RELEVANT EVIDENCE - see review schedule
iGPR Report

Subject Access Request

iGPR

Patient	Mr Leon Gratton
Date of birth	17-Mar-1975 (age 51)
Gender	M
NHS number	XNCLN/16
Patient's address	3 Makgill Row Springfield Fife KY15 5SA
Date range selected	Full record
Organisation	MMA Legal
Reference	100048

Problems

Active

31-Aug-2025 *****
Sepsis

18-Apr-2023 *****
Type 2 diabetes mellitus

18-Apr-2023 *****
Asthma

09-Aug-2021 Dr Lloyd Hughes (LH2)
[D]Mild wheeze

01-Apr-2021 Dr. Shanti Das (SD)
Community DMARD monitoring administration

09-Dec-2016 Dr Iain Gourley (IG)
Atopic dermatitis/eczema

28-Nov-2013 *****
Non-alcoholic fatty liver
- without fibrosis

11-Oct-2012 *****
[X]Osteopenia
(xray appearance)

11-Oct-2012 *****
Osteoarthritis NOS, of knee (Left)
early

28-Jun-2004 *****
Schizophrenia NOS

01-Nov-2000 *****
Borderline personality disorder

15-Mar-1976 *****
Eczema NOS

Significant Past

09-Feb-2011 *****
Misuse of Amphetamines unspecified
- also methadrone

22-Nov-2010 *****
Benzodiazepine dependence

22-Nov-2010 *****
H/O: repeated overdose

05-Nov-2010 *****
Migraine

12-Sept-2008 *****
Psychotic episode NOS

06-Aug-2007 *****
Hydradenitis suppurativa

12-Oct-2006 *****
Anxiety states

22-Nov-2003 *****
Psychotic episode NOS
- admission

THIRD PARTY COPY

01-Nov-2001 *****
[X]Depressive episode

24-Oct-2001 *****
Psychotic episode NOS

01-Nov-2000 *****
Morbid jealousy
- admission 12 weeks

12-Sept-1993 *****
Psychotic episode NOS
- 4/12 admission

24-Mar-1993 *****
Misuse of Methadone unspecified

24-Mar-1993 *****
Accidental poisoning by lysergide, LSD

30-Dec-1992 *****
Misuse of Cocaine unspecified

30-Dec-1992 *****
Misuse of drugs NOS

30-Dec-1992 *****
Misuse of Amphetamines unspecified

Minor Past

13-Feb-2025 Dr Kirsten Laurie (KLA)
Medication review

13-Mar-2019 Dr Matthew Jamrozek (MJ1)
Vasovagal symptom

30-May-2017 Dr. Katie MacLaren (KM)
[D]Mild wheeze

04-Apr-2017 *****
Shortness of breath symptom

10-Oct-2016 Dr. Katie MacLaren (KM)
Atopic dermatitis/eczema

22-Apr-2016 Dr Kath Rose (KR)
Atopic dermatitis/eczema

11-Aug-2014 Dr Keith Taylor (KT)
Bleeding PR

01-Mar-2012 *****
Fine needle aspiration NOC
of axillary lymph node: chronic infection/hydradenitis

01-Jun-2011 *****
[D]Numbness
toes (R)

03-Feb-2011 *****
Otitis externa NOS

22-Nov-2010 *****
[X]Deliberate drug overdose / other poisoning
mixed - procyclidine, citalopram & diazepam

05-Nov-2010 *****
Gastro-oesophageal reflux

05-Oct-2010 *****
[X]Deliberate drug overdose / other poisoning
diazepam, nitrazepam, citalopram and trihexyphenidyl

17-Sept-2010 *****
[X]Deliberate drug overdose / other poisoning
(impulsive) diazepam 12 x 10mg

24-Dec-2009 *****
[X]Deliberate drug overdose / other poisoning

20-Oct-2009 *****
[X]Deliberate drug overdose / other poisoning
non-hormonal anabolic complex/mixed energy pills

24-Sept-2009 *****
[X]Deliberate drug overdose / other poisoning
diazepam & simvastatin

11-July-2008 *****
Dental abscess

08-Jun-2008 *****
[X]Deliberate drug overdose / other poisoning
paracetamol

THIRD PARTY COPY

27-Jun-2007 *****
[D]Adenitis NOS

13-Jun-2007 *****
Haematospermia

17-Apr-2007 *****
Boil of axilla

01-Mar-2007 *****
[X]Deliberate drug overdose / other poisoning
impulsive - loratadine & paracetamol

11-May-2006 *****
[D]Musculoskeletal chest pain

06-Sept-2005 *****
Knee pain (Left)

19-May-2005 *****
Cervicalgia - pain in neck

17-Dec-2001 *****
Insomnia NOS

24-Mar-1993 *****
[X]Accidental drug overdose / other poisoning

30-Dec-1992 *****
[X]Accidental drug overdose / other poisoning
cocaine: overnight admission

13-Aug-1980 *****
Chickenpox - varicella

Consultations

18-Dec-2025 ***** **Bank Street Medical GroupMain Surgery**

Comment	Comment TC with PT - says had bloods taken at Weston Day Hospital last week

27-Nov-2025 ***** **Data Entry**

History	Outpatient clinic letter received Date: 26/11/2025 Speciality Name/No: Dermatology Ninewells
Comment	Failed encounter - line keeps ringing out
Comment	Comment referred to GP for any monitoring requirements
Comment	Medication started : Qv Wash, Hydromol
Comment	Medication increased : Methortrexate
Comment	Pharmacy technician
Comment	Referral for further care : GP
Medication	Medication Hydromol Ointment 500 GRAM APPLY AS REQUIRED FOR DRY SKIN
Medication	Medication Methotrexate Tablets 2.5 mg 24 TABLET 15 mg (SIX tablets) to be taken weekly
Medication	Medication Qv Gentle Wash 500 ML USE AS DIRECTED
Read Code	Medication reconciliation

03-Nov-2025 **Dr Amanda Pringle (AP1)** **Bank Street Medical GroupMain Surgery**

History	History due asthma review and T2DM bloods

02-Oct-2025 ***** **Bank Street Medical GroupMain Surgery**

Comment	Did not attend - no reason

26-Sept-2025 ***** **Bank Street Medical GroupMain Surgery**

Comment	Did not attend Diabetic Review Part 1 - zg
Read Code	Failed encounter DNA CTAC Appointment

15-Sept-2025 ***** **Bank Street Medical GroupMain Surgery**

Comment	Did not attend - no reason

THIRD PARTY COPY

08-Sept-2025 *** Data Entry**

History	Discharged from hospital Date: 05/09/2025 Ward Name/No:***** VHK
Comment	Previous treatment continue unchanged no changes to long term medication, short term medication not added
Comment	Pharmacy technician
Comment	Medication review of medical notes
Comment	Comment As noted in IDL - supplied short term analgesia and abx - GP to review ongoing need.
Comment	Telephone encounter with Rowlands to let them know pt has been discharged from hospital with no medication changes.
Read Code	Medication reconciliation

24-July-2025 *** Bank Street Medical GroupMain Surgery**

Comment	Other medication management Switch Pharmacy text Removal Project-MMSW
Comment	Medication review of medical notes
Comment	Comment Pharmacy text has now been removed from Soprobec inhaler as has had item issued for 6 months.

01-May-2025 Dr Iain Gourley (IG) Bank Street Medical GroupMain Surgery

Medication	Medication Paracetamol Caplets 500 mg 32 tablet ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED

29-Apr-2025 *** Bank Street Medical GroupMain Surgery**

Comment	Comment Request for paracetamol soluble - discussed request - has been buying OTC and can no longer afford. Discussed high salt content in these and we would recommend he bought tablets instead. He was c/o rib pain and headaches - roughly every 3 days - very painful - towards the back of his head and behind his eyes.. I have advised he should make GP appt for review
Comment	Pharmacists
Comment	Telephone encounter
Read Code	Other medication management Patient Query

14-Apr-2025 Dr Sarah Mills (SMI) Bank Street Medical GroupMain Surgery

History	History Requesting soluble paracetamol - pls discuss need for soluble prep with pharmacist, ideal not to use as high sodium levels would contribute to hypertension/cvs disease risk.

14-Apr-2025 *** Data Entry**

Comment	Pharmacy technician
Comment	Failed encounter
Comment	Comment As per task - re paracetamol soluble.

07-Apr-2025 *** General Practice Surgery**

Result	**GMS Contract Back Population**: Serum creatinine	75 umol/L	(No range available)

27-Mar-2025 Dr Keith Taylor (KT) Admin

Problem	Atopic dermatitis/eczema
History	History see letter from Dr Olley, slightly raised WCC / neut count on routine clozapine bloods. I think likely related to chronic skin inflammation and ok to continue methotrexate.

