP reading Blood pressure reading 132/80 mm Hg
Follow up	Diabetic monitoring (diary entry deleted) (Not Known ) (diary entry deleted) (Not Known )
19/11/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 11:45 on Wednesday 20 of November at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
11/11/2024 10:04	Dr Helene Mamet at Face to Face Consultation
Problem (FIRST)	Type 2 diabetes mellitus - insulin dependent
History	New patient. Recently moved from London. Don't have medical records yet. Insulin-dependent diabetic - currently taking tresiba 30IU in evening and novorapid with meals (usually around 14IU). Has freestyle Libre - average BM is 5.1 over the last few weeks. Also taking dapa (though says he will sometimes omit if BM low), amlodipine 10mg, ramipril 5mg, atorva (?dose) and asa 75mg. Known to podiatry in London - 3 previous toe amputations (?due to infection or vascular). Reports at time of move team was worried about further infection and gae flucloxacillin. Tells me they had suggested course would need to be up to 10 weeks - ?evidence of osteomyelitis. Completed a 2 week course 10 days ago and noticed left foot was warm to touch today whilst dressing. Note had TC with podiatry and has F2F appt tomorrow. Feeling well otherwise. No fever or N&V. Previously has felt flu like with feet infections.
Examination	temp 36.2, sats 98% air, HR 88bpm. Both feet examined - right 4th & 5th toe amputated. Some erythema lateral border of foot with few patches of dry hard skin. No open wound or discharge from foot. Slight heat to right foot. Left foot - 5th toe amputated. Looks healthy.
Comment	Furhter fluclox and await podiatry review tomorrow. Has appt with PN for diabetes review next week.
Medication	Flucloxacillin Capsules 500 mg 80 capsule TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS
28/10/2024 17:37	Mrs Morag Devitt at Sandyford Surgery
Comment	Diabetes noted on N/P form. No medication listed. Added to recall 1/12.
Follow up	(diary entry deleted) (Not Known )

## Medication

Current	Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
	22/09/2025	Ketoconazole Shampoo 2 % FOR TREATMENT APPLY TWICE WEEKLY FOR 4 WEEKS 120 ML	20/10/2025P	Dr Alice Niven	ACUTE

02/07/2025	<b>Atorvastatin Tablets 20 mg</b> ONE TO BE TAKEN EACH DAY 56 TABLET	16/10/2025P	Dr Alice Niven	REPEAT
02/07/2025	<b>Clopidogrel Tablets 75 mg</b> ONE TO BE TAKEN EACH DAY 56 TABLET	16/10/2025P	Dr Alice Niven	REPEAT
02/07/2025	<b>Ramipril Capsules 10 mg</b> ONE TO BE TAKEN EACH DAY 56 CAPSULE	16/10/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Tresiba Penfill Solution for injection 100 units/ml, 3 ml cartridge</b> 30 UNITS ONCE A DAY 10 CARTRIDGE	25/08/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Canagliflozin Tablets 300 mg</b> ONE TO BE TAKEN EACH DAY 60 TABLET	16/10/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Freestyle Libre 2 Plus Sensor</b> USE ONE EVERY TWO WEEKS 4 KIT	22/09/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Amlodipine Tablets 10 mg</b> ONE TO BE TAKEN EACH DAY 56 TABLET	16/10/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen</b> 14 UNITS WITH MEALS 5 PRE-FILLED DISPOSABLE INJECTION	10/10/2025P	Dr Alice Niven	REPEAT

Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
22/09/2025	<b>Otomize Spray</b> ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS 2 spray	22/09/2025P	Dr Alice Niven	ACUTE
22/09/2025	<b>Zerobase Cream 11 %</b> APPLY AS DIRECTED 500 GRAM(S)	22/09/2025P	Dr Alice Niven	ACUTE
23/07/2025	<b>Diclofenac Sodium Gel 3 %</b> APPLY TO AFFECTED REGION TWICE DAILY FOR 12 WEEKS 100 gram	23/07/2025P	Dr Fiona Clarey	ACUTE
21/05/2025	<b>Diclofenac Sodium Gel 3 %</b> APPLY TO AFFECTED REGION TWICE DAILY FOR 12 WEEKS 100 gram	21/05/2025P	Dr Alice Niven	ACUTE
08/01/2025	<b>Doxycycline Hyclate Capsules 100 mg</b> 1 Cap DAILY 28 capsule	08/01/2025P	Dr Fiona Clarey	ACUTE
11/11/2024	<b>Flucloxacillin Capsules 500 mg</b> TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS 80 capsule	11/11/2024P	Dr Roderick MacNeill	ACUTE
22/11/2024	<b>Ramipril Capsules 5 mg</b> ONE TO BE TAKEN EACH DAY 56 capsule	31/03/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Atorvastatin Tablets 10 mg</b> ONE TO BE TAKEN EACH DAY 56 TABLET	31/03/2025P	Dr Alice Niven	REPEAT

Henderson Robert

CHI: 1104583216

**Clinic Letter**



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: podiatry  
Contact Tel:  
Enquiries to: Joanna.Stewart4@nhs.scot  
Letter Date: 18/11/2025  
Reference:  
Dictated 18/11/2025  
Date:  
Transcribed 18/11/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1,PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCSUPR3401D-ULCER PODIATRIST TUESDAY ALL DAY  
Date and Time of Appointment - 18/11/2025 13:00

**Follow Up:** none

**Clinical Comments:**

PODIATRY TIER 2 FOOT PROTECTION CLINIC: CCIH PARTICK

S - Patient Goals: healing of wounds. Patient advised that he is due to have his left 3rd toe amputated on Friday.

O –History: Diabetes mellitus, peripheral neuropathy, previous digital amputations of right 1st and 5th and left 4th toes. On examination dressings in situ with serous exudate at moderate levels of haemoserous exudate. Wound present on left hallux apex and nail bed. Wound measured 25mm x 22 mm, probing 0mm to soft tissue. Wound base 20% granulation& 30% slough (at apex), and 50% epithelised (at nail bed). Periwound tissue fragile. Localised erythema, no malodour and no heat present. Patient feeling systemically well.

Left 2nd toe dressing in situ with no exudate. Dry eschar present on left 2nd toe dorsum at distal inter phalangeal joint. Peri wound light callous. with no clinical signs of infection.

Left 3rd toe dressing in situ with moderate levels of haemoserous exudate. Wound present on left 3rd toe apex. Wound measured 9mm x 9mm, probing 3mm to bone. Wound base 100% granulation. Periwound tissue fragile. Localised erythema

Henderson Robert

CHI: 1104583216

OPCL 18/11/2025 v1

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Right foot checked and intact, no concerns both heels. Previous amputation of right 1st toe

Patient wearing trainers due to rain today but has multifit shoe at home

Vascular assessment carried out at MDFC 10/11/25. Pedal pulses non-palpable. Right foot pulses biphasic. Left foot pulses monophasic. Toe pressure not possible due to wound site. No reported vascular symptoms. Previous right hallux amputation.

Previous HbA1c (8/10/25) = 40mmol/mol. MDT discussion 11/11/25, see notes on Portal

Previous swab result: (5/11/25) = positive for klebsiella oxytoca sensitive to trimethoprim, co-amoxiclav, ciprofloxacin and gentamicin. Enterobacter hormaechei sensitive to trimethoprim, ciprofloxacin and gentamicin

Current antibiotics details: Under OPAT 6 week course of Co-trimoxazole 480mg (3 tablets BD), reporting no issues with tolerance

X-ray of left foot 11/11/25 has not been reported but reviewed by consultantys at MDT 11/11/25.

A –Verbal consent given for treatment today. Wounds cleansed with Prontosan. Sharp debridement carried out of wounds. Left 1st toe wound dressed with activheal aquafibre extra, sterile gauze , tubegauze and hypafix. Left 2nd toe dressed with sterile gauze, left 3rd toe dressed with inadine, layers of sterile gauze, tube gauze and hypafix. Advised to keep dressings on and dry. Advised on daily foot check. Worsening advice given including signs and symptoms of sepsis. Advised to contact Podiatry, GP or NHS 111 / A&E immediately as appropriate if any deterioration or concerns.

P – Tier 3: Vascular 21/11/25 for amputation of left 3rd toe . MDFC QUEH 24/11/25

Update vascular assessment May 2026

Update photos in 3-5 weeks

Antibiotics as above under OPAT review

Pressure redistribution as above

Maintain in tier 2 until infection settled and wounds on clear healing trajectory

Henderson Robert

CHI: 1104583216

OPCL 18/11/2025 v1

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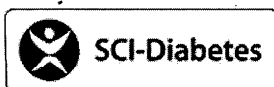
E – WIFI stage 4, assessed without toe pressure

R – Review in 6 days, tier 3 MDFC QUEH, 14 days tier 2

Joanna Stewart, Podiatrist Band 6

Electronically Signed: ,

cc. GP



West and South Glasgow Diabetes Service  
<http://www.nhsggc.org.uk/>



NHS Greater Glasgow and  
Clyde

24 NOV 2025

Drs MacNeill, Clarey & Henderson  
1119 ARGYLE ST  
GLASGOW  
G3 8ND

Consultant Diabetologist: Prof B Kennon  
Date of Clinic: 10-Nov-2025  
Date Printed: 20-Nov-2025  
Our Ref: Kennon/ss  
Enquiries to: Susan Savage  
Ext. 4516155  
E-mail: susan.savage@nhs.scot

Dear Doctor

**Name/Address:** ROBERT HENDERSON, APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY,  
GLASGOW, G3 8HX  
**Patient ID/CHI:** 1104583216  
**DOB:** 11-Apr-1958

**Date of West and South Glasgow Diabetes Service Appointment (Foot Clinic):** 10-Nov-2025

**Summary:**

I reviewed Mr Henderson at the diabetes foot clinic on 10.11.25. The following issues were addressed.

1. **TRAUMATIC ULCERATION DORSUM OF LEFT 1ST, 2ND AND 3RD TOES WITH POSSIBLE OSTEOMYELITIS OF 3RD TOE, UOT CLASS 3D:** Unfortunately, Mr Henderson had a fall and caught his foot under a gate. He developed traumatic ulceration on the dorsum of his left foot, as detailed above, and unfortunately this has become infected. We were concerned about his foot, as undoubtedly there is an ischaemic as well as neuropathic component, and it looks as if there is likely underlying bony involvement.

We have arranged urgent x-rays today to assess for osteomyelitis, but in practical terms have suggested that we treat him for this.

A wound swab has grown a klebsiella and an enterobacter and we have elected to treat him with Co-trimoxazole and refer him on to the OPAT service. We will also discuss his case at our diabetes foot MDT on 11.11.25 with a view to urgent vascular and possible orthopaedic review, as his foot may well need operative intervention.

In the interim, we have advised him to wear his pressure relieving orthosis at all times. We will amend his antibiotic therapy, as detailed above, and we have reiterated worsening advice given his foot is undoubtedly high risk.

2. **RECURRENT NEUROPATHIC ULCER RIGHT 3RD METATARSAL HEAD:** This isn't a major issue at present and Mr Henderson has been seen the orthopaedic surgeons and they are planning corrective surgery. He had been seen for a pre-op assessment and I think was due to be admitted later this week, however we felt that in view of his acute active issues on the left-hand side, we should make sure these are treated prior to any form of additional elective surgery on his right foot. There is no doubt that if he were to have corrective intervention on this foot, he would be taking more pressure on the other side, and this clearly wouldn't be advisable while he has active ulceration and infection.

3. **GLYCAEMIC CONTROL:** Mr Henderson's overall glycaemic control is excellent with an HbA1c of 41 mmol/mol. This isn't at the expense of hypoglycaemia and therefore I have left his therapy unchanged at present, albeit there would be scope to gradually cut back on his insulin doses.

Headquarters:  
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,  
Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: Dr Lesley Thomson KC

NHS Greater Glasgow and Clyde

West and South Glasgow Diabetes Service

Patient: HENDERSON,  
ROBERT

Patient ID/CHI: 1104583216

4. **CARDIOVASCULAR RISK:** This wasn't specifically addressed today. He is already on cardioprotective therapies in the form of statin, anti-platelet and ACE inhibitor, and his cardiovascular risk factors are reasonably well controlled.

Given these ongoing concerns with his foot, I will arrange to see him back in two weeks' time, albeit he is likely to have urgent vascular in the near future in any case. He will also continue to have community podiatry review.

**Foot Clinic Next Review:**

Yours sincerely

Prof Brian Kennon  
Consultant Diabetologist

This letter has been electronically verified and signed by the above

Headquarters:  
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,  
Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: Dr Lesley Thomson KC

NHS Greater Glasgow and Clyde  West and South Glasgow Diabetes Service	Patient: HENDERSON, ROBERT  Patient ID/CHI: 1104583216
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**PATIENT NAME:** ROBERT HENDERSON **DOB:** 11-Apr-1958  
**PATIENT ADDRESS:** APARTMENT 18/1 **Patient ID/CHI:** 1104583216  
 PLATFORM BLOCK A **CONTACT DATE:** 10-Nov-2025  
 30 ANDERSTON QUAY  
 G3 8HX

Active Foot Ulcers					
Location	Start Date	Causative Factors	*Grading	Infection	Dressing*
Please check free text letter content above.					

\*Grading: TexI = Initial Texas Score, TexC = Current Texas Score, EPU = Scottish Adaptation of the European Pressure Ulcer Classification  
 \*Dressing: P = Primary, S = Secondary, O = Outer

Foot Summary	Right	Left
Amputation	31-Dec-2013 Digit/ Metatarsal of Foot - Side Unknown	31-Dec-2013 Digit/ Metatarsal of Foot - Side Unknown
Protective Sensation		
Peripheral Pulses		

General			
HbA1c	10-Nov-2025 41 mmol/mol	Cholesterol	10-Nov-2025 4 mmol/L
Blood Pressure	10-Nov-2025 146 / 84 mmHg	Smoking Status	24-Jun-2025 Ex-smoker
eGFR	18-Nov-2025 50 ml/min		

Medication (determined from primary care prescribing data received in the last 4 months)			
Statin	10-Nov-2025 Atorvastatin		
AT2 Antagonist	AT2 Not Prescribed	ACE Inhibitor	10-Nov-2025 Ramipril

Recommended Antibiotic Therapy					
Start Date	Antibiotic Name	Dosage	Type	Frequency	Recommended Total Duration
Please check free text letter content above.					

New Pressure Management	Right	Left
Please check free text letter content above.		

Current Pressure Management	Right	Left
Please check free text letter content above.		

Other Actions (added at this clinic visit)
Please check free text letter content above.

Headquarters:  
 NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,  
 Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: Dr Lesley Thomson KC

## Registration Details - Patient No: 28166

Personal details...		Address details...	
Date of birth	11/04/1958	Post Code	G3 8HX
Sex	M	No and Street	Appt 18-1 Block A 30 Anderson Quay
Title	Mr	Town	Glasgow
Surname	Henderson	County	
Previous Surname		Village	
Forenames	Robert	House Name Flat No	
Calling Name	Robert		
Ethnic Origin			
Marital Status			
Birth Surname			

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	MainTel No	07817497109
Registered GP	Dr Roderick MacNeill	Alt Tel No	
Usual GP	Dr Roderick MacNeill	N.O.K Tel DO NOT USE	
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	1104583216		
NHS Number			

Imported user defined fields		Practice Information...	
GPASS Patient ID		Hospital Number	
Next of Kin Name and Tel	isobel 07504241867	Records At	
Contact Relationship	mother	Dispensing	
School Attending			
Welfare Contact Name			

Further Information		Upload Consent	
Long Short Dead		SCI-DC Consent	Implied Consent (default)
Date of Registration	21/10/2024		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
eCompliance Check	No		
MCR Suitability Status	-1		
MCR Registration Status	1		

## Medical Record

### Problems

Active Problems		Authorised By	Code
04/04/2009	Essential hypertension	Mrs Devitt	G20
01/01/2000	Type 2 diabetes mellitus	Mrs Devitt	C10F

Past Problems		Authorised By	Code
11/11/2024	Type 2 diabetes mellitus - insulin dependent	Dr Mamet	C109-2
19/10/2020	Diastasis recti abdominis (Bilateral)	Any Wilson	N23y3
31/07/2019	Percutaneous transluminal angioplasty of artery NEC	Any Wilson	7A540
27/02/2018	Ischaemic ulcer diabetic foot (Right)	Any Wilson	M2710
31/12/2013	Amputation hallux (Right)	Any Wilson	7L080
29/06/2007	Erectile dysfunction	Any Wilson	E2273-1

**NHS Confidential: Personal data about a patient**

Health Admin Problems	Authorised By	Code
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Investigations	Authorised By	Code
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14/10/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
17/09/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
16/07/2025	<b>Urea and electrolytes</b> (Source: LAB) stable no change (ALI).	44JB.
24/06/2025	<b>Urine albumin</b> (Source: LAB) Normal - no action (GH).	46N4.
24/06/2025	<b>Urine protein test</b> (Source: LAB) Normal - no action (GH).	467..
24/06/2025	<b>Bone profile</b> (Source: LAB) normal - no action (RM).	44Z2.
24/06/2025	<b>Liver function test</b> (Source: LAB) normal - no action (RM).	44D6.
24/06/2025	<b>Serum lipids</b> (Source: LAB) satisfactory (RM).	44O..
24/06/2025	<b>Thyroid function tests</b> (Source: LAB) normal - no action (RM).	442..
24/06/2025	<b>Urea and electrolytes</b> (Source: LAB) kidney finction very marginally reduced. (RM).	44JB.
24/06/2025	<b>(Non Coded Event - HbA1C (IFCC) )</b> (Source: LAB) 40 tighter diabetes control. Will call to discuss as may need insulin adjustment.? DSN (MORAG_18830).	
24/06/2025	<b>Full blood count - FBC</b> (Source: LAB) satisfactory (RM).	424..
19/05/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
16/05/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
12/03/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
15/01/2025	<b>GMS Contract Back Population</b> (Source: Manually filed) .	
28/11/2024	<b>Urine albumin</b> (Source: LAB) Improved since last test (GH).	46N4.
28/11/2024	<b>Urine protein test</b> (Source: LAB) Satisfactory (GH).	467..
25/11/2024	<b>Urea and electrolytes</b> (Source: LAB) Normal/ Negative (GH).	44JB.
20/11/2024	<b>Urine albumin</b> (Source: LAB) raised - needs repeat sample within 2-3 weeks (MORAG_18830).	46N4.
20/11/2024	<b>Urine protein test</b> (Source: LAB) raised (MORAG_18830).	467..
20/11/2024	<b>(Non Coded Event - HbA1C (IFCC) )</b> (Source: LAB) Satisfactory (GH).	
20/11/2024	<b>Urea and electrolytes</b> (Source: LAB) Potassium raised. Rpt U+E (GH).	44JB.
20/11/2024	<b>Liver function test</b> (Source: LAB) Normal/ Negative (GH).	44D6.
20/11/2024	<b>Serum lipids</b> (Source: LAB) Satisfactory (GH).	44O..
20/11/2024	<b>(Non Coded Event - Prostate Specific Ag )</b> (Source: LAB) Normal/ Negative (GH).	
20/11/2024	<b>Thyroid function tests</b> (Source: LAB) Normal/ Negative (GH).	442..
20/11/2024	<b>Full blood count - FBC</b> (Source: LAB) Normal/ Negative (GH).	424..

Alerts	Authorised By	Code
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23/01/2025	<b>Alert 22/1/25</b> did not take part in bowel screening	Ms Kinnear EMISALERT
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Drug Allergies	Authorised By	Code
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None		
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Non Drug Allergies	Authorised By	Code
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None		
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Family History	Authorised By	Code
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None		
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Referrals	Authorised By	Code
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None		
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Immunisations	Authorised By	Code
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14/10/2025	<b>Administration of first inactivated seasonal influenza vacc 0556311P2/ FLUAQIV/IM/Left Arm//FLU - Adjuvanted Trivalent ( Reach Pharmacy (Finnieston) )</b>	65ED4
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Health Status	Authorised By	Code
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21/10/2024	<b>Height</b> 172.72 cm	
24/06/2025	<b>Weight</b> 97 Kg	
24/06/2025	<b>Body Mass Index</b> 32.52 kg/m2	
24/06/2025	<b>Blood pressure</b> reading 128/78 mm Hg	

21/05/2025 **Blood pressure reading O/E - BP reading**

24/06/2025 **Smoking Status Ex smoker**

21/10/2024 **Exercise grading Enjoys moderate exercise**

Other Observations	Authorised By	Code
15/07/2025 <b>SMS text sent to patient</b> Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 10:50 on Wednesday 16 of July at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.		9N3G
24/06/2025 <b>Health ed. - diet</b>	Mrs Devitt	6799
24/06/2025 <b>Health ed. - exercise</b>	Mrs Devitt	6798
24/06/2025 <b>Advice about weight</b>	Mrs Devitt	6719
24/06/2025 <b>Diabetes medication review</b>	Mrs Devitt	8B3I
24/06/2025 <b>GPPAQ physical activity index: active</b>	Mrs Devitt	138b
24/06/2025 <b>Healthy diet</b>	Mrs Devitt	1FH
24/06/2025 <b>Diabetic annual review</b>	Mrs Devitt	66AS
24/06/2025 <b>O/E - Injection sites normal</b>	Mrs Devitt	2F18
24/06/2025 <b>O/E - pulse rhythm regular</b>	Mrs Devitt	2431
24/06/2025 <b>Urine sample sent to Lab</b>	Mrs Devitt	4146
24/06/2025 <b>Blood sample taken</b>	Mrs Devitt	41D0
24/06/2025 <b>Alcohol intake within recommended sensible limits</b>	Mrs Devitt	136L
24/06/2025 <b>Ex smoker</b>	Mrs Devitt	137S
23/06/2025 <b>SMS text sent to patient</b> Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 11:15 on Tuesday 24 of June at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.		9N3G
15/04/2025 <b>Notes summary on computer</b>	Any Wilson	9344
24/01/2025 <b>SMS text sent to patient</b> DNA bowel text failed		9N3G
22/01/2025 <b>No response to bowel cancer screening programme invitation</b> Non-Responder	Ms Kinnear	9Ow2
22/01/2025 <b>No response to bowel cancer screening programme invitation</b>	Ms Kinnear	9Ow2
20/11/2024 <b>Diabetic monitoring</b>	Mrs Devitt	66A
19/11/2024 <b>SMS text sent to patient</b> Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 11:45 on Wednesday 20 of November at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.		9N3G
21/10/2024 <b>Ex smoker</b>	Ms Kinnear	137S
21/10/2024 <b>Enjoys moderate exercise</b>	Ms Kinnear	1384
21/10/2024 <b>Consent given for communication by SMS text messaging</b>	Ms Kinnear	9NdP

Consultations	
03/11/2025 11:26	<u>Mrs Joanne Millar at Data Entry</u> spoke to patient re consent for FULL records, happy for us to proceed, passed to CD for action
31/10/2025 09:29	<u>Ms Alison Martin at Data Entry</u> Full copy records request received via email from Aiker Legal solicitors- passed to Jo for action
20/10/2025 10:32	<u>Dr Alice Niven at Telephone Call</u> wasn't expecting call today. booked on 22nd sept. ears not sore ofr flakey anymore skin on forehead and scalp better. AK on forehead he picks off and comes back. away in Jordan next week then back for foot operation and then away again until New Year. leave AKtreatment until back in Scotland. Sun portection Ketoconazole Shampoo 2 % 120 ML FOR TREATMENT APPLY TWICE WEEKLY FOR 4 WEEKS
17/10/2025	Administration of first inactivated seasonal influenza vacc 0556311P2/ FLUAQIV/IM/Left Arm//FLU - Adjuvanted Trivalent ( Reach Pharmacy (Finnieston) )
22/09/2025 10:30	<u>Dr Alice Niven at Sandyford Surgery</u> obvious seb derm around backs of ears and around nose. swollen pus-filled ear

History	canals as well. Most AK better with 12 weeks of solaraze (since May). slightly an AK at right eyebrow - no concerning features.
Comment	treat floriid seb derma nd then think about imiquimod for AK on forehead. however is going to Jordan and UAE (family there) over christmas so perhaps think about AK treatment when in scotland.
Medication	Otomize Spray 2 spray ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS Ketoconazole Shampoo 2 % 120 ML FOR TREATMENT APPLY TWICE WEEKLY FOR 4 WEEKS Zerobase Cream 11 % 500 GRAM(S) APPLY AS DIRECTED Freestyle Libre 2 Plus Sensor 4 KIT USE ONE EVERY TWO WEEKS
-----	
18/07/2025 12:42	<u>Dr Alice Niven at Data Entry</u>
History	UE stable. on 10mg ramipril.
-----	
16/07/2025	<u>Dr Alice Niven at General Practice Surgery</u>
Result	Urea and electrolytes stable no change (ALI)
-----	
16/07/2025 10:42	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	Bloods taken as requested
Test Request	Urea and Electrolytes - Completed
-----	
15/07/2025	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 10:50 on Wednesday 16 of July at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
-----	
03/07/2025 15:35	<u>Mrs Morag Devitt at Telephone Consultation</u>
Comment	Called to discuss diabetes results. No reply. Cut off and unable to leave a message. I see he has spoken with GP yesterday but not sure if diabetes discussed. Note he has diabetic clinic appt next month. Hba1c has been sitting at 40-42 since Nov 24 when we first checked here and they are aware.
-----	
02/07/2025 13:56	<u>Dr Alice Niven at Telephone Call</u>
History	NB RM input and recetn clinic letter. discussed all meds. doesn't drink much water. usually sugar free im bru and coca cola. and coffee. discussed.
Medication	Atorvastatin Tablets 20 mg 56 TABLET ONE TO BE TAKEN EACH DAY Clopidogrel Tablets 75 mg 56 TABLET ONE TO BE TAKEN EACH DAY Ramipril Capsules 10 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY Amlodipine Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY Canagliflozin Tablets 300 mg 60 TABLET ONE TO BE TAKEN EACH DAY Tresiba Penfill Solution for injection 100 units/ml, 3 ml cartridge 10 CARTRIDGE 30 UNITS ONCE A DAY Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen 5 PRE-FILLED DISPOSABLE INJECTION 14 UNITS WITH MEALS Freestyle Libre 2 Plus Sensor 4 KIT USE ONE EVERY TWO WEEKS
Test Request	Urea and Electrolytes - Requested
-----	
26/06/2025 16:11	<u>Dr Roderick MacNeill at Data Entry</u>
Comment	TASK Could we give him a telephone appt with A GP to discuss his recent blood tests where his kidney function is just a little reduced. We would want to increase his ramipril and also consider other medicines advised by his last appointment with the diabetic foot clinic
-----	
26/06/2025 16:04	<u>Dr Roderick MacNeill at Data Entry</u>
History	GFR a little reduced. Has appt in Aug with diabetic clinic. Await their repeat. Note has proteinuria. BP is a little elevated. I think he needs to step up to 10mg Ramipril and I see that the May clinic letter recommended him starting clopidogrel and increasing the atorvastatin ! So tasked to make an appointment to code all this and initiate drug increases..
-----	
24/06/2025	<u>Dr Roderick MacNeill at General Practice Surgery</u>
Result	Urea and electrolytes kidney function very marginally reduced. (RM) Thyroid function tests normal - no action (RM) Serum lipids satisfactory (RM) Liver function test normal - no action (RM) Bone profile normal - no action (RM)

24/06/2025	<u>Mrs Morag Devitt at General Practice Surgery</u>
Result	(Non Coded Event - HbA1C (IFCC) ) 40 tighter diabetes control. Will call to discuss as may need insulin adjustment.? DSN (MORAG_18830)
24/06/2025 11:16	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	<b>Diabetes/Hypertension A/R</b> Bp 142/78, 132/80. bloods taken and urine sent to lab. Attends diabetic clinic and foot clinic. On insulin and uses freestyle libre. Can get daily alerts of low BG trend. Worried re weight gain but on chatting tends to eat high amount sugary food to recover/prevent hypos. Discussed treating with smaller amount sugary foods and then have CHO. Also just restarted going to gym to try and build up strength. Aware this can increase hypo risk. Asking about Mounjaro. Advised against trying to access this privately due to being on insulin and tight control. Has appt with diabetic clinic in august so advised to discuss with them if it would be an option for him. Both sons have had large weight losses with it and this is what is driving him. Drinks some weeks and not others. Can be up to 30 units if is drinking. Ex smoker. Foot care by podiatrist as high risk. Is registered for MDMW but not tried to use. Keen for call with results next week. Last diabetic clinic letter mentions starting clopidogrel and increasing statin. Await bloods and speak to GP re this. Also wonder about titrating to Ramipril 10mg. Again await bloods and d/w GP.
Test Request	Bone Profile - <i>Completed</i> , Urea and Electrolytes - <i>Completed</i> , Liver Function Tests - <i>Completed</i> , Lipid profile ( inc. HDL ) - <i>Completed</i> , Thyroid function tests - <i>Completed</i> , HbA1c - <i>Completed</i> , Full Blood Count - <i>Completed</i> , Urine Albumin ( ACR or 24 hour ) - <i>Completed</i>
Examination	Blood pressure reading 128/78 mm Hg O/E - weight, 97 Kg Body Mass Index, 32.52
Social Examination	Ex smoker Diastolic blood pressure, 78 mm Hg O/E - pulse rhythm regular
Social Examination	Alcohol units per week, 15 U/week Alcohol intake within recommended sensible limits
Examination	O/E - Injection sites normal General well - being schedule, 4
Result	Blood sample taken Urine sample sent to Lab
Examination	Diabetic annual review
History	Healthy diet
Social	GPPAQ physical activity index: active
Follow up	Diabetic annual review (24/06/2026) Diabetic monitoring (24/12/2025)
Additional	Diabetes medication review Advice about weight Health ed. - exercise Health ed. - diet
23/06/2025	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 11:15 on Tuesday 24 of June at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
21/05/2025 10:54	<u>Dr Alice Niven at Sandyford Surgery</u>
History	Dizziness (lightheaded) episodes and bad shaking in right hand when stress/under pressure.
Examination	O/E - BP reading tone, power, sensation normal upper limbs. Blood pressure reading 140/80 mm Hg
Comment	intention tremor. Higher BP than we'd like but getting postural drops often. noted this with all medications for E.D as well.
Medication	Freestyle Libre 2 Plus Sensor 4 KIT USE ONE EVERY TWO WEEKS
History	AKs on forehead.
Medication	Diclofenac Sodium Gel 3 % 100 gram APPLY TO AFFECTED REGION TWICE DAILY FOR 12 WEEKS
History	weight gain despite good control of diabetes. on insulin. asking about mounjaro - needs diabetic team input as on insulin.
24/01/2025	<u>at MJog</u>
Additional	SMS text sent to patient DNA bowel text failed

22/01/2025 15:22	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Pt called back re note below, pt informed of note
22/01/2025 15:15	<u>Dr Fiona Clarey at Data Entry</u>
Comment	Had booked in for FU re doxycycline being commenced for ?osteomyelitis. No answer. However, I note he saw podiatry the day after who advised to hold off until further review and has now been seen by diabetes consultant at foot clinic. Suspicious of Charcot foot and MRI organised. Has FU with them and podiatry so will leave this in their hands.
22/01/2025 00:00	<u>Ms Lynne Kinnear at General Practice Surgery</u>
Follow up	No response to bowel cancer screening programme invitation (24/10/2024) Bowel Cancer Screening Exclusion
Comment	No response to bowel cancer screening programme invitation Non-Responder
10/01/2025 14:43	<u>Ms Alison Martin at Data Entry</u>
Comment	As per EMIS task from FC- An email request for old notes/gp summary mentioning orthopaedic information sent to prev practice Wimbledon Villiage Surgery-wimbledon.villagesurgery@nhs.net await response- delivery response received
08/01/2025 17:52	<u>Dr Fiona Clarey at Data Entry</u>
Comment	Script for doxycycline amended to twice a day by hand as had mistakenly prescribed once daily.
08/01/2025 17:02	<u>Dr Fiona Clarey at Telephone Consultation</u>
History	Phoned Robert. Discussed below and will collect abx and X-ray form in the morning. had felt a bit shivery yday but had only jusy returned from UAE and 22 hour flight so thinks may have been caused by this. Feels well today. Podiatry will be reviewing and I will phone in 2 weeks to review and see if abx to be continued and X-ray back. No allergies.
	Whilst living in London he had been on waiting list to have orthopaedic procedure on foot. Not clear what this was. Wondering how it works being transferred, would really need to get old notes and then can refer on locally.
08/01/2025 12:57	<u>Dr Fiona Clarey at Telephone Consultation</u>
History	Phoncall from Katy (podiatry). Patient seen by them with diabetic foot ulcer affecting right foot under 1st MTP joint. Ulcer looks superficial and no cellulitis but quite marked temp difference and they have a concern that could be osteomyelitis. They will keep under review and have also referred to foot protection team who will see him within 48 hours. Systemically well. Wondering if we can prescribe abx and organise X-ray. They would usually treat with 6 weeks of doxy although in some instances 2 weeks are given and then review at that point. Checked NHSGGC guidelines and advised doxycycline 100mg BD for 6 weeks. I note he has hx of amputations. No old notes so not clear if these were due to infection or vascular?
Medication	Doxycycline Hyclate Capsules 100 mg 28 capsule 1 Cap DAILY
Test Request	XR Foot Rt - <i>Completed</i>
Comment	MLOAM for patient to organise X-ray and abx.
08/01/2025 12:19	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	Ulcerated ulcer
19/12/2024 12:46	<u>Mrs Morag Devitt at Data Entry</u>
Comment	Coded as microalbuminuria as 2 x raised samples. On Ramipril and diabetes well controlled.
Result	Urine microalbumin positive
28/11/2024	<u>Mrs Morag Devitt at General Practice Surgery</u>
Result	Urine protein test Satisfactory (GH) Urine albumin Improved since last test (GH)
26/11/2024 12:38	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Pt informed of emis task, sample bottle in pt baskets awaiting collection