06-Mar-2025 Dr. Katie MacLaren (KM) Bank Street Medical GroupMain Surgery

Problem	Schizophrenia NOS
History	History Needs a med3- changes in universal credits
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Schizophrenia NOS, Severe dermatitis (on DMARDs), T2DM, Asthma, OA; Duration: 06/03/2025 - 05/08/2025)*

27-Feb-2025 *** Data Entry**

History	Discharged from hospital Date: 25/02/2025 Ward Name/No: Dermatology
Comment	Medication started betamethasone oint
Comment	Pharmacy technician
Comment	Comment As per recommendation
Medication	Medication Betamethasone Valerate Ointment 0.1 % 100 gram APPLY ONCE A DAY FOR 1-2 WEEKS THEN REDUCE TO ALTERNATE DAYS FOR 1-2 WEEKS THEN TWICE WEEKLY FOR 1-2 WEEKS BEFORE STOP

THIRD PARTY COPY

13-Feb-2025 Dr Kirsten Laurie (KLA) Bank Street Medical GroupMain Surgery

Problem	Medication review		
History	History On methotrexate - bloods 410/12 - on portal satisfactory		

20-Nov-2024 *** Bank Street Medical GroupMain Surgery**

Comment	Did not attend - no reason		

13-Nov-2024 *** Bank Street Medical GroupMain Surgery**

Read Code	Failed encounter DNA CTAC Appointment		

05-Sept-2024 *** General Practice Surgery**

Result	**GMS Contract Back Population**:		
	Digital retinal screening	1	(No range available)
	O/E - no left diabetic retinopathy		(No range available)
	O/E - no right diabetic retinopathy		(No range available)

04-July-2024 *** General Practice Surgery**

Result	**GMS Contract Back Population**:		
	Haemoglobin A1c level - IFCC standardised	45 mmol/mol	(No range available)
	Serum creatinine	81 umol/L	(No range available)
	Serum total cholesterol level	**2.9 mmol/L**	**(Range: 3.5 - 6.5)**

27-Mar-2024 *** Bank Street Medical GroupMain Surgery**

Comment	Did not attend - no reason		

15-Feb-2024 *** Data Entry**

Comment	Drug therapy discontinued :Clenil 100mcg/dose Inhaler		
Comment	Medication started :Soprobec 100mcg/dose Inhaler		
Comment	EMIS attachment reference code *Clenil to Soprobec switch.doc Clenil to Soprobec switch*		
Read Code	Other medication management NHS Fife Formulary Switch		

11-Sept-2023 *** Bank Street Medical GroupMain Surgery**

Problem	Type 2 diabetes mellitus		
Examination	Systolic blood pressure	131 mm Hg	
Examination	Diastolic blood pressure	83 mm Hg	
Social	Ex smoker		
Social	Teetotaller		
Social	Enjoys light exercise		
Comment	Comment Hba1c has improved from 58 to 42. Good weight loss. Encouragement given. On metformin 1 tab BD. Sometimes has diarrhoea. Has reduced sugary snacks - my concern is if we stop metformin altogether his Hba1c may rise again. Agreed to reduce to once daily and review HbA1c with full annual review in March. If still below 48 then could stop metformin. No concerns with eyes or feet.		
Medication	Medication Metformin Hydrochloride Tablets 500 mg 28 tablet ONE DAILY WITH FOOD VIA COMPLAINCE AID		
Read Code	Diabetic annual review		
Read Code	Health ed. - exercise		
Read Code	Lifestyle counselling		
Read Code	Patient advised re diet		
Problem	Asthma		
History	History Attended with support worker.		
Examination	Peak flow rate before bronchodilation	500 litres/min	
Examination	Asthma control test	19 /25	
Examination	O/E - weight	123 Kg	
Examination	Body Mass Index	35.94	
Comment	Comment Asthma review: Using clenil 1 puff BD. Tends to need salbutamol approx 2-3x/week. Feels SOB has improved since losing weight. Knows he can increase back up to 2 puffs BD if needed.		
Read Code	Using inhaled steroids - normal dose		
Read Code	Asthma not disturbing sleep		
Read Code	Asthma causes daytime symptoms 1 to 2 times per week		
Read Code	Asthma medication review		
Read Code	Asthma annual review		

THIRD PARTY COPY

29-Aug-2023 Dr Iain Gourley (IG) General Practice Surgery

Result	**Full blood count - FBC**:		
	BLST (Non Coded Event - BLST) Not Tested		(No range available)
	NRBC, 0	0 x10-9/l	(No range available)
	IMG (Non Coded Event - IMG) Not Tested		(No range available)
	Baso	0.05 x10-9/l	(Range: 0.02 - 0.1)
	Eos	0.46 x10-9/l	(Range: 0.02 - 0.5)
	Mono	0.82 x10-9/l	(Range: 0.2 - 1)
	Lymp	2.05 x10-9/l	(Range: 1 - 3)
	Neut	5.09 x10-9/l	(Range: 2 - 7)
	RDW	**16.7**	**(Range: 11.6 - 14)**
	PLT	249 x10-9/l	(Range: 150 - 410)
	MCHC	321 g/l	(Range: 315 - 345)
	MCH	30 pg	(Range: 27 - 32)
	MCV	93.4 fl	(Range: 83 - 101)
	Hct	42.4 %	(Range: 40 - 50)
	HGB	136 g/l	(Range: 130 - 170)
	RBC	4.54 x10-12/l	(Range: 4.5 - 5.5)
	WBC	8.5 x10-9/l	(Range: 4 - 10)

29-Aug-2023 Dr Iain Gourley (IG) General Practice Surgery

Result	**(Non Coded Event - HbA1c (IFCC))**:		
	HbA1c (IFCC)	**42 mmol/mol**	**(Range: 20 - 41)**
Result	**Acute kidney injury warning stage**:		
	AKI Not detected		(No range available)
Result	**Urea and electrolytes**:		
	eGFR > 60		(No range available)
	Creatinine	66 umol/L	(Range: 50 - 120)
	Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
	Sodium	144 mmol/L	(Range: 133 - 146)
Result	**Liver function tests**:		
	Bilirubin (Total)	7 umol/L	(No range available)
	Alanine transaminase	**64 U/L**	**(Range: 5 - 55)**
	Alkaline phosphatase	110 U/L	(Range: 40 - 129)
	Albumin	41 g/L	(Range: 35 - 50)
Result	**Plasma C reactive protein**:		
	C-reactive protein	**19.1 mg/L**	**(No range available)**
Result	**Serum cholesterol/HDL ratio**:		
	Cholesterol/HDL ratio	5.3	(No range available)
	HDL Cholesterol	0.87 mmol/L	(Range: 0.8 - 1.8)
	Cholesterol	4.6 mmol/L	(Range: 3.3 - 6.5)

16-Aug-2023 Dr Kirsten Laurie (KLA) Bank Street Medical GroupMain Surgery

History History Needs DMARD bloods checked

03-Aug-2023 *** Bank Street Medical GroupMain Surgery**

Comment Comment Seems to have been booked in for another tele review - same issue as before. Task sent to reception to send out letter asking to make F2F appt.

21-July-2023 *** Admin**

Comment Comment Tele review arranged by patient for diabetes and asthma - call blocking phone not accepting my name. Await contact from patient.

07-July-2023 ***

06-July-2023 Vaccination Pneumococcal vaccination *W025072/ PNEUMOCOC/IM/Right Arm//PNEU - Pneumococcal Vaccine (St Andrews Community Hospital COVID Clinic)*

27-Jun-2023 Dr Sarah Mills (SMI) Bank Street Medical GroupMain Surgery

Read Code Medication review done

12-Jun-2023 *** General Practice Surgery**

Result	**GMS Contract Back Population**:		
	Digital retinal screening	1	(No range available)
	O/E - no left diabetic retinopathy		(No range available)
	O/E - no right diabetic retinopathy		(No range available)

16-May-2023 *** Bank Street Medical GroupMain Surgery**

Comment Failed encounter - no answer when rang back - call blocking service - not accepting my name.

THIRD PARTY COPY

02-May-2023 *** Bank Street Medical GroupMain Surgery**

Comment	Comment Request from Weston to take over Px of medication as per LMC agreement	
Comment	Pharmacists	
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID	
Medication	Medication Simvastatin Tablets 40 mg 28 tablet ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID	
Medication	Medication Aripiprazole Tablets 10 mg 56 tablet TWO IN THE MORNING VIA COMPLIANCE AID	
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 84 capsule THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID	
Read Code	Outpatient clinic letter received	
Read Code	Uses monitored dosage system	

26-Apr-2023 *** Bank Street Medical GroupMain Surgery**

Comment	Comment Px recommendation Derm 25/4/23 - request for 300g issued	
Comment	Pharmacists	
Medication	Medication Betamethasone Valerate Cream 0.1 % 300 gram APPLY TWICE A DAY FOR 10 TO 14 DAYS AS DIRECTED	
Read Code	Outpatient clinic letter received	

18-Apr-2023 *** Bank Street Medical GroupMain Surgery**

Problem	Type 2 diabetes mellitus	
Examination	Systolic blood pressure	122 mm Hg
Examination	Diastolic blood pressure	88 mm Hg
Social	Ex smoker	
Comment	Comment Attended with support worker. HbA1c 58. New diagnosis of Type 2 diabetes. Given education and PIL's on diabetes, diet, foot care etc. Knows he can self refer to structured education, podiatry and weight management programme - phone nuumbers and websites given and support worker will help with this. Has already changed from white to brown bread and reduced biscuits. Has eczema on feet and due to see a dermatologirst for this. Agreed to commence metformin. Discussed possible SE's. For TC review in 1 month and Hba1c in 3 months. Gets monthly bloods done at Weston. U&E and LFT's normal and FBC just out of normal range (WCC 11.5).	
Medication	Medication Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 inhaler INHALE 2 DOSES TWICE DAILY	
Medication	Medication Metformin Hydrochloride Tablets 500 mg 168 TABLET TAKE ONE WITH BREAKFAST FOR TWO WEEKS THEN INCREASE TO ONE TWICE DAILY WITH MEALS.	
Read Code	Diabetic annual review	
Problem	[D]Mild wheeze	
Examination	O/E - weight	131 Kg
Examination	Body Mass Index	38.28
Comment	Comment Happy with clenil. Using salbutamol less (approx once daily). Feels wheeze and cough have improved. Increase clenil to 2 puffs BD and if still needing salbutamol most days, can switch to combined inhaler. Coded as asthma.	
Problem	Asthma	
Comment	Comment Good response to inhalers. Has eczema. Slight raised eosinophils - diagnosis of asthma made.	

05-Apr-2023 Dr Noor Ibraheem (NOO) Bank Street Medical GroupMain Surgery

History	History patient needs DMARD blood tests. please book him an appt	

21-Mar-2023 *** Bank Street Medical GroupMain Surgery**

Comment	Failed encounter - no answer when rang back	

08-Mar-2023 *** Admin**

Comment	Comment HbA1c has come back at 58. With history of raised glucose levels as per Dr Ollie's letter - this is a diagnosis of Type 2 diabetes and a 2nd sample is not required in 2 weeks. U&E normal. I would agree, metformin 500mg BD would be beneficial. Task sent to reception to request 30 min appointment to discuss diagnosis, provide education, and check BP etc.	