**NHS Confidential: Personal data about a patient**

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<u>26/11/2024 12:03</u>	<u>Mrs Morag Devitt at Data Entry</u>
Comment	Task to reception - Hi could we contact this patient to request a repeat urine sample please within next 2-3 weeks. There was some increased protein in urine which can happen for various reasons so a second sample is helpful to confirm/exclude.
Test Request	Urine Albumin ( ACR or 24 hour ) - <i>Requested</i>
-	----
<u>25/11/2024 16:07</u>	<u>Mrs Morag Devitt at Telephone Consultation</u>
Comment	Called to discuss hba1c. telse me this is not unusual for him. Discussed increased risk of hypos and awareness/treating. He adjusts insulin according to what he eats. Apt for diabetic clinic nnext friday so not sure if they will make changes to medication with control being so tight.
-	----
<u>25/11/2024</u>	<u>Dr Gail Henderson at General Practice Surgery</u>
Result	Urea and electrolytes Normal/ Negative (GH)
-	----
<u>25/11/2024 10:26</u>	<u>Nurse Maureen Costello at Sandyford Surgery</u>
Test Request	Urea and Electrolytes - <i>Completed</i>
-	----
<u>22/11/2024 16:23</u>	<u>Dr Alice Niven at Data Entry</u>
History	Phoned patient as lab result for k = 5.8. NB sample taken at midday and reached the lab 7am the NEXT day. No cardiac Sx. tells me this has happened before (spurious result and on rpt normal). rpt next week
Medication	Tresiba Penfill Solution for injection 100 units/ml, 3 ml cartridge 5 cartridge 30 UNITS ONCE A DAY Canagliflozin Tablets 300 mg 30 tablet ONE TO BE TAKEN EACH DAY Freestyle Libre 2 Plus Sensor 2 KIT USE ONE EVERY TWO WEEKS Ramipril Capsules 5 mg 56 capsule ONE TO BE TAKEN EACH DAY Amlodipine Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY Atorvastatin Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen 5 PRE-FILLED DISPOSABLE INJECTION 14 UNITS WITH MEALS Amlodipine Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY Atorvastatin Tablets 10 mg 56 TABLET ONE TO BE TAKEN EACH DAY Canagliflozin Tablets 300 mg 60 TABLET ONE TO BE TAKEN EACH DAY Freestyle Libre 2 Plus Sensor 4 KIT USE ONE EVERY TWO WEEKS Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen 5 PRE-FILLED DISPOSABLE INJECTION 14 UNITS WITH MEALS Ramipril Capsules 5 mg 56 capsule ONE TO BE TAKEN EACH DAY Tresiba Penfill Solution for injection 100 units/ml, 3 ml cartridge 10 CARTRIDGE 30 UNITS ONCE A DAY
-	----
<u>21/11/2024 15:32</u>	<u>Mrs Morag Devitt at Data Entry</u>
Comment	Coded from summary sheet from previus GP for CDM. Also noted Erectile Dysfunction 29/06/2007 - told me had tried various treatments over the years but nothing was helpful and meidcation had intolerabel side effects. Also PTA 31/07/2019. Will pass to phamracist for adding medication to repeats and summariser for coding.
Problem (FIRST)	<b>Essential hypertension</b>
Problem (FIRST)	<b>Type 2 diabetes mellitus</b>
-	----
<u>20/11/2024 14:44</u>	<u>Mrs Joanne Millar at Data Entry</u>
Comment	task sent to Morag to advise summary sheet now received
-	----
<u>20/11/2024 13:00</u>	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	As per MD req pt prev surgery emailed to req med summary. Delivery report received awaiting on confirmation. Pt is needing medication and req for his meds to be on repeats
-	----
<u>20/11/2024</u>	<u>Mrs Morag Devitt at General Practice Surgery</u>
Result	Urine protein test raised (MORAG_18830) Urine albumin raised - needs repeat sample within 2-3 weeks (MORAG_18830)
-	----
<u>20/11/2024</u>	<u>Mrs Morag Devitt at General Practice Surgery</u>
Result	(Non Coded Event - HbA1C (IFCC) ) Satisfactory (GH)
-	-----

20/11/2024	Dr Gail Henderson at General Practice Surgery
Result	Thyroid function tests Normal/ Negative (GH) (Non Coded Event - Prostate Specific Ag ) Normal/ Negative (GH) Serum lipids Satisfactory (GH) Liver function test Normal/ Negative (GH) Urea and electrolytes Potassium raised. Rpt U+E (GH)
20/11/2024 12:08	Mrs Morag Devitt at Sandyford Surgery
Comment	N/P type 2 diabetes on insulin since around 2000. Medication as below. Has been attending podiatry or food ulcer and yhey have referred to QUEH diabetic clinic. He has appt an end of this month and for bloods one week prior. Advised I can do these today to save 2 hospital visits to QUEH. Happy for this and he will contact them to advise and cancel. Urine also sent for ACR. BP 134/90, 132/80. Uses freestyle libre. Doesn't do other testing as struggled in past with callouses in fingers. Feels hbaic has been reducing since got libre. Doesn't get hypo symptoms and knows how to treat. Will be needing more medication towards end month. Asked reception to try to get summary sheet to get medication on repeats. Registered for MDMW nd keen for call next week with results and make sure medication sorted. Advised on expected diabetes care in Scotland. Will add to register when get summary sheet to confirm diagnosis date
Test Request	HbA1c - Completed, Urea and Electrolytes - Completed, Liver Function Tests - Completed, Lipid profile ( inc. HDL ) - Completed, PSA - Completed, Thyroid function tests - Completed, Full Blood Count - Completed, Urine Albumin ( ACR or 24 hour ) - Completed
Examination	O/E - BP reading Blood pressure reading 132/80 mm Hg
Follow up	Diabetic monitoring (diary entry deleted) (Not Known ) (diary entry deleted) (Not Known )
19/11/2024	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Robert Henderson Don't forget your appointment at 11:45 on Wednesday 20 of November at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
11/11/2024 10:04	Dr Helene Mamet at Face to Face Consultation
Problem (FIRST)	Type 2 diabetes mellitus - insulin dependent
History	New patient. Recently moved from London. Don't have medical records yet. Insulin-dependent diabetic - currently taking tresiba 30IU in evening and novorapid with meals (usually around 14IU). Has freestyle Libre - average BM is 5.1 over the last few weeks. Also taking dapa (though says he will sometimes omit if BM low), amlodipine 10mg, ramipril 5mg, atorva (?dose) and asa 75mg. Known to podiatry in London - 3 previous toe amputations (?due to infection or vascular). Reports at time of move team was worried about further infection and gae flucloxacillin. Tells me they had suggested course would need to be up to 10 weeks - ?evidence of osteomyelitis. Completed a 2 week course 10 days ago and noticed left foot was warm to touch today whilst dressing. Note had TC with podiatry and has F2F appt tomorrow. Feeling well otherwise. No fever or N&V. Previously has felt flu like with feet infections.
Examination	temp 36.2, sats 98% air, HR 88bpm. Both feet examined - right 4th & 5th toe amputated. Some erythema lateral border of foot with few patches of dry hard skin. No open wound or discharge from foot. Slight heat to right foot. Left foot - 5th toe amputated. Looks healthy.
Comment	Furhter fluclox and await podiatry review tomorrow. Has appt with PN for diabetes review next week.
Medication	Flucloxacillin Capsules 500 mg 80 capsule TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS
28/10/2024 17:37	Mrs Morag Devitt at Sandyford Surgery
Comment	Diabetes noted on N/P form. No medication listed. Added to recall 1/12.
Follow up	(diary entry deleted) (Not Known )

## Medication

Current	Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
	22/09/2025	Ketoconazole Shampoo 2 % FOR TREATMENT APPLY TWICE WEEKLY FOR 4 WEEKS 120 ML	20/10/2025P	Dr Alice Niven	ACUTE

02/07/2025	<b>Atorvastatin Tablets 20 mg</b> ONE TO BE TAKEN EACH DAY 56 TABLET	16/10/2025P	Dr Alice Niven	REPEAT
02/07/2025	<b>Clopidogrel Tablets 75 mg</b> ONE TO BE TAKEN EACH DAY 56 TABLET	16/10/2025P	Dr Alice Niven	REPEAT
02/07/2025	<b>Ramipril Capsules 10 mg</b> ONE TO BE TAKEN EACH DAY 56 CAPSULE	16/10/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Tresiba Penfill Solution for injection 100 units/ml, 3 ml cartridge</b> 30 UNITS ONCE A DAY 10 CARTRIDGE	25/08/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Canagliflozin Tablets 300 mg</b> ONE TO BE TAKEN EACH DAY 60 TABLET	16/10/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Freestyle Libre 2 Plus Sensor</b> USE ONE EVERY TWO WEEKS 4 KIT	22/09/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Amlodipine Tablets 10 mg</b> ONE TO BE TAKEN EACH DAY 56 TABLET	16/10/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Novorapid Flexpen Solution for injection 100 units/ml, 3 ml pre-filled pen</b> 14 UNITS WITH MEALS 5 PRE-FILLED DISPOSABLE INJECTION	10/10/2025P	Dr Alice Niven	REPEAT

Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
22/09/2025	<b>Otomize Spray</b> ONE SPRAY INTO AFFECTED EAR(S) THREE TIMES A DAY FOR 7 DAYS 2 spray	22/09/2025P	Dr Alice Niven	ACUTE
22/09/2025	<b>Zerobase Cream 11 %</b> APPLY AS DIRECTED 500 GRAM(S)	22/09/2025P	Dr Alice Niven	ACUTE
23/07/2025	<b>Diclofenac Sodium Gel 3 %</b> APPLY TO AFFECTED REGION TWICE DAILY FOR 12 WEEKS 100 gram	23/07/2025P	Dr Fiona Clarey	ACUTE
21/05/2025	<b>Diclofenac Sodium Gel 3 %</b> APPLY TO AFFECTED REGION TWICE DAILY FOR 12 WEEKS 100 gram	21/05/2025P	Dr Alice Niven	ACUTE
08/01/2025	<b>Doxycycline Hyclate Capsules 100 mg</b> 1 Cap DAILY 28 capsule	08/01/2025P	Dr Fiona Clarey	ACUTE
11/11/2024	<b>Flucloxacillin Capsules 500 mg</b> TWO TO BE TAKEN FOUR TIMES A DAY FOR 10 DAYS 80 capsule	11/11/2024P	Dr Roderick MacNeill	ACUTE
22/11/2024	<b>Ramipril Capsules 5 mg</b> ONE TO BE TAKEN EACH DAY 56 capsule	31/03/2025P	Dr Alice Niven	REPEAT
22/11/2024	<b>Atorvastatin Tablets 10 mg</b> ONE TO BE TAKEN EACH DAY 56 TABLET	31/03/2025P	Dr Alice Niven	REPEAT

Henderson Robert

CHI: 1104583216

## Clinic Letter



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: podiatry  
Contact Tel:  
Enquiries to: gail.joyce@ggc.scot.nhs.uk  
Letter Date: 05/11/2025  
Reference:  
Dictated: 05/11/2025  
Date:  
Transcribed: 05/11/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CHP1R156-GENERAL PODIATRY 1 WEDNESDAY  
Date and Time of Appointment - 05/11/2025 15:15

**Follow Up:** none

### Clinical Comments:

Tier 1 Clinic

S- Patient attended for wound care and explained his left big toe has been bleeding since falling down the stairs in Dubai last weekend. He applied a dressing.

O- Consent gained for treatment. History: IDDM. Previous amputation of right 1st and 5th, auto amputation of left 4th during COVID, previous bypass on right leg. On examination, dressing present on right plantar and left hallux. No dressings on left 2nd and 3rd wounds. Upon removal, right plantar minimal sanguineous exudate. Wound present 3rd plantar metatarsal head 3x1mm probing 3mm to soft tissue. Wound base 100% granulation tissue. Periwound callus. No signs of infection. New wounds on left 1st, 2nd 3rd toes. Left 1st dressing, moderate haemoserous exudate. Wound present left 1st nail bed and apex 20x15mm probing 0mm to soft tissue. Wound base 80% slough, 20% granulation tissue. Periwound light callus. Left 2nd nail loose and lifting off. Wound present proximal to nail bed 5x5mm, probing 0mm to soft tissue. Wound base 100% slough. Periwound fragile. Left 3rd nail bed and apex ulceration 10x15mm probing 0mm to soft tissue. Wound base 80% eschar, 20% granulation tissue. Erythema, warmth and swelling present on left 1st, 2nd, 3rd toes. Soft tissue infection suspected. Patient feeling well. All pedal pulses palpated. Wearing sturdy footwear with TCI from orthotics. Planned orthopaedics procedure on 14th November for surgical debridement of right plantar wound and to lengthen right TA. MDFC 10/11/25.

Henderson Robert

CHI: 1104583216

OPCL 05/11/2025 v1

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A- Cleansed with irripod and sterile gauze. Sharp debridement of wounds. Infection marked with date. Written consent gained for medical photographs taken and uploaded to notes. Left 1st wound swabbed and sent for culture and sensitivity. Right wound dressed with island dressing. Left wounds dressed with inadine, sterile gauze and tube gauze. Patient declined offloading shoe, was going to go straight home and remove shoe and rest. Offloading shoe available to wear at home.

Potential drug interactions were checked via ECS and none were identified. The patient has no known penicillin/ flucloxacillin allergy or intolerance. Based on the clinical presentation, antibiotic therapy was initiated using agents available via podiatric exemptions to the POM's act. The following agent was supplied to your patient.

Drug: Flucloxacillin

Dose: 500mg; Frequency: QDS

Duration of course: 7 days Route of administration: oral

Advised to take 1 hour before food, or 2 hours after food.

Patient advised to monitor for signs of spreading infection including redness spreading beyond dotted line onto top of foot, or flu like symptoms, fever and chills. Patient to contact GP / NHS 24 / A&E as required.

P- Follow advice, attend MDFC on 10/11/25. Tier 2 18/11/25, can be rescheduled if orthopaedic surgery goes ahead on 14/11/25.

E- No significant change right foot. New wounds left toes caused by trauma, signs of infection present.

R- MDFC next week, tier 2 week after.

Gail Joyce

Podiatrist

Electronically Signed: ,

cc. GP

Henderson Robert

CHI: 1104583216

---

**Clinic Letter**



Queen Elizabeth University Hospital  
1345 Govan Road  
Glasgow  
G51 4TF  
0141 201 1100

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Orthopaedics  
Contact Tel:  
Enquiries to:  
Letter Date: 04/11/2025  
Reference: JL/GAM  
Dictated: 04/11/2025  
Date:  
Transcribed: 05/11/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Orthopaedics ; Clinic - SUOROR301D-SGH ACUTE FOOT FRACTURE  
CLINIC TUES AM  
Date and Time of Appointment - 04/11/2025 09:30

**Clinical Comments:**

Diagnosis: Right foot ulcer second plantar metatarsal head.

Outcome: Consented for Achilles tendon lengthening + removal of bony lump over the second plantar metatarsal head + ulcer debridement.

I reviewed Robert in the clinic today, after discussion with Mr Hrycaiczuk. Over the past seven years he has had a recurrent ulcer on the right plantar second metatarsal; this is still discharging. He had a CT scan which showed the above. His dorsalis pedis and posterior tibial pulses are palpable.

I explained that we can leave this alone, but given that this has not healed over the last couple of years and is probably due to plantar bony prominences, surgery is a viable option. My surgical plan is to lengthen his Achilles tendon, debride the ulcer and to excise the bony spur on the plantar aspect. I will put him into plaster for a few weeks following the procedure to offload his metatarsal head and due to this Achilles tendon lengthening.

He is aware of the risks which include recurrence, infection, loss of limb and further procedure.

We plan to do this on the Friday Foot and Ankle Trauma list.

Yours sincerely,

Mr Justin Lee

Henderson Robert

CHI: 1104583216

OPCL 04/11/2025 v1

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Consultant Orthopaedic Surgeon

Electronically Signed: Mr Justin Lee, Consultant

cc.

Henderson Robert

CHI: 1104583216

**Clinic Letter**



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: podiatry  
Contact Tel:  
Enquiries to: katherine.warren2@nhs.scot  
Letter Date: 20/10/2025  
Reference:  
Dictated: 20/10/2025  
Date:  
Transcribed: 20/10/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CHP1R112-GENERAL PODIATRY 1 MONDAY  
Date and Time of Appointment - 20/10/2025 15:15

**Clinical Comments:**

Tier 1 Clinic

Patient gave verbal consent for assessment and treatment.

S - Patient seen for routine wound care. Patient history; Diabetic, insulin. Most recent HbA1c (08/10/2025) = 40mmol/mol. Previous surgical amputation of right 1st & 5th toe, Auto amputation of left 4th toe during covid and previous bypass on right leg. MDT confirmed no charcot found and that they will review MRI when available see note and portal (12/05/2025). Had recent MRI & diabetic foot MDT discussion - see portal for results.

O - On examination, dressing in situ today, minimal strikethrough, low levels of exudate present, upon removal; Wound present at right 2nd plantar metatarsal head with overlying callus once debrided wound present measuring 3mm x 2mm x 3mm, probing to soft tissue, wound bed 100% granulating with peri-wound callus, no clinical signs of infection present today. Callus at left 5th lateral metatarsal head.

A - Verbal consent gained for treatment and assessment. Sharp debridement carried out today, wound cleansed with irripod and sterile gauze and dressed with island dressing. Advised to keep dressing on, clean and dry, to re-dress as required, patient has spare dressings. Advised to monitor for signs of deterioration and infection local and systemic and contact podiatry/GP/A&E/NHS24 as required. Advised to contact podiatry with number provided with any concerns.

P - Podiatry review in 2 weeks, orthopaedics appointment on 04/11, podiatry 05/11, MDT 10/11

Henderson Robert

CHI: 1104583216

OPCL 20/10/2025 v1

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E - No significant changes

R - 2 weeks

Katherine Warren, Band 5 Podiatrist

Electronically Signed: ,

cc. GP

Henderson Robert

CHI: 1104583216

## Clinic Letter



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: West Podiatry FP Tier 2 CCFH  
Contact Tel: 01415316261  
Enquiries to: linda.tollan@nhs.scot  
Letter Date: 02/10/2025  
Reference:  
Dictated: 02/10/2025  
Date:  
Transcribed: 02/10/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCUPR17-ULCER PODIATRIST THURSDAY AM  
Date and Time of Appointment - 02/10/2025 10:45

### Clinical Comments:

TIER 2 FOOT PROTECTION CLINIC - CCFH

S – Patient Goals: Healed wound and access to services. Patient had no new concerns today.

O – Diabetic, insulin. Most recent HbA1c (24/6/25) = 40mmol/mol. Previous surgical amputation of right 1st & 5th toe, Auto amputation of left 4th toe during covid and previous bypass on right leg. MDT confirmed no charcot found and that they will review MRI when available see note and portal (12/05/2025). Had recent MRI & diabetic foot MDT discussion - see portal for results. Biphasic left pedal pulses and right 3rd planter Metatarsal-phalangeal joint measuring 2mm x 3mm x 2mm depth to soft tissue, minimal exudate on dressing – no infection suspected, and surrounding tissue callus present. Callus on lateral 5th Metatarsal-phalangeal joints both feet. Vascular 12/05/2025: 'Biphasic left pedal pulses and right PT triphasic & right DP biphasic. Wound a W/1 clinical stage 1 based off pulses'. Patient has TCI from orthotics and has no issues. Patient booked for CT scan with view to reconstructive surgery and tendo lengthening of the right TA in the near future. Patient feels systemically well today, no additional antibiotic cover required at this time.

A –Prontosan cleanse, Sharp debridement carried out. Wound dressed with island dressing.

Advice provided on worsening of symptoms and for patient to contact GP/Podiatry/nhs24/emergency as required.

Henderson Robert

CHI: 1104583216

OPCL 02/10/2025 v1

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P – Tier 3 review MDFC - 27/10/25. Orthotics - 03/10/25, Orthopaedic appointment after CT scan. Clinical photography to be updated next visit. Advised daily foot check and if any deterioration or concerns.

E – Improvement, wifi CS1

R – Review in 2 weeks tier 2.

Linda Tollan B6 Podiatrist

Electronically Signed: ,

cc.

Henderson Robert

CHI: 1104583216

## Clinic Letter



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: West Podiatry FP Tier 2 CCFH  
Contact Tel: 01415316261  
Enquiries to: Fiona.Allan3@nhs.scot  
Letter Date: 18/09/2025  
Reference:  
Dictated: 18/09/2025  
Date:  
Transcribed: 18/09/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCUPR17-ULCER PODIATRIST THURSDAY AM  
Date and Time of Appointment - 18/09/2025 10:45

**Follow Up:** QEUEH MDFC West Podiatry FP Tier 2 CCFH Orthopaedics Orthotics

### Clinical Comments:

TIER 2 FOOT PROTECTION CLINIC - CCFH

S – Patient Goals: 'to be healed and remain intact'

O – On examination, Both feet checked. Previous right 1st and 5th, left 4th toe amputations. No concerns left foot. All pressure points intact. wound present on right 2nd metatarsal phalangeal joint plantar aspect. Measures approx 2mm x 1mm with 2mm depth to soft tissue. No dressing in situ. No levels of exudate from the wound. Wound base 100% granulation. Peri-wound tissue calloused. No clinical signs of infection. Patient wearing own trainers with orthotic insole. Vascular assessment carried out (12/05/25) - no concerns noted. Wifi clinical stage 1 (determined without toe pressure kit) Most recent HbA1c (24/6/25) = 40mmol/mol. Previous MRI (29/07/25) shows resolving osteomyelitis at 4th MTPJ despite no antibiotic treatment and old fractures of the 2nd and 3rd metatarsals (healed). Patient booked for CT scan after orthopaedic review on 16/09/25 with view to reconstructive surgery and tendo lengthening of the right TA in the near future. Patient feels systemically well today, no additional antibiotic cover required at this time.

A – Patient gave verbal consent to treatment. Wound cleansed with prontosan. Sharp debridement carried out of callous to the peri-wound. Wound dressed with 365 small island dressing at patient request. Robert has spares to change as required. Advice given: to keep dressing on and dry until review.

Henderson Robert

CHI: 1104583216

OPCL 18/09/2025 v1

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P – Tier 3 review MDFC - 27/10/25. Orthotics - 03/10/25, Orthopaedic appointment after CT scan. Clinical photography to be updated next visit. Advised daily foot check and if any deterioration or concerns, Observe an monitor. Patient must contact podiatry department, GP or NHS24/A+E immediately with any concerns. Continue to keep dressings on and dry until review. Signs and symptoms of Sepsis reiterated.

E – Static wound.

R – Review in 2 weeks tier 2.

Fiona Allan Band 7 Podiatrist

Electronically Signed: ,

cc.

Henderson Robert

CHI: 1104583216

## Clinic Letter



Queen Elizabeth University Hospital  
1345 Govan Road  
Glasgow  
G51 4TF  
0141 201 1100

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Orthopaedics  
Contact Tel:  
Enquiries to:  
Letter Date: 16/09/2025  
Reference: AH/GAM  
Dictated: 18/09/2025  
Date:  
Transcribed: 18/09/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Orthopaedics ; Clinic - SUOROR301D-SGH ACUTE FOOT FRACTURE  
CLINIC TUES AM  
Date and Time of Appointment - 16/09/2025 09:25

### Clinical Comments:

Diagnosis: CT scan right forefoot

Outcome: Review with results of CT with view to DMMOs.

Mr Lee and I met with Robert today. He has previously been reviewed by teams in Milton Keynes at St George's with respect to ongoing foot surgery for his forefoot. He has well-controlled diabetes. He struggled with overload of his second metatarsal head and has recurrent area of ulceration underlying this. Reviewing his MRI scan, he has certainly got a bony prominence here.

He has previous had a suggestion from the team at St George's that an open operation to debride this bony spur may be in his interest. Our preference would be for a minimally invasive procedure done through keyholes. He has been discussed at the Diabetes MDT and the feeling was that a transmetatarsal amputation may be in his best interest, but Robert is very keen to keep his forefoot if at all possible. Therefore we have proposed that we will resect the prominence of bone via a plantar portal, and at the same time do DMMOs of 2 and 3 to allow the bone to push up and relieve the pressure from underneath his forefoot. He has got some tightness to his Achilles, although is not grossly Silfverskoild positive. If Mr Lee is operating he may elect to do an Achilles lengthening in order to try and optimise the outcomes here, but this is by no means an absolute requirement.

Mr Henderson is going to go for a CT scan and will contact us once this has been performed. He is due to be in Dubai over the Christmas period and therefore we have cautioned him with respect to

Henderson Robert

CHI: 1104583216

OPCL 16/09/2025 v1

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the increased risk of VTE within six weeks of surgery. In this case he may choose to delay, but we will take his care forward at a point where we can do so.

Yours sincerely,

Mr Alex Hrycaiczuk

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Alex Hrycaiczuk, Consultant

cc.

Henderson Robert

CHI: 1104583216

**Clinic Letter**



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Podiatry-Foot Protection  
Contact Tel: 01415316261  
Enquiries to: jennifer.gallagher2@nhs.scot  
Letter Date: 02/09/2025  
Reference:  
Dictated: 02/09/2025  
Date:  
Transcribed: 02/09/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCSUPR3401D-ULCER PODIATRIST TUESDAY ALL DAY  
Date and Time of Appointment - 02/09/2025 10:45

**Medication Note:**

None

**Clinical Comments:**

TIER 2 FOOT PROTECTION CLINIC - CCFH

S – Patient Goals: to be healed and remain intact. Due to see orthopaedics regarding surgical options with my right foot.

O – On examination wound present on right 2nd metatarsal phalangeal joint plantar aspect. Measuring 2mm x 1mm with 2mm depth to soft tissue. Left foot intact. Callous at lateral aspect of 5th metatarsal head-debrided.

No dressing in situ.

Wound base 100% granulation.

Periwound tissue calloused.

No signs of infection.

Patient wearing own trainers. Vascular assessment carried out (12/5/25) - no concerns noted. Previous right 1st and 5th, left 4th toe amputations. Previous HbA1c (24/6/25) = 40mmol/mol.

Henderson Robert

CHI: 1104583216

OPCL 02/09/2025 v1

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Previous MRI (29/7/25) shows resolving osteomyelitis at 4th MTPJ despite no antibiotic treatment. Old fractures of the 2nd and 3rd metatarsals (healed)

A – Wound cleansed with prontosan.

Sharp debridement carried out.

Wound dressed with atrauman and small island dressing at patient request. Spares given to change as required.

Advice given: to keep dressing on and dry until review. Worsening advice given.

P – Tier 3 review MDFC - 27/10/25. Orthopaedic appointment-16/9/25. Reviewed at MDT and for review by ortho to discuss surgical options available.

Clinical photography to be updated:4-6 weeks.

E – Static wound.

R – Review in 2weeks tier 2.

Jennifer Gallagher, Podiatrist.

Electronically Signed: ,

cc.

Henderson Robert

CHI: 1104583216

---

**MDT letter:**



Queen Elizabeth University Hospital  
1345 Govan Road  
Glasgow  
G51 4TF

Dr RD MacNeill  
Drs MacNeill, Clarey & Henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main Switchboard: 0141 201 1100  
Department: Trauma & Orthopaedics  
Contact Tel: 0141 451 5958  
Enquiries to: Janette Wilson  
Letter Date: 27/08/2025  
Reference: PC/JW  
Dictated Date: 26/08/2025  
Transcribed Date: 26/08/2025

Dear Dr MacNeill,

**Robert Henderson; D.O.B: 11/04/1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Diagnosis:

1. Diabetes with known lower limb neuropathy.
2. Previous amputations of multiple toes on right and left foot.
3. Episode of resolving osteomyelitis of left 4th Toe on MRI scan performed on 29.07.25.
4. Long term ulceration between the right 2nd metatarsal head.

Outcome: To be reviewed in the foot and ankle fracture clinic in next 4 to 6 weeks for assessment of ulcer +/- of suitability of Trans Met amputation +/- Strayer release.

This patient was discussed at the diabetic MDT.

His main issue is his long term ulceration between the under 2nd metatarsal head. He had a previous amputation of his right 1st and 5th toes.

On his recent MRI scan it was reported as showing osteomyelitis of the left 4th metatarsal head, despite no antibiotic treatment.

This patient has had ulceration for a long time now. The diabetologist wondered whether he would be a candidate for further surgery, which would likely be a trans met amputation +/- tendoachilles lengthening. I plan to see him in the foot and ankle fracture clinic in 4-6 weeks to assess his suitability for this.

Kind regards

Yours sincerely

Mr Peter Chan

Henderson Robert

CHI: 1104583216

GCL 26/08/2025 v1

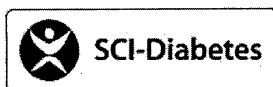
---

Consultant Orthopaedic Surgeon

Senior Clinical Lecturer, Glasgow University

Electronically Signed: Mr Peter Chan, Consultant

cc.



West and South Glasgow Diabetes Service  
<http://www.nhsgcc.org.uk/>



NHS Greater Glasgow and  
Clyde

01 SEP 2025

Drs MacNeill, Clarey & Henderson  
1119 ARGYLE ST  
GLASGOW  
G3 8ND

Consultant Diabetologist: Prof B Kennon  
Date of Clinic: 25-Aug-2025  
Date Printed: 27-Aug-2025  
Our Ref: Kennon/ss  
Enquiries to: Susan Savage  
Ext. 4516155  
E-mail: [susan.savage@nhs.scot](mailto:susan.savage@nhs.scot)

Dear Doctor

**Name/Address:** ROBERT HENDERSON, APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY,  
GLASGOW, G3 8HX  
**Patient ID/CHI:** 1104583216  
**DOB:** 11-Apr-1958

**Date of West and South Glasgow Diabetes Service Appointment (Foot Clinic):**25-Aug-2025

**Summary:**

I reviewed Mr Henderson at the diabetes foot clinic on 25.8.25. The following issues were addressed.

1. RECALCITRANT NEUROPATHIC ULCER RIGHT 3<sup>RD</sup> METATARSAL HEAD, UOT CLASS 1A: Mr Henderson had been in Dubai for the last month and had probably been on his foot quite a bit. There was significant callus there and when it was debrided it showed that his ulcer was essentially static. There is certainly not any evidence of infection here. As you are aware, he has had previous hallux amputation and there is no doubt that this area has clearly been affected by adverse pressure.

Mr Henderson advised that in previous centres they had been talking about possibly doing further surgery on his foot. I think, given his ulcer is not healing, or indeed once it heals it recurs, it would be worthwhile updating his x-rays, including weight bearing views, and having a further discussion with the orthopaedic surgeons to see if there is anything else they would offer.

He is aware that while he has an open wound his foot is high risk and should there be any evidence of infection he should seek urgent same day review.

2. ABNORMAL MRI APPEARANCE 4<sup>TH</sup> METATARSAL HEAD ON THE RIGHT: As per previous letters, MRI imaging had raised the possibility of osteomyelitis in the 4<sup>th</sup> metatarsal head. However, as this hadn't been apparent clinically, it was decided at the MDT that we would just keep things under observation and do interval imaging. A subsequent follow up MRI showed that things had improved significantly and the radiologists reported it as a resolving osteomyelitis, however it is worth noting that he never actually received any antibiotics. It is therefore unclear what this inflammatory process has been, but clearly the fact that things are improving is reassuring.