THIRD PARTY COPY

28-Feb-2023 *** Admin**

Comment	Comment See comment below - Dr Olley on A/L until 8th March so spoke to Weston nurses and they will make sure an hba1c and FBC get done with his bloods next week.	

27-Feb-2023 *** Bank Street Medical GroupMain Surgery**

Problem	[D]Mild wheeze	
History	History Past couple of months has been needing to use salbutamol more regularly. Sometimes 2-3x/day, sometimes more. Needed to use it twice last night. main symptoms are cough and wheeze. Some chest tightness. Salbutamol helps. Prior to Christmas was using salbutamol a lot less. Has had a recent cold but these symptoms have gone. Remembers being given a brown inhaler in the past and reports this helped a lot. Note previous comments about Fhx of asthma and eczema. Stopped smoking 8 years ago.	
Examination	Peak flow rate after bronchodilation	470 litres/min
Examination	Examination Looks comfortable. Talking in sentences. Sats 98%. HR 102. RR 16.	
Comment	Comment Given previous response to clenil, agreed to restart this. Inhaler technique demonstrated. Declined follow up FTF appointment as he has to get a taxi. Agreed to TC in 3 weeks but will get back in touch before this if symptoms worsen. If minimal response, would benefit from spirometry.	
Medication	Medication Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 inhaler ONE PUFF TO BE INHALED TWICE A DAY	
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler INHALE 2 DOSES AS NEEDED	
Medication	Medication Peak Flow Meter (Standard Range) Meter 1 DEVICE AS DIRECTED	
Comment	Comment See letter in docman from Dr Olley re commencing Metformin. No record of Hba1c on portal. Leon declined bloods today as getting them at Weston next week - he will ask them to add on Hba1c and FBC and I will email Dr Olley about this recommendation prior to commencing metformin - may already be diabetic.	

14-Feb-2023 Dr Kirsten Laurie (KLA) Bank Street Medical GroupMain Surgery

History	History Request for salbutamol, last issued 1 week ago - not issued, appnt to discuss	

11-Nov-2022 *** Data Entry**

Comment	Comment Above medication removed. Last issued 01/04/2021.	
Comment	Other medication management : NCMR	
Comment	Drug therapy discontinued : Folic Acid 5mg	
Comment	Medication review of medical notes	

12-Oct-2022 Dr Iain Gourley (IG) Admin

History	History Note no recent bloods from us but had bloods yesterday for dmard monitroing in sec care	

29-Sept-2022 Dr Holly Stewart (HS) Bank Street Medical GroupMain Surgery

Comment	Did not attend	

09-Sept-2022 Dr. Shanti Das (SD) Admin

Problem	[D]Mild wheeze	
History	History Monthly requests for salbutamol ?using qds daily. Note previous discussions with GS.	
Comment	Comment Appt for review with PN please.	

05-Sept-2022 Dr Holly Stewart (HS) Bank Street Medical GroupMain Surgery

Comment	Comment TC 1546 - slot note states chest pain. line busy. no answer. not able to leave message - I will try again	

05-Sept-2022 Dr Holly Stewart (HS) Bank Street Medical GroupMain Surgery

Comment	Comment call 1735 - this time line rang through but BT call service in place. tried 3x to get through but not being answered - not able to leave message	

THIRD PARTY COPY

25-Aug-2022 ***

30-July-2022 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (St Andrews Community Hospital COVID Clinic) *FN2034/ PF/IM/Left Arm//C-19 Booster Pfizer (St Andrews Community Hospital COVID Clinic)*

25-Aug-2022 ***

30-July-2022 Vaccination Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (S Forbes) *FN2034/ PF/IM/Left Arm//C-19 Booster Pfizer (*****)*

07-Apr-2022 ***

06-Apr-2022 Vaccination Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (St Andrews Community Hospital COVID Clinic) *FN4817/ PF/IM/Left Arm//C-19 Pfizer (St Andrews Community Hospital COVID Clinic)*

31-Mar-2022 Dr. Shanti Das (SD) Admin

Problem Community DMARD monitoring administration
History History See task. Bloods not done at weston as agreed by Dr Olley (patient already attending clozapine clinic for bloods) ans nurse suggested we arrange from practice.
Comment Comment I will email Dr Olley to see if this can be rectified. Script issued in meantime. EDIT: Bloods will be checked at Weston on 26th April.

17-Jan-2022 ***

15-Jan-2022 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (St Andrews Community Hospital COVID Clinic) *FN1664/ PF/IM/Left Arm//C-19 Pfizer (St Andrews Community Hospital COVID Clinic)*

09-Sept-2021 *** Admin**

Problem [D]Mild wheeze
Comment Failed encounter x2. Await contact from patient.

12-Aug-2021 *** Telephone Consultation**

Problem [D]Mild wheeze
History History Reports that using Salbutamol 3 - 4x per week (with effect) for SOB, cough, occassional wheeze and some chest tightness. This disturbs sleep at least x1 per week. Feels that it is worse when pollens are present, but does feel that cold weather causes issues also, so effectively has symptoms for most of the year. Has now been off cigarettes for 6 years.
Comment Comment Still unable to do Spirometry due to pandemic restrictions. Discussed possibility of COPD due to previous smoking Hx, but also could be an element of asthma due to allergies/eczema. Strong FH of asthma also. Happy to try trial of treatment with ICS. Further tele review arranged to assess effectiveness, compliance and SABA use.
Medication Medication Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHALER ONE PUFF TO BE INHALED TWICE A DAY

09-Aug-2021 Dr Lloyd Hughes (LH2) Administration

Problem [D]Mild wheeze
History History seems to have been getting a salbutamol inhaler every 2 months since September 2020. Needs rv -- &gt ? empirical treatment asthma (note inconclusive spirometry).
Medication Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler TWO PUFFS TO BE TAKEN WHEN REQUIRED

31-May-2021 *** Bank Street Medical GroupMain Surgery**

Comment Comment Advised by Dermatology to have pneumococcal vaccine, as on Methotrexate. Leon not keen to have this done, have gone through the common SE and requirement for only 1 injection but does not wish to have it done. Given vaccine handout so if changes his mind he can contact us.
Vaccination Pneumococcal vaccination declined

THIRD PARTY COPY

01-Apr-2021 Dr. Shanti Das (SD) Indirect encounter

Problem	Atopic dermatitis/eczema	
History	History Dr Chris Olley. Pharmacy at Dunfermline have refused to issue Methorexate and asks if we could do this instead. They will check UEs & LFTs. We will look up on clinical portal monthly.	
Comment	Comment Have advised him to stop folic acid also and we will amend script re this.	
Medication	Medication Methotrexate Tablets 2.5 mg 16 TABLETS 10 mg (four tablets) to be taken weekly	
Medication	Medication Folic Acid Tablets 5 mg 24 tablet ONE TO BE TAKEN EVERY DAY EXCEPT DAY OF METHOTREXATE	

31-Mar-2021 *** Bank Street Medical GroupMain Surgery**

Comment	Comment Letter from Derm - 26/3/21 - looks like he has already started MTX - Dr Das wishes Weston to take over Px inline with other medications - I will liaise with them. I have added medicines currently prescribed by Weston as outside meds to ensure we have full drug history. Bloods are being done at Weston	
Comment	Pharmacists	
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 1 capsule ONE TO BE TAKEN EACH DAY	
Medication	Medication Simvastatin Tablets 40 mg 1 tablet ONE DAILY	
Medication	Medication Folic Acid Tablets 5 mg 1 tablet TAKE ONE DAILY	
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 0.1 capsule THREE DAILY	
Medication	Medication Clozapine Tablets 200 mg 1 tablet DOSE MAY VARY - TO CONFIRM AS NEEDED	
Read Code	Outpatient clinic letter received	

13-July-2020 Dr Sarah Mills (SMl) Bank Street Medical GroupMain Surgery

Medication	Medication Dermol 500 Lotion 500 ML APPLY AS REQUIRED FOR DRY SKIN	

25-Jun-2020 *** Bank Street Medical GroupMain Surgery**

Problem	Schizophrenia NOS	
Examination	Systolic blood pressure	135 mm Hg
Examination	Diastolic blood pressure	92 mm Hg
Examination	O/E - height	185 cm
Examination	O/E - weight	135 Kg
Examination	Body Mass Index	39.44
Social	Ex smoker	
Social	Teetotaller	
Comment	Comment Continues to have regular input from Psychiatrist and Weston (was brought to appt by CPN). Feels that mental health is quite stable at present. Diastolc slightly raised today, but had just had unsuccessful attempt at venepunture (admits to not having drunk very much water this am). Happy to get bloods done at Weston in next couple of weeks.	
Read Code	Mental health review	
Read Code	Mental Health Care Programme Approach	

12-Jun-2020 Dr Holly Stewart (HS) Bank Street Medical GroupMain Surgery

Comment	Comment acute req for salbutamol, see entry in 2017 re spirometry not successful due to technique and plan to use PRN, not ordering frequently.	

11-Nov-2019 Dr Sarah Mills (SMl) Bank Street Medical GroupMain Surgery

Read Code	Medication review done	

11-Nov-2019 *** Bank Street Medical GroupMain Surgery**

Examination	Ambulatory systolic blood pressure	139 mmHg
Examination	Ambulatory diastolic blood pressure	82 mmHg
Comment	Comment 24 readings satisfactory. No requirement for medication at this stage. Patient aware.	
Read Code	Ambulatory blood pressure recording	

08-Nov-2019 *** Bank Street Medical GroupMain Surgery**

Comment	Comment 24 hour BP monitor in situ.	

THIRD PARTY COPY

05-Sept-2019 *** Bank Street Medical GroupMain Surgery**

Comment	Comment Meds Recmd Dermo 3.9.19 - Tacrolimus Oint already on repeat meds - I have made no changes to the directions for use
Medication	Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY FOR SEVEN DAYS
Medication	Medication Diprosalic Ointment 0.05 % + 3 % 30 GRAM APPLY TWICE DAILY TO THE FEET
Comment	Pharmacy technician
Comment	Telephone encounter
Read Code	Outpatient clinic letter received

24-Jun-2019 *** Admin**

Comment	Comment See docman. For 24 hr Bp and to start ACE if required.