3. GLYCAEMIC CONTROL: Mr Henderson has now had Type 2 diabetes for the best part of 30 years. After several years, he transitioned on to a basal bolus regime and he is currently on Tresiba 30 units per day and Novorapid 16 units with his meals as well as Canagliflozin. He had managed to lose around seven stones in weight with lifestyle measures, but he is keen to try and get his weight down further and was therefore discussing the possibility of trialling Tirzepatide. His BMI currently is 33 and he would certainly fulfil the criteria for access to

Headquarters:  
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,  
Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: Dr Lesley Thomson KC

NHS Greater Glasgow and Clyde

West and South Glasgow Diabetes Service

Patient: HENDERSON,  
ROBERT

Patient ID/CHI: 1104583216

Tirzepatide based on his weight alone. I did highlight that we would start him on a small dose of 2.5mgs per week, increasing after four weeks, and that we would generally advise a 30% reduction in his insulin dosages to reduce the risk of hypoglycaemia. I have also suggested that after every dose change, he makes further adjustments. He is using Freestyle Libre 2 and has the low glucose alarm, which should help support any dose adjustment.

4. **CARDIOVASCULAR RISK:** He continues on his polypharmacy, as before.

Given his ongoing issues, I will arrange further review at the foot clinic in a couple of months and we can reassess the situation and he will have ongoing community podiatry review in the interim. We will be in touch with the outcome of the MDT discussion in due course.

After Mr Henderson left, I realise he has not had any retinal screening done since he moved back to Scotland. This would be one of the prerequisites before starting Tirzepatide. Therefore, I phoned Mr Henderson and emailed him with the retinal screening number and once he has had this done, assuming that his retinal status is okay, then he would proceed with treatment. He is aware of this and plans to address this in the near future.

**Foot Clinic Next Review:**

Yours sincerely

Prof Brian Kennon  
Consultant Diabetologist  
This letter has been electronically verified and signed by the above

*Headquarters:  
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,  
Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: Dr Lesley Thomson KC*



Henderson Robert

CHI: 1104583216

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**Clinical letter - GP: Results**



Queen Elizabeth University Hospital  
1345 Govan Road  
Glasgow  
G51 4TF

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main Switchboard: 0141 201 1100  
Department: Diabetes  
Contact Tel: 0141 451 6155  
Enquiries to: Secretary  
Letter Date: 21/08/2025  
Reference: BK/CPW  
Dictated Date: 19/08/2025  
Transcribed Date: 20/08/2025

Dear Doctor,

**Robert Henderson; D.O.B: 11/04/1958; CHI: 1104583216  
APARTMENT 18/1,PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

This gentleman's follow up MRI shows that the changes at the 4th metatarsal head have improved significantly. The Radiologists have commented that this looks like a resolving osteomyelitis, however it is worth noting that on this occasion Mr Henderson has not received any antibiotics, and clinically it was never felt to be an underlying osteomyelitis.

I suppose the reassuring thing is that things have improved significantly. Mr Henderson is due review at the Diabetes Foot Clinic in the near future where we can reassess the situation and discuss these findings with him directly.

Yours sincerely,

Prof Brian Kennon

Consultant Physician

Diabetes & Endocrinology

Electronically Signed: Dr Brian Kennon, Consultant

cc.

Henderson Robert

CHI: 1104583216

**Clinic Letter**



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Podiatry  
Contact Tel: 01415316261  
Enquiries to: linda.tollan@ggc.scot.nhs  
Letter Date: 17/07/2025  
Reference:  
Dictated: 17/07/2025  
Date:  
Transcribed: 17/07/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCUPR17-ULCER PODIATRIST THURSDAY AM  
Date and Time of Appointment - 17/07/2025 11:25

**Medication Note:**

None

**Clinical Comments:**

TIER 2 FOOT PROTECTION CLINIC - CCFH

S – Patient Goals: Healed wound and access to services. Patient had no new concerns today.

O – Diabetic, insulin. Previous surgical amputation of right 1st & 5th toe, Auto amputation of left 4th toe during covid and previous bypass on right leg. MDT confirmed no charcot found and that they will review MRI when available see note and portal (12/05/2025). Had recent MRI & diabetic foot MDT discussion - see portal for results. Biphasic left pedal pulses and right 3rd planter Metatarsal-phalangeal joint measuring 2mm x 3mm x 2mm depth to soft tissue, minimal exudate on dressing – no infection suspected, and surrounding tissue callus present, all nails long on right foot, callus on lateral 5th Metatarsal-phalangeal joints both feet. Vascular 12/05/2025: 'Biphasic left pedal pulses and right PT triphasic & right DP biphasic. Wound a Wfl clinical stage 1 based off pulses'. Patient has TCI from orthotics and has no issues.

A – Wound cleansed with prontosan. Sharp debridement carried out, callus reduced and all nails cut filed and cleared. Wound dressed with island dressing. Advice given: Advice provided on worsening of symptoms and for patient to contact GP/Podiatry/nhs24/emergency as required.

P –Tier 3 review with MDFC – MRI then review in Aug 2025. Pressure re-distribution plan: Has darco and wears indoors only refused due to mobility.

Henderson Robert

CHI: 1104583216

OPCL 17/07/2025 v1

---

E – Re-occurring wound,

R –MDFC Aug 2025 Tier 2 to be arranged

Linda Tollan B6 podiatrist

Electronically Signed: ,

cc.

Henderson Robert

CHI: 1104583216

## Clinic Letter



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Podiatry  
Contact Tel: 01415316261  
Enquiries to: linda.tollan@ggc.scot.nhs  
Letter Date: 22/05/2025  
Reference:  
Dictated: 22/05/2025  
Date:  
Transcribed: 22/05/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCUPR17-ULCER PODIATRIST THURSDAY AM  
Date and Time of Appointment - 22/05/2025 10:45

### Medication Note:

None

### Clinical Comments:

TIER 2 FOOT PROTECTION CLINIC - CCFH

S – Patient Goals: Healed wound and access to services. Patient had no new concerns today.

O – Diabetic, insulin. Previous surgical amputation of right 1st & 5th toe, Auto amputation of left 4th toe during covid and previous bypass on right leg. MDT confirmed no charcot found and that they will carry out further mri to investigate for changes, see previous note and portal (12/05/2025). Had recent MRI & diabetic foot MDT discussion - see portal for results. Biphasic left pedal pulses and right 3<sup>rd</sup> planter Metatarsal-phalangeal joint measuring 2mm x 4mm x 0mm depth to soft tissue, minimal exudate on dressing – no infection suspected, and surrounding tissue callus present, all nails long on right foot, callus on lateral 5<sup>th</sup> Metatarsal-phalangeal joints both feet. Vascular 12/05/2025: 'Biphasic left pedal pulses and right PT triphasic & right DP biphasic. Wound a Wfl clinical stage 1 based off pulses'. Patient has TCI from orthotics and has no issues.

A – Wound cleansed with prontosan. Sharp debridement carried out, callus reduced and all nails on left cut filed and cleared. Wound dressed with island dressing. Advice given: Advice provided on worsening of symptoms and for patient to contact GP/Podiatry/nhs24/emergency as required.

P –Tier 3 review with MDFC – MRI then review in Aug 2025. Pressure re-distribution plan: Has darco and wears indoors only refused due to mobility.

Henderson Robert

CHI: 1104583216

OPCL 22/05/2025 v1

---

E – Re-occurring wound,

R – Review in 4 weeks tier 2 & MDFC Aug 2025

Linda Tollan B6 podiatrist

Electronically Signed: ,

cc.

Henderson Robert

CHI: 1104583216

**Clinical letter - GP: Results**



Queen Elizabeth University Hospital  
1345 Govan Road  
Glasgow  
G51 4TF

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main Switchboard: 0141 201 1100  
Department: Diabetes  
Contact Tel: 0141 451 6142  
Enquiries to: Charlene.Watson@nhs.scot  
Letter Date: 13/05/2025  
Reference: BK/CW  
Dictated Date: 08/05/2025  
Transcribed Date: 08/05/2025

Dear Doctor,

**Robert Henderson; D.O.B: 11/04/1958; CHI: 1104583216  
APARTMENT 18/1,PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

This gentleman's recent MRI Right Foot has come back showing changes in the head of his 4th metatarsal and also the base of his proximal phalanx of his 4th toe. The Radiologists had wondered if this was inkeeping with osteomyelitis. It is worth highlighting that clinically this wasn't apparent.

We subsequently discussed his case at the Diabetes Foot MDT, and the overall feeling was that there was no evidence of active Charcot; in the absence of any obvious clinical infection then we wouldn't rush into antibiotic therapy.

As you are aware the increased temperature in his right foot has been longstanding over many years. It was noted that he had previous revascularisation on this side, and it was wondered if this temperature difference may be as a result of that as the increased temperature is not localised to one area, but is a more general finding.

The outcome of the Diabetes Foot MDT meeting was that we review Mr Henderson at the Foot MDT again on 12th May 2025. I will discuss the results of his scan at that point. Obviously if he were to develop any evidence of underlying infection then we would start him on antibiotics - almost certainly Doxycycline. In the absence of any convincing infection, then the mainstay of treatment would be to keep him under observation, arrange further imaging in say another 2-3 months time to see if there has been any progressive change, and also optimise cardiovascular risk factors - I think this would include starting him on Clopidogrel 75mg per day, assuming he has got no contraindications, and also increasing his Atorvastatin to try and optimise his LDL.

Yours sincerely,

Prof Brian Kennon

Henderson Robert

CHI: 1104583216

GCL 08/05/2025 v1

---

Consultant Physician

Diabetes & Endocrinology

Electronically Signed: Dr Brian Kennon, Consultant

cc.

Henderson Robert

CHI: 1104583216

**Clinic Letter**



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Podiatry  
Contact Tel:  
Enquiries to: Thomas.miller5@ggc.scot.nhs.uk  
Letter Date: 25/04/2025  
Reference:  
Dictated: 25/04/2025  
Date:  
Transcribed: 25/04/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CHPDR190-PODIATRY DRESSING CLINIC FRIDAY  
Date and Time of Appointment - 25/04/2025 15:00

**Follow Up: Nil**

**Clinical Comments:**

Tier 1 CCFH

S - Patient attends for review of right forefoot lesion, no complaints today

O - Wearing own footwear with TCI's bilaterally. Right plantar forefoot 3rd metatarsal head callus with underlying tissue intact but fragile, blood blister at distal portion of 3rd metatarsal head. Callus also at right 5th lateral metatarsal head. No signs of infection, patient feels well.

A - Consent gained, prontosan cleanse, sharp debridement, island dressing to right plantar forefoot, to remove after 48 hours. Patient to contact podiatry if any signs of deterioration occur, advised towards signs of local and systemic infection and to contact podiatry/GP/A&E/NHS24 if signs occur

P - MDFC review in 2 weeks

E - Tissue intact but fragile

R - 2 weeks MDFC

Thomas Miller Band 5 Podiatrist

Henderson Robert

CHI: 1104583216

OPCL 25/04/2025 v1

---

Electronically Signed: ,

cc. GP

Henderson Robert

CHI: 1104583216

**Clinic Letter**



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Podiatry  
Contact Tel:  
Enquiries to: linda.tollan@nhs.scot  
Letter Date: 13/02/2025  
Reference:  
Dictated: 13/02/2025  
Date:  
Transcribed: 13/02/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCUPR17-ULCER PODIATRIST THURSDAY AM  
Date and Time of Appointment - 13/02/2025 15:00

**Follow Up: Nil**

**Clinical Comments:**

**TIER 2 FOOT PROTECTION CLINIC - CCFH**

**S – Patient Goals: Healed wound and access to services. Patient has just returned from Dubai**

**O – Diabetic, insulin. No history on portal. Complex history described by the patient including Previous surgical amputation of right 1st & 5th toe, Auto amputation of left 4th toe during covid and previous bypass on right leg. Patient advised to suspicions of charcot foot a few years ago when under Milton Keynes NHS, multiple MRI's taken which he advised resulted in non-conformation of Charcot and he was advised he has on average a 1.5 temperature difference greater on right. Right planter 1<sup>st</sup> wound present measuring 4mm x 8mm x 4mm depth to soft tissue, minimal exudate on dressing – no infection suspected, and surrounding tissue callus present. Patient has offloading low concordance.**

**A – Wound cleansed with prontosan. No sharp debridement carried out. Wound dressed with inadine, melolin, and mexif. Importance of offloading foot advised due to heat and inflammation - patient advised to being aware of risks but did not want the boot due to being on his own and the change in mobility. Advice given: Advice provided on worsening of symptoms and for patient to contact GP/ Podiatry/nhs24/emergency as required.**

**P – Review temperatures and wounds in 2 week in tier 2, tier 3 review with MDFC (10/03/2025), Pressure re-distribution plan: Has darco and wears indoors only refused due to weather and mobility.**

Henderson Robert

CHI: 1104583216

OPCL 13/02/2025 v1

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E – Re-occurring Wound, possible charcot

R – Review in 14 days tier 2 & MDFC 10/03/2025

Linda Tollan B6 podiatrist

Electronically Signed: ,

cc. GP

Henderson Robert

CHI: 1104583216

**Clinic Letter**



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
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G3 8ND

Main  
Switchboard:  
Department: Podiatry  
Contact Tel:  
Enquiries to: Joanna.Stewart4@nhs.scot  
Letter Date: 30/01/2025  
Reference:  
Dictated: 30/01/2025  
Date:  
Transcribed: 30/01/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCUPR17-ULCER PODIATRIST THURSDAY AM  
Date and Time of Appointment - 30/01/2025 10:45

**Follow Up: Nil**

**Clinical Comments:**

TIER 2 FOOT PROTECTION CLINIC - CCFH

S – Patient Goals: To have MRI to confirm if has Charcot arthropathy right foot. Patient advised that he has had temperature differences between his feet for 10 years. Patient advised that he is currently travelling to Dubai frequently to visit his family there. He advised that he did a lot of walking last week in Dubai and noticed a blister on the sole of his left foot and put a dressing on it.

O – Diabetic, insulin. No history on portal. Complex history described by the patient including Previous surgical amputation of right 1st & 5th toe, Auto amputation of left 4th toe during covid and previous bypass on right leg. Patient advised to suspicions of charcot foot a few years ago when under Milton Keynes NHS, multiple MRI's taken which he advised resulted in non-conformation of Charcot and he was advised he has on average a 1.5 temperature difference. Temperatures taken today : Dorsal aspect of 1<sup>st</sup> Metatarsal-phalangeal joint, right foot average temperature 34.1 degrees, left foot 29.3 degrees, difference of +4.8 degrees right foot. Plantar aspect of 1<sup>st</sup> Metatarsal-phalangeal joint, right foot average temperature 33.7 degrees, left foot 28.3 degrees, difference of +5.4 degrees right foot.

On examination left foot plantar aspect of 2nd met intact reabsorbing blood blister present, measuring 40mm x20mm. Dressing in situ with no exudate. Bruised callous present at blister site. No signs of infection and patient feeling systemically well. Left 2nd toe, nail has self avulsed, dry well adhered

Henderson Robert

CHI: 1104583216

OPCL 30/01/2025 v1

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eschar present at nail bed, no inflammation present. Patient wearing own footwear with orthotic insole on right – previous falls when using offloading shoes.

Vascular assessment carried out (12/11/2024): Pulses palpable, multi phasic on Doppler, no symptoms (e.g. claudication, rest pain, nocturnal pain).

Monofilament right 1/4 and left 5/5 (assessed 12/11/24). Previous HbA1c 40mmol/mol (20/11/24).

No recent relevant microbiology or x-ray. No current antibiotics and antibiotics not required today.

Patient seen at MDFC 13/01/25, consultant's notes on Portal. Patient has been referred for MRI to confirm suspected Charcot & if Charcot is active or consolidated.

A – Consent given for treatment and images. Left 2nd plantar metatarsal head cleansed with prontosan. Sharp debridement carried out of bruised callous. Clinical photography updated using Scit. Temperatures taken. Left 2nd plantar metatarsal head dressed with large island dressing. Spare dressing given to redress as required. Advised on daily foot check. Advised on worsening symptoms & to contact Podiatry, GP or NHS 111 / A&E immediately as appropriate if any deterioration or concerns. Patient aware of associated risks of not wearing Rebound Walker boot right foot.

P – Waiting for MRI appointment. MDFC 10/03/24. Temperatures to be monitored every 2 weeks as per Charcot management. Shared care with patient, offered tier 2 podiatry review 1 week for review of blood blister left foot but he is going back to Dubai, review 2 weeks on his return.

Pressure re-distribution plan: Own footwear with orthotic insole on right. Has Darco. Fitted with Rebound Walker right foot by Orthotist at MDFC 13/01/25 and advised to wear if any new pain or swelling.

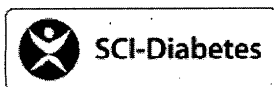
E – Suspected Charcot right foot. New blood blister left foot, reabsorbing and skin intact.

R – Review in 14 days tier 2, CCfH

Joanna Stewart, Podiatrist Band 6

Electronically Signed: ,

cc. GP



West and South Glasgow Diabetes Service  
<http://www.nhsggc.org.uk/>

17 JAN 2025



NHS Greater Glasgow and  
Clyde

SANDYFORD SURGERY  
1119 ARGYLE ST  
GLASGOW  
G 038ND

Consultant Diabetologist: Prof Brian Kennon  
Date of Clinic: 13-Jan-2025  
Date Printed: 15-Jan-2025  
Our Ref: Kennon/KC  
Enquiries to: Secretary  
Ext. 4516189  
E-mail: karen.carmichael2@nhs.scot

Dear Doctor

**Name/Address:** ROBERT HENDERSON, APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY,  
GLASGOW, G3 8HX

**Patient ID/CHI:** 1104583216

**DOB:** 11-Apr-1958

**Date of West and South Glasgow Diabetes Service Appointment (Foot Clinic):** 13-Jan-2025

**Summary:**

I reviewed Mr Henderson as a new patient at the diabetes foot clinic on 13.1.25. Mr Henderson has a complex past medical history, which includes previous surgical amputation of his right 1st and 5th toes due to infection and also auto-amputation of his left 4th toe during COVID. He also has a history of previous bypass in the right leg and it also sounds as if he had trauma to his right foot in his teenage years due to a footballing injury. In addition, he has been investigated in several different services for possible Charcot in his right foot due to ongoing temperature difference.

On reviewing him at clinic today, the following issues were addressed.

1. RECENT ULCER RIGHT 3RD METATARSAL HEAD, UOT CLASS 1B BUT NOW 0A AND POSSIBLE CHARCOT RIGHT MIDFOOT: I understand that Mr Henderson has had recurrent problems with ulceration over this area. As a result of his previous hallux amputation, he certainly has adverse pressure over his 2nd and 3rd metatarsal head and this results in ulceration. I understand he required a course of antibiotics. I am pleased to say that his ulcer is now healed and he feels very well. He hasn't noticed any change in the shape of his foot.

There is a 3 degree temperature difference on the right compared to the left and he says this is slightly higher than normal, albeit there is often a temperature difference.

I did highlight that ordinarily we would be worried about possible Charcot, but we do take on board the fact that this issue has been raised every time he attends a new diabetes foot service. His recent plain x-ray does show quite significant changes in his 2nd and 3rd metatarsals, although they do look quite longstanding.

I did highlight to Mr Henderson that his ongoing temperature difference is probably longstanding, but given he has had a recent wound clearly we can't 100% exclude active Charcot. I have suggested that we do immobilise his foot in an aircast boot and also arrange an MRI to see if we can establish how much of this is active versus chronic. He has a couple of trips planned to Dubai for his son's wedding and, given this has been an intermittent issue over a number of years, he is not overly keen on wearing a pressure relieving orthosis. We today had an open conversation about potential risks of this being active Charcot and we have left it that he will make an ongoing decision as to whether to proceed with a pressure relieving orthosis or not.

Headquarters:  
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,  
Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: Dr Lesley Thomson KC

NHS Greater Glasgow and Clyde

West and South Glasgow Diabetes Service

Patient: HENDERSON,  
ROBERT

Patient ID/CHI: 1104583216

I think even if it is not Charcot, an MRI should hopefully give us additional information about any potential bony prominence that may be a candidate for operative intervention to see if it could reduce the risk of recurrent ulceration.

2. GLYCAEMIC CONTROL: Mr Henderson continues to use his Libre sensor with good effect and his HbA1c is excellent at 40 mmol/mol on his current treatment, which I have left unchanged.

3. CARDIOVASCULAR RISK: He continues on Atorvastatin, Ramipril and Amlodipine and I understand his risk factors are reasonably well controlled.

I will arrange to bring Mr Henderson back to clinic in two months' time, albeit he will have ongoing community podiatry in the interim.

**Foot Clinic Next Review:**

Yours sincerely

Prof Brian Kennon  
Consultant Diabetologist

This letter has been electronically verified and signed by the above

Headquarters:  
NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House,  
Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH

Chairperson: Dr Lesley Thomson KC



## West Glasgow Ambulatory Care Hospital: Diagnostic Imaging Report

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<b>Patient</b>	ROBERT HENDERSON	<b>Address</b>	APARTMENT 18/1,PLATFORM BLOCK A, 30 ANDERSTON QUAY, GLASGOW, G3 8HX
<b>DOB</b>	11/04/1958	<b>CHI No.</b>	1104583216
<b>Ref. Source</b>	Drs Crawford, MacNeill, Clarey & Henderson	<b>Practice Code</b>	40455
<b>Referrer</b>	Dr Fiona Clarey	<b>Exam Date</b>	09/01/2025 11:35

### Report Summary

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**Clinical History :**

Seen at podiatry clinic with diabetic ulcer affecting plantar area under 1st MTP joint. Concern is possible osteomyelitis. X-ray to check for any signs of this.

### XR Foot Rt

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**XR Foot Rt :**

Excisions distal to the great toe and little toes metatarsal necks noted. There is nonspecific soft tissue swelling within the region of the great toes MTP joint. There is no definite cortical destruction or other features suggestive of active osteomyelitis within this region however please correlate clinically and treat accordingly as plain film onset can be significantly delayed compared to clinical. Depending upon clinical scenario follow-up views may be useful.

**Last verified by:** 3488188 (Dr Sean Kelly)

**Reported by:** 3488188 (Dr Sean Kelly) and CPC (None)

Henderson Robert

CHI: 1104583216

**Clinic Letter**



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Podiatry  
Contact Tel: 01415316261  
Enquiries to:  
Letter Date: 09/01/2025  
Reference:  
Dictated: 09/01/2025  
Date:  
Transcribed: 09/01/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCUPR17-ULCER PODIATRIST THURSDAY AM  
Date and Time of Appointment - 09/01/2025 10:05

**Medication Note:**  
None

**Clinical Comments:**  
TIER 2 FOOT PROTECTION CLINIC - CCFH

S – Patient Goals: Healed wound and access to services. Patient has just returned from Christmas holidays and has been traveling through multiple airports. He states he was feeling unwell on return but feels fine and has no issues today.

O – Diabetic, insulin. No history on portal. Complex history described by the patient including Previous surgical amputation of right 1st & 5th toe, Auto amputation of left 4th toe during covid and previous bypass on right leg. Patient advised to suspicions of charcot foot a few years ago when under Milton Keynes NHS, multiple MRI's taken which he advised resulted in non-conformation of Charcot and he was advised he has on average a 1.5 temperature difference greater on right. Temperature taken warmest spot over right dorsal 1<sup>st</sup> Metatarsal-phalangeal joint averaging 5 degrees difference from the left 1st Metatarsal-phalangeal joint.

On examination multiple areas of healing type abrasions, mostly epithelised, no area of open tissue today, no signs or symptoms of localised infection present on right lateral 5th met head. Patient wearing own footwear with orthotic insole on right – previous falls when using offloading shoes. Vascular assessment carried out (12/11/2024): Pulses palpable, multi phasic on Doppler, no symptoms (e.g. claudication, rest pain, nocturnal pain). Monofilament right 1/4 and left 5/5.

Henderson Robert

CHI: 1104583216

OPCL 09/01/2025 v1

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Antibiotics: 08/01/2025 Doxycycline 100mg – prescribed at request of previous podiatrist – advised to wait until starting.

A – Wound cleansed with prontosan. No sharp debridement carried out. Temperatures taken, Wound dressed with kliniderm foam, blue line and mefix. Importance of offloading foot advised due to heat and inflammation - patient advised to be aware of risks but did not want the boot due to being on his own and the change in mobility.

Advice given: Advice provided on worsening of symptoms and for patient to contact GP/Podiatry/nhs24/emergency as required.

P – Review temperatures and wounds in 1 week in tier 2, tier 3 review with MDFC (13/01/2025), X-ray to be carried out – patient to attend today. Patient to hold off with taking Doxycycline till tier 3 review. Pressure re-distribution plan: Own footwear with orthotic insole on right. Has darco and wears indoors only refused due to weather and mobility.

E – Suspected Charcot? Re-occurring wound suspected bone fragment. Osteomyelitis

R – Review in 7 days tier 2 & MDFC 13/01/2025

Linda Tollan B6 podiatrist

Electronically Signed: ,

cc.

Henderson Robert

CHI: 1104583216

## Clinic Letter



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Podiatry  
Contact Tel:  
Enquiries to: katherine.warren@ggc.scot.nhs.uk  
Letter Date: 08/01/2025  
Reference:  
Dictated: 08/01/2025  
Date:  
Transcribed: 08/01/2025  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CHP1R156-GENERAL PODIATRY 1 WEDNESDAY  
Date and Time of Appointment - 08/01/2025 11:45

**Follow Up:** Nil

### Clinical Comments:

Tier 1 Clinic

Patient gave verbal consent for assessment and treatment.

S - Patient attended for callus reduction at previous ulceration site. He has previously had his right 1st and 5th amputated and the left 4th autoamputation. Diabetic most recent HbA1c was 40mmol/mol as of 20/11/2024.

O - Callus and hematoma at right 1st plantar metatarsal head, once debrided wound present measuring 3mm x 3mm, 100% granulating surrounding tissue macerated callus. No malodour, no signs of local infection, however, noticeable temperature difference. Temperature in degrees celsius = right dorsal 1st metatarsal phalangeal joint (MTPJ) 34.9, left dorsal 1st MTPJ 25.7, right plantar 1st MTPJ 30.5, left plantar 1st MTPJ 25.3, right plantar medial arch 32.5, left plantar medial arch 29.3, right dorsal 1st ray 34.4, left dorsal 1st ray 27.9. No currently on antibiotics. Patient felt feverish yesterday (07/01/2025) but feels systemically well today. All other areas intact.

A - Wound cleansed with prontosan and sterile gauze, wound debrided, dressed with activeheal aquafiber, kliniderm border. Patient advised to keep dressing on, clean and dry and to continue offloading. Patient advised on the signs/symptoms of deterioration/local and systemic infection and if present advised to contact podiatry/GP/NHS24/A&E. Advised patient I will contact the GP to request

Henderson Robert

CHI: 1104583216

OPCL 08/01/2025 v1

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antibiotics and an X-ray. Advised patient I will send an urgent tier 2 referral so to expect a phone call in the next 48 hours.

P - Swab required at next appointment. Tier 2 referral. Patient to receive antibiotics from GP and GP agreed to arrange X-ray.

E - Potential osteomyelitis, new superficial wound

R - Urgent tier 2 referral

Katherine Warren, Band 5 Podiatrist

Electronically Signed: ,

cc. GP

## NHS Confidential: Personal data about a patient

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

**HENDERSON, Robert (Mr)** Date of Birth: **11-Apr-1958 (66y)**

Report Path: All Records

20A Kingsley Road, London, SW19 8HF

NHS Number:	400 062 0878	Home Tel:	
Usual GP:	DE ALMEIDA, Tushan (Dr)	Work Tel:	
Patient Type:	Regular	Mobile Tel:	07817497109
Registered	05-Jul-2022	email	ROBBIE.HENDERSON@ME.COM

### Problems

#### Active

11-Jun-2024	Erectile dysfunction
11-Jun-2024	Had a chat to patient
14-Mar-2024	Medication review with patient
13-Mar-2024	Referral to social prescribing service
15-Jun-2023	Going to travel abroad
19-Oct-2020	Diastasis recti abdominis
31-Jul-2019	Percutaneous transluminal angioplasty of artery NEC
27-Feb-2018	Ischaemic ulcer diabetic foot
31-Dec-2013	Amputation hallux
19-Oct-2010	Diastasis recti
2010	Essential hypertension
04-Apr-2009	Hypertensive disorder
29-Jun-2007	Erectile dysfunction
2000	Type 2 diabetes mellitus

### Significant Past

### Medication

#### Acute

Spikevax JN.1 COVID-19 mRNA Vaccine 0.1mg/ml dispersion for injection multidose vials (Moderna, Inc)	0.5 ml Intramuscular route	0.5 ml	03-Oct-2024
Comirnaty Omicron XBB.1.5 COVID-19 mRNA Vaccine 30micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd)	0.3 ml Intramuscular route	0.3 ml	28-Nov-2023

#### Repeat

Tresiba Penfill 100units/ml solution for injection 3ml cartridges (Novo Nordisk Ltd)	30 UNITS ONCE DAILY	5 cartridge	01-Oct-2024
Canagliflozin 300mg tablets	One To Be Taken Daily Preferably Before Breakfast	90 tablet	08-Sep-2024
FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd)	1 Every 2 Weeks As Dir	12 kit	08-Sep-2024
Ramipril 5mg capsules	1 CAPSULE ONCE A DAY	84 capsule	08-Sep-2024
Atorvastatin 10mg tablets	1 TABLET ONCE A DAY	84 tablet	08-Sep-2024
Amlodipine 10mg tablets	1 TABLET ONCE A DAY	84 tablet	08-Sep-2024
NovoRapid FlexPen 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd)	14 Units With Meals	10 pre-filled disposable injection	16-Aug-2024

## NHS Confidential: Personal data about a patient

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

BD Viva hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/32gauge (Becton, Dickinson UK Ltd)	ASD	180 needle	22-Jul-2024
Ramipril 2.5mg capsules	1 CAPSULE ONCE A DAY	84 capsule	11-Dec-2023
Performa testing strips (Roche Diabetes Care Ltd)	ASD	100 strip	18-Apr-2023

### Allergies

No allergies recorded.

### Health Status

27-Aug-2024	Body mass index	32.41	kg/m2
	(calculation based on height entry 27-Aug-2024, NB prior to age 70 average height loss is 1cm per 10 years).		
27-Aug-2024	Never smoked tobacco		
27-Aug-2024	Standing height	173	cm
27-Aug-2024	Body weight	97	kg
27-Aug-2024	O/E - blood pressure reading	141/80	mmHg
			pulse 96
14-Mar-2024	Alcohol intake within recommended sensible limits		
22-Dec-2022	Notes summary on computer		

### Immunisations

03-Oct-2024	Seasonal influenza vaccination given by pharmacist	
03-Oct-2024	Seasonal influenza vaccination given by pharmacist	
03-Oct-2024	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	
19-Sep-2024	Influenza vaccination invitation first short message service text message sent (situation)	
28-Nov-2023	Seasonal influenza vaccination given by pharmacist	
28-Nov-2023	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	
21-Sep-2023	Influenza vaccination invitation first short message service text message sent (situation)	
27-Oct-2022	Pneumococcal vaccination given	
06-Oct-2022	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	
06-Oct-2022	Administration of first inactivated seasonal influenza vaccination	Adjuvanted Quadrivalent Influenza Vaccine (aQIV) - Manufacturer: Seqirus; BN: 6003B1A; Exp: 04/23
06-Oct-2022	Consent given for seasonal influenza vaccination	
10-Nov-2021	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	Data supplied by external NHS source PRIORITY=3

**NHS Confidential: Personal data about a patient**

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

10-Nov-2021	Administration of first dose of SARS-CoV-2 vaccine	Product:Comirnaty COVID-19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd)(39115611000001103)Procedure:Imm unisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)(1362591000000103)Organisation code: Y9X2RExpiry date: 20211201Care setting: Open access servicePerformed by: Veronica JacksonEvent identifier: 802126:11716Dose: 0.3 mlStage=1Batch Number=FK0596Source=Out of PracticeStatus=GivenMethod=Intramuscul arSite=Right armImm unisation Type=COVID - Pfizer Comirnaty
12-May-2021	Administration of second dose of SARS-CoV-2 vacc	Product:COVID-19 mRNA Vaccine BNT162b2 30micrograms/0.3ml dose concentrate for suspension for injection multidose vials (Pfizer-BioNTech) (Pfizer-BioNTech) 5 dose(39115711000001107)Organisation code: I9L4DExpiry date: 20210517Care setting: Open access servicePerformed by: Niamh CahillEvent identifier: 586282:58392Stage=2Batch Number=EW4109Source=Out of PracticeStatus=GivenMethod=Intramuscul arSite=Left armImm unisation Type=COVID - Pfizer Comirnaty
24-Feb-2021	Administration of first dose of SARS-CoV-2 vaccine	Product:COVID-19 mRNA Vaccine BNT162b2 30micrograms/0.3ml dose concentrate for suspension for injection multidose vials (Pfizer-BioNTech) (Pfizer-BioNTech) 5 dose(39115711000001107)Organisation code: I9L4DExpiry date: 20210226Care setting: Open access servicePerformed by: Julia BradburyEvent identifier: 517466:77212Stage=1Batch Number=ER1741Source=Out of PracticeStatus=GivenMethod=Intramuscul arSite=Left armDue date=24/03/2021Imm unisation Type=COVID - Pfizer Comirnaty

**Planned Events**

20-Nov-2024	QOF Analyser - nil required (Ardens)
20-Nov-2024	Patient Info Analyser (Ardens)
20-Nov-2024	Eligible for Digital Wt Management (Ardens)
20-Nov-2024	Flu: Duplicate vaccinations coded
20-Nov-2024	Breast or bowel screening due (Ardens)
19-Jan-2110	Primary Care Group

Admin tag (DO NOT REMOVE)

**Last 3 Consultations**

## NHS Confidential: Personal data about a patient

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

23-Oct-2024 08:16	Inbound Document	EMSDEN, Alison (Dr) Entered By: EXTERNAL USER, ()
Procedure	Seasonal influenza vaccination given by pharmacist (03-Oct-2024 16:38)	Injection site: Left upper arm structure (body structure)
Document	Administration of vaccine	Notification of Vaccination (23-Oct-2024)
08-Oct-2024 23:56	Inbound Document	Inbound Document Entered By: EXTERNAL USER, ()
Procedure	Seasonal influenza vaccination given by pharmacist (03-Oct-2024 16:38)	Injection site: Left upper arm structure (body structure)
Document	Administration of vaccine	Notification of Vaccination (08-Oct-2024)
08-Oct-2024 05:56	Inbound Document	Inbound Document Entered By: EXTERNAL USER, ()
Procedure	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (03-Oct-2024 16:38)	Manufacturer: Moderna, Inc, Expiry Date: 24-Oct-2024, Batch Number: 812005A, Injection site: Left upper arm structure (body structure)
Comment	Pharmacy service   Administered by Yasmin Javid   Vaccination Provider ODS Code: FLK20	
Medication	Spikevax JN.1 COVID-19 mRNA Vaccine 0.1mg/ml dispersion for injection multidose vials (Moderna, Inc) (03-Oct-2024 16:38)	0.5 ml Intramuscular route 0.5 ml
Document	Administration of vaccine	Notification of Vaccination (08-Oct-2024)

### Values and Investigations (Latest Value)

27-Aug-2024	Body mass index	32.41	kg/m2	
	(calculation based on height entry 27-Aug-2024, NB prior to age 70 average height loss is 1cm per 10 years).			
27-Aug-2024	Blood film microscopy - (TDEALMEIDA) - Result is stable - OK2go			
	The raised Hct persists with a few larger platelets present Please consider secondary drivers, if no cause found discuss with haematology. JC			
27-Aug-2024	HbA1c level - IFCC standardised - (TDEALMEIDA) - Better than before, OK2go	42	mmol/mol	20.00 - 41.00mmol/mol
27-Aug-2024	Serum folate - (TDEALMEIDA) - All normal, tell Pt - OK2go	3.3	ug/L	3.00 - 20.00ug/L
27-Aug-2024	Serum vitamin B12 - (TDEALMEIDA) - All normal, tell Pt - OK2go	434	ng/L	200.00 - 910.00ng/L
27-Aug-2024	Serum TSH level - (TDEALMEIDA) - All normal, tell Pt - OK2go	1.42	mu/L	0.35 - 5.00mu/L
27-Aug-2024	Serum free T4 level - (TDEALMEIDA) - All normal, tell Pt - OK2go	14.5	pmol/L	9.00 - 22.00pmol/L
	Euthyroid			
27-Aug-2024	Se prostate specific Ag level - (TDEALMEIDA) - All normal, tell Pt - OK2go	1.2	ug/L	<4.50ug/L
27-Aug-2024	Serum lipids - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	Serum cholesterol	3.7	mmol/L	2.00 - 5.00mmol/L
	Serum triglycerides	0.9	mmol/L	0.50 - 2.00mmol/L
	Serum HDL cholesterol level	1.3	mmol/L	1.10 - 2.20mmol/L
	Calculated LDL cholesterol lev	2	mmol/L	1.00 - 3.00mmol/L
	Serum cholesterol/HDL ratio	2.8	ratio	2.00 - 5.00ratio
	Se non HDL cholesterol level	2.4	mmol/L	<3.50mmol/L
27-Aug-2024	Liver function test - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	Serum total bilirubin level	12	umol/L	<25.00umol/L
	Serum alkaline phosphatase	115	U/L	30.00 - 130.00U/L
	Serum ALT level	19	U/L	1.00 - 50.00U/L

**NHS Confidential: Personal data about a patient**

HENDERSON, Robert (Mr)		Wimbledon Village Surgery		
Date of Birth: 11-Apr-1958		NHS Number: 400 062 0878		
27-Aug-2024	Serum albumin	38	g/L	35.00 - 50.00g/L
	eGFRcreat (CKD-EPI)/1.73 m*2 - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	eGFRcreat (CKD-EPI)/1.73 m*2	73	mL/min	>60.00mL/min
	AKI warning stage	0	Stage	
27-Aug-2024	<b>! Urea and electrolytes - (TDEALMEIDA) - Considered normal, minor variations OK2go</b>			
	Serum sodium	138	mmol/L	133.00 - 146.00mmol/L
	Serum potassium	4.7	mmol/L	3.50 - 5.30mmol/L
	<b>! Serum urea level</b>	7.9	mmol/L	2.50 - 7.80mmol/L
	Serum creatinine	93	umol/L	20.00 - 107.00umol/L
27-Aug-2024	Serum ferritin - (TDEALMEIDA) - All normal, tell Pt - OK2go	143	ug/L	25.00 - 200.00ug/L
27-Aug-2024	<b>! Full blood count - FBC - (TDEALMEIDA) - Considered normal, minor variations OK2go</b>			
	Total white cell count	9.7	10*9/L	3.50 - 10.0010*9/L
	<b>! Red blood cell (RBC) count</b>	5.85	10*12/L	4.25 - 5.7510*12/L
	<b>! Haemoglobin estimation</b>	174	g/L	130.00 - 170.00g/L
	<b>! Haematocrit</b>	0.548	L/L	0.40 - 0.50L/L
	Mean corpuscular volume (MCV)	94	fL	84.00 - 98.00fL
	Mean corpusc. haemoglobin(MCH)	29.7	pg	27.50 - 32.00pg
	Mean corpusc. Hb. conc. (MCHC)	318	g/L	300.00 - 360.00g/L
	<b>! Red blood cell distribut width</b>	14.6	%	<14.50%
	Platelet count	287	10*9/L	150.00 - 400.0010*9/L
	Neutrophil count	7.4	10*9/L	1.70 - 7.5010*9/L
	Lymphocyte count	1.3	10*9/L	1.00 - 3.5010*9/L
	Monocyte count	0.9	10*9/L	0.30 - 1.0010*9/L
	Eosinophil count	0.1	10*9/L	<0.4010*9/L
	Basophil count	0.1	10*9/L	<0.1010*9/L
27-Aug-2024	Standing height	173	cm	
27-Aug-2024	Body weight	97	kg	
27-Aug-2024	O/E - blood pressure reading	141/80	mmHg	
	pulse 96			
12-Jun-2024	Serum testosterone - (SDRAYTON) - All normal, tell Pt - OK2go	15	nmol/L	9.00 - 25.00nmol/L
12-Apr-2024	WOUND SWAB - (HFULKER) - Book tel Con to discuss			
	Culture			
	1) Light growth of Coagulase Negative Staphylococcus			
	2) Heavy mixed growth of Coliform			
	Anaerobic culture			
	Anaerobes NOT isolated			
	Comment			
	Chronic ulcers are usually colonised with bacteria. Swabbing of the site and antibiotic treatment should only be given if there are signs of acute infection e.g. erythema, purulent discharge, swelling and pain, or systemic signs.			
11-Apr-2024	Plasma C reactive protein - (CMURPHY) - All normal, tell Pt - OK2go	2	mg/L	<5.00mg/L
22-Mar-2024	Rejected Sample - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	Insufficient sample for accurate FBC analysis			
	Lab. test requested - not done			
	full blood count			
	Reason			
	Inadequate sample collected			
	Action			

**NHS Confidential: Personal data about a patient**

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

	Please repeat request and sample			
22-Mar-2024	<b>! Bone profile - (TDEALMEIDA) - Considered normal, minor variations OK2go</b>			
	Serum calcium	2.37	mmol/L	
	Serum adjusted calcium conc	2.36	mmol/L	2.20 - 2.60mmol/L
	Serum inorganic phosphate	0.82	mmol/L	0.80 - 1.50mmol/L
	Serum alkaline phosphatase	118	U/L	30.00 - 130.00U/L
	<b>! Serum total protein</b>	81	g/L	60.00 - 80.00g/L
	Serum albumin	41	g/L	35.00 - 50.00g/L
	Serum globulin	40	g/L	22.00 - 40.00g/L
22-Mar-2024	<b>! Urine albumin:creatinine ratio - (TDEALMEIDA) - Book tel Con to discuss</b>			
	<b>! Urine albumin</b>	31.6	mg/L	<20.00mg/L
	<b>! Urine albumin:creatinine ratio</b>	9.9	g/mol	<2.90g/mol
22-Mar-2024	Urine creatinine - (TDEALMEIDA) - All normal, tell Pt - OK2go			
14-Jul-2023	WOUND SWAB - (LSHARP) - Book tel Con to discuss			
	Culture			
	1) Heavy growth of Staphylococcus aureus			
	2) Heavy growth of Pseudomonas species			
	1)			
	Erythromycin	S		
	Fluclloxacillin	S		
	Anaerobic culture			
	Anaerobes NOT isolated			
11-May-2023	Serum gamma GT level - (PBROWN) - All normal, tell Pt - OK2go			
	Please note new Ref. Range for GGT from 27.06.22			
10-May-2023	Frequency of hypoglycaemia attack 6 times/week morning in particular. Has been as low as 2.8. Gets big swings as trying to balance between novorapid and lucozade			
27-Oct-2022	Pulse rate 93 beats/min			
27-Oct-2022	HbA1c (haemoglobin A1c) target level - IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) standardised 45 mmol/mol			
20-Oct-2022	Waist circumference 120 cm			
27-Sep-2022	BCS: FOB result - (DBRADLEY) - FOBT non responder			
	FOBT Non-Response. Sent when Discharged for non-response to initial Test Kit			
	No response to BCSP invitation			
05-Jul-2022	Ex smoker			
	Smoking status on date of event: D			
05-Jul-2022	Alcohol consumption 10 units/week			
	Drinking status on eventdate: YUnits of alcohol drank per week: 10			

Henderson Robert

CHI: 1104583216

**Clinic Letter**



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Podiatry  
Contact Tel: 01415316261  
Enquiries to: elaine.woods@ggc.scot.nhs.uk  
Letter Date: 19/11/2024  
Reference:  
Dictated: 19/11/2024  
Date:  
Transcribed: 19/11/2024  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCSUPR34-ULCER PODIATRIST TUESDAY ALL DAY  
Date and Time of Appointment - 19/11/2024 13:40

**Follow Up: Nil**

**Clinical Comments:**

TIER 2 FOOT PROTECTION CLINIC - CCFH S – Patient Goals: For my foot to be healed , the side of my other foot has been sore S-I used to live down south and your medical information does not follow you O – No active history on portal, patient has registered with GP . Previous surgical amputation of right 1st & 5th toes, auto amputation of left 4th toe during covid. On examination wound present on right lateral/dorsum of 5th metatarsal dressing removed today no exudate noted after debridement of overlying callous wound present. Wound measured 1mm x 1mm, probing 1mm to soft tissue, Wound base 100% granulation . Periwound tissue callous. localised erythema but no increase in temperature, swab result from 12/11/24 shows no significant growth, patient feeling systemically well, lateral side of left 5th metatarsal callous with underlying heloma durum after debridement area intact, callous over planter of right 3rd metatarsal, bruise over dorsum of right 3rd metatarsal Patient wearing own footwear with orthotic insole on right – previous falls when using offloading shoes but does have off-loading he wears at home . Vascular assessment carried out (12/11/2024): Pulses palpable, multi phasic on Doppler, no symptoms ( claudication, rest pain, nocturnal pain). monofilament right 1/4 and left 5/5. Previous bypass on right leg. No up to date bloods. Antibiotics start date: 10/11/2024 1g flucloxacillin QID for 10days which finish tomorrow , no further antibiotics required at this time . A – Patient consent gained, left foot cleansed lateral side of 5th metatarsal callous and heloma durum debrided dressed with 365 dressing to be removed in three days, right 3rd metatarsal callous reduced right foot wound cleansed with prontosan. Sharp debridement carried out. Clinical photography updated (12/11/2024). Wound dressed with atrauma inadine sterile gauze and hypafix , patient to try and keep dressing dry until review but if it comes off additional island dressing provided. patient advised if any concerns before next appointment to

Henderson Robert

CHI: 1104583216

OPCL 19/11/2024 v1

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call clinic, GP call 111 or go to A&E . Antibiotics currently on 1g flucloxacillin 10 day course finish tomorrow, bloods have been request P – Tier 3 review with MDFC (05/12/2024) Pressure re-distribution plan: Own footwear with orthotic insole on right off-loading worn at home patient fears of falling outside with off-loading, fell previously . E – Improvement noted R – Review in 7 days tier 2 & MDFC 05/12/2024 Elaine Woods, Podiatrist

Electronically Signed: ,

cc. GP

Henderson Robert

CHI: 1104583216

## Clinic Letter



West Glasgow Community Centre for Health  
547 Dumbarton Road  
Glasgow  
G11 6HU

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department: Podiatry - High risk foot  
Contact Tel: 01415316261  
Enquiries to:  
Letter Date: 12/11/2024  
Reference:  
Dictated 12/11/2024  
Date:  
Transcribed 12/11/2024  
Date:

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - CCSUPR34-ULCER PODIATRIST TUESDAY ALL DAY  
Date and Time of Appointment - 12/11/2024 10:05

**Follow Up:** None

### Clinical Comments:

TIER 2 FOOT PROTECTION CLINIC - CCFH

S – Patient Goals: Healed wound and access to services. Patient has just located back to Glasgow.

O – No active history on portal. Registered with GP. Previous surgical amputation of right 1<sup>st</sup> & 5<sup>th</sup> toe, Auto amputation of left 4<sup>th</sup> toe during covid. On examination wound present on right lateral 5<sup>th</sup> met head, no dressing in place and wound presented with callus/eschar covering. Some pus exudate today. Wound measured 5mm x 5\*mm, probing 6mm to soft tissue, Wound base 95% granulation and 5% slough. Periwound tissue callous. Infection present some localised redness and heat.

Patient wearing own footwear with orthotic insole on right – previous falls when using offloading shoes. Vascular assessment carried out (12/11/2024): Pulses palpable, multi phasic on Doppler, no symptoms (e.g. claudication, rest pain, nocturnal pain). monofilament right 1/4 and left 5/5. Previous bypass on right leg. No up to date bloods. Antibiotics start date: 10/11/2024 1g flucloxacillin.

A – Wound cleansed with prontosan. Sharp debridement carried out. Clinical photography updated (12/11/2024). Wound dressed with iodoflex, large island dressing, blue line and mifix, additional island dressing provided. Advice given: Monitor and contact if required. Antibiotics currently on 1g flucloxacillin 7 day course – 2 days completed. Swab taken and sent for review, bloods request made.

Henderson Robert

CHI: 1104583216

OPCL 12/11/2024 v1

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P – Swab result, antibiotics, updated bloods, weekly dressings in tier 2 and Tier 3 review with MDFC (05/12/2024)

Antibiotics planned duration 1g flucloxacillin – complete and review swab

Pressure re-distribution plan: Own footwear with orthotic insole on right.

E – New wound

R – Review in 7 days tier 2 & MDFC 05/12/2024

Linda Tollan

Electronically Signed: ,

cc.

Henderson Robert

CHI: 1104583216

---

**Clinic Letter**



Gartnavel General Hospital  
1053 Great Western Road  
Glasgow  
G12 0YN  
0141 211 3000

Dr. RD MacNeill  
Drs Macneill clarey & henderson  
Sandyford Surgery  
1119 Argyle Street  
Glasgow  
G3 8ND

Main  
Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated  
Date:  
Transcribed  
Date:

11/11/2024

Dear Dr. RD MacNeill,

**Robert Henderson; D.O.B: 11 Apr 1958; CHI: 1104583216  
APARTMENT 18/1, PLATFORM BLOCK A, 30 ANDERSTON QUAY, Glasgow, G3 8HX**

Attendance: Specialty - Podiatry; Clinic - GGGWTR112DCC-GENERIC WEST TRIAGE MONDAY  
Date and Time of Appointment - 11/11/2024 09:15

**Clinical Comments:**

S - Telephone triage.

O - Patient recently moved to Glasgow from London. He has diabetes, has had foot issues and amputations, and thinks he has another infection. His right foot feels hotter than his left but he states he can't see very well and is unsure of whether there is an open wound. He is also waiting to see his GP today.

A - Patient referred to Foot Protection clinic for an urgent appointment.

P - Review in clinic.

E - Initial contact today.

R - Discharged to Foot Protection.

Gordon Wilson, Podiatrist

Electronically Signed: ,

cc.

**APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE**  
ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



R

**1. PERSONAL DETAILS**

Is this your first registration with a GP Practice in the UK?

Yes  No

Will you be in the area for more than 3 months?

Yes  No

(If 'No', please complete a temporary resident form)

Male  Female \*

Date of birth \* 11/04/1958

Title \* MR

Surname \* ROBERT

Forenames \* HENDERSON

Previous surname \* -

Address \* APARTMENT 1P/1  
BLOCK A  
30 RENDELLTON QUAY  
GLASGOW

Postcode \* G3 8HX

Telephone # 07817 492109

Email address #

Mobile #

# the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your current medical card:

Community Health Index (CHI) number \*

NHS number \* 400 062 0978

The following information can be found on your birth certificate:

Town of birth \* 11/04/1958

Country of birth \* UK

Registered district of birth (Scotland only) JOHNSTONE

Mother's maiden name MCGREGOR

**2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION**

Address in UK when you were last registered with a GP \*

20 A KINGSLEY ROAD  
WIMBLEDON

Postcode \* SW19 8HF

Name and address of previous GP Practice in UK \*

WINDLEA VILLAGE PRACTICE  
35A HIGH ST  
WIMBLEDON

Postcode \* SW19 5BY

If you are from abroad:

Date you first came to live in the UK \*

If previously resident in the UK, date of leaving \*

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date \*

Are you a Reservist?

Yes No

If yes provide your address before enlisting \*

Leaving date \*

Postcode \*

Is this your first registration with a GP since leaving the armed forces?

Yes No

### 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to [www.organdonationscotland.org](http://www.organdonationscotland.org)

### 4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "[How the NHS handles your personal health information](#)" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

### 5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

Date \* 21/10/2024

Representative's name (if applicable)

Relationship to patient (if applicable)

### 6. FOR PRACTICE USE

GP reference number

GP name

Practice code

### Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert	Student ID card	Driving licence	Passport or HC2 cert	Home Office app reg card	Other / None
------------	-----------------	-----------------	----------------------	--------------------------	--------------

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date \* 21/10/24

### 7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

21/10/24

Practice stamp

**Health Questionnaire** NAME: ROBERT HENAGAN DOB: 11/04/1958

What gender is on your birth certificate -  Male / Female (THIS IS REQUIRED FOR MEDICAL PURPOSES)

And what gender do you now identify as  Male / Female / Other - please state \_\_\_\_\_

Please state your occupation: Retired or student / unemployed/ long term sick

In case of an Emergency please provide contact details of someone who can be contacted

e.g. Family/ friend: Name ISABEL Relationship MOTHER Telephone No 07504 241967 or email \_\_\_\_\_

**In accordance with General Data Protection Regulations**  
Do you consent to receiving text messages to your phone from the surgery? YES -  Opt in / No - Opt out

Main Language Spoken English Do you require an interpreter for appointments. Yes / No

If under 18yrs, please state school attended \_\_\_\_\_

Height: 5' 8" Weight: 92 KG

Smoking Status:  Current smoker /  Use vape /  Ex-smoker /  Never smoked tobacco/ (please circle)

Do you exercise? Never, Occasionally or Regularly -  light /  moderate /  heavy exercise

**Do you have any of the following illnesses?** (please circle)

Chronic obstructive airways disease: yes/ no

Hypothyroidism: yes/ no

Asthma:

yes/no

Stroke / trans ischaemic attack: yes/ no

Diabetes:  yes / no

Epilepsy: yes/ no

Coronary heart disease: yes/ no

Hypertension: yes/ no

Cancer: yes/ no

Mental health problems: yes/ no

Other significant health problems - \_\_\_\_\_

Medication: Are you on any repeat medication? If so please list below: Please ensure to list dosages (e.g. mg/mls) and duration (e.g. once or twice a day)

Please state if you suffer from any drug / food allergies? No

Does anyone in your immediate family have a history of:  
Heart Disease: Yes/No (<60yrs or >60yrs) Stroke: Yes/No (<60yrs or >60yrs) Diabetes: Yes/No (<60yrs or >60yrs)  
Other:

Are you an unpaid carer? Yes / No A carer is anyone who cares for a family member or friend who due to illness, disability, a mental health problem or an addiction, cannot cope without their support.  
If the person you care for is a patient in our practice please give their name \_\_\_\_\_

**FOR WOMAN ONLY** (please circle)

Currently pregnant? Yes / No

If Yes - how many weeks \_\_\_\_\_

Booked with Midwife Yes / No

Have you had any previous pregnancies? Yes / No If Yes - Ages of children? \_\_\_\_\_

Have you had a Cervical Smear? Yes / No Date of last smear? \_\_\_\_\_ Result \_\_\_\_\_

Where was it carried out? previous GP / family planning / abroad / other

Family Planning method? Or name of contraceptive (if used) \_\_\_\_\_

Have you had a Hysterectomy? Yes/ No if Yes - date? \_\_\_\_\_

Shared drive- procedures.& protocols/New patient forms/ New Patient Health Q - updated Nov'23

**ETHNIC MONITORING**

The NHS is recording important information such as language and ethnic group. The reason we are recording this information is:

- To help us communicate effectively and safely with all our patients
- To help us understand health related to specific ethnic groups
- To help us monitor our services
- To help us when planning new services
- To help us promote racial equality

The information is confidential and is only used for health purposes. It is not used by any other organisation. The information is NOT used by immigration or benefit agencies.

**ETHNIC GROUP**

**White**

1. Scottish (9S13)
2. Other British (9S14)
3. Irish (9S11)
4. Any other white background (specify)(9S12) \_\_\_\_\_

**Mixed**

1. Any mixed background (specify)(9SB) \_\_\_\_\_

**Asian, Asian Scottish, Asian British**

1. Indian (9S6)
2. Pakistani (9S7)
3. Bangladeshi (9S8)
4. Chinese (9S9)
5. Any other Asian background (specify)(9SH) \_\_\_\_\_

**Black, Black Scottish or Black British**

1. Caribbean (9S2)
2. African (9S3)
3. Any other Black background (specify)(9SG) \_\_\_\_\_

**Other ethnic background**

1. Any other background (specify)(9SJ) \_\_\_\_\_

**Other**

1. Prefer not to say (9SD) \_\_\_\_\_



**NHS Confidential: Personal data about a patient**

DEPARTMENT OF DIABETES & ENDOCRINOLOGY

St George's University Hospitals   
NHS Foundation Trust

Clinical lead - Dr Earle 020 8725 1027  
Dr Chen / Dr Durgam 020 8725 0732  
Dr. Bano / Dr Saha 020 8725 1968  
Prof. Seal / Dr Poddar 020 8725 1027  
Dr Neary / Dr Panahloo / Dr Siddiqui 020 8725 3902

Email : [DandEsecretaries@stgeorges.nhs.uk](mailto:DandEsecretaries@stgeorges.nhs.uk)

Central Booking Services (Appointments) 020 8725 0007  
Diabetes and Endocrine reception / Thomas Addison Unit 020 8725 1429

Register for Patient Portal: <https://patients.stgeorges.nhs.uk/> to access your clinic and appointment letters, plus recent results..

St George's Hospital  
Blackshaw Road  
London  
SW17 0QT

**PRIVATE AND CONFIDENTIAL**

Dr Jms Allen  
Wimbledon Village Surgery  
35A High Street  
Wimbledon  
London  
SW19 5BY

Clinic Ref: STG DIAB POD  
Clinic Date: 02/09/2024  
Author: Dr Mohsin Siddiqui

Dictation date: 02/09/2024  
MRN: 3269863  
NHS Number: 400-062-0878

Dear Dr Allen,

**Re: Robert Henderson - DOB: 11/04/1958  
20A Kingsley Road, London, SW19 8HF**

**Diagnoses:**

1. New right fifth metatarsal head ulceration with suspicion of osteomyelitis
2. Previous bilateral revascularisation interventions and minor amputations
3. Type 2 diabetes since 2000
4. Hypertension
5. Dyslipidaemia

**Current Medications:**

1. Insulin Tresiba 30 units daily
2. Insulin NovoRapid averaging 14 units with each meal
3. Canagliflozin 300 mg daily
4. Amlodipine 10 mg daily
5. Atorvastatin 10 mg daily
6. Ramipril 5 mg daily

I reviewed this pleasant 66 year old in the Diabetic Foot MDT Clinic. He presented a few days ago with a new deterioration in his right fifth MT head ulcer with signs of soft tissue infection and discoloured granulation tissue at the base. He has been treated on clindamycin and ciprofloxacin with a static wound, the wound is probing deep and may be close to bone. Recent tissue culture showed scanty serratia growth which is sensitive to ciprofloxacin.

His diabetes control is excellent with a recent HbA1c of 42 mmol/mol and a time in range of above 90% on his FreeStyle Libre. His diabetes is being managed in primary care.

Based on his culture results, I have advised him to continue these antibiotics. The x-ray at presentation did not show any major features of osteomyelitis. We will continue to review him in the coming weeks.

Yours sincerely

**NHS Confidential: Personal data about a patient**

*Dictated and Electronically approved to avoid delays.*  
**Dr Mohsin Siddiqui MRCP, MSc**  
**Consultant Endocrinologist**

Copy to:  
**PRIVATE AND CONFIDENTIAL**  
Mr Robert Henderson  
20A Kingsley Road  
London  
SW19 8HF GBR

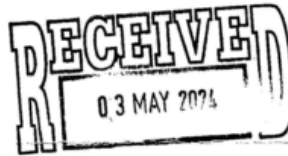
**NHS Confidential: Personal data about a patient**

**NHS**  
**Central London**  
**Community Healthcare**  
NHS Trust

**Private & Confidential**

Wimbledon Village Practice  
35a High Street Wimbledon  
Wimbledon  
London  
SW19 5BY

Holistic Assessment and Rapid Investigation  
(HARI) Service  
The Nelson Health Centre  
220 Kingston Road  
London  
SW20 8DA  
Tel Number: 020 8102 6668  
Email: clcht.mertonhari@nhs.net



28-Apr-2024

By: \_\_\_\_\_

Dear Duty Dr,

**Referral Discharge**

**Re:** Mr Robert Henderson **DoB:** 11-Apr-1958 **Address:** 20A Kingsley Road, London, SW19 8HF

Mr Henderson consented to a HARI and Podiatry joint clinic appointment. He was seen by ANP Victoria Owusu and Specialist Podiatrist Ibrar Shamsa.

S. He reports he was unable to see a podiatrist in Dubai due to the floods there. He dressed the wound himself. Mr Henderson has completed his course of Abx. He denied signs of feeling unwell, fever, no pain, no exudate, no redness. Eating and drinking well no concerns with bowels.

Bloods and X Ray results reviewed.

*12/4/24- Findings: Stable appearances of the amputated first and fifth digits and remodelled second and third metatarsal heads. There is lucency at the soft tissues distal to the first metatarsal amputation stump may correlate with the area of ulceration. No identifiable adjacent bony lucencies nor subcutaneous gas locules. The trabecular architecture and bony alignment remain preserved. Jeremy Amiel Adante Reporting Radiographer HCPC: RA75948*

O. Foot wound examined by the podiatrist (Please see Merton podiatry letter/notes). Wound is now tracking to the bone onwards referral needed.

Pt Alert and orientated no concerns with breathing, well perfused.

BP: 153/84

HRT: 86

Spo2: 97%

Temp: 36.8

RR:15

A.Osteomyelitis- Safety netting advise given to report worsening signs to 999 or 111.

P: Referred to Tier 4 STGH DFC to be seen ASAP.

No further HARI input discharged from caseload.

Kind regards,  
Victoria OWUSU, ANP (HARI)

**File Header Page**



**Name:** HENDERSON, ROBERT

**CHI No:** 1104583216

**Scanned By**

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**MALE**

**Surname**

**Forenames**

NHS Number: 400 062 0878

Tracking Reference: PCS074639020

Surname: **Henderson**

Forename: **Robert**

Previous Surname: **HENDERSON**

DOB: 11 Apr 1958

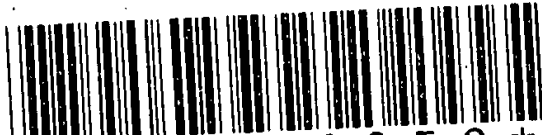
Sex: M

64045  
JWP  
22/1/25

Tel No.

Tel No.

Occ



\* M R 0 1 8 8 3 E 8 \*

CHI No: 110458 - 3216

NHS No: 4000620878

Name: HENDERSON  
ROBERT

Number

Doctor's Cipher stamp

FORENAMES

SURNAME

Date of Death ..... 20 .....

Cause of Death .....

Doctor's Signature .....



HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

**HENDERSON, Robert (Mr)** Date of Birth: **11-Apr-1958 (66y)**

Report Path: All Records

20A Kingsley Road, London, SW19 8HF

NHS Number:	400 062 0878	Home Tel:	
Usual GP:	DE ALMEIDA, Tushan (Dr)	Work Tel:	
Patient Type:	Regular	Mobile Tel:	07817497109
Registered:	05-Jul-2022	Email:	ROBBIE.HENDERSON@ME.COM
Language:	Main spoken language English	Dispensing:	No
Advocacy Needs:		Transport Needs:	

**Problems**

**Active**

11-Jun-2024	Erectile dysfunction
11-Jun-2024	Had a chat to patient
14-Mar-2024	Medication review with patient
13-Mar-2024	Referral to social prescribing service
15-Jun-2023	Going to travel abroad
19-Oct-2020	Diastasis recti abdominis
31-Jul-2019	Percutaneous transluminal angioplasty of artery NEC
27-Feb-2018	Ischaemic ulcer diabetic foot
31-Dec-2013	Amputation hallux
19-Oct-2010	Diastasis recti
2010	Essential hypertension
04-Apr-2009	Hypertensive disorder
29-Jun-2007	Erectile dysfunction
2000	Type 2 diabetes mellitus

**Significant Past**

**Minor Past**

15-Jun-2023	Disease suspected	PCV	14-Jul-2023
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**Medication**

**Acute**

Spikevax JN.1 COVID-19 mRNA Vaccine 0.1mg/ml dispersion for injection multidose vials (Moderna, Inc)	0.5 ml Intramuscular route	0.5 ml	03-Oct-2024
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**Repeat**

Tresiba Penfill 100units/ml solution for injection 3ml cartridges (Novo Nordisk Ltd)	30 UNITS ONCE DAILY	5 cartridge	01-Oct-2024
Canagliflozin 300mg tablets	One To Be Taken Daily Preferably Before Breakfast	90 tablet	08-Sep-2024
FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd)	1 Every 2 Weeks As Dir	12 kit	08-Sep-2024
Ramipril 5mg capsules	1 CAPSULE ONCE A DAY	84 capsule	08-Sep-2024

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

Atorvastatin 10mg tablets	1 TABLET ONCE A DAY	84 tablet	08-Sep-2024
Amlodipine 10mg tablets	1 TABLET ONCE A DAY	84 tablet	08-Sep-2024
NovoRapid FlexPen 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd)	14 Units With Meals	10 pre-filled disposable injection	16-Aug-2024
BD Viva hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/32gauge (Becton, Dickinson UK Ltd)	ASD	180 needle	22-Jul-2024
Ramipril 2.5mg capsules	1 CAPSULE ONCE A DAY	84 capsule	11-Dec-2023
Performa testing strips (Roche Diabetes Care Ltd)	ASD	100 strip	18-Apr-2023

#### Allergies

No allergies recorded.