24-Jun-2019 Dr. Katie MacLaren (KM) Bank Street Medical GroupMain Surgery

History	Did not attend - no reason

07-May-2019 Dr Sarah Mills (SMI) Bank Street Medical GroupMain Surgery

Medication	Medication Aveeno Cream 300 ML APPLY AS REQUIRED FOR DRY SKIN
Medication	Medication Fucibet Cream 60 gram APPLY TWICE A DAY

08-Apr-2019 *** Bank Street Medical GroupMain Surgery**

Comment	Pharmacists
Comment	Telephone encounter
Comment	Comment Phoned to check with patient- on simvastatin, folic acid and omeprazole all supplied by weston day hospital. Added as outside issue.
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY
Medication	Medication Simvastatin Tablets 40 mg 28 tablet ONE TO BE TAKEN AT NIGHT
Medication	Medication Folic Acid Tablets 5 mg 28 tablet ONE TO BE TAKEN DAILY

15-Mar-2019 *** Bank Street Medical Group**

Read Code	Except MH qual ind: Infor dis Declined annual review - no response to invitations

13-Mar-2019 Dr Matthew Jamrozek (MJ1) Telephone Consultation

Problem	Vasovagal symptom
History	History had a bit of a cold a few days ago, got a bit scared last couple of days due to a bit of dizzyness when getting up in the morning. sat back down and sx settled after a minute. no vomitting, no pain or SOB. has happened a couple times in the evening when getting up from longer period of sitting. Has now way of getting to surgery today for appt. offered home visit, pt happy to observe for now and given advice and taking a minute before getting up. to contact if any concerns.

24-Jan-2019 *** Bank Street Medical GroupMain Surgery**

Comment	Comment Seen in Dermatology clinic 17/1/19- suggested using protopic ointment twice daily for flares reducing to once or twice weekly when good. Also suggested antihistamine at night for itch- discussed with patient. Happy to try some cetirizine at night. Patient has enough ointment at home at the moment but on repeat incase needs to order.
Comment	Pharmacists
Comment	Telephone encounter
Medication	Medication Cetirizine Hydrochloride Tablets 10 mg 60 tablet ONE TO BE TAKEN DAILY AT NIGHT FOR ITCH WHEN REQUIRED
Medication	Medication Tacrolimus Ointment 0.03 % 30 gram APPLY TWICE DAILY FOR FLARES REDUCING TO ONCE OR TWICE WEEKLY WHEN SYMPTOMS IMPROVE
Read Code	Outpatient clinic letter received

THIRD PARTY COPY

28-Aug-2018 Dr Sarah Mills (SMI) Telephone encounter

Problem	Atopic dermatitis/eczema
History	History Called re bloods. Hb now 132 - still borderline for anaemia and not a significant improvement on previous bloods. Pt taking folic acid but has not taken iron supplements. Advised to take 2-3 months of iron replacement as per original plan and to repeat bloods in 3 months time. Pt will call to make bloods appt.
Medication	Medication Ferrous Fumarate Tablets 210 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY

20-Jun-2018 Dr Keith Taylor (KT) Bank Street Medical GroupMain Surgery

Problem	Atopic dermatitis/eczema
History	History Discussed letter from Dr Olley. He gets regular FBC as part of clozapine monitoring. He has aslight IDA with ferritin of 12 and Hb of 124. Not realy symptomatic. no restrictive diet. Skin has been terrible in the past no other obvuous symptoms of GI blood loss. I think it would be reasonabkle to simply take iron supp for 2-3 months if olerated. weston will dispense.
Medication	Medication Ferrous Fumarate Tablets 210 mg 112 tablet ONE TWICE DAILY

10-May-2018 Dr Anne Marie Taylor (AMT) Bank Street Medical GroupMain Surgery

Problem	Problem tel request for this. see notes from april 2017. prescribed to avoid potential harm - note to ask him to make an appt
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler INHALE 2 DOSES AS NEEDED

19-Apr-2018 Dr Holly Stewart (HS) Bank Street Medical GroupMain Surgery

Problem	Atopic dermatitis/eczema
History	History seen with support worker. flare of hands and feet recently, very erythematous and broken, maintains he is carrying out good regime of using barrier cream multiple times through the day, although he sometimes finds this irritating and then needs to wash it off, using dermol as soap. avoids irritants. lots of excoriation, says he does try to not itch it. says awaiting patch testing, letter in docman says did not attend, advised to contact derm to chase up, support worker says they have number. systemically well.
Examination	Examination very broken skin to hands and feet, some oozing from skin creases, lots of excoriations, apyrexial.
Comment	Comment agree course abx for skin, advice re barrier, can try alternative emollient. due to see derm in june. worsening advice to seek review if not settling or feeling unwell/feverish
Medication	Medication Flucloxacillin Capsules 500 mg 56 capsule TWO TO BE TAKEN FOUR TIMES A DAY FOR SEVEN DAYS
Medication	Medication Aveeno Cream 500 ml APPLY AS REQUIRED FOR DRY SKIN

11-Apr-2018 *** Bank Street Medical GroupMain Surgery**

Comment	Comment unable to obtain venous bloods today, patient reluctant to let me try so he is going to Weston to have the bloods taken.

04-Apr-2018 *** Bank Street Medical GroupMain Surgery**

Problem	Schizophrenia NOS	
Comment	Comment MHAR: Attended with CPN but not ***** who is Leons usual CPN. Feels mental health is stable at present. Large weight gain since stopping smoking 2 years ago. Discussed. Plans to go back to the gym at the end of the month. Due bloods at Weston tomorrow so given labels to take with him. Nil alcohol or drugs for several years.	
Examination	O/E - weight	133.7 Kg
Examination	Body Mass Index	39.07
Read Code	Mental Health Care Programme Approach	

THIRD PARTY COPY

04-Apr-2018 Dr. Shanti Das (SD) General Practice Surgery

Result	**Blood glucose level**:			
	Glucose	**9.8 mmol/L**	**(Range: 3.3 - 6.1)**
Result	**Acute kidney injury warning stage**:		
	AKI Not detected		(No range available)
Result	**Urea and electrolytes**:		
	eGFR > 60		(No range available)
	Creatinine	84 umol/L	(Range: 50 - 120)
	Potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
	Sodium	144 mmol/L	(Range: 133 - 146)
Result	**Serum TSH level**:		
	TSH	2.5 mU/L	(Range: 0.27 - 4.2)
Result	**Liver function tests**:		
	Bilirubin (Total)	4 umol/L	(No range available)
	Alanine transaminase	31 U/L	(Range: 5 - 55)
	Alkaline phosphatase	96 U/L	(Range: 30 - 130)
	Albumin	43 g/L	(Range: 35 - 50)
Result	**Serum cholesterol/HDL ratio**:		
	Cholesterol/HDL ratio	3.1	(No range available)
	HDL Cholesterol	0.93 mmol/L	(Range: 0.8 - 1.8)
	Cholesterol	**2.9 mmol/L**	**(Range: 3.3 - 6.5)**

04-Apr-2018 Dr. Shanti Das (SD) General Practice Surgery

Result	**Full blood count - FBC**:		
	Baso	0.05 x10-9/l	(Range: 0.02 - 0.1)
	Eos	**0.97 x10-9/l**	**(Range: 0.02 - 0.5)**
	Mono	0.56 x10-9/l	(Range: 0.2 - 1)
	Lymp	1.85 x10-9/l	(Range: 1 - 3)
	Neut	6.55 x10-9/l	(Range: 2 - 7)
	RDW	**15.9**	**(Range: 11.6 - 14)**
	PLT	255 x10-9/l	(Range: 150 - 410)
	MCHC	318 g/l	(Range: 315 - 345)
	MCH	27.4 pg	(Range: 27 - 32)
	MCV	86.1 fl	(Range: 83 - 101)
	Hct	**39 %**	**(Range: 40 - 50)**
	HGB	**124 g/l**	**(Range: 130 - 170)**
	RBC	4.53 x10-12/l	(Range: 4.5 - 5.5)
	WBC	10 x10-9/l	(Range: 4 - 10)

23-Mar-2018 *** Bank Street Medical Group**

Read Code	Except MH qual ind: Infor dis declined annual review, no response to invitations

05-Mar-2018 *** Admin**

Comment	Did not attend for MHAR.

26-Jan-2018 *** Bank Street Medical GroupMain Surgery**

Comment	Comment Letter from Stratheden, Dose of Fluoxetine increased to 60mg once daily, prescribed by Weston along with other meidcation

10-Jan-2018 *** Bank Street Medical GroupMain Surgery**

Comment	Comment unable to vb , asked to book for friday

09-Jan-2018 *** Bank Street Medical GroupMain Surgery**

Comment	Comment Unable to vb, asked to book in for tomorrows clinic

15-Dec-2017 Dr. Shanti Das (SD) General Practice Surgery

Result	**Full blood count - FBC**:		
	Baso	0.07 x10-9/l	(Range: 0.02 - 0.1)
	Eos	**1.16 x10-9/l**	**(Range: 0.02 - 0.5)**
	Mono	0.82 x10-9/l	(Range: 0.2 - 1)
	Lymp	2.01 x10-9/l	(Range: 1 - 3)
	Neut	6.39 x10-9/l	(Range: 2 - 7)
	RDW	**14.3**	**(Range: 11.6 - 14)**
	PLT	301 x10-9/l	(Range: 150 - 410)
	MCHC	323 g/l	(Range: 315 - 345)
	MCH	28 pg	(Range: 27 - 32)
	MCV	86.7 fl	(Range: 83 - 101)
	Hct	40.9 %	(Range: 40 - 50)
	HGB	132 g/l	(Range: 130 - 170)
	RBC	4.72 x10-12/l	(Range: 4.5 - 5.5)
	WBC	**10.5 x10-9/l**	**(Range: 4 - 10)**

THIRD PARTY COPY

13-Dec-2017 *** Bank Street Medical GroupMain Surgery**

Comment	Comment unable to obtain blood sample today and patient did not want to let me try again so he is going to make another appointment.

23-Nov-2017 *** Bank Street Medical GroupMain Surgery**

Comment	Comment Prescription Recd Form from Dermatology
Medication	Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY FOR ECZEMA
Medication	Medication Fucibet Cream 30 GRAM APPLY TWICE A DAY FOR 2 WEEKS THEN AS DIRECTED

16-Nov-2017 *** Bank Street Medical GroupMain Surgery**

Comment	Comment bloods to lab patient had form

15-Nov-2017 *** Bank Street Medical GroupMain Surgery**

Comment	Comment Leon came to have fasting bloods done for Weston, he has been eating chocolate sweets this morning. I told him I could'nt do the bloods and he is going to make another appointment.

29-Aug-2017 Dr Keith Taylor (KT) General Practice Surgery

Result **Full blood count - FBC**:

Baso	0.06 x10-9/l	(Range: 0.02 - 0.1)
Eos	**0.93 x10-9/l**	**(Range: 0.02 - 0.5)**
Mono	0.81 x10-9/l	(Range: 0.2 - 1)
Lymp	2.38 x10-9/l	(Range: 1 - 3)
Neut	4.97 x10-9/l	(Range: 2 - 7)
RDW	13.1	(Range: 11.6 - 14)
PLT	266 x10-9/l	(Range: 150 - 410)
MCHC	324 g/l	(Range: 315 - 345)
MCH	29.2 pg	(Range: 27 - 32)
MCV	90 fl	(Range: 83 - 101)
Hct	40.7 %	(Range: 40 - 50)
HGB	132 g/l	(Range: 130 - 170)
RBC	4.52 x10-12/l	(Range: 4.5 - 5.5)
WBC	9.2 x10-9/l	(Range: 4 - 10)

07-Aug-2017 Dr Iain Gourley (IG) Bank Street Medical GroupMain Surgery

Problem	Atopic dermatitis/eczema
History	History His skin looks still pretty bad. He has marked redness and dryness on his limbs. He is getting phototherapy but as he is claustriphobic he cant tolerate very long and his treatment has been limited. He uses fucibet for his hands. Rx issued. Due for treatment today.

01-Aug-2017 Dr Sarah Mills (SMI) Bank Street Medical GroupMain Surgery

Problem	Atopic dermatitis/eczema
History	History Requesting more fucibet. Not seen in 6 weeks but given significant supply then. Needs to come in for review as shouldn't be needing &gt6 weeks steroid/abx.

26-Jun-2017 Dr. Katie MacLaren (KM) Bank Street Medical GroupMain Surgery

Problem	Atopic dermatitis/eczema
History	History legs and arms worse at present- erythematous and red, tender, going to light therapy today
Examination	Examination Marked erythema and legs seeping
Comment	Comment For abx, due to go and stay with his *****, ***** will ensure compliance with regime.
Medication	Medication Flucloxacillin Capsules 500 mg 56 capsule TWO TO BE TAKEN FOUR TIMES A DAY
Medication	Medication Fucibet Cream 60 gram APPLY ONCE A DAY

15-Jun-2017 Dr Anne Marie Taylor (AMT) Bank Street Medical GroupMain Surgery

Problem	Problem t/c from psych Dr Olley - last bloods from 30/5 show WCC 15.5 (he was worried about possible skin infcetion) - was seen that day by KM and skin thought to be improving. Hb 131 folate 1.6 (low) B12 516 (normal) MCV 109 (raised) - thinks meds come from weston so he will start folate

THIRD PARTY COPY

30-May-2017 Dr. Katie MacLaren (KM) Bank Street Medical GroupMain Surgery

Problem	Atopic dermatitis/eczema	
History	History SKin painfull at times but overall improvement, needing more creams with pxn- pxn ammended	
Problem	Schizophrenia NOS	
History	History Due further bloods at Weston today, will get them to add b12/folate on.	
Problem	[D]Mild wheeze	
History	History Has finished his inhaler; found it was helpful, note spirmoetry inconclusive due to technique, to continue with inhaler prn as managing Sx, and not using daily.	

12-May-2017 Dr Keith Taylor (KT) Admin

History	History Psych have asked him to make a routine apt. slight lymphocytosis on clazapine monitoring. may well be related to chronic skin condition. I note he is quite macrocytic (118) but only borderline anaemia (128). ? Need to check B12 / folate / alcohol hx.	

20-Apr-2017 Dr. Shanti Das (SD) Bank Street Medical GroupMain Surgery

Problem	Shortness of breath symptom	
History	History Discussed issues with spirometry. States chronic problem with chest pains, palpitations and SOBOE. Overweight. No exercise for years. Anxiety limits ability to take a walk. Chat re exercise bike/step machine.	
Social	Social ex smoker of 2 years	
Comment	Comment Trial salbutamol prior to exertion. For CXR and ECG. Rv with results.	

04-Apr-2017 *** Bank Street Medical GroupMain Surgery**

Problem	Shortness of breath symptom	
Comment	Comment See hx below. Spirometry appears normal but poor technique with several blows and showing signs of fatigue. (Criteria not met for valid spirometry). Suggest discussing symptoms with GP. ? chest x-ray.	
History	MRC Breathlessness Scale: grade 3	
Examination	O/E - height	185 cm
Examination	O/E - weight	118 Kg
Examination	Body Mass Index	34.48
Result	Oxygen saturation at periphery	97 %

21-Mar-2017 *** Bank Street Medical GroupMain Surgery**

Problem	Schizophrenia NOS	
Comment	Comment Attended with *****. Long standing anxiety and doesn't like going out unless he is with his CPN. Stopped smoking almost 2 years ago. Pack years 56. Complaining of SOB, wheeze and occassionally a cough, worse at night. CPN mentioned sometimes he has to stop for breath when walking not much more than 100m. Says he has been given a blue inhaler in the past which helped. Suggest salbutamol inhaler and appointment made for spirometry 2/52. moderate probability of asthma due to allergies to cats/dogs, severe eczema and symptoms as described above. care plan scanned to notes.	
Problem	Atopic dermatitis/eczema	
Comment	Comment Receiving light treatment at present but skin severely dry. Using creams ++. Has to hoover the carpet twice daily due to dead skin cells ++. Creams issued as requested.	
Examination	Systolic blood pressure	136 mm Hg
Examination	Diastolic blood pressure	72 mm Hg
Examination	O/E - height	184 cm
Examination	O/E - weight	118 Kg
Examination	Body Mass Index	34.85
Social	Ex smoker	
Social	Alcohol consumption	0 units/week
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler INHALE 2 DOSES AS NEEDED	
Read Code	Mental Health Care Programme Approach	

17-Feb-2017 Dr Iain Gourley (IG) Telephone Consultation

History	History tele call to patient. Advised that can have a trial of stopping pizotifen.	

25-Jan-2017 Dr Anne Marie Taylor (AMT) Bank Street Medical GroupMain Surgery

Problem	Problem acute request	
Medication	Medication Fucibet Cream 90 gram APPLY TWICE A DAY FOR 4 WEEKS	

THIRD PARTY COPY

14-Dec-2016 Dr Iain Gourley (IG) Admin

Problem	Atopic dermatitis/eczema
History	History op a5 communication.
Medication	Medication Fucibet Cream 90 gram APPLY TWICE A DAY FOR 4 WEEKS
Medication	Medication Cetirizine Hydrochloride Tablets 10 mg 56 TABLET ONE TO BE TAKEN DAILY

09-Dec-2016 Dr Iain Gourley (IG) Bank Street Medical GroupMain Surgery

Problem	Atopic dermatitis/eczema
History	History he is having a flare of his eczema. Marked sx has opa next week with derm. Also psych wants to start on beta blocker he has been an issued with a beta agonist. Not keen to start beta blocker review post derm review.
Medication	Medication Clobetasol Propionate Ointment 0.05 % 100 gram APPLY ONCE A DAY

10-Oct-2016 Dr. Katie MacLaren (KM) Bank Street Medical GroupMain Surgery

Problem	Atopic dermatitis/eczema
History	History Infected ezcema over legs, systemically well.
Comment	Comment for abx and review prn
Medication	Medication Flucloxacillin Capsules 500 mg 56 capsule TWO TO BE TAKEN FOUR TIMES A DAY

15-Sept-2016 Dr. Katie MacLaren (KM) Medication Issued

Problem	Eczema NOS
History	History as per derm
Medication	Medication Epaderm Cream 500 gram 1 APP BD
Medication	Medication Dermol 200 Shower Emollient 200 ML TO BE USED AS DIRECTED DAILY AS SOAP
Medication	Medication Oilatum Bath Formula 300 ml TO BE USED TWICE A WEEK
Medication	Medication Fucibet Cream 100 gram APPLY ONCE A DAY

13-Sept-2016 Dr. Shanti Das (SD) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History Has appt with dermatology at 1pm today. Still very troublesome symptoms.
Comment	Comment Requests anti-histamine.
Medication	Medication Loratadine Tablets 10 mg 30 tablet ONE TO BE TAKEN DAILY

31-Aug-2016 Dr Keith Taylor (KT) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History difficulty complying with skin care regime at home. Not easy to attend St Andrews or VHK as day patient due to transport issues. Carers are not alowed to take him in the car. Realistically only other options would be admission (he is not keen) or input form treatment room or district nurses. I shall explore further with derm nurse.