#### Health Status

27-Aug-2024	Body mass index	32.41	kg/m2
	(calculation based on height entry 27-Aug-2024, NB prior to age 70 average height loss is 1cm per 10 years).		
27-Aug-2024	Never smoked tobacco		
27-Aug-2024	Standing height	173	cm
27-Aug-2024	Body weight	97	kg
27-Aug-2024	O/E - blood pressure reading	141/80	mmHg
			pulse 96
14-Mar-2024	Alcohol intake within recommended sensible limits		
22-Dec-2022	Notes summary on computer		

#### Immunisations

03-Oct-2024	Seasonal influenza vaccination given by pharmacist	
03-Oct-2024	Seasonal influenza vaccination given by pharmacist	
03-Oct-2024	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	
19-Sep-2024	Influenza vaccination invitation first short message service text message sent (situation)	
28-Nov-2023	Seasonal influenza vaccination given by pharmacist	
28-Nov-2023	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	
21-Sep-2023	Influenza vaccination invitation first short message service text message sent (situation)	
27-Oct-2022	Pneumococcal vaccination given	
06-Oct-2022	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	
06-Oct-2022	Administration of first inactivated seasonal influenza vaccination	Adjuvanted Quadrivalent Influenza Vaccine (aQIV) - Manufacturer: Seqirus; BN: 6003B1A; Exp: 04/23
06-Oct-2022	Consent given for seasonal influenza vaccination	
10-Nov-2021	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	Data supplied by external NHS source PRIORITY=3

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

10-Nov-2021	Administration of first dose of SARS-CoV-2 vaccine	Product:Comirnaty COVID-19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd)(39115611000001103)Procedure:Imm unisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)(1362591000000103)Organisation code: Y9X2RExpiry date: 20211201Care setting: Open access servicePerformed by: Veronica JacksonEvent identifier: 802126:11716Dose: 0.3 mlStage=1Batch Number=FK0596Source=Out of PracticeStatus=GivenMethod=Intramuscul arSite=Right armImmunisation Type=COVID - Pfizer Comirnaty
12-May-2021	Administration of second dose of SARS-CoV-2 vacc	Product:COVID-19 mRNA Vaccine BNT162b2 30micrograms/0.3ml dose concentrate for suspension for injection multidose vials (Pfizer-BioNTech) (Pfizer-BioNTech) 5 dose(39115711000001107)Organisation code: I9L4DExpiry date: 20210517Care setting: Open access servicePerformed by: Niamh CahillEvent identifier: 586282:58392Stage=2Batch Number=EW4109Source=Out of PracticeStatus=GivenMethod=Intramuscul arSite=Left armImmunisation Type=COVID - Pfizer Comirnaty
24-Feb-2021	Administration of first dose of SARS-CoV-2 vaccine	Product:COVID-19 mRNA Vaccine BNT162b2 30micrograms/0.3ml dose concentrate for suspension for injection multidose vials (Pfizer-BioNTech) (Pfizer-BioNTech) 5 dose(39115711000001107)Organisation code: I9L4DExpiry date: 20210226Care setting: Open access servicePerformed by: Julia BradburyEvent identifier: 517466:77212Stage=1Batch Number=ER1741Source=Out of PracticeStatus=GivenMethod=Intramuscul arSite=Left armDue date=24/03/2021Immunisation Type=COVID - Pfizer Comirnaty

**Family History**

15-Jun-2023	Family history with explicit context	Family member: Father	PCV
05-Jul-2022	FH: Diabetes mellitus		Read code of condition: C10..00 (Diabetes mellitus)

**Planned Events**

02-Jan-2025	QOF Analyser - nil required (Ardens)
02-Jan-2025	Patient Info Analyser (Ardens)
02-Jan-2025	Eligible for Digital Wt Management (Ardens)

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

02-Jan-2025 Flu: Duplicate vaccinations coded  
02-Jan-2025 Breast or bowel screening due (Ardens)  
19-Jan-2110 Primary Care Group

Admin tag (DO NOT REMOVE)

**Consultations**

23-Oct-2024 08:16	Inbound Document EMSDEN, Alison (Dr) Entered By: EXTERNAL USER, ()
Procedure	Seasonal influenza vaccination given by pharmacist (03-Oct-2024 16:38) Injection site: Left upper arm structure (body structure)
Document	Administration of vaccine Notification of Vaccination (23-Oct-2024)
08-Oct-2024 23:56	Inbound Document Inbound Document Entered By: EXTERNAL USER, ()
Procedure	Seasonal influenza vaccination given by pharmacist (03-Oct-2024 16:38) Injection site: Left upper arm structure (body structure)
Document	Administration of vaccine Notification of Vaccination (08-Oct-2024)
08-Oct-2024 05:56	Inbound Document Inbound Document Entered By: EXTERNAL USER, ()
Procedure	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (03-Oct-2024 16:38) Manufacturer: Moderna, Inc, Expiry Date: 24-Oct-2024, Batch Number: 812005A, Injection site: Left upper arm structure (body structure)
Comment	Pharmacy service   Administered by Yasmin Javid   Vaccination Provider ODS Code: FLK20
Medication	Spikevax JN.1 COVID-19 mRNA Vaccine 0.1mg/ml dispersion for injection multidose vials (Moderna, Inc) (03-Oct-2024 16:38) 0.5 ml Intramuscular route 0.5 ml
Document	Administration of vaccine Notification of Vaccination (08-Oct-2024)
27-Sep-2024 16:02	accuRx Consultation RITCHIE, Robert (Mr)
Comment	Dear Mr Henderson, From Tuesday, 1st October we are implementing a new appointment system. This is an online total triage system, where a clinician will triage all appointment requests received via an online form. Please visit our website <a href="http://www.wimbledonvillagesurgery.co.uk">www.wimbledonvillagesurgery.co.uk</a> for more information. If you are unable to fill in an online form, you will still be able to call reception and they will complete it on your behalf. However, you will no longer be able to book appointments directly by calling us. Wimbledon Village Surgery NHS app message sent on 27/09/2024 16:02:10
19-Sep-2024 11:11	accuRx Consultation RITCHIE, Robert (Mr)
Comment	Influenza vaccination invitation first short message service text message sent (situation) Dear Mr Henderson, From Thursday, 3rd October a free flu vaccine is available for you at the practice. If you don't want one, or have already received it elsewhere please let us know. To respond: <a href="https://accuRx.nhs.uk/c/p-tjda6m7ut5">https://accuRx.nhs.uk/c/p-tjda6m7ut5</a> (Expires in 7 days) Wimbledon Village Surgery NHS app message sent on 19/09/2024 11:11:08
05-Sep-2024	Inbound Document WALKER, Nicola (Dr) Entered By: EXTERNAL USER, ()
Document	Clinical document (05-Sep-2024) Clinical document
Additional	(25-Sep-2024) 5th Metatarsal Head Ulceration
02-Sep-2024 17:25	Externally Entered DE ALMEIDA, Tushan (Dr) Entered By: , System User ()
Lab Results	Blood film microscopy (27-Aug-2024) (TDEALMEIDA) - Result is stable - OK2go
28-Aug-2024 12:15	Externally Entered DE ALMEIDA, Tushan (Dr) Entered By: , System User ()
Lab Results	HbA1c lev1 - IFCC standardised (27-Aug-2024) (TDEALMEIDA) - Better than before, OK2go
28-Aug-2024 06:25	Externally Entered DE ALMEIDA, Tushan (Dr) Entered By: , System User ()
Lab Results	Serum vitamin B12 (27-Aug-2024) (TDEALMEIDA) - All normal, tell Pt - OK2go Serum folate (27-Aug-2024) (TDEALMEIDA) - All normal, tell Pt - OK2go

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

27-Aug-2024 18:15	Externally Entered DE ALMEIDA, Tushan (Dr) Entered By: , System User ( )
Lab Results	Serum ferritin (TDEALMEIDA) - All normal, tell Pt - OK2go ! Urea and electrolytes (TDEALMEIDA) - Considered normal, minor variations OK2go eGFRcreat (CKD-EPI)/1.73 m*2 (TDEALMEIDA) - All normal, tell Pt - OK2go Liver function test (TDEALMEIDA) - All normal, tell Pt - OK2go Serum lipids (TDEALMEIDA) - All normal, tell Pt - OK2go Se prostate specific Ag level (TDEALMEIDA) - All normal, tell Pt - OK2go Serum free T4 level (TDEALMEIDA) - All normal, tell Pt - OK2go Serum TSH level (TDEALMEIDA) - All normal, tell Pt - OK2go
27-Aug-2024 17:15	Externally Entered DE ALMEIDA, Tushan (Dr) Entered By: , System User ( )
Lab Results	! Full blood count - FBC (TDEALMEIDA) - Considered normal, minor variations OK2go
27-Aug-2024 09:31	Face to face consultation (WIMBLEDON VILLAGE SURGERY) LUNDY, Tracy, (Mrs)
Examination	O/E - blood pressure reading 141/80 mmHg pulse 96 Body weight 97 kg • Standing height 173 cm • Body mass index 32.4 kg/m2
Additional	Weight monitoring Current weight 97 kg equates to 15 st, 4 lb. A 0% gain from the previous reading (97kg, 28-Mar-2024). Based on the height entry (27-Aug-2024) a healthy weight is likely to be 55 - 75kg (8 st, 9 lb - 11 st, 11 lb) Body mass index 32.41 kg/m2 (calculation based on height entry 27-Aug-2024, NB prior to age 70 average height loss is 1cm per 10 years).
Assessment	Never smoked tobacco
15-Aug-2024 10:57	accuRx Consultation RITCHIE, Robert (Mr)
Comment	Diabetes monitoring SMS text message first invitation Dear Mr Henderson, You are due for your annual diabetes check-up and therefore need a blood test and foot check with Tracy. Please click on the link below or call us on 020 8946 2800 to book this. To book: <a href="https://accurx.nhs.uk/c/p-5s9r7tk6ua">https://accurx.nhs.uk/c/p-5s9r7tk6ua</a> (Expires in 7 days) Wimbledon Village Surgery NHS app message sent on 15/08/2024 10:57:03
17-Jul-2024 12:02	accuRx Consultation KHAN, Imran (Mr)
Comment	Patient mobile telephone number 7817497109 SMS text message sent to patient Dear Mr Henderson, This is some advisory information relating to Canagliflozin which you are currently being prescribed. We advise you to seek medical advice and contact the surgery if you experience any severe pain, tenderness, redness or swelling in the genital or perineal area accompanied by fever or feeling unwell/tired. Please also seek medical advice if you experience any rapid weight loss, nausea or vomiting, abdominal pain, fast and deep breathing, sleepiness, a sweet smell to the breath, a sweet or metallic taste in the mouth or a different odour to urine or sweat. Wimbledon Village Surgery
17-Jul-2024 12:02	Administration note (WIMBLEDON VILLAGE SURGERY) KHAN, Imran (Mr)
History	As per SMS sent 17/07/24
Comment	Education about ketoacidosis advised to discontinue and seek urgent review Education about Fournier's gangrene a necrotising fasciitis of the external genitalia/ perineum/ perianal region
Additional	Template entry - EHR composition type SGLT-2 inhibitors initiation template (v18.2 by Ardens)
09-Jul-2024 15:09	Face to face consultation (WIMBLEDON VILLAGE SURGERY) DRAYTON, Shakira (Dr)
Problem	<b>Erectile dysfunction</b> (Review)
History	ongoing, sildenafil did nothing wants to try a penis pump as his partner is willing to try this with him has read that combination of P-5 inhibitor plus penis pump more likely to work agreed - to try avanfil + manual vacuum pump and see how gets along.
Medication	SomaErect Response II vacuum pump 15019 (iMEDicare Ltd) As Directed 1 device Avanafil 100mg tablets one or two tablets as required 8 tablet
12-Jun-2024 19:36	Externally Entered DRAYTON, Shakira (Dr)

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

	Entered By: , System User ( )
Lab Results	Se prostate specific Ag level (SDRAYTON) - All normal, tell Pt - OK2go Serum testosterone (SDRAYTON) - All normal, tell Pt - OK2go
12-Jun-2024 10:36	Face to face consultation (WIMBLEDON VILLAGE SURGERY) BALLENTINE, Lisa (Ms)
Procedure	Blood sample -> Lab NOS
11-Jun-2024 15:46	Face to face consultation (WIMBLEDON VILLAGE SURGERY) DRAYTON, Shakira (Dr)
Problem	Had a chat to patient (First)
History	would like PSA and testosterone tested Prev known to have enlarged prostate does have some LUTS symptoms - nocturia, frequency, poor stream would like PSA prev tried medication for prostate but did not like side effects (cannot remember what he tried from old GP and not on notes, but affected his sexual performance and did not like it would like testosterone tested as feels might be low - has lost muscle bulk, feels more fatigued etc. His son owns a testosterone manufacturing facility and has discussed with him
Comment	PSA, testosterone
Medication	Sildenafil 100mg tablets half or one whole tablet as needed 1 hour before activity 8 tablet
Problem	Erectile dysfunction (First)
History	prev tried vardenafil but did not like it, would like to try alternative prev widowed but now in new relationship
Examination	O/E - blood pressure reading 144/80 mmHg
30-Apr-2024 15:44	Scanned document (WIMBLEDON VILLAGE SURGERY) DE ALMEIDA, Tushan (Dr) Entered By: SHAH, Sadaf (Mrs)
Document	Discharge from podiatry service (24-Apr-2024) Discharge from podiatry service from CLCH Mert - Single Point of Access (24-Apr-2024)
28-Apr-2024	Scanned document (WIMBLEDON VILLAGE SURGERY) DE ALMEIDA, Tushan (Dr) Entered By: RITCHIE, Robert (Mr)
Document	Clinical document (Clinical document CLCH HARI Service (28-Apr-2024)
28-Apr-2024	Scanned document (WIMBLEDON VILLAGE SURGERY) DE ALMEIDA, Tushan (Dr) Entered By: RITCHIE, Robert (Mr)
Document	Clinical document (Clinical document CLCH HARI service (28-Apr-2024)
25-Apr-2024 13:54	Scanned document (WIMBLEDON VILLAGE SURGERY) ANTONY, Sunil (Mr)
Document	Referral closure: Discharged - Treatment completed (Referral closure: Discharged from Community podiatry service - (25-Apr-2024)
24-Apr-2024 09:31	Clinic note (Merton Community Adult and Child Health Services) SHAMSA, Ibrar (MFT)
Comment	TC to patient to follow up - patient reports has appointment booked for tomorrow at STGH DFC - agreed to discharge. STGH to re-refer back into service when appropriate Appt on 30/4/24 at 13:00pm cancelled. Discharged - letter sent to GP and cc pt
24-Apr-2024 09:31	Clinic note (Merton Community Adult and Child Health Services) SHAMSA, Ibrar (MFT)
Comment	From community podiatry service - HENDERSON, Robert (Mr) 400 062 0878SHAMSA, Aboura (CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST)Tue 23/04/2024 4:06 PMThat's great. Thank you so much. I will discharge him from our end, please do re-refer him once he's stable. Aboura PodiatristDiabetic Foot Clinic <diabetic.footclinic@stgeorges.nhs.uk>?SHAMSA, Aboura (CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST);?DIABETICFOOTCLINIC (ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST);???Andrew Stephen <Andrew.Stephen@stgeorges.nhs.uk>? This message originated outside of NHSmail from a securely accredited DCB1596 domain. This can be considered a trusted and verified domain however use caution when opening email from an unrecognised sender.Dear Aboura , Thanks for your referral . I have offered this patient an appointment for Thursday 25/4/24 10:15am. I have cc'd my colleague Andy who can kindly help book this patient as an SOS new encounter .Thank you . Kind Regards , Poorvi SharmaPodiatristFrom: SHAMSA, Aboura (CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST) <ibrar.shamsa1@nhs.net>Sent: 23 April 2024 11:41To:

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

DIABETICFOOTCLINIC (ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST)  
<stgh-tr.diabeticfootclinic@nhs.net>; Diabetic Foot Clinic  
<Diabetic.FootClinic@stgeorges.nhs.uk>Subject: From community podiatry service -  
HENDERSON, Robert (Mr) 400 062 0878Importance: High You don't often get email from  
ibrar.shamsa1@nhs.net. Learn why this is importantDisclaimer:This e-mail and any files  
transmitted with it are confidential. If you are not the intended recipient, any reading,  
printing, storage, disclosure, copying or any other action taken in respect of this e-mail is  
prohibited and may be unlawful. If you are not the intended recipient, please notify the  
sender immediately by using the reply function and then permanently delete what you  
have received.Incoming and outgoing e-mail messages are routinely monitored for  
compliance with the Department of Health's policy on the use of electronic  
communications.?This message was sent with High importance.This message was sent with  
High importance.SHAMSA, Aboura (CENTRAL LONDON COMMUNITY HEALTHCARE NHS  
TRUST)?DIABETICFOOTCLINIC (ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION  
TRUST)?Diabetic.FootClinic@stgeorges.nhs.uk  
<diabetic.footclinic@stgeorges.nhs.uk>?Dear Team, Please find the attached urgent  
referral for your review.The patient was last seen by our service in Aug 2023, presenting  
with ulceration right 2/3rd plantar MPJ. Subsequently, he travelled to Dubai for a 7-month  
holiday and was re-referred to our service on 11/4/24. He was prescribed antibiotics and  
sent for an X-ray.The X-ray results from 11/4 suggest OM. Unfortunately, I'm unable to  
access the swab results on cerner.The wound has since deteriorated and is now probing to  
bone.Given the deterioration of his ulcer and the patient's upcoming travel plans, he will be  
leaving for Dubai on 2/5/24.I would appreciate it if you could arrange to see him sometime  
this week. Many thanksAboura

23-Apr-2024 15:59 Document	Merton Community Adult and Child Health Services SHAMSA, Ibrar (MFT) Clinical document SGH DFC REF CLCH Mert - Podiatry At Risk Service (23-Apr-2024)
23-Apr-2024 10:20 Comment	Joint consultation (Merton Community Adult and Child Health Services) SHAMSA, Ibrar (MFT) Accompanying HCP: MATTHEWS, Cynthia (Ms) Nelson HCPodiatry dept.Consent gained for treatmentFull PPE wornAt risk clinicFollow up review Joint consult with Victoria Owusu - Advanced nurse practitioner, student nurse shadowing Victoria present Cynthia (assistant pract.) present & assistingtng PMH: - unable to view cerner/full med hx - no changes reported T2DM - 2000Erectile Dysfunction - 2007Hypertension - 2007Ischaemic ulcer diabetic foot - 2018Percutaneous transluminal angioplasty of artery NEC - 2019Current Medication: Canagliflozin 100mg odNovorapid 14units with mealsTresiba 42units once daily (evening)Blood results:HbA1c: 50mmol/mol - Dec 2022, previously 47mmol/mol Aug 2022Hx of foot ulcer and amputation of R/1 and R/5. L/4Hx of being under STGH Vascular team - stepped down from STGH to Merton Care plan:-Referred to STGH DFC - email sent. Safety netting appt 30/4/24 -Advised to keep dressing dry and intact ill seen by STGH DFC -Spare dressings issued, to re-dress sooner if any strike through/gets wet or dirty-Offloaded R/F ulcer with SCF 10mm pad with U cut out -Xray request previous visit. Reports suggestive of OM -Blood work up (FBC, CRP, U&E) - normal -Finished course of abx -Unable to view swab results on cerner -Discussed short-term management -focusing on offloading to relieve pressure and prevent infection and deterioration. -For long-term management, the possibility of surgical intervention?. Unable to refer the patient to a podiatric surgeon at present due to his frequent travel abroad. This back-and-forth travel could potentially interfere with post-operative care and follow-up appointments.-Discussed signs of deterioration/ infection - safety netting advise given to observe for worsening signs- spreading or worsening erythema, fever, temp, exudate +++, unable to weight bear or signs of sepsis to contact emergency services/medical help while in Dubai or 999 when in the UK.-Patient previously known to tier 4 and has emergency contact details when in UK-Diabetic foot care advice givenSkin warm/ well perfused/ dry/CRT 3 secsNo IC or RP - S&S masked due to PN???Doppler Arterial AssessmentB/F Doppler Sounds: re-assessed today 23/4/24 Dorsalis Pedis: biphasic waveformAnterior Tibial: biphasic waveformPosterior Tibial: biphasic waveformPAD revascularisation to Right leg. Neurological evaluation 10g: B/F 0/10Sensory and motor neuropathy Risk status: High risk developing diabetes related foot complications (infection + ulceration + amputation) P/C: I didn't get time to see the podiatrist because of the flooding in Dubai. Observation:L/F

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skin intact - no wounds R/F 2x dorsal wounds over 5th MPJ and 2nd MPJ Superficial Granulating bases: R/2/3 MPJ I: pedal flow intact N: sensory neuropathy B: no signs of BI A: >1cmD: probing deep to bone Wound base: granulation tissue Undermining Wound edges macerated, heavy callus Erythema, peeling of skin No foul odour Pt well in himself does not report fever/ temperature Debridement by Aboura Dressing applied by Cynthia: R/x: Cleansed with normasol, packed wound with cutimed sorbact and advasorb foam dressing + offloaded with 10mm U pad to offload secured with hypafix Dorsal wounds dressed with inadine + cosmopore Image taken with patient consent - plan to upload to record BP: 153/84 HRT: 86Spo2: 97%Temp: 36.8RR:15P: see CP above - referred to Tier 4 STGH DFC.

23-Apr-2024 10:20	Face to face consultation (Merton Community Adult and Child Health Services) SHAMSA, Ibrar (MFT)
Social	Ex-smoker
Assessment	Care plan • Agreement of care plan • Review of care plan
23-Apr-2024 10:15	Face to face consultation (Personal Diary Session) OWUSU, Victoria (HARI) Duration: 60 mins
Comment	Accompanying HCPs: SHAMSA, Ibrar (MFT) CONINGTON, Molly (MRR) Mr Henderson consented to a HARI and Podiatry joint clinic appointment. He was seen by ANP Victoria Owusu and Specialist Podiatrist Ibrar Shamsa. S. He reports he was unable to see a podiatrist in Dubai due to the floods there. He dressed the wound himself. Mr Henderson has completed his course of Abx. He denied signs of feeling unwell, fever, no pain, no exudate, no redness. Eating and drinking well no concerns with bowels. Bloods and X Ray results reviewed. 12/4/24- Findings: Stable appearances of the amputated first and fifth digits and remodelled second and third metatarsal heads. There is lucency at the soft tissues distal to the first metatarsal amputation stump may correlate with the area of ulceration. No identifiable adjacent bony lucencies nor subcutaneous gas locules. The trabecular architecture and bony alignment remain preserved. Jeremy Amiel Adante Reporting Radiographer HCPC: RA759480. Foot wound examined by the podiatrist (Please see Merton podiatry letter/notes). Wound is now tracking to the bone onwards referral needed. Pt Alert and orientated no concerns with breathing, well perfused. BP: 153/84 HRT: 86Spo2: 97%Temp: 36.8RR:15A.Osteomyelitis P: referred to Tier 4 STGH DFC to be seen ASAP.No further HARI input discharged from caseload.
22-Apr-2024 13:37	Telephone call to a patient (Merton Community Adult and Child Health Services) NEWMAN, Lorraine (MME) Duration: 15 mins
Comment	Telephone encounter with Patient. Patient confirmed he will be attending his appointment tomorrow 23/04/2024 @10 am with ANP Victoria.
22-Apr-2024 09:15	Telephone consultation (WIMBLEDON VILLAGE SURGERY) WALKER, Nicola (Dr)
History	called to discuss wound swab- taken at Nelson med centre but no record of this. pehr pas we were copied in as his GP, says they gave him 7 days of coamoxiclav anyway on day they took swab- should have covered the bacteria showing up in result. syas doesn't look infected, never did he said. not red etc. fbc- better, HCT and Hb reduced, not obvious cause of this. - needs rpt 3-6 monthly- discussed with pt. also pt wants psa test- LUTs for a long time years, no change, advicd many years ago has BPH= wanting recheck as rfriends aborad have annual psa- explained not routinely done here. also advised if sx worsen weven with a normal PSA needs to d/w GP
Comment	PSA and then FBC 3 months.
17-Apr-2024 10:31	Administration note (Merton Community Adult and Child Health Services) FAHEEM, Yasmin (MCR)
Comment	Email encounter to SGH radiology service to chase patient's x-ray report. Reply awaited.
16-Apr-2024 09:54	Merton Community Adult and Child Health Services SHAMSA, Ibrar (MFT)
Document	Clinical document  abx prescription
16-Apr-2024 09:53	Merton Community Adult and Child Health Services SHAMSA, Ibrar (MFT)

HENDERSON, Robert (Mr)  
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Document	Clinical document  a prescription
15-Apr-2024 11:56	Externally Entered FULKER, Helena (Dr) Entered By: System User ()
Lab Results	WOUND SWAB (12-Apr-2024) (HFULKER) - Book tel Con to discuss
12-Apr-2024 18:00	Joint consultation (Nelson Health Centre) SHAMSA, Ibrar (MFT) Accompanying HCP: OWUSU, Victoria (HARI)
Comment	Notes added retrospectively for appointment dated 11/4/24 at 13:00 pm. Nelson HCPodiatry dept.Consent gained for treatmentFull PPE wornAt risk clinicFollow up Victoria Owusu - Advanced nurse practitioner present Care plan:-Podiatry review in 2 weeks. Pt away for 1 week Dubai-Advised to keep dressing dry and intact for 1 week and re-dress (pt will be seeing private podiatrist) Spare dressings issued, to re-dress sooner if any strike through/gets wet or dirty-Offloaded R/F ulcer with SCF 10mm pad with U cut out - advised patient to wear darco offloading shoe-Xray request today - query DM? Signed off by Victoria Owusu-Blood work up (FBC, CRP, U&E) -Antibiotic cover, flucloxacillin 500mg to take 4x daily for 7 days- pt advise given by Victoria Owusu-Wound swab obtained -Discussed short-term management -focusing on offloading to relieve pressure and prevent infection and deterioration. -For long-term management, the possibility of surgical intervention?. Unable to refer the patient to a podiatric surgeon at present due to his frequent travel abroad. This back-and-forth travel could potentially interfere with post-operative care and follow-up appointments.-Discussed signs of deterioration/ infection - safety netting advise given to observe for worsening signs-spreading or worsening erythema, fever, temp, exudate +++, unable to weight bear or signs of sepsis to contact emergency services/medical help while in Dubai or 999 when in the UK.-Patient previously known to tier 4 and has emergency contact details when in UK-Diabetic foot care advise given-Discharge from Podiatry in 2 weeks as will be away on holiday dubai for a month Plan review sooner & at next visit with Victoria 1. Right foot X-ray2. Antibiotic cover, flucloxacillin 500mg to take 4x daily for 7 days- pt advise given3. blood test- FBC, CRP, U&E4.review booked 23/4/23Agreed to contact pt via email or telephone with results if urgent to seek medical support while in Dubai if needed.PMH: - unable to view cerner/full med hx T2DM - 2000Erectile Dysfunction - 2007Hypertension - 2007Ischaemic ulcer diabetic foot - 2018Percutaneous transluminal angioplasty of artery NEC - 2019Current Medication: Canagliflozin 100mg odNovorapid 14units with mealsTresiba 42units once daily (evening)Blood results:HbA1c: 50mmol/mol - Dec 2022, previously 47mmol/mol Aug 2022Hx of foot ulcer and amputation of R/1 and R/5. L/4Hx of being under STGH Vascular team - stepped down from STGH to Merton Skin warm/ well perfused/ dry/CRT 3 secsNo IC or RP - S&S masked due to PN??Doppler Arterial Assessment B/F Doppler Sounds: Dorsalis Pedis: biphasic waveformAnterior Tibial: biphasic waveformPosterior Tibial: biphasic waveformPAD revascularisation to Right leg. Neurological evaluation 10g: B/F 0/10Sensory and motor neuropathy Risk status: High risk developing diabetes related foot complications (infection + ulceration + amputation) P/C: I have had this ulcer on and off since August last year. It heals and then opens up. I see a private podiatrist in Dubai I think my foot looks fine I cant see anything Observation:L/F skin intact R/F S: R/2/3 MPJ I: pedal flow intact N: sensory neuropathy B: signs of localised infection A: 3.5cm diameter D: probing quite deep about 6mm - I couldn't feel bone, however there was some tunneling Wound base: granulation tissueWound edges macerated, heavy callus Surrounding tissue callousedErythema, localised swelling, peeling of skin No foul odourPt well in himself does not report fever/ temperature R/x: Cleansed with normasol, debrided all devitalised tissue and callus with 10 blade, packed wound with inadine and biatain foam dressing for exudate absorption + offloaded with 10mm U pad to offload secured with wipafix Image taken with patient consent - plan to upload to record Obs: Temp: 36.0°C, Sats: 96%, BP lying: 109/75, HR 95. RR 16NEWS2- 0Rockwood- 2No other lesions visibleNo other wounds visible Discussion with the patient today centered around collecting antibiotics from the GP due to my concerns about his foot and suspicion of a bone infection, which would require an X-ray for confirmation. I was unable to probe any bone directly, but the wound was notably deep.The patient was quite reluctant, emphasizing his lack of time as he had plans to fly to Dubai tonight. He mentioned needing to travel to Milton Keynes today to pick up his grandchildren before heading to the airport. Despite my concerns and recommendations, the patient insisted his foot felt and looked

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fine. I explained to him that his extensive neuropathy (nerve damage) is the reason he doesn't feel pain from the wound area. To illustrate my concerns more clearly, with his consent I took a picture of the wound and showed it to him. Given his reluctance I believe he may benefit from input from a clinical psychologist in future to address potential underlying psychological barriers to care. Given the urgency of the situation, I consulted with my colleague, Victoria Owusu, an Advanced Nurse Practitioner. She promptly prescribed antibiotics and ordered an X-ray for the patient.