30-Aug-2016 Dr Cheryl Colbeck (CC) Telephone Consultation

History	Did not attend Patient called asking for HV, said called earlier for routine appt and advised to call at 8am, says difficult to get up that early. Sounds well on phone very appropriate and oriented, sat watching tv, carers left at 5pm. Concerned legs swollen since last week. No fevers. Equal in size. ?related to eczema. Pain at times. Cold at times. No pale/blue. Warm, no numbness/no redness.Occ pins and needles when in bath. No weakness, able to mobilise. No falls. No sob/cp. No calf tenderness. Spoke to OOH who advised elevation and simple analgesia. Eczema bad all over. Otherwise well e&d no headaches no photophobia/neck stiffness. PUing. Slight cough, smokes vapur non productive. Offered appt but said no money for taxi. Note appt last week. Given opportunity to see if friend could give liift, called back to say will take appt tomorrow. Seeing psych tomorrow at weston. Advised 111 if worsening sx/concerns as above.
Problem	Eczema NOS

24-Aug-2016 Dr Iain Gourley (IG) Bank Street Medical GroupMain Surgery

Problem	Did not attend - no reason

THIRD PARTY COPY

RELEVANT EVIDENCE - see review schedule
IGP R Report

23-Aug-2016 Dr Cheryl Colbeck (CC) Telephone Consultation

Problem	Eczema NOS
History	History Msg from sw to say not applying creams. When tried to call back ***** ***** from richmond housing***** no answer 3 attempts despite leaving msg. Contacted Leon himself. Says itching so struggling to control. Says still applying emolients/steroid creams. Spoke to derm who advised would like to keep in for bandaging. Not currently on abx. Has been rf to adamson to arrange fu/bandages. Has cpn. Family not nearby. Mood ok, not suicidal. No voices in few days. Eczema on back legs hand hands. E&D PUing. No fevers. Skin excoriated. No pus.Not peripherally cool. Worse than this in past. No headache/meningism/neck stiffness. Feels well in self.
Comment	Comment Offered appt today but feels tired from being up itching. Appt booked tomorrow for 10am with IG who saw last time. AW 111 if unwell/concerns.

29-July-2016 Dr Iain Gourley (IG) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History he has a flare and extensive eczema on his arms, legs and back. I feel he needs in secondary care. I contacted derm vhk and was unable to speak to dermatologist spoke to a nurse and she will phone me back. Given abs and steroid cream and will contact if I can arrange for Leon to be seen urgently in hospital.

29-July-2016 Dr Iain Gourley (IG) Telephone Consultation

Problem	Eczema NOS
History	History discussion with consultant and appt arranged at 1.30pm this afternoon. I offered to fax a letter but their fax machine noit working has been referred to derm sci gateway.

20-July-2016 Dr. Shanti Das (SD) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History Further infective flare.
Comment	Comment For fluclox. Awaiting derm OPC.
Medication	Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY

28-Jun-2016 Dr Cheryl Colbeck (CC) Bank Street Medical GroupMain Surgery

History	History Seen with CPN. Eczema flared up. On diprobase currently. Very excoriated. Itching ++ Affecting arms and back. Well in self. E&D No temps. Cough non productive. Tells me he occc gets pain at 'corners of lungs' can lasts 20mins on and off. Not related to exertion, infrequently happens. Less frequent than when smoking. Not sweaty/unwell with it. Recent ECG normal at Westin he tells me,
Examination	Examination Looks well chatty full sentenecs 131/94 HR sats 99 RA t 36.5 Chest clear HS N calves snt Tender L chest wall Skin excoriated and bleeding/weaping Fissuring of hands well perfused CRT&lt2s
Medication	Medication Co-Amoxiclav 500/125 Tablets 21 tablet ONE TO BE TAKEN THREE TIMES A DAY
Medication	Medication Fludroxycortide Tape 4 micrograms/square cm, 7.5 cm 2 m APPLY TO AFFECTED AREA AT NIGHT
Medication	Medication Fucibet Cream 30 GRAM APPLY ONCE A DAY
Medication	Medication Dermol 600 Bath emollient 600 ML ADD ONE OR TWO CAPFULS TO BATH WATER
Comment	Comment ?MSK cp does not sound cardiac. For abx, emollients tape for skin. RF derm as really poor ocntrol.
Problem	Eczema NOS

09-May-2016 Dr. Katie MacLaren (KM) Telephone Consultation

Problem	Schizophrenia NOS
History	History Having a panic attack, SOB and has palpitations, has atleast 1 a day, usually calms them by going into a darkened room, but this isnt working today. Feels it will calm down. Keen for review due to inc frequ of attacks- appt made for tomorrow

THIRD PARTY COPY

22-Apr-2016 Dr Kath Rose (KR) Bank Street Medical GroupMain Surgery

Problem	Atopic dermatitis/eczema	
History	History flare in last 3m, using emoillants++ no better	
Examination	Examination nasty, excoriated, infected eczema on arms/hands/legs/lower back	
Comment	Comment try below, r/v 2 weeks inb/worse/concerns	
Medication	Medication Epaderm Cream 500 gram APPLY AS REQUIRED FOR DRY SKIN	
Medication	Medication Fucibet Cream 120 gram APPLY TWICE DAILY TO ECZEMA FOR 2 WEEKS	
Medication	Medication Flucloxacillin Capsules 500 mg 56 capsule TWO TO BE TAKEN FOUR TIMES A DAY	
Medication	Medication Light Liquid Paraffin Bath additive 63.4 % 500 ml USE AS DIRECTED	
Read Code	Medication review done	

08-Apr-2016 Dr Iain Gourley (IG) Bank Street Medical GroupMain Surgery

Problem	Did not attend - no reason	

10-Mar-2016 *** Bank Street Medical GroupMain Surgery**

History	Low suicide risk	
Examination	Patient's condition the same	
Examination	Systolic blood pressure	134 mm Hg
Examination	Diastolic blood pressure	80 mm Hg
Examination	O/E - weight	122 Kg
Examination	Body Mass Index	36.83
Social	Ex smoker	
Social	Unfit for work	
Social	Lives alone - help available	
Social	Alcohol consumption	0 units/week
Comment	Comment annual mental health review today. Long chat about his diagnosis, medication, interests and future plans. He tells me about his*****children today and how he never sees them. He seems to have a good relationship with his ***** and *****. Attends the day hospital 2 weekly and gets on well with his cpn. Due to have bloods obtained again next week so he will get a glucose and cholesterol added on. His main aim for the next few months is to complete his poetry book and write another novel. weight increaseing dramatically and he admits to binge eating when is mood is lower, advcie given re this and how to cope also advised to get out and exercise as it would benefit his mood and weight greatly.	
Read Code	Medication review done	
Read Code	Exercise status screening	
Read Code	Other social care NOS	
Read Code	Standard care programme approach level	
Vaccination	Seasonal influenza vaccination declined	

10-Mar-2016 Dr. Shanti Das (SD) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History Note neutrophilla on bloods done for clozapine. Signs of further infection today but overall feels steroid cream is helping.
Comment	Comment Further script for fluclox done. Consider referal to dermatology if no sustained improvement with steroids.

10-Mar-2016 *** Bank Street Medical Group**

Read Code	Rev of mental health care plan

23-Feb-2016 Dr. Shanti Das (SD) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History Is improved again but skin still inflammed and irritated. Discussed use of topical steroids. In with CPN who is happy to support him with this. Advice re use sparingly.
Comment	Comment 2/52 of dermovate followed by 2/52 of eumovate and emollients+
Medication	Medication Clobetasol Propionate Cream 0.05 % 100 gram apply twice daily FOR TWO WEEKS
Medication	Medication Clobetasone Butyrate Cream 0.05 % 100 gram APPLY SPARINGLY ONCE DAILY FOR 2/52

10-Feb-2016 Dr. Shanti Das (SD) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History Much improved but still some signs of infection. Using emollients x3-4/day
Comment	Comment Furtehr 1 week of ABs.
Medication	Medication Doublebase Gel (Pump Dispenser) 500 GRAM APPLY AS REQUIRED FOR DRY SKIN

THIRD PARTY COPY

28-Jan-2016 Dr. Shanti Das (SD) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History Unable to manage ABs reg. Needs support and encouragement. In with CPN today. States he and ***** will call/visit to remind pt.
Comment	Comment Using emollients reg.
Medication	Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY

06-Jan-2016 Dr. Shanti Das (SD) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History Futher infection.
Comment	Comment Discussed use of emollients and soap substitute.
Medication	Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY
Medication	Medication Hydromol Ointment 500 GRAM APPLY AS REQUIRED FOR DRY SKIN
Medication	Medication Dermol 500 Lotion 500 ML APPLY AS REQUIRED FOR DRY SKIN

23-Nov-2015 Dr Iain Gourley (IG) Admin

Problem	Did not attend - no reason

09-Oct-2015 Dr Iain Gourley (IG) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History his right hand has broken out again it is red and dry and flaky and cracking in places.
Medication	Medication Fucibet Cream 30 GRAM APPLY TWICE DAILY
Problem	Schizophrenia NOS
History	History he has become more paranoid recently and he was reviewed by psych recently no change in meds. ***** is upset and ***** recognises a big change in him. I will write to psych for some advice.

14-Sept-2015 Dr Iain Gourley (IG) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History his right hand improved initially on the flucloxacillin but has become infected looking again. He still has emollient and betnovate left.
Examination	Examination red and dry over right hand and looks infected
Comment	Comment Plan for more flucloxacillin. To return if it doesn't improve.
Read Code	Medication review of medical notes

24-Aug-2015 Dr Iain Gourley (IG) Bank Street Medical GroupMain Surgery

Problem	Eczema NOS
History	History he has had a fleare of his eczema partic on his right hand and it looks infected. He has been scratching. NKA.
Examination	Examination OE eczema infected worse on right hand.
Comment	Comment For abs steroid and emollient if no improvement or gets worse to retrun.
Medication	Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY
Medication	Medication Doublebase Gel 500 GRAM APPLY AS REQUIRED FOR DRY SKIN
Medication	Medication Betamethasone Valerate Ointment 0.1 % 30 GRAM APPLY BD

29-Oct-2014 Dr Keith Taylor (KT) Admin

Problem	Schizophrenia NOS
History	History Sertraline thought to be causing slight derangement in LFT. He is being tapered off this and starting on fluoxetine. Meds prescribed from Weston. Not added to rpt until further instructions on dose.

THIRD PARTY COPY

11-Aug-2014 Dr Keith Taylor (KT) Bank Street Medical GroupMain Surgery

Problem	Bleeding PR
History	History On and off for a couple of years but only lasts a few days a at a time. Small amount of fresh spotting. Feels nippy when moving bowels and wiping. No ABH. No weight loss. No FHx of bowel disease. He is obese.
Comment	Comment Hx and age in keeping with likely piles and treated as such but if no bettter 2-3 weeks should review and consider ref for sigmoidoscopy.
Medication	Medication Anusol Cream 30 GRAM APPLY NIGHT AND MORNING AND AFTER EACH BOWEL MOTION

27-May-2014 Dr Keith Taylor (KT) General Practice Surgery

Result	**Full blood count - FBC**:		
	Basophil count	0.03 x10-9/l	(No range available)
	Eosinophil count	**0.47 x10-9/l**	**(No range available)**
	Monocyte count	**0.93 x10-9/l**	**(Range: 0.2 - 0.8)**
	Lymphocyte count	2.98 x10-9/l	(Range: 1 - 4.8)
	Neutrophil count	**8.98 x10-9/l**	**(Range: 2 - 7.5)**
	Red blood cell distribution width	13	(Range: 10 - 16)
	Platelet count	297 x10-9/l	(Range: 130 - 400)
	Mean corpusc. Hb. conc. (MCHC)	336 g/l	(Range: 300 - 360)
	Mean corpusc. haemoglobin(MCH)	32.6 pg	(Range: 27 - 34)
	Mean corpuscular volume (MCV)	97 fl	(Range: 80 - 100)
	Haematocrit	44.6 %	(Range: 41 - 53)
	Haemoglobin estimation	150 g/l	(Range: 135 - 180)
	Red blood cell (RBC) count	4.6 x10-12/l	(Range: 4.5 - 6)
	Total white blood count	**13.4 x10-9/l**	**(Range: 4 - 11)**

27-May-2014 Dr Keith Taylor (KT) General Practice Surgery

Result	**Blood glucose level**:		
	Blood glucose level	6.1 mmol/L	(Range: 3.3 - 6.1)
Result	**Serum cholesterol/HDL ratio**:		
	Serum cholesterol/HDL ratio	4.4	(No range available)
	Serum HDL cholesterol level	1.02 mmol/L	(Range: 0.8 - 1.8)
	Serum cholesterol	4.5 mmol/L	(Range: 3.3 - 6.5)
Result	**Liver function tests**:		
	Serum total bilirubin level	5 umol/L	(Range: 2 - 20)
	ALT - blood level	**56 U/L**	**(No range available)**
	Serum gamma-glutamyl transferase level	**252 U/L**	**(Range: 7 - 50)**
	Serum alkaline phosphatase	109 U/L	(Range: 35 - 115)
	Serum total protein	75 g/L	(Range: 60 - 80)
	Serum albumin	47 g/L	(Range: 38 - 50)
Result	**Urea and electrolytes**:		
	Glomerular filtration rate > 60		(No range available)
	Serum creatinine	69 umol/L	(Range: 50 - 120)
	Serum potassium	4.2 mmol/L	(Range: 3.6 - 5.4)
	Serum sodium	**145 mmol/L**	**(Range: 134 - 144)**

25-Apr-2014 Dr Kath Rose (KR) Bank Street Medical GroupMain Surgery

Problem	Did not attend

05-Nov-2013 Dr Keith Taylor (KT) Admin

Problem	Schizophrenia NOS
History	History See Docman letter re CPA / discharge summery. I have added meds to record for weekly dispensing. I have not added cloazpine as monitored via psychiatry and not added statin as there does not appear to be any clear indication for this.

09-Sept-2013 *** Bank Street Medical GroupGeneral Practice Surgery**

28-Jun-2013 Problem Fast alcohol screening test 0

Medications (inc. issues)

Acute

Repeat

30-Jun-2026 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

30-Jun-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

THIRD PARTY COPY

30-Jun-2026 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

30-Jun-2026 Methotrexate Tablets 2.5 mg
24 TABLET - 15 mg (SIX tablets) to be taken weekly

30-Jun-2026 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

30-Jun-2026 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

30-Jun-2026 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

16-Jun-2026 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

16-Jun-2026 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

09-Jun-2026 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

09-Jun-2026 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

09-Jun-2026 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

04-Jun-2026 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

04-Jun-2026 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

04-Jun-2026 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

04-Jun-2026 Methotrexate Tablets 2.5 mg
24 TABLET - 15 mg (SIX tablets) to be taken weekly

04-Jun-2026 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

04-Jun-2026 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

04-Jun-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

01-Jun-2026 Epaderm Cream
1500 GRAM - 1 APP BD

01-Jun-2026 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

01-Jun-2026 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

01-Jun-2026 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

12-May-2026 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

12-May-2026 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

12-May-2026 Methotrexate Tablets 2.5 mg
24 TABLET - 15 mg (SIX tablets) to be taken weekly

12-May-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

12-May-2026 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

12-May-2026 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

12-May-2026 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

24-Apr-2026 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

24-Apr-2026 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

24-Apr-2026 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

13-Apr-2026 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

13-Apr-2026 Qv Gentle Wash
500 ML - USE AS DIRECTED

13-Apr-2026 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

THIRD PARTY COPY

13-Apr-2026 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

10-Apr-2026 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

10-Apr-2026 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

10-Apr-2026 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

10-Apr-2026 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

10-Apr-2026 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

10-Apr-2026 Methotrexate Tablets 2.5 mg
24 TABLET - 15 mg (SIX tablets) to be taken weekly

10-Apr-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

27-Mar-2026 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

27-Mar-2026 Epaderm Cream
1500 GRAM - 1 APP BD

16-Mar-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

16-Mar-2026 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

16-Mar-2026 Methotrexate Tablets 2.5 mg
24 TABLET - 15 mg (SIX tablets) to be taken weekly

16-Mar-2026 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

16-Mar-2026 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

16-Mar-2026 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

16-Mar-2026 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

11-Mar-2026 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

11-Mar-2026 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

11-Mar-2026 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

16-Feb-2026 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

16-Feb-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

16-Feb-2026 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

16-Feb-2026 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

16-Feb-2026 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

16-Feb-2026 Methotrexate Tablets 2.5 mg
24 TABLET - 15 mg (SIX tablets) to be taken weekly

16-Feb-2026 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

11-Feb-2026 Epaderm Cream
1500 GRAM - 1 APP BD

11-Feb-2026 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

23-Jan-2026 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

23-Jan-2026 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

23-Jan-2026 Methotrexate Tablets 2.5 mg
24 TABLET - 15 mg (SIX tablets) to be taken weekly

23-Jan-2026 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

23-Jan-2026 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

THIRD PARTY COPY

23-Jan-2026 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

23-Jan-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

06-Jan-2026 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

06-Jan-2026 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

05-Jan-2026 Epaderm Cream
1500 GRAM - 1 APP BD

05-Jan-2026 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

30-Dec-2025 Methotrexate Tablets 2.5 mg
24 TABLET - 15 mg (SIX tablets) to be taken weekly

09-Dec-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

09-Dec-2025 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

09-Dec-2025 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

02-Dec-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

02-Dec-2025 Hydromol Ointment
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

02-Dec-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

02-Dec-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

02-Dec-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

02-Dec-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

02-Dec-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

27-Nov-2025 Methotrexate Tablets 2.5 mg
24 TABLET - 15 mg (SIX tablets) to be taken weekly

27-Nov-2025 Hydromol Ointment
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

27-Nov-2025 Qv Gentle Wash
500 ML - USE AS DIRECTED

27-Nov-2025 Qv Gentle Wash
500 ML - USE AS DIRECTED

27-Nov-2025 Hydromol Ointment
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