12-Apr-2024 17:50 Face to face consultation (Merton Community Adult and Child Health Services) SHAMSA, Ibrar (MFT)

Assessment Care plan • Agreement of care plan • Review of care plan

12-Apr-2024 14:52 Clinic note (Merton Community Adult and Child Health Services) OWUSU, Victoria (HARI)  
Duration: 30 mins

Comment

Blood Review			
C-Reactive Protein.	2.0 mg/L	<5.0	eGFRCr
CKDEPI/1.73m2	75 mL/min	>60	AKI
Staging	0 Stage	0-0	Sodium
mmol/L	133-146		4.4 mmol/L
			2.5-7.8
			H
			Mean
			29.1 pg
			316 g/L
			<14.5
			150-400
			1.7-7.5
			1.0-3.5
			<0.1

clinic review booked 23 April 24

12-Apr-2024 06:26 Externally Entered MURPHY, Cecilia (Dr)  
Entered By: System User ()

Lab Results ! Full blood count - FBC (11-Apr-2024) (CMURPHY) - Considered normal, minor variations OK2go  
! Urea and electrolytes (11-Apr-2024) (CMURPHY) - Considered normal, minor variations OK2go  
eGFRcreat (CKD-EPI)/1.73 m\*2 (11-Apr-2024) (CMURPHY) - All normal, tell Pt - OK2go  
Plasma C reactive protein (11-Apr-2024) (CMURPHY) - All normal, tell Pt - OK2go

11-Apr-2024 16:00 Face to face consultation (Personal Diary Session) OWUSU, Victoria (HARI)  
Duration: 60 mins

Comment Mrs Henderson was referred by Merton podiatry for investigation into ?osteomyelitis from a diabetic foot ulcer. Verbal consent gained for in-person clinic assessment on 11.4.24. Seen by Advanced nurse practitioner Victoria Owusu. Presenting complaint: 1. ?osteomyelitis History of presenting complaint: Longstanding diabetic RT foot ulcer with on and off wound, Pt reports Current wound started Aug 2023. Has been having treatment in the UK and in Dubai as he comes and goes frequently. Erythema on the ball of right foot Reports no pain- patient has peripheral neuropathy. No fever or temperature. No red flags ROSEating and drinking well No fever Reports no known Kidney function disorders PMH T2D, PN, Hypertension, hx of amputation - neuropathic diabetic foot ulcer Medication Review- Allergies: reports NKDASocial independent of all ADLSExamination: Alert, orientated, no difficulty breathing. Skin: diabetic RT foot ulcer - etymtha present , no painon examination bloody exudate + Obs: Temp: 36.0\*C, Sats: 96%, BP lying: 109/75, HR 95. RR 16NEWS2- 0Rockwood- 2Impression:1. ?osteomyelitis.- Patient traveling to Dubai from tonight back in 1 week- safety netting advise given to observe for worsening

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signs- spreading or worsening erythema, fever, temp, exudate +++, unable to weight bear or signs of sepsis to contact emergency services/medical help while in Dubai or 999 when in the UK. Agreed to contact pt via email or telephone with results if urgent to seek medical support while in Dubai if needed. Plan: 1. Right foot X-ray, 2. antibiotic cover, flucloxacillin 500mg to take 4x daily for 7 days- pt advise given 3. blood test- FBC, CRP, U&E 4. review booked 23/4/23 Review with Results

11-Apr-2024 13:01	Clinic note (Merton Community Adult and Child Health Services) OWUSU, Victoria (HARI) Duration: 20 mins
Comment	HARI triage Referral from Merton podiatry: for investigation into suspicion of osteomyelitis. Urgent actions needed include X-ray, antibiotic cover, and bloods. accepted onto caseload
11-Apr-2024 13:00	Inbound Referral (Merton Community Adult and Child Health Services) SHAMSA, Ibrar (MFT)
Referral	Referral to community multidisciplinary care team From: CLCH Mert - Podiatry At Risk Service
Document	Discharge Letter (28-Apr-2024) (28-Apr-2024) for Referral to community multidisciplinary care team - (Discharge Letter)
28-Mar-2024 10:38	Face to face consultation (WIMBLEDON VILLAGE SURGERY) FAIRBAIRN, Sarah Florence (Mrs)
Examination	O/E - Right diabetic foot at high risk • O/E - Left diabetic foot at high risk • Standing height 173 cm • Body weight 97 kg • Body mass index 32.4 kg/m2 O/E - Right foot deformity amputee
Comment	Diabetic foot care education Daily checks, foot care + and hygiene Under care of podiatrist Did not attend retinal screening has an appt arranged at The Nelson Diabetic annual review
Follow up	[Inactive] Diary Entry Follow-up diabetic assessment (28-Mar-2025) [Inactive] Diary Entry Haemoglobin A1C - diabetic control interpretation (28-Mar-2025) [Inactive] Diary Entry Diabetic annual review (28-Mar-2025)
Additional	Enjoys light exercise Template entry - EHR composition type Diabetes v18.05 provided by Ardens-Q Ltd. Weight monitoring Current weight 97 kg equates to 15 st, 4 lb. A -2% loss from the previous reading (99kg, 20-Oct-2022). Based on the height entry (28-Mar-2024) a healthy weight is likely to be 55 - 75kg (8 st, 9 lb - 11 st, 11 lb) Body mass index 32.41 kg/m2 (calculation based on height entry 28-Mar-2024, NB prior to age 70 average height loss is 1cm per 10 years).
26-Mar-2024 11:53	Face to face consultation (Merton Community Adult and Child Health Services) RAHMAN, Mohammed (Mr)
Assessment	Care plan weekly wound care, offloading, redressing until wound healed Agreement of care plan
26-Mar-2024 11:20	Face to face consultation (Nelson Health Centre) RAHMAN, Mohammed (Mr) Duration: 40 mins
Comment	The patient seen at Nelson health centre- Podiatry Clinic Podiatry High Risk appointment. Verbal consent obtained for treatment. Care plan: " To monitor right 2nd and 3rd MTPJ plantar callus area as wound appear after callus debrided , weekly redressing, offloading, Patient is unable to attend in next week, going to Scotland 29th Friday, will be back on 09th April, appointment booked on 11th April. Patient reported he will see someone privately in Scotland, advised if any signs of infection, to attend A & E. " The patient was on abroad/Dubai in last several months. To review at risk clinic, To monitor also amputation sites, Left 5th MTPJ H/O re-current ulceration due to joint deformity" To consider referring Podiatric surgeon for long term option " Vascular assessment completed - both feet dorsalis pedis and tibialis post biphasic, regular, palpable, skin colour and temperature normal. " Wound swab to obtain if concerns infection- erythema and swelling on wound site. Discuss with wider

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podiatry team / MDT if concerns with management. " Liaise with GP if concerns infection requiring antibiotic management. " Monitor for signs of spreading infection Step up to Tier 4 if wound deterioration significant A&E access if urgent concerns re sepsis / spreading infection requiring IV antibiotics." Footcare and footwear advice provided. Advised to wear shoes/trainers with a wide/deep toe box, lace/velcro fastening and cushioned insole to prevent mechanical induced foot trauma." Patient advised to check foot daily for cracks, redness, swelling or increase in temperature/ pain, wounds, cream feet 2x a day to ensure hydration of skin using urea-based creams, do not use in between the toes. " SOS advice given regarding History of: DM DFO and infection + amputation, PAD revascularisation to Right leg.Wound care:Right 2nd and 3rd MTPJ plantar due to mechanical pressure/shearing/foot deformity, measuring 12mm x10mm, 3 mm depth not probing bone.Base: 100%granulating, fibrous tissue, cleanSurrounding skin: heavy callusExudate: low serous exudateMalodour: NoneInfection: No clinical signs of infection Treatment: Callus debrided, Cleaned with saline sol and sterile gauzeDressing: Aquacel Ag, Advasorb silfixOffloading: 10mm SCF with cut out for the area secured with tubigauge, bluelineAdvice: Keep dressing dry for 1 week, to attend GP or privately or A&E as per plan agreed by patient, is going to Scotland, declined to attend in next week.S: R2nd and 3rd MTPJ plantar I: Pedal pulses intact/biphasicN: sensory neuropathy -1B: No clinical signs of infection A: 12cm x 10cm D: Superficial not probing to bone 3mmWound base: granulation tissueSurrounding tissue calloused O: Both feet checked. Both feet 5th MPTJ amputation sites intact, callus, no open wound notedBoth feet all nails long, requested to cut,All IDs and both heel NADBoth feet moderate anhidrotic, skin intact, temperature normalNo rest pain or claudication pain reported.No other abnormalities or clinical signs of infection noted.A: Both feet pre and post ops cleaned by HydrexAll long toenails cut and filed,All callus debrided Skin intact post treatmentP: see CP above, booked in 2 weeks, letter given

25-Mar-2024 12:55	Administration note (Merton Community Adult and Child Health Services) GOBITHEN, Dharshaka (MAM)
Comment	Reminder Call for Appointment : Pod @ Risk on 26/03 @ 10:20- Availability confirmed with patient
23-Mar-2024 16:30	Externally Entered DE ALMEIDA, Tushan (Dr) Entered By: , System User ( )
Lab Results	! HbA1c lev1 - IFCC standardised (22-Mar-2024) (TDEALMEIDA) - Result is stable - OK2go
22-Mar-2024 23:20	Externally Entered DE ALMEIDA, Tushan (Dr) Entered By: , System User ( )
Lab Results	Urine creatinine (TDEALMEIDA) - All normal, tell Pt - OK2go ! Urine albumin:creatinine ratio (TDEALMEIDA) - Book tel Con to discuss
22-Mar-2024 19:20	Externally Entered DE ALMEIDA, Tushan (Dr) Entered By: , System User ( )
Lab Results	! Full blood count - FBC (TDEALMEIDA) - Considered normal, minor variations OK2go ! Urea and electrolytes (TDEALMEIDA) - Repeat test eGFRcreat (CKD-EPI)/1.73 m*2 (TDEALMEIDA) - All normal, tell Pt - OK2go ! Bone profile (TDEALMEIDA) - Considered normal, minor variations OK2go Liver function test (TDEALMEIDA) - All normal, tell Pt - OK2go Serum lipids (TDEALMEIDA) - All normal, tell Pt - OK2go Rejected Sample (TDEALMEIDA) - All normal, tell Pt - OK2go
22-Mar-2024 09:45	Face to face consultation (WIMBLETON VILLAGE SURGERY) MURRAY, Jane (Ms)
Examination	O/E - blood pressure reading 144/81 mmHg pulse 87
Procedure	Blood sample -> Lab NOS VERY DIFFICULT TO BLEED ACR SENT TO LAB.
19-Mar-2024 13:23	Administration note (WIMBLETON VILLAGE SURGERY) PETERS, Sian (Miss)
Comment	Patient address Updated FROM 21 Deepdale, SW19 5EZ TO 20A Kingsley Road, SW19 8HF
19-Mar-2024 11:40	accuRx Consultation PETERS, Sian (Miss)
Comment	Patient mobile telephone number 0781 749 7109 SMS text message sent to patient Dear Mr Henderson,Please can you send through a proof of address for your current address so we can update this on your records. We understand

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you are staying in a property under your son's name so we can accept a proof of address with his name on it with a note from him to say you are residing at the property.Thanks,Wimbledon Village Surgery

18-Mar-2024 13:31	Administration note (Merton Community Adult and Child Health Services) GOBITHEN, Dharshaka (MAM)
Comment	CALL & BOOK :Accepted on Pod @ Risk - Booked 1st available appt on 26/03 @ 10:20 - Appointment letter sent
15-Mar-2024 07:32	Merton Community Adult and Child Health Services NEWBLE, Wendy (MAM)
Document	Referral letter sent by email 📧 POD SELF Referral letter sent by email (15-Mar-2024)
15-Mar-2024 07:31	Inbound Referral (Merton Community Adult and Child Health Services) NEWBLE, Wendy (MAM)
Referral	Refer to podiatry
Document	Discharge Letter (24-Apr-2024) 📄 (24-Apr-2024) for Refer to podiatry - (Discharge Letter)
14-Mar-2024 13:19	accuRx Consultation KHAN, Imran (Mr)
Comment	Patient mobile telephone number 0781 749 7109 SMS text message sent to patient Dear Mr Henderson,Your BLOOD TEST and BLOOD PRESSURE check is booked for the 22/03/24 at 09:50am with Jane Murray at the surgery.Thank you Wimbledon Village Surgery
14-Mar-2024 13:18	Administration note (WIMBLEDON VILLAGE SURGERY) KHAN, Imran (Mr)
History	BLOOD TEST REQUEST : - FBC, U+E's, LFT's ,HbA1c, lipid profile, bone profile, ACR urine
14-Mar-2024 13:04	Administration note (WIMBLEDON VILLAGE SURGERY) KHAN, Imran (Mr)
Problem	<b>Medication review with patient (First)</b>
History	Medication review with patient • Medication review done by pharmacist • Structured medication review • Drug compliance good • Patient understands why taking all medication • Able to manage medication • Indication for each drug checked • Has shown no side effects from medication Keele TAPS trial - advice on OTC medication - purchases aspirin as advised by consultant Repeat medication check • Synchronisation of repeat medication no recent blood pressure on record last bloods performed May/23 no current specialist secondary input discussed canagliflozin and knowing signs of DKA andourniers gangrene advised more close glucose monitoring during periods of illness
Comment	Advice to continue taking medication booked patient for BT and BP check with HCA has upcoming diabetic review booked (after bloods) patient to make contact if any further concerns/probs
Follow up	[Inactive] Diary Entry Medication review (15-Mar-2025)
Social	Never smoked tobacco • Alcohol intake within recommended sensible limits Enjoys light exercise - walks daily Diet education - dietary advice provided and discussed water intake
Regime Review	Medication review
13-Mar-2024 16:12	accuRx Consultation KHAN, Imran (Mr)
Comment	Patient mobile telephone number 0781 749 7109 SMS text message sent to patient Dear Mr Henderson,Following on from the previous message, our clinical pharmacist will now call you TOMORROW in the AFTERNOON.Thank youWimbledon Village Surgery
13-Mar-2024 16:06	accuRx Consultation KHAN, Imran (Mr)
Comment	Patient mobile telephone number 0781 749 7109 SMS text message sent to patient Dear Mr Henderson,You are due for a medication review. Our clinical pharmacist will call you tomorrow morning (14/03/24) to conduct the review.Thank you Wimbledon Village Surgery

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13-Mar-2024 15:00	Telephone consultation (WIMBLEDON VILLAGE SURGERY) PALACHANDRAN, Mel (Ms)
Problem	Referral to social prescribing service (First)
Comment	Briefly explained my role. Patient explained that he was discharged by CLCH podiatry when he was abroad for 6-7 months. Called Merton SPA to self-refer back - was emailed self-referral form but is unable to download and complete this on his iPhone. No access to computer/laptop. Family are all abroad, friends are not local so unable to ask anyone to support. Filled form out together - will email completed form to patient so he can email CLCH to self-refer. No current SP needs - still tries to keep active (e.g. goes into London frequently, plans to go back to Dubai over Easter holidays with grandchildren).
12-Mar-2024 09:59	accuRx Consultation RITCHIE, Robert (Mr)
Comment	Signposting to community pharmacy Dear Mr Henderson, If you're over 40, you could be one of millions with high blood pressure without knowing it. It can pose significant health risks but is highly treatable. To find a local pharmacy offering a free blood pressure check, without needing to book, click here: <a href="https://qrco.de/ben10TWimbledonVillageSurgeryNHS">qrco.de/ben10TWimbledonVillageSurgeryNHS</a> app message sent on 12/03/2024 09:59:02
05-Jan-2024 11:30	accuRx Consultation RITCHIE, Robert (Mr)
Comment	Dear Mr Henderson, On Sat 6/Sun 7 Jan; if you need urgent GP advice, call 02086231304. Open 8am-8pm. In emergency call 999 Wimbledon Village Surgery NHS app message sent on 05/01/2024 11:30:04
28-Dec-2023 10:34	accuRx Consultation RITCHIE, Robert (Mr)
Comment	Dear Mr Henderson, If you need urgent GP advice on Sat 30/Sun 31 Dec call 02086231304 Lines open 8am-8pm In emergency call 999 Wimbledon Village Surgery NHS app message sent on 28/12/2023 10:34:07
02-Dec-2023 15:40	Inbound Document Inbound Document Entered By: EXTERNAL USER, ()
Procedure	Seasonal influenza vaccination given by pharmacist (28-Nov-2023 16:05) Injection site: Right upper arm structure (body structure)
Document	Administration of vaccine Notification of Vaccination (02-Dec-2023)
29-Nov-2023 03:50	Inbound Document Inbound Document Entered By: EXTERNAL USER, ()
Procedure	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (28-Nov-2023 16:02) Manufacturer: Pfizer Ltd, Expiry Date: 29-Nov-2023, Batch Number: HG2272, Injection site: Left upper arm structure (body structure)
Comment	Pharmacy service   Administered by Yasmin Javid   Vaccination Provider ODS Code: FLK20
Medication	Comirnaty Omicron XBB.1.5 COVID-19 mRNA Vaccine 30micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd) (28-Nov-2023 16:02) 0.3 ml Intramuscular route 0.3 ml
Document	Administration of vaccine Notification of Vaccination (29-Nov-2023)
27-Nov-2023 10:53	Administration note (WIMBLEDON VILLAGE SURGERY) PETERS, Sian (Miss)
Comment	Medication requested Tesiba is on long term manufacture delay, WVP suggesting to change to 200units/ml instead of 100 units please (Tesiba Flextouch 200units/ml). Pt currently on 100units/ml. Request issue sent to AE
20-Nov-2023 15:26	accuRx Consultation RITCHIE, Robert (Mr)
Comment	Blood pressure monitoring invitation SMS Dear Mr Henderson, For your Annual Health Review, we need your blood pressure reading. You can submit the reading via the surgery website: <a href="https://tinyurl.com/34ycm45z">https://tinyurl.com/34ycm45z</a> or calling the surgery on 020 8946 4820. Details of how to take your blood pressure can be found here: <a href="https://tinyurl.com/3nw8nxfn">https://tinyurl.com/3nw8nxfn</a> If you don't have a blood pressure monitor at home, you can arrange to come into the surgery or visit your local pharmacy. Wimbledon Village Surgery NHS app message sent on 20/11/2023 15:26:04
01-Nov-2023 14:00	accuRx Consultation RITCHIE, Robert (Mr)
Comment	Smoking monitoring invitation Dear Mr Henderson, To help us keep your medical record up to date, please complete some

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questions about your health habits. Please complete this questionnaire:  
<https://accurx.nhs.uk/c/p-62jkq6szsbWimbledonVillageSurgeryNHSappmessage> sent on 01/11/2023 14:00:07

01-Nov-2023 10:12	Administration note (WIMBLEDON VILLAGE SURGERY) RITCHIE, Robert (Mr)
Comment	Medication requested pen to use tresiba solution that was issued yesterday. Query to CM
21-Sep-2023 11:17	accuRx Consultation RITCHIE, Robert (Mr)
Comment	Influenza vaccination invitation first short message service text message sent (situation) Patient mobile telephone number 447817497109 SMS text message sent to patient Dear Mr Henderson, A free flu vaccine is available for you at the practice. If you don't want one, or have already received it elsewhere please let us know. To book: <a href="https://accurx.nhs.uk/b/ubawvdns56">https://accurx.nhs.uk/b/ubawvdns56</a> (Expires in 7 days) Wimbledon Village Surgery SMS sent on 21/09/2023 11:17:03
18-Jul-2023 14:18	accuRx Consultation SHARP, Lucilla (Dr)
Comment	Patient mobile telephone number 0781 749 7109 SMS text message sent to patient Dear Mr Henderson, Please can you contact the surgery to discuss your recent swab result. Thanks, Lucilla SHARP Wimbledon Village Surgery
17-Jul-2023 14:03	Scanned document (WIMBLEDON VILLAGE SURGERY) FERNANDEZ, Jacki (Mrs)
Document	Referral closure: No further treatment appropriate (13-Jul-2023) Referral closure: No further treatment appropriate from CLCH Mert - Diabetes (13-Jul-2023)
16-Jul-2023 16:40	Externally Entered SHARP, Lucilla (Dr) Entered By: System User (I)
Lab Results	WOUND SWAB (14-Jul-2023) (LSHARP) - Book tel Con to discuss
14-Jul-2023	Scanned document (WIMBLEDON VILLAGE SURGERY) DRAYTON, Shakira (Dr) Entered By: RITCHIE, Robert (Mr)
Document	Discharge summary (14-Jul-2023) CLCH Podiatry (14-Jul-2023)
14-Jul-2023	Isla submission MALIKI, Rebecca (MFT)
Image captured in Isla	Attachment (1) Right foot: Before debridement
14-Jul-2023	Isla submission MALIKI, Rebecca (MFT)
Image captured in Isla	Attachment (1) Right foot: Right plantar ulcerated fissure
14-Jul-2023	Isla submission MALIKI, Rebecca (MFT)
Image captured in Isla	Attachment (1) Right foot: Right 3rd toe dorsal pipj
14-Jul-2023	Isla submission MALIKI, Rebecca (MFT)
Image captured in Isla	Attachment (1) Left foot ulcer : Healed left foot lateral aspect
14-Jul-2023	Isla submission MALIKI, Rebecca (MFT)
Image captured in Isla	Attachment (1) Left foot ulcer : Right 2nd toe dorsal pipe callus with intact underlying skin
14-Jul-2023	Isla submission MALIKI, Rebecca (MFT)
Image captured in Isla	Attachment (1) Left foot ulcer : Ulcerated fissure
14-Jul-2023	Isla submission MALIKI, Rebecca (MFT)
Image captured in Isla	Attachment (1) Left foot ulcer : Right foot plantar callus with underlying ulceration
13-Jul-2023 14:55	Scanned document (WIMBLEDON VILLAGE SURGERY) ANTONY, Sunil (Mr)
Document	Referral closure: Discharged - Patient did not attend (13-Jul-2023) Referral closure: Discharged - Patient did not attend from CLCH Mert - Single Point of Access (13-Jul-2023)
13-Jul-2023 11:54	Clinic note (Merton Community Adult and Child Health Services) LOUBO, Elaine (MND) Duration: 5 mins
Comment	Received task from SPA. Patient is on the waiting list for dietetic assessment but is out of the country until October and has been discharged from diabetes. Will discharge patient who can be re-referred when back to the UK.
13-Jul-2023 11:40	Face to face consultation (Merton Community Adult and Child Health Services) MALIKI, Rebecca (MFT)
Assessment	Review of care plan Discharge as will be out of UK for 3 months in Dubai
13-Jul-2023 11:40	Face to face consultation (Merton Community Adult and Child Health Services) MALIKI, Rebecca (MFT)
Comment	Nelson HCPodiatry dept. At Risk clinic Verbal consent obtained PPE worn Noted Pt history of:

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DM DFU and infection + amputation, PAD revascularisation to Right leg. Update:Pt attending for ulcer redressing however due to fly to Dubai on Saturday and will be away for 3 months - reports will access health care for management of his ulceration with sons medial insurance. Has been provided with written information re how to look after your feet while on holiday. Pts GP will allow for 90 days out of the country therefore will continue with be registered with his GP. Pt is aware that his referral will be discharged from Podiatry while out of the country however pt to refer back to podiatry on his return , aware of signs of infection and to access A&E services if infected wounds present while in UK and will access medical services in Dubai for foot care , redressing and monitoring.Risk Status: Ulcerated without infectionCare plan:Wound redressing: no changes to care plan see below - Left 5th MTPJ re-current ulceration due to joint deformity - Right foot plantar previous haematoma, slowly healing (presenting a a fissure today over R2nd -3rd Met head area) - Discussed short term management - offloading and prevention of infection and deterioration - Long term- surgical opinion - patient happy to be referred to Pod surgeon for an option but when back in the country - Reviewed BIO- at risk - please see bio notes for orthopaedic insoles (pt missed his footwear service appt - he will need to rebook this with the footwear service)- Advised to keep dressing clean and dry to ensure wound redressed next week 1/52- Discussed signs of deterioration/ infection - Patient previously known to tier 4 and has emergency contact.details when in UK- Diabetic foot care advice given- SOS advice given - Discharge from Podiatry as pt will not be in UK for next 3 months- Wound swab obtained in view of approx 4/52 duration of ulceration and non healing S: L/5 lateral MTPJ previous wound site - intact- overlying callus.I: pedal flow intact (Biphasic / Triphasic sounds detected with handheld doppler) N: sensory neuropathy -1B: no clinical signs of infection A: < 1cmD: Superficial not probing to deeper structuresSINBAD 1Post callus debridement - underlying skin intactNo visible ulcerationR/x: Cleansed, debrided and dressed with cosmopore SCF 10mm horseshoe to offload secured with hypafix S: R/2/3 MPJ I: pedal flow intact (Triphasic wave forms detected with handheld doppler)N: sensory neuropathy -1B: no clinical signs of infection A: 2cm x 0.1cm D: Superficial not probing to bone (3mm only) wound swab obtained for monitoring Wound base: granulation tissueSurrounding tissue calloused with macerated boarderR/x: Cleansed, debrided, dressed with Acticoat 7 + sterile gauze SCF 10mm to offload secured with hypafix Image taken with patient consent - plan to upload to record P: see CP above - Discharge - pt to contact Podiatry back if any changes with his holiday plan (leaving in 2/7)

10-Jul-2023 13:43	Telephone call to a patient (Merton Community Adult and Child Health Services) ASLAM, Nabela (MDB)
Comment	Community DSN. Telephone call to Robert no answer. Left message to say another appointment will be sent in the post. Contact spa 0333 241 4242 to contact dsn.
07-Jul-2023 16:38	Administration note (WIMBLEDON VILLAGE SURGERY) HUTCHINS, Janine (Mrs)
Comment	Medication requested - patient going away for 3 months, requested xtra meds to cover while away - 1 box more of Tressiba FlexTouch and 2 more boxes of NovoRapid Flexpen - CM auth'd
06-Jul-2023 13:55	Face to face consultation (Merton Community Adult and Child Health Services) SHAMSA, Ibrar (MFT)
Assessment	Care plan • Agreement of care plan • Review of care plan
06-Jul-2023 13:53	Face to face consultation (Nelson Health Centre) SHAMSA, Ibrar (MFT)
Comment	Robert HendersonNelson HCPodiatry dept.At Risk clinicVerbal consent obtained PPE worn Delmiten podiatrist treating patientNotes completed by Delmiten - uploaded by Aboura as no access to emis Care plan:Wound redressing: no changes to care plan see below - Left 5th MTPJ re-current ulceration due to joint deformity - Right foot plantar previous haematoma, slowly healing - Discussed short term management - offloading and prevention of infection and deterioration - Long term- surgical opinion - patient happy to be referred to Pod surgeon for an option - Reviewed BIO- at risk - please see bio notes - Advised to keep dressing clean and dry until next apt - Discussed signs of deterioration/ infection - Patient is known to

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tier 4 and has emergency contact details -Diabetic foot care advice given- SOS advice given - Review weekly until healedS: L/5 lateral MTPJ previous wound site - re ulcerated - overlying callus/maceration. Previous dressing applied honey had caused maceration I: pedal flow intact N: sensory neuropathy B: no clinical signs of infection A: 2cmD: Superficial not probing to deeper structuresPost callus debridement - underlying skin intactNo visible ulcerationR/x: Cleansed, debrided and dressed with atrauman ag kaltostat softpore SCF 10mm horseshoe to offload secured with hypafix S: R/2/3 MPJ I: pedal flow intact N: sensory neuropathy B: no clinical signs of infection A: 3.5cm diameter D: Superficial not probing to boneWound base: granulation tissueSurrounding tissue callousedR/x: Cleansed, debrided, dressed with atrauman ag, kaltostat + softpore + SCF 10mm to offload secured with hypafix Image taken with patient consent - plan to upload to record P: see CP above - 1 week review in at risk clinic - pt to contact sooner if any concerns

29-Jun-2023 16:34 Other note (Merton Community Adult and Child Health Services) BARBU, Miruna (MAM)

Comment DIABETES CANCELLING CLINICDear SPA, Apologies if you have already had a message about this. Please could you move Nabela's 2 reviews booked at 15.00 and 16.00 on 04.07.2023 as Nabela is not working. I will call her new patient who is booked in the morning so please don't reschedule that.I will make sure there are open telephone review slots with Nabela you can book into,Many thanksEmily\*\* Contacted patient- unable to reach. App rebooked on 10/07. App ltr sent, 1st class.

27-Jun-2023 12:17 Face to face consultation (Merton Community Adult and Child Health Services) FLEMING, Linda (MFT)

Assessment Care plan • Agreement of care plan

27-Jun-2023 12:17 Face to face consultation (Merton Community Adult and Child Health Services) FLEMING, Linda (MFT)

Comment Nelson Medical practice Podiatry - At Risk clinicVerbal consent obtained PPE worn Care plan:Wound redressing: no changes to care plan see below - Left 5th MTPJ recurrent ulceration due to joint deformity - Right foot plantar previous blood blister, beginning to heal - Discussed short term management - offloading and prevention of infection and deterioration - Long term- surgical opinion - patient happy to be referred to Pod surgeon for an option - Reviewed BIO- at risk - please see bio notes - Advised to keep dressing clean and dry until next apt - Discussed signs of deterioration/ infection - Patient is known to tier 4 and has emergency contact details - Diabetic foot care advice given- SOS advice given - Review weekly until healedS: L/5 lateral MTPJ previous wound site - re ulcerated I: pedal flow intact N: sensory neuropathy B: no clinical signs of infection A: 0 D: 0 A: overlying callus debrided, overlying slough. Cleaned and dressed with Honey HCS, Aquacel Foam to reduce pressure Secured with hypafix.O: R/F midfoot plantar superficial previous callus plaque superior to large blood blisterA: All devitalised skin debrided, no signs of infection. Octelilin soak to reduce risk of infection. Dressed with Atraman AG, Kaltostat, 7mm SCF horseshoe to offload, Hypafix to secure. P: 6/7/23 - see Care plan - letter declined Single use instruments used

16-Jun-2023 15:29 accuRx Consultation RITCHIE, Robert (Mr)

Comment Patient mobile telephone number 447817497109  
SMS text message sent to patient Dear Mr Henderson,Following your recent appointment at Wimbledon Village Surgery we would appreciate your feedback; which we feel is essential in helping us enhance our services and ensuring that we continue to provide the highest standard of care to all our patients. Please complete this questionnaire: <https://accurx.nhs.uk/c/p-m9p23u9c6a>Wimbledon Village SurgerySMS sent on 16/06/2023 15:29:39

16-Jun-2023 12:59 Face to face consultation (Merton Community Adult and Child Health Services) FLEMING, Linda (MFT)

Assessment Care plan • Agreement of care plan

16-Jun-2023 11:30 Face to face consultation (Nelson Health Centre) FLEMING, Linda (MFT)

Comment Nelson Medical practice Podiatry - At Risk clinicVerbal consent obtained PPE worn Care plan:Wound redressing: no changes to care plan see below - Left 5th MTPJ recurrent ulceration due to joint deformity - skin intact today, fragile - Discussed short term

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management - offloading and prevention of infection and deterioration - Long term- surgical opinion - patient happy to be referred to Pod surgeon for an option - Reviewed BIO- at risk - please see bio notes - Advised to keep dressing clean and dry until next apt - Discussed signs of deterioration/ infection - Patient is known to tier 4 and has emergency contact details - Diabetic foot care advice given- SOS advice given - Review weekly until healedS: L/5 lateral MTPJ previous wound site -appears intact, extravasation noted I: pedal flow intact N: sensory neuropathy B: no clinical signs of infection A: O D: O A: overlying callus debrided, skin intact, fragile. Offloaded with 7mm SCF with cavity to reduce pressure Secured with hypafix.O: R/F midfoot plantar superficial callus plaque superior to large blood blister, refilled with blood A: Drained remaining blood with sterile gauze. All devitalised skin debrided, no signs of infection. Octelilin soak to reduce risk of infection. Dressed with Inadine, Kerracel, 7mm SCF horseshoe to offload, Hypafix to secure. Patient provided with sterile wound pack and dressings if dressing change required. Patient advised to attend walk in centre if he begins to feel unwell or notices blood coming from his foot whilst he is in Scotland.P: 27/6/23 - see Care plan - letter declined Single use instruments usedPhoto taken with permission and uploaded to EMIS

16-Jun-2023	Isla submission FLEMING, Linda (MFT)
Image captured in Isla	Attachment Left foot ulcer : R/F plantar
15-Jun-2023 09:55	Telephone consultation (WIMBLEDON VILLAGE SURGERY) BROWN, Pete (Dr)
Problem	Type 2 diabetes mellitus (Review)
History	Seen in community diabetes specialist clinic Medication increased canagliflozin up to 300mg OD. 14 Units Novorapid with Meals and Tresiba reduced to 30 Units each morning
Medication	Canagliflozin 300mg tablets One To Be Taken Daily Preferably Before Breakfast 90 tablet
Additional	Protocol entry Alert displayed - Gliflozins DKA alert (v13.8) by Ardens-Q Ltd. Protocol entry Alert displayed - Giiflozins DKA alert (v13.8) by Ardens-Q Ltd.
Problem	Disease suspected (First) PCV
History	Family history with explicit context Family member: Father PCV Test result to patient by telephone Needs rpt at 3/12. Will be away so can do on return and f/u after
Problem	Going to travel abroad (First)
History	Had a chat to patient going away for 3/12 from July. Agree can request a new 3/12 prescription early before travel. Will email at time
14-Jun-2023 14:04	Face to face consultation (Merton Community Adult and Child Health Services) FLEMING, Linda (MFT)
Assessment	Care plan • Agreement of care plan
14-Jun-2023 14:03	Face to face consultation (Merton Community Adult and Child Health Services) FLEMING, Linda (MFT)
Comment	Nelson Medical practice Podiatry - Bio/At Risk serviceVerbal consent obtained PPE worn Care plan:Wound redressing: no changes to care plan see below - Left 5th MTPJ re-current ulceration due to joint deformity - skin intact today- Discussed short term management - offloading and prevention of infection and deterioration - Long term- surgical opinion - patient happy to be referred to Pod surgeon for an option - Reviewed BIO- at risk - please see bio notes - Advised to keep dressing clean and dry until next apt - Discussed signs of deterioration/ infection - Patient is known to tier 4 and has emergency contact details - Diabetic foot care advice given- SOS advice given - Review weekly until healedS: L/5 lateral MTPJ previous wound site -appears intact, extravasation noted I: pedal flow intact N: sensory neuropathy B: no clinical signs of infection A: O D: O A: overlying callus debrided, skin intact, fragile. Offloaded with 7mm SCF with cavity to reduce pressure Secured with hapafix.O: R/F midfoot plantar large callus plaque superior to large blood blister. Pt reports feeling pain for 'a couple of weeks' then 'noticed blood' in sock yesterday. A: All callus debrided. Blood blister burst with D15 blade. Octelilin soak to reduce risk of infection. Dressed with Inadine, Aquacel foam 7mm SCF horseshoe to offload, Hypafix to secure.

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Patient advised he will be going to Scotland for a week, appointment made to accommodate this. P: 16/6/23 - see Care plan - letter declined Single use instruments used Photo taken with permission and uploaded to EMIS

14-Jun-2023 11:34	Face to face consultation (Nelson Health Centre) RAZAK, Alaa (MFT)
Comment	Podiatry At Risk Biomechanics Further to previous notes patient attends today reporting bleeding of right foot. On examination, right foot blood blister. Likely secondary to friction inside footwear. On assessing the orthotics, he has an EVA block of the 1st. Likely the orthotic block is too far forward and not supporting the foot. Allowing the foot to shear forward. Clinical impression: would benefit from assessment of orthotic by orthotist to increase the block and prevent foot shearing forward. Treatment: Linda Fleming treated blood blister/wound. A SCF padding was applied as a temporary measure to the block to prevent the foot shearing forward. Additionally referred to Orthotist for assessment and amendment of orthotics. Plan: To continue treatment / wound management in At Risk Podiatry. Orthotist to contact patient, patient to inform us if he has not heard from them.
14-Jun-2023 11:32	Merton Community Adult and Child Health Services RAZAK, Alaa (MFT)
Document	Refer to orthotist <input type="checkbox"/> Refer to orthotist
14-Jun-2023	Isla submission FLEMING, Linda (MFT)
Image captured in Isla	Attachment <input type="checkbox"/> Left foot ulcer
14-Jun-2023	Isla submission FLEMING, Linda (MFT)
Image captured in Isla	Attachment <input type="checkbox"/> Left foot ulcer : Right foot plantar
06-Jun-2023 15:34	Telephone consultation (Telephone/Video Call) ASLAM, Nabela (MDB) Duration: 5 mins
Comment	Community DSN. Task received to call Robert. Telephone call to Robert, no answer.
01-Jun-2023 14:16	Clinic note (Merton Community Adult and Child Health Services) SUTCH, Julie (MCR)
Comment	Diabetes - blood test form sent to pt
25-May-2023 08:52	Telephone call to a patient (Merton Community Adult and Child Health Services) ASLAM, Nabela (MDB)
Comment	Community DSN. Recent blood tests done, not on system to chase up. Virtual review of BG levels by Diabetes Specialist Nurse Consent for assessment, monitoring and information sharing obtained. Reason for referral: Daily hypos Type of Diabetes and date of Diagnosis: Type 2 Diabetes Mellitus >30 years PMH: T2DM - 2000 Erectile Dysfunction - 2007 Hypertension - 2007 Ischaemic ulcer diabetic foot - 2018 Percutaneous transluminal angioplasty of artery NEC - 2019 Current Medication: Canagliflozin 100mg od Novorapid 14units with meals Tresiba 42units once daily (evening) Eyes / Feet: Under c/o podiatry Diet / Exercise: Refer to dietetics Blood results: HbA1c: 50mmol/mol - Dec 2022, previously 47mmol/mol Aug 2022 BG Monitoring: Freestyle Libre 2 insitu - range set between 3.9-10mmol/L, states 90% TIR Hypos: Daily hypos Hypo symptoms when levels are between 3.9-4.5mmol/L Hypo management discussed 4 jelly babies, small carton orange juice 200mls. Current Situation: Robert is working on his diet and would welcome input from our dietetics team. He has lost some weight and is now 96kg. He would initially like to reduce his weight to 90kg. Robert feels he has been overcompensating when having a hypo. Hypo management revisited. Advised to reduce carbohydrate portion sizes, which he is aware of and is working towards. Management Plan: 1- Gp to please increase Canagliflozin to 300mg od. 2- Novorapid 14units with meals. 3- Reduce Tresiba to 30units once daily. 4- Refer to diabetes dietetics team. 5- Telephone f/u 1/12. Nabela Aslam Diabetes Specialist Nurse Central London Community Healthcare NHS Trust www.clch.nhs.uk cc: patient
15-May-2023 11:26	Externally Entered BROWN, Pete (Dr) Entered By: System User (j)
Lab Results	Blood film microscopy (11-May-2023) (PBROWN) - Book tel Con to discuss
12-May-2023 17:31	Externally Entered BROWN, Pete (Dr) Entered By: System User (j)

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	Lab Results	HbA1c level - IFCC standardised (11-May-2023) (PBROWN) - Result is stable - OK2go
12-May-2023 16:26	Document	Scanned document (WIMBLEDON VILLAGE SURGERY) ANTONY, Sunil (Mr) Clinical letter (09-May-2023) Clinical letter AAA Screening -(09-May-2023)
11-May-2023 19:32		Externally Entered BROWN, Pete (Dr) Entered By: , System User ( )
	Lab Results	Urea and electrolytes (PBROWN) - All normal, tell Pt - OK2go eGFRcreat (CKD-EPI)/1.73 m*2 (PBROWN) - All normal, tell Pt - OK2go Serum gamma GT level (PBROWN) - All normal, tell Pt - OK2go Liver function test (PBROWN) - All normal, tell Pt - OK2go Serum lipids (PBROWN) - All normal, tell Pt - OK2go Serum free T4 level (PBROWN) - All normal, tell Pt - OK2go Serum TSH level (PBROWN) - All normal, tell Pt - OK2go
11-May-2023 18:14		Externally Entered BROWN, Pete (Dr) Entered By: , System User ( )
	Lab Results	Full blood count - FBC (PBROWN) - Book tel Con to discuss
11-May-2023 08:40		Telephone call to a patient (Merton Community Adult and Child Health Services) BERG, Susan (MAM) Duration: 0 mins
	Comment	Diabetes Nurse 1st tel/wephone appointment booked for 25.5.23 booked at request of service letter sent
11-May-2023 08:22	Procedure	Face to face consultation (WIMBLEDON VILLAGE SURGERY) LUNDY, Tracy (Mrs) Blood sample -> Lab NOS
10-May-2023 15:39		Other note (Merton Community Adult and Child Health Services) NORTHOVER, Emily (MDB)
	Comment	Community DSN: CLCH- Diabetes Clinical Advisory Service (DCAS). Robert Henderson.Reason for referral/advice:Mr Henderson who is 65 years old has T2DM diagnosed around 30 years ago. He is keen to keep his BG in tight control as in the early years he rather ignored the diagnosis. He gets regular hypos from his treatment and has been measuring his BG up to 14 times a day due to his variable sugar levels. I have today initiated a FreeStyle Libre sensor for him as his fingers are understandably very sensitive now, but I would be obliged of a review as he gets hypos at least daily. He will arrange a blood test. Last HbA1c was 50 in Oct 2022.Referrer: Wimbledon Village Surgery.Current Medications:TresibaNovoRapid CanagliflozinFreeStyle LibreSuggested Management Plan>Last HbA1c was ok - however frequent hypos therefore needs specialist review.Virtual DSN review please.Nurse Name: Emily KC Northover MSc, BA(Hons), Dip(Diabetes), RGN.Nurse Title: Independent PrescriberLead Diabetes Specialist Nurse Merton. Central London Community Healthcare NHS TrustTel: 0333 241 4242www.clch.nhs.uk
10-May-2023 08:46	Referral	Inbound Referral (Merton Community Adult and Child Health Services) JASZCZYK, Martyna (MAM) Referral to community diabetes service From: (Mert GP) Wimbledon Village Practice
	Document	Discharge Letter (11-Jul-2023) (11-Jul-2023) for Referral to community diabetes service - (Discharge Letter) Discharge Letter (13-Jul-2023) (13-Jul-2023) for Referral to community diabetes service - (Discharge Letter)
10-May-2023 08:45	Document	Merton Community Adult and Child Health Services JASZCZYK, Martyna (MAM) Referral letter (DIAB) Referral letter from (Mert GP) Wimbledon Village Practice (10-May-2023)
10-May-2023 08:05		Face to face consultation (WIMBLEDON VILLAGE SURGERY) BROWN, Pete (Dr)
	Problem	Type 2 diabetes mellitus (Review)
	History	Finger pain from endless finger pricks. Regular hypos as trying to keep close control. Measuring up to 14x/day Frequency of hypoglycaemia attack 6 times/week morning in particular. Has been as low as 2.8. Gets big swings as trying to balance between novorapid and lucozade Clinical management plan agreed community DM referral and start with libre sensors

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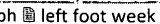
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Medication	FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) 1 Every 2 Weeks As Dir 6 kit
Document	Referral to community diabetes clinic @ SPA CLCH GP Referral
Additional	Admin. reminder Task sent to admin team about referral
26-Apr-2023 11:00	Face to face consultation (Nelson Health Centre) RAZAK, Alaa (MFT)
Comment	Podiatry At Risk Biomechanics PC: History of amputation and ulcerationHPC: Right 1st and 2nd amputation and left 4th amputation. History of ulceration. Left foot lateral aspect of 5th MTPJ heavy callus build up. Previously referred to orthotist provided with Bespoke orthotics but patient has been unable to wear in his existing shoe. States the foot is compressed and its too tight inside the shoe. However, when demonstrated it appears patient has not removed existing insoles of shoe, thus two sets of insoles causing the reduced capacity for his feetPMH: type 2 diabetes, Essential hypertension, Peripheral angiopathy, serous retinal detachmentDiabetic complication: foot ulceration and infection Hx amputation: left 4th digit and right 1st and 5thMedication: Atorvastatin, canglifozin, Ramipril, maxitrol eye drops Allergies: none reported Social history: retired lives with son, planning to move to Dubai with son next year #HbA1c: 47mmol/molNeurovascular assessment Arterial: both feet dorsalis pedis, post tib and ant tib pulses biphasic strong and regular No symptoms of claudication or rest pain reported Skin perfusedVenous: slight venous eczema on both legs otherwise no signs of venous incompetence Neurological 10G monofilament appreciate in 2/6 sites forefoot sensory neuropathy Also signs of motor neuropathy Biomechanics: cavoid foot type Amputation right foot - 1st and 5th digits Left foot 4th digit Risk status: high risk of re-ulcerationO/E: Absent RoM and QoM in right TMTJ secondary to amputation. Thus no plane of motion during dynamic. Left foot adequate RoM. In stance, the left metatarsal varus rotation thus the lateral aspect of left 5th met against shoe causing callus build up. Clinical impression: If Mr Henderson were to wear the bespoke orthotics then this might reduce callus build up but this requires monitoring TX: Callus debrided. Skin intact. 7mm SCF deflective donut padding Plan: Callus has been debrided today. Patient to wear Orthotics in current shoes (existing insoles removed to allow room for bespoke orthotic). Review the callus build up in 6 weeks and review use of orthotics.
06-Apr-2023 12:59	Face to face consultation (Merton Community Adult and Child Health Services) FLEMING, Linda (MFT)
Assessment	Agreement of care plan
06-Apr-2023 12:58	Face to face consultation (Merton Community Adult and Child Health Services) FLEMING, Linda (MFT)
Comment	Nelson Medical practice Podiatry @ Risk service Verbal consent obtained PPE worn Care plan: Wound redressing: no changes to care plan see below - Left 5th MTPJ re-current ulceration due to joint deformity - skin intact today- Discussed short term management - offloading and prevention of infection and deterioration - Long term- surgical opinion - patient happy to be referred to Pod surgeon for an option - Booked at the BIO- at risk clinic for redressing and Alaa's option - Advised to keep dressing clean and dry until next apt - Discussed signs of deterioration/ infection - Patient is know to tier 4 and has emergency contact details - Diabetic foot care advice given- SOS advice given - Review weekly until healedS: L/5 lateral MTPJ previous wound site -appears intact I: pedal flow intact N: sensory neuropathy B: no clinical signs of infection A: 0 D: 0 A: overlying callus debrided, skin intact, fragile. Offloaded with 7mm SCF with cavity to reduce pressure Secured with hapafix.Pt due to be assessed for biomechanics, requires joint manipulation which was not possible as he was reviewed via Team. Pt has been rescheduled for a joint appointment in 3 weeks.Bio and at risk review - 26/4/23Single use instruments used
23-Mar-2023 15:35	accuRx Consultation FERNANDEZ, Jacki (Mrs)
Comment	Social prescribing offered Patient mobile telephone number 447817497109 SMS text message sent to patient Dear Mr Henderson,Your GP has recommended that you speak with Mel, our Social Prescriber, who can connect you to community organisations to help improve your overall health and wellbeing. She can assist with stress management, finding a social group or exercise class, learning new skills, or getting support with

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
employment, benefits, housing, and legal advice. Please call the surgery on 020 8946 2800 or use the link below to book an appointment with Mel. To book: (link will autogenerate here)(Expires in 2 days)Thanks, Jacqueline FernandezWimbledon Village Surgery

23-Mar-2023 12:50	Face to face consultation (Merton Community Adult and Child Health Services) FLEMING, Linda (MFT)
Assessment	Review of care plan
23-Mar-2023 12:49	Face to face consultation (Merton Community Adult and Child Health Services) FLEMING, Linda (MFT)
Comment	<p>x Retrospective notes - pt reviewed 23/3/23</p> <p>xNelson Medical practice Podiatry @ Bio and Risk serviceVerbal consent obtained PPE worn Care plan:Wound redressing: no changes to care plan see bellow - Left 5th MTPJ re-current ulceration due to joint deformity skin intact today- Discussed short term management - offloading and prevention of infection and deterioration - Long term- surgical opinion - patient happy to be referred to Pod surgeon for an option - Booked at the BIO- at risk clinic for redressing and Alaa's option - Advised to keep dressing clean and dry until next apt - Discussed signs of deterioration/ infection - Patient is know to tier 4 and has emergency contact details - Diabetic foot care advice given- SOS advice given - Review weekly until healedS: L/5 lateral MTPJ previous wound site -appears intact I: pedal flow intact N: sensory neuropathy B: no clinical signs of infection A: 0 D: 0 A: overlying callus debrided, skin intact, fragile. Offloaded with 7mm SCf with cavity to reduce pressure Secured with hapafix.Pt due to be assessed for biomechanics, requires joint manipulation which was not possible as he was reviewed via Team. Pt has been rescheduled for a joint appointment in 4 weeks.At risk review - 6/4/23 at 11:30Bio and at risk review - 26/4/23Single use instruments used</p>
17-Mar-2023 10:58	Face to face consultation (Merton Community Adult and Child Health Services) MACHAVA, Hana (MFT)
Comment	<p>Nelson Medical practice Podiatry @ Risk serviceVerbal consent obtained PPE worn Care plan:Wound redressing: no changes to care plan see bellow - Left 5th MTPJ re-current ulceration due to joint deformity - Discussed short term management - offloading and prevention of infection and deterioration - Long term- surgical opinion - patient happy to be referred to Pod surgeon for an option - Booked at the BIO- at risk clinic for redressing and Alaa's option - Advised to keep dressing clean and dry until next apt - Discussed signs of deterioration/ infection - Patient is know to tier 4 and has emergency contact details - Diabetic foot care advice given- SOS advice given - Review weekly until healed</p> <p>Wound presentation</p> <p>S: 5th lateral MTPJ I: pedal flow intact N: sensory neuropathy B: no clinical signs of infection A: 0.5x 0.5 cm D: 0.2 probing to soft tissue but not to bone A: ulcer debrided irrigated with slaine and dressed with cutimed sorbact swabs + inadine+ hapafix Offloaded with 7mm SCF with cavity to reduced pressure Secured with hapafix</p>
17-Mar-2023	Merton Community Adult and Child Health Services MACHAVA, Hana (MFT)
Document	Photograph  left foot week 2
10-Mar-2023 18:00	Face to face consultation (Merton Community Adult and Child Health Services) MACHAVA, Hana (MFT)
Comment	<p>Nelson Medical practice Podiatry @ Risk serviceVerbal consent obtained PPE worn Care plan:- Left 5th MTPJ re-current ulceration due to joint deformity - Discussed short term management - offloading and prevention of infection and deterioration - Long term- surgical opinion - patient happy to be referred to Pod surgeon for an option - Booked at the BIO- at risk clinic for redressing and Alaa's option - Advised to keep dressing clean and dry until next apt - Discussed signs of deterioration/ infection - Patient is know to tier 4 and has emergency contact details - Diabetic foot care advice given- SOS advice given - Review weekly until healed -----PMH: type 2 diabetes, Essential hypertension, Peripheral angiopathy, serous retinal detachmentDiabetic complication: foot ulceration and infection Hx amputation: left 4th digit and right 1st and 5Medication: Atorvastatin, canglifozin, Ramipril, maxitrol eye drops Allergies: none reported Social history: retired lives with son,</p>

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planning to move to Dubai with son next year #HbA1c: 47mmol/mol Neurovascular assessment Arterial: both feet dorsalis pedis, post tib and ant tib pulses biphasic strong and regular No symptoms of claudication or rest pain reported Skin perfused Venous: slight venous eczema on both legs otherwise no signs of venous incompetence Neurological 10G monofilament appreciate in 2/6 sites forefoot sensory neuropathy Also signs of motor neuropathy Biomechanics: cavoid foot type Amputation right foot - 1st and 5th digits Left foot 4th digit Risk status: high risk of re-ulceration Present complain: left 5th lateral MTPJ recurrent ulceration secondary to suspected bone exostosis S: the left foot never fully heals, I have been in and out of STGH each time they discharge me the wound reopens after 2-3 weeks I was offered surgery by the orthopaedic team but I did not feel prepared to undertake it I am moving to Dubai next year as my son is moving his business there so I am now looking for a permanent solution for this as I don't know how the health care is going to be there Observation: left 5th MTPJ heavy callus debrided reveal an ulcer S: 5th lateral MTPJ I: pedal flow intact N: sensory neuropathy B: no clinical signs of infection A: 1x1.2 cm D: 0.5 probing to soft tissue but not to bone A: ulcer debrided irrigated with saline and dressed with cutimed sorbact swabs + inadine+ hapafix Offloaded with 7mm SCF with cavity to reduced pressure Secured with hapafix Other lesions: both PMP callus, both feet nails long Both feet nails cut and filed all calloused areas debrided Advice and care plan see above

10-Mar-2023	Merton Community Adult and Child Health Services MACHAVA, Hana (MFT)
Document	Photograph 
10-Mar-2023	Merton Community Adult and Child Health Services MACHAVA, Hana (MFT)
Document	Photograph 
09-Mar-2023 11:28	Telephone consultation (Merton Community Adult and Child Health Services) SHAMSA, Ibrar (MFT)
Comment	1st DNA Pt DNA'd appt 11:10am 9/3/23 @ NHC At risk clinic TC to pt reports forgot about the appt, thought it was next week Offered to rebook him in for appt tomorrow either 10:20am or 13:00pm - booked and confirmed attendance for 10:20am @ NHC At risk clinic
22-Feb-2023	Inbound Document DRAYTON, Shakira (Dr) Entered By: EXTERNAL USER, ()
Document	Clinical document 
09-Feb-2023 13:00	Face to face consultation (Merton Community Adult and Child Health Services) FLEMING, Linda (MFT)
Comment	Nelson - At Risk - New patient " Podiatry dept. Attended alone Verbal consent to examine obtained PPE Worn Care plan: To monitor closely Review 4 - 6 weeks maximum due to rapid callus formation on WB sites Advise pt to contact podiatry sooner if any concerns Emollient use daily, avoiding ID areas. Clean well ID areas especially after shower/bathing Footwear advice given (indoors and outdoors) Advised to keep toes clean and dry To monitor both feet for any changes - spreading redness, swelling or increase in temperature/ pain, may indicate infection and require antibiotics to seek medical attention SOS, contact GP or visit UCC/A&E. Also, to contact SPA for earlier appointment. SOS info contact numbers given " SPA/GP " out of hrs A&E. PMH hx: Please see Cerner Med hx: Please see Cerner Allergies: no allergies reported Social history: Lives with his son and his family. Wife passed away a few years ago Smoking " pt denies smoking Alcohol " Pt not asked - please ask at next review Footwear " appropriate Lower Limb PAD Assessment " Skin colour: normal " Skin texture: Anhydrotic/ atrophic Hx of foot ulcer and amputation of R/1 and R/5. L/4 Hx of being under STGH Vascular team " stepped down from STGH to Merton Skin warm/ well perfused/ dry/CRT 3 secs No IC or RP Doppler Arterial Assessment Left foot pulses palpable? Y/N: Y Dorsalis Pedis: Y Anterior tibial: Y Posterior Tibial: Y Right foot pulses palpable? Y/N: Dorsalis Pedis: Y Anterior tibial: N Posterior Tibial: N L/F Doppler Sounds: Dorsalis Pedis: biphasic Anterior Tibial: biphasic Posterior Tibial: biphasic R/F Doppler Sounds: Dorsalis Pedis: biphasic Anterior Tibial: biphasic Posterior Tibial: biphasic Neurological evaluation 10g: B/F Interphalangeal joint of the L/Hallux - Normal 1st webspace - Normal Apex of toe 3 - Normal Apex of toe L/5 - Normal Metatarsophalangeal joint 1 - Normal Metatarsophalangeal joint 2 - Normal

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Metatarsophalangeal joint 3- Normal Medial mid sole- Normal Lateral mid sole- Normal Plantar heel- Normal Score: 8/8 due to R/hallux and R/5 amputation sites Risk status: developing foot related complications (infection + ulceration + amputation) S: I was referred to you from St Georges O: R/1, R/5 and L/4 amputated. R/1 MTPJ, L/F lateral aspect, callus. Nails moderate length. All skin intact. A: All nails cut and filed. All callus debrided. Post op Chlorhex. Skin remains intact. Discussed signs of infection, access to podiatry, SOS - not to wait for follow up appointment if any concerns - to contact podiatry sooner. Pt provided with appt letter..P 9/3/23 @1110 At risk Nelson HC

06-Feb-2023 11:56	Telephone call to a patient (Merton Community Adult and Child Health Services) NEWBLE, Wendy (MAM) Duration: 0 mins
Comment	REMINDER CALL : Pod At Risk 07.02.23 - pt confirmed apt
03-Feb-2023 12:53	Scanned document (WIMBLETON VILLAGE SURGERY) DE ALMEIDA, Tushan (Dr) Entered By: FERNANDEZ, Jacki (Mrs)
Document	Test result [ ] Test result SWL Diabetic Eye Screening Programme (03-Feb-2023)
Additional	Diabetic retinopathy screening (01-Feb-2023) O/E - right eye proliferative diabetic retinopathy (01-Feb-2023) R3A O/E - left eye proliferative diabetic retinopathy (01-Feb-2023) R3A
30-Jan-2023 13:49	Telephone consultation (Merton Community Adult and Child Health Services) SHAMSA, Ibrar (MFT)
Comment	Referral recieved from STGH DFC - Requesting appt for pt within 2-4weeks. Pt healed TC to Mr Henderson, offered appt Tue 7th Feb at 13:00pm @ Nelson HC as per ref request. Acceped and cofnrimed - appt letter posted
27-Jan-2023 15:20	Merton Community Adult and Child Health Services GHITA, Maria (MAM)
Document	Referral for further care [ ] Referral for further care POD
27-Jan-2023 15:20	Inbound Referral (Merton Community Adult and Child Health Services) GHITA, Maria (MAM)
Referral	Refer to podiatry From: ST GEORGE'S HEALTHCARE NHS TRUST
Document	Discharge Letter (14-Jul-2023) [ ] (14-Jul-2023) for Refer to podiatry - (Discharge Letter)
10-Jan-2023 15:14	Inbound Document Inbound Document Entered By: EXTERNAL USER, ( )
Procedure	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (06-Oct-2022 13:03) Manufacturer: Moderna, Inc, Expiry Date: 17-Oct-2022, Batch Number: 200016A, Injection site: Left upper arm structure
Comment	Open access service   Administered by Francis Lawrie   Vaccination Provider ODS Code: B1F1H
Medication	COVID-19 Vaccine Spikevax 0 (Zero)/O (Omicron) 0.1mg/ml dispersion for injection multidose vials (Moderna, Inc) (06-Oct-2022 13:03) 0.5 ml Intramuscular 0.5 ml
Document	Administration of vaccine [ ] Notification of Vaccination (10-Jan-2023)
22-Dec-2022 12:26	Administration note (WIMBLETON VILLAGE SURGERY) BALLENTINE, Lisa (Ms)
Comment	Notes summary on computer
07-Dec-2022	Wimbledon Village Surgery MESSAGING, IPLATO (Mr)
myGP	Short message service text message sent to patient Hi <FirstName>,For your Annual Health Review, we need your blood pressure reading. If you don't have a blood pressure monitor at home, you can arrange to come into the surgery.<PatientQuestionnaireLink>Wimbledon Village Surgery
03-Nov-2022 14:09	Face to face consultation (WIMBLETON VILLAGE SURGERY) DE ALMEIDA, Tushan (Dr)
Problem	<b>Type 2 diabetes mellitus (Review)</b>
History	Had a chat to patient blood quite stable. Seeing diabetic foot clinic wounds healing. Reassurance given
03-Nov-2022 11:33	Administration note (WIMBLETON VILLAGE SURGERY) RAMSEY, Joan (Mrs)
Comment	Task sent to TDA 3.11.22 11.34 JRActions Information Action Cancel Request Action Date/Time 02-Nov-2022 10:32 By User JAMA, Fowsia (Miss) Role Health Records

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Administrator Business Function Service Provider Clinician Organisation ST GEORGE'S  
UNIVERSITY HOSPITALS NHS FOUNDATION TRUST Reason Other reason Comment PATIENT  
UNDER DIABETIC FOOT TEAM NOW.

27-Oct-2022 09:09	Face to face consultation (WIMBLETON VILLAGE SURGERY) MCSORLEY, Andrew (Mr)
Procedure	Pneumococcal vaccination given Manufacturer: msd, Expiry Date: Apr-2024, Batch Number: w017426, GMS: GMS, Injection site: Left arm
27-Oct-2022 08:42	Face to face consultation (WIMBLETON VILLAGE SURGERY) MCSORLEY, Andrew (Mr)
Examination	Pulse rate 93 beats/min • O/E - pulse rhythm regular O/E - Right foot deformity toes amputated under foot clinic O/E - Right diabetic foot at high risk • O/E - Left diabetic foot at increased risk • Body mass index 33.1 kg/m2
Comment	Advised to see dentist • Oral health education Advised to attend for retinal screening due Under care of retinal screener Patient unsuitable for foot pulse check both feet dressed
Social	Ex-smoker
Additional	Template entry - EHR composition type Diabetes v16.42 provided by Ardens-Q Ltd. Referral to diabetes structured education programme • Risk of Fournier's gangrene discussed (if on SLGT2 inhibitor) • Patient advised to seek urgent medical attention if they experience severe pain, tenderness, erythema, or swelling in the genital or perineal area, accompanied by fever or malaise • HbA1c (haemoglobin A1c) target level - IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) standardised 45 mmol/mol Under care of podiatrist under foot clinic at georges has had amputations rt foot and left foot Education about diabetes and driving • Provision of written information about diabetes and driving
Assessment	C/O erectile dysfunction
26-Oct-2022 10:51	accuRx Consultation HODGSON, Tim (Dr)
Comment	Patient mobile telephone number 0781 749 7109 SMS text message sent to patient Dear Mr Henderson, Blood test not too bad. Need to repeat diabetes monitoring in the new year JAN / Feb Thanks, Tim HODGSON Wimbledon Village Surgery
21-Oct-2022 11:21	Externally Entered HODGSON, Tim (Dr) Entered By: , System User ( )
Lab Results	! HbA1c level - IFCC standardised (20-Oct-2022) (THODGSON) - repeat test 3 months
20-Oct-2022 19:34	Externally Entered HODGSON, Tim (Dr) Entered By: , System User ( )
Lab Results	Serum vitamin B12 (THODGSON) - Tell Pt normal - OK2go Serum ferritin (THODGSON) - Tell Pt normal - OK2go Serum folate (THODGSON) - Tell Pt normal - OK2go Urea and electrolytes (THODGSON) - Tell Pt normal - OK2go eGFRcreat (CKD-EPI)/1.73 m*2 (THODGSON) - Tell Pt normal - OK2go Liver function test (THODGSON) - Tell Pt normal - OK2go Serum lipids (THODGSON) - Tell Pt normal - OK2go Serum free T4 level (THODGSON) - Tell Pt normal - OK2go Serum TSH level (THODGSON) - Tell Pt normal - OK2go
20-Oct-2022 18:34	Externally Entered DE ALMEIDA, Tushan (Dr) Entered By: , System User ( )
Lab Results	! Full blood count - FBC (TDEALMEIDA) - Book tel Con to discuss
20-Oct-2022 09:21	Face to face consultation (WIMBLETON VILLAGE SURGERY) LUNDY, Tracy (Mrs)
Comment	Waist circumference 120 cm Urine sample obtained ACR
20-Oct-2022 09:18	Face to face consultation (WIMBLETON VILLAGE SURGERY) LUNDY, Tracy (Mrs)

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Examination	O/E - blood pressure reading 134/77 mmHg pulse 88 Body weight 99 kg • Standing height 173 cm
Procedure	Blood sample -> Lab NOS
12-Oct-2022 15:11	accuRx Consultation BRADLEY, Deborah (Ms)
Comment	Diabetes monitoring invitation by SMS Patient mobile telephone number 447817497109 SMS text message sent to patient Dear Mr Henderson, You are now due for your yearly diabetes blood test and review. This is important so that we know your diabetes is under control. If you have not arranged for these, please, either click on the link below to self-book or contact reception on 020 8946 4820 to book an appointment. To book, please follow this link within 48 hours: (link will autogenerate here) Thanks, Deborah Bradley Wimbledon Village Surgery
06-Oct-2022 11:59	GP Surgery (WIMBLEDON VILLAGE SURGERY) MCSORLEY, Andrew (Mr)
Additional	Administration of medication under patient group direction • Consent given for seasonal influenza vaccination Administration of first inactivated seasonal influenza vaccination Injection site: Left arm Adjuvanted Quadrivalent Influenza Vaccine (aQIV) - Manufacturer: Seqirus; BN: 6003B1A; Exp: 04/23
27-Sep-2022 15:27	accuRx Consultation BRADLEY, Deborah (Ms)
Comment	Advice given about bowel cancer screening programme Patient mobile telephone number 0781 749 7109 SMS text message sent to patient Dear Mr Henderson, We've been informed that you have not yet completed your bowel screening test. Please arrange this by speaking to the free bowel cancer screening helpline on 0800 707 60 60. You can find more information about bowel cancer screening here: <a href="https://nhs.uk/conditions/bowel-cancer-screening/">nhs.uk/conditions/bowel-cancer-screening/</a> Thanks, Deborah Wimbledon Village Surgery
27-Sep-2022 03:23	Externally Entered BRADLEY, Deborah (Ms) Entered By: System User ()
Lab Results	BCS: FOB result (DBRADLEY) - FOBT non responder
11-Aug-2022	Administration BALLENTINE, Lisa (Ms)
Diagnosis	Seen by accident and emergency doctor (27-Jul-2022) PRIORITY=3 Open wound of lower limb (27-Jul-2022) foot PRIORITY=3
09-Aug-2022	Third party Consultation RITCHIE, Robert (Mr)
Attachment	Document Image letter (28-Jul-2022) Docman Attachment (From): St Georges NHS Trust, Diabetic Medicine (Description:) Clinical Letter
Diagnosis	Seen by endocrinologist (28-Jul-2022) Clinical Letter St Georges NHS Trust Diabetic Medicine DICTATE3 PRIORITY=3
29-Jul-2022	Third party Consultation BRADLEY, Deborah (Ms)
Administration	Seen in diabetic clinic (27-Jul-2022) Clinical Letter St Georges Hospital Accident and Emergency EMERGENCY PRIORITY=3
Attachment	Document Image letter (27-Jul-2022) Docman Attachment (From): St George's Hospital, Accident and Emergency (Description:) Clinical Letter
27-Jul-2022	Surgery consultation FAIRBAIRN, Sarah Florence (Mrs) <i>Empty consultation</i>
27-Jul-2022	Surgery consultation FAIRBAIRN, Sarah Florence (Mrs)
Problem	Ischaemic ulcer diabetic foot (Review)
Intervention	Nursing care - dressing inflammation around wound into foot looks more red, not spread up foot but hot. Area cleaned and redressed, needs dressings 3 times a week. D/W Dr PB, refer to 2ndry care immediately. PRIORITY=3
Acute Issue(s)	Tubifast 2-way stretch stockinette 7.5cm (Molnlycke Health Care Ltd) - ASD, 5 m Aquacel Foam dressing (non-adhesive) 10cm x 10cm (ConvaTec Ltd) - ASD, 10 dressing
27-Jul-2022	Third party Consultation HUTCHINS, Janine (Mrs)
Administration	Seen in diabetic clinic (05-Jul-2022) Report Oakridge Park Centre Patient Summary PRIORITY=3

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Attachment	Document Image letter (05-Jul-2022) Docman Attachment (From): Oakridge Park Centre, Patient Summary (Description:) Report
27-Jul-2022	Surgery consultation FAIRBAIRN, Sarah Florence (Mrs)
Administration	Telephone encounter pt. has received letter for vascular referral today, appt for 10.10.22. Needs to get to SGH A&E for assessment of foot. PRIORITY=3
25-Jul-2022	Surgery consultation FAIRBAIRN, Sarah Florence (Mrs)
Problem	Ischaemic ulcer diabetic foot (Review)
Intervention	Nursing care - dressing increased inflammation of surrounding area Lt foot. S/B Dr TDA, for more antibiotics and swab. Pt has not heard from podiatry yet. Inadine, aquacel foam cut to fit, blue line tubifast made into sock. PRIORITY=3
25-Jul-2022	Surgery consultation FAIRBAIRN, Sarah Florence (Mrs)
Acute Issue(s)	Co-amoxiclav 500mg/125mg tablets - 1 TABLET THREE TIMES A DAY, 21 tablet
18-Jul-2022	Surgery consultation DE ALMEIDA, Tushan (Dr)
Problem	Amputation hallux (Review)
Intervention	Amputation hallux (31-Dec-2013) Right PRIORITY=3
Problem	Erectile dysfunction (Review)
Diagnosis	Erectile dysfunction (29-Jun-2007) PRIORITY=3
Problem	Diastasis recti abdominis (Review)
Diagnosis	Diastasis recti abdominis (19-Oct-2020) PRIORITY=3
Problem	Ischaemic ulcer diabetic foot (Review)
Diagnosis	Ischaemic ulcer diabetic foot (27-Feb-2018) PRIORITY=3
Problem	Percutaneous transluminal angioplasty of artery NEC (Review)
Intervention	Percutaneous transluminal angioplasty of artery NEC (31-Jul-2019) PRIORITY=3
Comment	Actions Information Action Cancel Request Action Date/Time 02-Nov-2022 10:32 By User JAMA, Fowsia (Miss) Role Health Records Administrator Business Function Service Provider Clinician Organisation ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST Reason Other reason Comment PATIENT UNDER DIABETIC FOOT TEAM NOW.
Referral Activity	Referred to vascular surgeon UBRN:000389271024 To: St George's Hospital
Attachment	Referral letter 18/07/2022 Refer for Referred to vascular surgeon at St George's Hospital department of Vascular Surgery with UBRN: 000389271024 by: Dr Tushan De Almeida uploaded 18/07/22@ 16:25 DB
Referral Episode	Referral Message Digest Electronic Letter. Status Sent UBRN: 000389271024
15-Jul-2022	Administration FORMAN, Irene (Ms)
Acute Issue(s)	Flucloxacillin 500mg capsules - 1 CAPSULE FOUR TIMES A DAY, 28 capsule
08-Jul-2022	Surgery consultation DE ALMEIDA, Tushan (Dr)
Problem	Type 2 diabetes mellitus (Review) (2022)
Examination	O/E - height 174 cm
Repeat Auth	Atorvastatin 10mg tablets - 1 TABLET ONCE A DAY, 84 tablet BD Viva hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/32gauge (Becton, Dickinson UK Ltd) - ASD, 180 needle Canagliflozin 100mg tablets - 1 TABLET ONCE DAILY, 90 tablet NovoRapid FlexPen 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) - ASD, 5 pre-filled disposable injection Performa testing strips (Roche Diabetes Care Ltd) - ASD, 100 strip Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) - USE ONCE DAILY, 5 pre-filled disposable injection Vardenafil 5mg tablets - 1 TABLET AS DIRECTED, 4 tablet
08-Jul-2022	Surgery consultation DE ALMEIDA, Tushan (Dr)
Problem	Type 2 diabetes mellitus (Review) (2022)
Diagnosis	Type 2 diabetes mellitus

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	Problem	Type 2 diabetes mellitus (2000). PRIORITY=3
	Diagnosis	Essential hypertension (Review) (2022)
	Diagnosis	Essential hypertension (2010) PRIORITY=3
	Diagnosis	Essential hypertension (2010)
	Repeat Auth	Amlodipine 10mg tablets - 1 TABLET ONCE A DAY, 84 tablet Ramipril 2.5mg capsules - 1 CAPSULE ONCE A DAY, 84 capsule Ramipril 5mg capsules - 1 CAPSULE ONCE A DAY, 84 capsule
	Problem	Ischaemic ulcer diabetic foot (Review)
	Intervention	Nursing care - dressing ongoing diabetic ulcer on side of L foot. Was being weekly at the diabetic foot clinic weekly. Moved to the area recently. Ulcer is sloughy and surrounding skin a little red. Currently on antibiotics. S.b Dr TDA-will refer to diabetic foot clinic. Cleaned and dressed wound with aquacel ag, inadine. secured with aquacel foam adhesive and light bandaging. PRIORITY=3
	Examination	O/E - blood pressure reading 126/88 mm Hg Event time: 09:35:00 Posture for BP recording: Sitting Cuff size used: Standard
06-Jul-2022		Data Transferred from other system DE ALMEIDA, Tushan (Dr)
	Administration	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (10-Nov-2021) Data supplied by external NHS PRIORITY=3
	Immunisation	Administration of first dose of SARS-CoV-2 vaccine (10-Nov-2021) Product: Comirnaty COVID-19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd)(39115611000001103) Procedure: Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)(1362591000000103) Organisation code: Y9X2R Expiry date: 20211201 Care setting: Open access service Performed by: Veronica Jackson Event identifier: 802126:11716 Dose: 0.3 ml Stage=1 Batch Number=FK0596 Source=Out of Practice Status=Given Method=Intramuscular Site=Right arm Immunisation Type=COVID - Pfizer Comirnaty
06-Jul-2022		Data Transferred from other system DE ALMEIDA, Tushan (Dr)
	Immunisation	Administration of first dose of SARS-CoV-2 vaccine (24-Feb-2021) Product: COVID-19 mRNA Vaccine BNT162b2 30micrograms/0.3ml dose concentrate for suspension for injection multidose vials (Pfizer-BioNTech) (Pfizer-BioNTech) 5 dose(39115711000001107) Organisation code: I9L4D Expiry date: 20210226 Care setting: Open access service Performed by: Julia Bradbury Event identifier: 517466:77212 Stage=1 Batch Number=ER1741 Source=Out of Practice Status=Given Method=Intramuscular Site=Left arm Due date=24/03/2021 Immunisation Type=COVID - Pfizer Comirnaty
06-Jul-2022		Data Transferred from other system DE ALMEIDA, Tushan (Dr)
	Immunisation	Administration of second dose of SARS-CoV-2 vaccine (12-May-2021) Product: COVID-19 mRNA Vaccine BNT162b2 30micrograms/0.3ml dose concentrate for suspension for injection multidose vials (Pfizer-BioNTech) (Pfizer-BioNTech) 5 dose(39115711000001107) Organisation code: I9L4D Expiry date: 20210517 Care setting: Open access service Performed by: Niamh Cahill Event identifier: 586282:58392 Stage=2 Batch Number=EW4109 Source=Out of Practice Status=Given Method=Intramuscular Site=Left arm Immunisation Type=COVID - Pfizer Comirnaty
05-Jul-2022		Administration BRADLEY, Deborah (Ms)
	Examination	O/E - height 172 cm • O/E - weight 94 Kg • Body Mass Index 31.7
	Examination	Ex smoker Smoking status on date of event: D Alcohol consumption 10 units/week Drinking status on event date: Y Units of alcohol drank per week: 10
	Administration	British or mixed British - ethnic category 2001 census Main spoken language English Preferred Language Spoken: N Language Spoken: English
	Administration	Patient allocated named accountable general practitioner PRIORITY=3

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Administration Patient registered by FPC PRIORITY=3  
 Diagnosis Informing patient of named accountable general practitioner PRIORITY=3  
 Diagnosis FH: Diabetes mellitus Read code of condition: C10..00 (Diabetes mellitus)  
 Intervention Amputation of toe various PRIORITY=3  
 Symptom Widowed PRIORITY=3  
 Symptom H/O: regular medication: Amlodipine 10mgRamipril 2.5mg and 5mgAtorvastatinInsulin PRIORITY=3

**Values and Investigations**

27-Aug-2024	Body mass index	32.41	kg/m2	
	(calculation based on height entry 27-Aug-2024, NB prior to age 70 average height loss is 1cm per 10 years).			
27-Aug-2024	Blood film microscopy - (TDEALMEIDA) - Result is stable - OK2go			
	The raised Hct persists with a few larger platelets present Please consider secondary drivers, if no cause found discuss with haematology. JC			
27-Aug-2024	! HbA1c lev - IFCC standardised - (TDEALMEIDA) - Better than before, OK2go	42	mmol/mol	20.00 - 41.00mmol/mol
27-Aug-2024	Serum folate - (TDEALMEIDA) - All normal, tell Pt - OK2go	3.3	ug/L	3.00 - 20.00ug/L
27-Aug-2024	Serum vitamin B12 - (TDEALMEIDA) - All normal, tell Pt - OK2go	434	ng/L	200.00 - 910.00ng/L
27-Aug-2024	Serum TSH level - (TDEALMEIDA) - All normal, tell Pt - OK2go	1.42	mu/L	0.35 - 5.00mu/L
27-Aug-2024	Serum free T4 level - (TDEALMEIDA) - All normal, tell Pt - OK2go Euthyroid	14.5	pmol/L	9.00 - 22.00pmol/L
27-Aug-2024	Se prostate specific Ag level - (TDEALMEIDA) - All normal, tell Pt - OK2go	1.2	ug/L	<4.50ug/L
27-Aug-2024	Serum lipids - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	Serum cholesterol	3.7	mmol/L	2.00 - 5.00mmol/L
	Serum triglycerides	0.9	mmol/L	0.50 - 2.00mmol/L
	Serum HDL cholesterol level	1.3	mmol/L	1.10 - 2.20mmol/L
	Calculated LDL cholesterol lev	2	mmol/L	1.00 - 3.00mmol/L
	Serum cholesterol/HDL ratio	2.8	ratio	2.00 - 5.00ratio
	Se non HDL cholesterol level	2.4	mmol/L	<3.50mmol/L
27-Aug-2024	Liver function test - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	Serum total bilirubin level	12	umol/L	<25.00umol/L
	Serum alkaline phosphatase	115	U/L	30.00 - 130.00U/L
	Serum ALT level	19	U/L	1.00 - 50.00U/L
	Serum albumin	38	g/L	35.00 - 50.00g/L
27-Aug-2024	eGFRcreat (CKD-EPI)/1.73 m*2 - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	eGFRcreat (CKD-EPI)/1.73 m*2	73	mL/min	>60.00mL/min
	AKI warning stage	0	Stage	
27-Aug-2024	! Urea and electrolytes - (TDEALMEIDA) - Considered normal, minor variations.OK2go			
	Serum sodium	138	mmol/L	133.00 - 146.00mmol/L
	Serum potassium	4.7	mmol/L	3.50 - 5.30mmol/L
	! Serum urea level	7.9	mmol/L	2.50 - 7.80mmol/L
	Serum creatinine	93	umol/L	20.00 - 107.00umol/L
27-Aug-2024	Serum ferritin - (TDEALMEIDA) - All normal, tell Pt - OK2go	143	ug/L	25.00 - 200.00ug/L

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27-Aug-2024	! Full blood count - FBC - (TDEALMEIDA) - Considered normal, minor variations OK2go			
	Total white cell count	9.7	10 <sup>9</sup> /L	3.50 - 10.0010 <sup>9</sup> /L
	! Red blood cell (RBC) count	5.85	10 <sup>12</sup> /L	4.25 - 5.7510 <sup>12</sup> /L
	! Haemoglobin estimation	174	g/L	130.00 - 170.00g/L
	! Haematocrit	0.548	L/L	0.40 - 0.50L/L
	Mean corpuscular volume (MCV)	94	fL	84.00 - 98.00fL
	Mean corpusc. haemoglobin(MCH)	29.7	pg	27.50 - 32.00pg
	Mean corpusc. Hb. conc. (MCHC)	318	g/L	300.00 - 360.00g/L
	! Red blood cell distribut width	14.6	%	<14.50%
	Platelet count	287	10 <sup>9</sup> /L	150.00 - 400.0010 <sup>9</sup> /L
	Neutrophil count	7.4	10 <sup>9</sup> /L	1.70 - 7.5010 <sup>9</sup> /L
	Lymphocyte count	1.3	10 <sup>9</sup> /L	1.00 - 3.5010 <sup>9</sup> /L
	Monocyte count	0.9	10 <sup>9</sup> /L	0.30 - 1.0010 <sup>9</sup> /L
	Eosinophil count	0.1	10 <sup>9</sup> /L	<0.4010 <sup>9</sup> /L
	Basophil count	0.1	10 <sup>9</sup> /L	<0.1010 <sup>9</sup> /L
27-Aug-2024	Body mass index	32.4	kg/m2	
27-Aug-2024	Standing height	173	cm	
27-Aug-2024	Body weight	97	kg	
27-Aug-2024	O/E - blood pressure reading pulse 96	141/80	mmHg	
12-Jun-2024	Serum testosterone - (SDRAYTON) - All normal, tell Pt - OK2go	15	nmol/L	9.00 - 25.00nmol/L
12-Jun-2024	Se prostate specific Ag level - (SDRAYTON) - All normal, tell Pt - OK2go	1.1	ug/L	<4.50ug/L
11-Jun-2024	O/E - blood pressure reading	144/80	mmHg	
12-Apr-2024	WOUND SWAB - (HFULKER) - Book tel Con to discuss			
	Culture			
	1) Light growth of Coagulase Negative Staphylococcus			
	2) Heavy mixed growth of Coliform			
	Anaerobic culture			
	Anaerobes NOT isolated			
	Comment			
	Chronic ulcers are usually colonised with bacteria. Swabbing of the site and antibiotic treatment should only be given if there are signs of acute infection e.g. erythema, purulent discharge, swelling and pain, or systemic signs.			
11-Apr-2024	Plasma C reactive protein - (CMURPHY) - All normal, tell Pt - OK2go	2	mg/L	<5.00mg/L
11-Apr-2024	eGFRcreat (CKD-EPI)/1.73 m <sup>2</sup> - (CMURPHY) - All normal, tell Pt - OK2go	75	mL/min	>60.00mL/min
	AKI warning stage	0	Stage	
11-Apr-2024	! Urea and electrolytes - (CMURPHY) - Considered normal, minor variations OK2go			
	Serum sodium	143	mmol/L	133.00 - 146.00mmol/L
	Serum potassium	4.4	mmol/L	3.50 - 5.30mmol/L
	! Serum urea level	8.3	mmol/L	2.50 - 7.80mmol/L
	Serum creatinine	91	umol/L	20.00 - 107.00umol/L
11-Apr-2024	! Full blood count - FBC - (CMURPHY) - Considered normal, minor variations OK2go			
	Total white cell count	9.6	10 <sup>9</sup> /L	3.50 - 10.0010 <sup>9</sup> /L
	Red blood cell (RBC) count	5.54	10 <sup>12</sup> /L	4.25 - 5.7510 <sup>12</sup> /L
	Haemoglobin estimation	161	g/L	130.00 - 170.00g/L
	! Haematocrit	0.509	L/L	0.40 - 0.50L/L
	Mean corpuscular volume (MCV)	92	fL	84.00 - 98.00fL

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	Mean corpusc. haemoglobin(MCH)	29.1	pg	27.50 - 32.00pg
	Mean corpusc. Hb. conc. (MCHC)	316	g/L	300.00 - 360.00g/L
	Red blood cell distribut width	13.9	%	<14.50%
	Platelet count	276	10 <sup>9</sup> /L	150.00 - 400.0010 <sup>9</sup> /L
	Neutrophil count	7.4	10 <sup>9</sup> /L	1.70 - 7.5010 <sup>9</sup> /L
	Lymphocyte count	1.3	10 <sup>9</sup> /L	1.00 - 3.5010 <sup>9</sup> /L
	Monocyte count	0.7	10 <sup>9</sup> /L	0.30 - 1.0010 <sup>9</sup> /L
	Eosinophil count	0.1	10 <sup>9</sup> /L	<0.4010 <sup>9</sup> /L
	Basophil count	0.1	10 <sup>9</sup> /L	<0.1010 <sup>9</sup> /L
28-Mar-2024	Body mass index	32.41	kg/m2	
	(calculation based on height entry 28-Mar-2024, NB prior to age 70 average height loss is 1cm per 10 years).			
28-Mar-2024	Body mass index	32.4	kg/m2	
28-Mar-2024	Body weight	97	kg	
28-Mar-2024	Standing height	173	cm	
22-Mar-2024	! HbA1c levl - IFCC standardised - (TDEALMEIDA) -	44	mmol/mol	20.00 - 41.00mmol/mol
	Result is stable - OK2go			
22-Mar-2024	Rejected Sample - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	Insufficient sample for accurate FBC analysis			
	Lab. test requested - not done			
	full blood count			
	Reason			
	Inadequate sample collected			
	Action			
	Please repeat request and sample			
22-Mar-2024	Serum lipids - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	Serum cholesterol	4.3	mmol/L	2.00 - 5.00mmol/L
	Serum triglycerides	0.8	mmol/L	0.50 - 2.00mmol/L
	Serum HDL cholesterol level	1.5	mmol/L	1.10 - 2.20mmol/L
	Calculated LDL cholesterol lev	2.4	mmol/L	1.00 - 3.00mmol/L
	Serum cholesterol/HDL ratio	2.9	ratio	2.00 - 5.00ratio
	Se non HDL cholesterol level	2.8	mmol/L	<3.50mmol/L
22-Mar-2024	Liver function test - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	Serum total bilirubin level	9	umol/L	<25.00umol/L
	Serum ALT level	18	U/L	1.00 - 50.00U/L
22-Mar-2024	! Bone profile - (TDEALMEIDA) - Considered normal, minor variations OK2go			
	Serum calcium	2.37	mmol/L	
	Serum adjusted calcium conc	2.36	mmol/L	2.20 - 2.60mmol/L
	Serum inorganic phosphate	0.82	mmol/L	0.80 - 1.50mmol/L
	Serum alkaline phosphatase	118	U/L	30.00 - 130.00U/L
	! Serum total protein	81	g/L	60.00 - 80.00g/L
	Serum albumin	41	g/L	35.00 - 50.00g/L
	Serum globulin	40	g/L	22.00 - 40.00g/L
22-Mar-2024	eGFRcreat (CKD-EPI)/1.73 m*2 - (TDEALMEIDA) - All normal, tell Pt - OK2go			
	eGFRcreat (CKD-EPI)/1.73 m*2	78	mL/min	>60.00mL/min
	AKI warning stage	0	Stage	
22-Mar-2024	! Urea and electrolytes - (TDEALMEIDA) - Repeat test			
	Raised Potassium ?due to delayed separation. If repeat required suggest send patient to hospital phlebotomy.			
	Serum sodium	139	mmol/L	133.00 - 146.00mmol/L
	! Serum potassium	6.2	mmol/L	3.50 - 5.30mmol/L
	Serum urea level	6.9	mmol/L	2.50 - 7.80mmol/L
	Serum creatinine	89	umol/L	20.00 - 107.00umol/L

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22-Mar-2024	! Full blood count - FBC - (TDEALMEIDA) - Considered normal, minor variations OK2go No significant change			
	Total white cell count	7.9	10*9/L	3.50 - 10.0010*9/L
	! Red blood cell (RBC) count	5.81	10*12/L	4.25 - 5.7510*12/L
	! Haemoglobin estimation	173	g/L	130.00 - 170.00g/L
	! Haematocrit	0.551	L/L	0.40 - 0.50L/L
	Mean corpuscular volume (MCV)	95	fL	84.00 - 98.00fL
	Mean corpusc. haemoglobin(MCH)	29.8	pg	27.50 - 32.00pg
	Mean corpusc. Hb. conc. (MCHC)	314	g/L	300.00 - 360.00g/L
	Red blood cell distribut width	13.9	%	<14.50%
	Platelet count	309	10*9/L	150.00 - 400.0010*9/L
	Neutrophil count	5.9	10*9/L	1.70 - 7.5010*9/L
	Lymphocyte count	1.3	10*9/L	1.00 - 3.5010*9/L
	Monocyte count	0.6	10*9/L	0.30 - 1.0010*9/L
	Eosinophil count	0.1	10*9/L	<0.4010*9/L
	Basophil count	0.1	10*9/L	<0.1010*9/L
22-Mar-2024	O/E - blood pressure reading pulse 87	144/81	mmHg	
22-Mar-2024	! Urine albumin:creatinine ratio - (TDEALMEIDA) - Book tel Con to discuss			
	! Urine albumin	31.6	mg/L	<20.00mg/L
	! Urine albumin:creatinine ratio	9.9	g/mol	<2.90g/mol
22-Mar-2024	Urine creatinine - (TDEALMEIDA) - All normal, tell Pt - OK2go	3.2	mmol/L	
14-Jul-2023	WOUND SWAB - (LSHARP) - Book tel Con to discuss			
	Culture			
	1) Heavy growth of Staphylococcus aureus			
	2) Heavy growth of Pseudomonas species			
	1)			
	Erythromycin	S		
	Flucloxacillin	S		
	Anaerobic culture			
	Anaerobes NOT isolated			
11-May-2023	Blood film microscopy - (PBROWN) - Book tel Con to discuss			
	A packed film with occasional large platelet present Note raised Hct. Confirm the elevated Hct is persistent with two readings over a 3 month period. Advise on reduction/elimination of contributing factors e.g. smoking/alcohol. Refer for further investigation if Hct >0.520 (in males) or >0.480 (in females)			
11-May-2023	! HbA1c lev1 - IFCC standardised - (PBROWN) - Result is stable - OK2go	51	mmol/mol	20.00 - 41.00mmol/mol
11-May-2023	Serum TSH level - (PBROWN) - All normal, tell Pt - OK2go	2.05	mu/L	0.35 - 5.00mu/L
11-May-2023	Serum free T4 level - (PBROWN) - All normal, tell Pt - OK2go Euthyroid	13.9	pmol/L	9.00 - 22.00pmol/L
11-May-2023	Serum lipids - (PBROWN) - All normal, tell Pt - OK2go			
	Serum cholesterol	3.7	mmol/L	2.00 - 5.00mmol/L
	Serum triglycerides	1	mmol/L	0.50 - 2.00mmol/L
	Serum HDL cholesterol level	1.2	mmol/L	1.10 - 2.20mmol/L
	Calculated LDL cholesterol lev	2	mmol/L	1.00 - 3.00mmol/L
	Serum cholesterol/HDL ratio	3.1	ratio	2.00 - 5.00ratio
	Se non HDL cholesterol level	2.5	mmol/L	<3.50mmol/L

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11-May-2023	Liver function test - (PBROWN) - All normal, tell Pt - OK2go			
	Serum total bilirubin level	11	umol/L	<25.00umol/L
	Serum alkaline phosphatase	103	U/L	30.00 - 130.00U/L
	Serum ALT level	18	U/L	1.00 - 50.00U/L
	Serum albumin	40	g/L	35.00 - 50.00g/L
11-May-2023	Serum gamma GT level - (PBROWN) - All normal, tell Pt - OK2go	20	U/L	1.00 - 54.00U/L
	Please note new Ref. Range for GGT from 27.06.22			
11-May-2023	eGFRcreat (CKD-EPI)/1.73 m*2 - (PBROWN) - All normal, tell Pt - OK2go			
	In line with NICE guidance [NG203], ethnicity-based adjustment of eGFR is no longer recommended.			
	eGFRcreat (CKD-EPI)/1.73 m*2	64	mL/min	>60.00mL/min
	AKI warning stage	0	Stage	
11-May-2023	Urea and electrolytes - (PBROWN) - All normal, tell Pt - OK2go			
	Serum sodium	138	mmol/L	133.00 - 146.00mmol/L
	Serum potassium	4.3	mmol/L	3.50 - 5.30mmol/L
	Serum urea level	6.6	mmol/L	2.50 - 7.80mmol/L
	Serum creatinine	105	umol/L	20.00 - 107.00umol/L
11-May-2023	! Full blood count - FBC - (PBROWN) - Book tel Con to discuss			
	Total white cell count	7.4	10*9/L	3.50 - 10.0010*9/L
	! Red blood cell (RBC) count	5.94	10*12/L	4.25 - 5.7510*12/L
	! Haemoglobin estimation	172	g/L	130.00 - 170.00g/L
	! Haematocrit	0.557	L/L	0.40 - 0.50L/L
	Mean corpuscular volume (MCV)	94	fL	84.00 - 98.00fL
	Mean corpusc. haemoglobin(MCH)	29	pg	27.50 - 32.00pg
	Mean corpusc. Hb. conc. (MCHC)	309	g/L	300.00 - 360.00g/L
	Red blood cell distribut width	14.1	%	<14.50%
	Platelet count	261	10*9/L	150.00 - 400.0010*9/L
	Neutrophil count	5	10*9/L	1.70 - 7.5010*9/L
	Lymphocyte count	1.3	10*9/L	1.00 - 3.5010*9/L
	Monocyte count	0.7	10*9/L	0.30 - 1.0010*9/L
	Eosinophil count	0.2	10*9/L	<0.4010*9/L
	Basophil count	0.1	10*9/L	<0.1010*9/L
10-May-2023	Frequency of hypoglycaemia attack morning in particular. Has been as low as 2.8. Gets big swings as trying to balance between novorapid and lucozade	6	times/week	
27-Oct-2022	Body mass index	33.1	kg/m2	
27-Oct-2022	Pulse rate	93	beats/min	
27-Oct-2022	HbA1c (haemoglobin A1c) target level - IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) standardised	45	mmol/mol	
20-Oct-2022	Body mass index (calculation based on height entry 20-Oct-2022, NB prior to age 70 average height loss is 1cm per 10 years).	33.08	kg/m2	
20-Oct-2022	Waist circumference	120	cm	
20-Oct-2022	Standing height	173	cm	
20-Oct-2022	Body weight	99	kg	
20-Oct-2022	O/E - blood pressure reading pulse 88	134/77	mmHg	
20-Oct-2022	! HbA1c level - IFCC standardised - (THODGSON) - repeat test 3 months	50	mmol/mol	20.00 - 41.00mmol/mol
20-Oct-2022	Serum TSH level - (THODGSON) - Tell Pt normal - OK2go	1.42	mu/L	0.35 - 5.00mu/L
20-Oct-2022	Serum free T4 level - (THODGSON) - Tell Pt normal - OK2go	12.8	pmol/L	9.00 - 22.00pmol/L

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	Euthyroid			
20-Oct-2022	Serum lipids - (THODGSON) - Tell Pt normal - OK2go			
	Serum cholesterol	4.4	mmol/L	2.00 - 5.00mmol/L
	Serum triglycerides	1.2	mmol/L	0.50 - 2.00mmol/L
	Serum HDL cholesterol level	1.3	mmol/L	1.10 - 2.20mmol/L
	Calculated LDL cholesterol lev	2.1	mmol/L	1.00 - 3.00mmol/L
	Serum cholesterol/HDL ratio	3.1	ratio	2.00 - 5.00ratio
	Se non HDL cholesterol level	2.7	mmol/L	<3.50mmol/L
20-Oct-2022	Liver function test - (THODGSON) - Tell Pt normal - OK2go			
	Serum total bilirubin level	10	umol/L	<25.00umol/L
	Serum alkaline phosphatase	119	U/L	30.00 - 130.00U/L
	Serum ALT level	17	U/L	1.00 - 50.00U/L
	Serum albumin	39	g/L	35.00 - 50.00g/L
20-Oct-2022	eGFRcreat (CKD-EPI)/1.73 m*2 - (THODGSON) - Tell Pt normal - OK2go			
	In line with NICE guidance [NG203], ethnicity-based adjustment of eGFR is no longer recommended.			
	eGFRcreat (CKD-EPI)/1.73 m*2	71	mL/min	>60.00mL/min
	AKI warning stage	NA		
20-Oct-2022	Urea and electrolytes - (THODGSON) - Tell Pt normal - OK2go			
	Sample haemolysed, interpret with caution			
	Serum sodium	137	mmol/L	133.00 - 146.00mmol/L
	Serum potassium	NA		
	Haemolysed			
	Serum urea level	7.3	mmol/L	2.50 - 7.80mmol/L
	Serum creatinine	97	umol/L	20.00 - 107.00umol/L
20-Oct-2022	Serum folate - (THODGSON) - Tell Pt normal - OK2go			
	NA			
	Haemolysed			
20-Oct-2022	Serum ferritin - (THODGSON) - Tell Pt normal - OK2go	130	ug/L	25.00 - 200.00ug/L
20-Oct-2022	Serum vitamin B12 - (THODGSON) - Tell Pt normal - OK2go			
	NA			
	Haemolysed			
20-Oct-2022	! Full blood count - FBC - (TDEALMEIDA) - Book tel Con to discuss			
	! Total white cell count	11.5	10*9/L	3.50 - 10.0010*9/L
	Red blood cell (RBC) count	5.4	10*12/L	4.25 - 5.7510*12/L
	Haemoglobin estimation	158	g/L	130.00 - 170.00g/L
	Haematocrit	0.49	L/L	0.40 - 0.50L/L
	Mean corpuscular volume (MCV)	91	fL	84.00 - 98.00fL
	Mean corpusc. haemoglobin(MCH)	29.3	pg	27.50 - 32.00pg
	Mean corpusc. Hb. conc. (MCHC)	322	g/L	300.00 - 360.00g/L
	! Red blood cell distribut width	14.7	%	<14.50%
	Platelet count	273	10*9/L	150.00 - 400.0010*9/L
	! Neutrophil count	9	10*9/L	1.70 - 7.5010*9/L
	Lymphocyte count	1.3	10*9/L	1.00 - 3.5010*9/L
	Monocyte count	0.9	10*9/L	0.30 - 1.0010*9/L
	Eosinophil count	0.2	10*9/L	<0.4010*9/L
	Basophil count	0.1	10*9/L	<0.1010*9/L

HENDERSON, Robert (Mr)  
Date of Birth: 11-Apr-1958

Wimbledon Village Surgery  
NHS Number: 400 062 0878

27-Sep-2022 BCS: FOB result - (DBRADLEY) - FOBT non responder  
FOBT Non-Response. Sent when Discharged for non-response to initial Test Kit  
No response to BCSP invitation

08-Jul-2022 O/E - blood pressure reading 126/88 mm Hg  
Event time: 09:35:00 Posture for BP recording: Sitting Cuff size used: Standard

08-Jul-2022 O/E - height 174 cm

05-Jul-2022 Ex smoker  
Smoking status on date of event: D

05-Jul-2022 O/E - weight 94 Kg

05-Jul-2022 O/E - height 172 cm

05-Jul-2022 Alcohol consumption 10 units/week  
Drinking status on event date: Y Units of alcohol drank per week: 10

05-Jul-2022 Body Mass Index 31.7

**Referrals**

Date	Term	Details	Clinician	Status
11-Apr-2024	Referral to community multidisciplinary care team	FROM: CLCH Mert - Podiatry At Risk Service	OWUSU, Victoria (HARI)	Ended
15-Mar-2024	Refer to podiatry		RAZAK, Alaa (MFT)	Ended
10-May-2023	Referral to community diabetes service	FROM: (Mert GP) Wimbledon Village Practice	NORTHOVER, Emily (MDB)	Ended
27-Jan-2023	Refer to podiatry	FROM: ST GEORGE'S HEALTHCARE NHS TRUST	GHITA, Maria (MAM)	Ended
18-Jul-2022	Referred to vascular surgeon	TO: St George's Hospital	DE ALMEIDA, Tushan (Dr)	Active

**Care plans**