17-Nov-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

17-Nov-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

17-Nov-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

17-Nov-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

17-Nov-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

17-Nov-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

17-Nov-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

03-Nov-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

03-Nov-2025 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

03-Nov-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

03-Nov-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

03-Nov-2025 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

THIRD PARTY COPY

03-Nov-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

03-Nov-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

03-Nov-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

03-Nov-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

03-Nov-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

03-Nov-2025 Epaderm Cream
1500 GRAM - 1 APP BD

03-Nov-2025 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

30-Sept-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

30-Sept-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

30-Sept-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

30-Sept-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

30-Sept-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

30-Sept-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

30-Sept-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

17-Sept-2025 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

17-Sept-2025 Epaderm Cream
1500 GRAM - 1 APP BD

17-Sept-2025 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

17-Sept-2025 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

17-Sept-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

08-Sept-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

02-Sept-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

02-Sept-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

02-Sept-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

02-Sept-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

02-Sept-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

02-Sept-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

06-Aug-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

06-Aug-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

06-Aug-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

06-Aug-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

06-Aug-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

06-Aug-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

06-Aug-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

31-July-2025 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

THIRD PARTY COPY

31-July-2025 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

31-July-2025 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

09-July-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

07-July-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

07-July-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

07-July-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

07-July-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

07-July-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

07-July-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

24-Jun-2025 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

24-Jun-2025 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

24-Jun-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

17-Jun-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

16-Jun-2025 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

16-Jun-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

11-Jun-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

11-Jun-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

11-Jun-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

11-Jun-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

11-Jun-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

11-Jun-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

16-May-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

15-May-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

15-May-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

15-May-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

15-May-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

15-May-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

15-May-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

29-Apr-2025 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

29-Apr-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

10-Apr-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

09-Apr-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

09-Apr-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

09-Apr-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

THIRD PARTY COPY

09-Apr-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

09-Apr-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

09-Apr-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

19-Mar-2025 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

19-Mar-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

12-Mar-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

12-Mar-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

11-Mar-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

11-Mar-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

11-Mar-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

11-Mar-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

11-Mar-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

12-Feb-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

12-Feb-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

12-Feb-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

12-Feb-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

12-Feb-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

12-Feb-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

12-Feb-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

23-Jan-2025 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

23-Jan-2025 Epaderm Cream
1500 GRAM - 1 APP BD

23-Jan-2025 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

23-Jan-2025 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

23-Jan-2025 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

17-Jan-2025 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

17-Jan-2025 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

17-Jan-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

17-Jan-2025 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

17-Jan-2025 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

17-Jan-2025 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

17-Jan-2025 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

07-Jan-2025 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

07-Jan-2025 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

07-Jan-2025 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

THIRD PARTY COPY

17-Dec-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

17-Dec-2024 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

09-Dec-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

09-Dec-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

09-Dec-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

09-Dec-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

09-Dec-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

09-Dec-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

09-Dec-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

19-Nov-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

19-Nov-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

19-Nov-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

19-Nov-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

19-Nov-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

19-Nov-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

19-Nov-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

12-Nov-2024 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

12-Nov-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

08-Nov-2024 Epaderm Cream
1500 GRAM - 1 APP BD

08-Nov-2024 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

24-Oct-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

24-Oct-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

24-Oct-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

24-Oct-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

24-Oct-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

24-Oct-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

24-Oct-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

01-Oct-2024 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

01-Oct-2024 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

01-Oct-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

24-Sept-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

24-Sept-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

24-Sept-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

24-Sept-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

THIRD PARTY COPY

24-Sept-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

24-Sept-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

24-Sept-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

28-Aug-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

28-Aug-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

28-Aug-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

28-Aug-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

28-Aug-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

28-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

28-Aug-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

19-Aug-2024 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

19-Aug-2024 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

19-Aug-2024 Epaderm Cream
1500 GRAM - 1 APP BD

19-Aug-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

26-July-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

26-July-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

26-July-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

26-July-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

26-July-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

26-July-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

26-July-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

15-July-2024 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

15-July-2024 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

02-July-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

02-July-2024 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

02-July-2024 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

27-Jun-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

27-Jun-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

27-Jun-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

27-Jun-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

27-Jun-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

27-Jun-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

27-Jun-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

11-Jun-2024 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

THIRD PARTY COPY

11-Jun-2024 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

29-May-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

29-May-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

29-May-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

29-May-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

29-May-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

29-May-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

29-May-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

01-May-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

01-May-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

01-May-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

01-May-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

01-May-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

01-May-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

01-May-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

15-Apr-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

15-Apr-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff
1 inhaler - INHALE 2 DOSES AS NEEDED

12-Apr-2024 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

12-Apr-2024 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

12-Apr-2024 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

11-Apr-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

11-Apr-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

08-Apr-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

08-Apr-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

08-Apr-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

08-Apr-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

08-Apr-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

04-Apr-2024 Epaderm Cream
1500 GRAM - 1 APP BD

04-Apr-2024 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

27-Mar-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

15-Mar-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

08-Mar-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

08-Mar-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

08-Mar-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

THIRD PARTY COPY

08-Mar-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

08-Mar-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

05-Mar-2024 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

05-Mar-2024 Epaderm Cream
1500 GRAM - 1 APP BD

05-Mar-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

28-Feb-2024 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

15-Feb-2024 Soprobec Inhaler 100 micrograms/dose
1 Inhaler(s) - INHALE 2 DOSES TWICE DAILY

13-Feb-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

13-Feb-2024 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

13-Feb-2024 Folic Acid Tablets 5 mg
24 TABLET - TAKE ONE DAILY EXCEPT ON METHOTREXATE DAY

13-Feb-2024 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

12-Feb-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

12-Feb-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

12-Feb-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

12-Feb-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

12-Feb-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

25-Jan-2024 Methotrexate Tablets 2.5 mg
16 TABLET - 10 mg (four tablets) to be taken weekly

11-Jan-2024 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

11-Jan-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

11-Jan-2024 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

11-Jan-2024 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

11-Jan-2024 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

10-Jan-2024 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

12-Dec-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

12-Dec-2023 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

12-Dec-2023 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

12-Dec-2023 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

12-Dec-2023 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

06-Dec-2023 Methotrexate Tablets 2.5 mg
32 TABLET - 10 mg (four tablets) to be taken weekly

23-Nov-2023 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

17-Nov-2023 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

17-Nov-2023 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

17-Nov-2023 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

17-Nov-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

THIRD PARTY COPY

17-Nov-2023 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

02-Nov-2023 Epaderm Cream
1500 GRAM - 1 APP BD

13-Oct-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

13-Oct-2023 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

13-Oct-2023 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

13-Oct-2023 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

13-Oct-2023 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

12-Oct-2023 Methotrexate Tablets 2.5 mg
32 TABLET - 10 mg (four tablets) to be taken weekly

10-Oct-2023 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

10-Oct-2023 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

10-Oct-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

10-Oct-2023 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

10-Oct-2023 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

28-Sept-2023 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

28-Sept-2023 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

11-Sept-2023 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

11-Sept-2023 Metformin Hydrochloride Tablets 500 mg
28 tablet - ONE DAILY WITH FOOD VIA COMPLAINCE AID

06-Sept-2023 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

06-Sept-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

06-Sept-2023 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

06-Sept-2023 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

16-Aug-2023 Methotrexate Tablets 2.5 mg
32 TABLET - 10 mg (four tablets) to be taken weekly

11-Aug-2023 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

09-Aug-2023 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

09-Aug-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

09-Aug-2023 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

09-Aug-2023 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

18-July-2023 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

18-July-2023 Epaderm Cream
1500 GRAM - 1 APP BD

17-July-2023 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

17-July-2023 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

17-July-2023 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

17-July-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

27-Jun-2023 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

THIRD PARTY COPY

15-Jun-2023 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

15-Jun-2023 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

15-Jun-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

15-Jun-2023 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

30-May-2023 Methotrexate Tablets 2.5 mg
32 TABLET - 10 mg (four tablets) to be taken weekly

25-May-2023 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

03-May-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

03-May-2023 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

03-May-2023 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

03-May-2023 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

02-May-2023 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 capsule - ONE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

02-May-2023 Aripiprazole Tablets 10 mg
56 tablet - TWO IN THE MORNING VIA COMPLIANCE AID

02-May-2023 Fluoxetine Hydrochloride Capsules 20 mg
84 capsule - THREE TO BE TAKEN EACH DAY VIA COMPLIANCE AID

02-May-2023 Simvastatin Tablets 40 mg
28 tablet - ONE TO BE TAKEN AT NGHT VIA COMPLIANCE AID

04-Apr-2023 Methotrexate Tablets 2.5 mg
32 TABLET - 10 mg (four tablets) to be taken weekly

04-Apr-2023 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

04-Apr-2023 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

07-Feb-2023 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

08-Nov-2022 Epaderm Cream
1500 GRAM - 1 APP BD

08-Nov-2022 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

08-Nov-2022 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

02-Nov-2022 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

02-Nov-2022 Epaderm Cream
1500 GRAM - 1 APP BD

02-Nov-2022 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

20-Oct-2022 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

12-Oct-2022 Methotrexate Tablets 2.5 mg
32 TABLET - 10 mg (four tablets) to be taken weekly

13-Sept-2022 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

09-Sept-2022 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

09-Sept-2022 Epaderm Cream
1500 GRAM - 1 APP BD

09-Sept-2022 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

09-Aug-2022 Methotrexate Tablets 2.5 mg
8 TABLET - 10 mg (four tablets) to be taken weekly

16-Jun-2022 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

10-Jun-2022 Epaderm Cream
1500 GRAM - 1 APP BD

10-Jun-2022 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

THIRD PARTY COPY

10-Jun-2022 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

31-Mar-2022 Methotrexate Tablets 2.5 mg
16 TABLETS - 10 mg (four tablets) to be taken weekly

28-Mar-2022 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

28-Mar-2022 Epaderm Cream
1500 GRAM - 1 APP BD

28-Mar-2022 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

28-Mar-2022 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

06-Jan-2022 Methotrexate Tablets 2.5 mg
16 TABLETS - 10 mg (four tablets) to be taken weekly

06-Jan-2022 Epaderm Cream
1500 GRAM - 1 APP BD

06-Jan-2022 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

30-Nov-2021 Epaderm Cream
1500 GRAM - 1 APP BD

30-Nov-2021 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

30-Nov-2021 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

06-Oct-2021 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

06-Oct-2021 Epaderm Cream
1500 GRAM - 1 APP BD

06-Oct-2021 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

06-Oct-2021 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

14-Sept-2021 Methotrexate Tablets 2.5 mg
16 TABLETS - 10 mg (four tablets) to be taken weekly

09-Aug-2021 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

09-Aug-2021 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

09-Aug-2021 Epaderm Cream
1500 GRAM - 1 APP BD

02-July-2021 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

02-July-2021 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

02-July-2021 Epaderm Cream
1500 GRAM - 1 APP BD

25-May-2021 Epaderm Cream
1500 GRAM - 1 APP BD

25-May-2021 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

25-May-2021 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

27-Apr-2021 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

27-Apr-2021 Epaderm Cream
1500 GRAM - 1 APP BD

01-Apr-2021 Methotrexate Tablets 2.5 mg
16 TABLETS - 10 mg (four tablets) to be taken weekly

01-Apr-2021 Methotrexate Tablets 2.5 mg
24 TABLET - 15 mg (SIX tablets) to be taken weekly

25-Mar-2021 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

25-Mar-2021 Epaderm Cream
1500 GRAM - 1 APP BD

25-Mar-2021 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

25-Mar-2021 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

THIRD PARTY COPY

23-Feb-2021 Epaderm Cream
1500 GRAM - 1 APP BD

23-Feb-2021 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

23-Feb-2021 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

23-Feb-2021 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

28-Jan-2021 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

28-Jan-2021 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

09-Dec-2020 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

25-Nov-2020 Epaderm Cream
1500 GRAM - 1 APP BD

25-Nov-2020 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

25-Nov-2020 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

19-Oct-2020 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

19-Oct-2020 Epaderm Cream
1500 GRAM - 1 APP BD

19-Oct-2020 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

04-Sept-2020 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

04-Sept-2020 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

04-Aug-2020 Epaderm Cream
1500 GRAM - 1 APP BD

04-Aug-2020 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

13-July-2020 Dermol 500 Lotion
500 ML - APPLY AS REQUIRED FOR DRY SKIN

13-July-2020 Dermol 500 Lotion
500 ML - USE AS SOAP SUBSTITUTE

03-July-2020 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

03-July-2020 Epaderm Cream
1500 GRAM - 1 APP BD

03-July-2020 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

01-May-2020 Epaderm Cream
1500 GRAM - 1 APP BD

01-May-2020 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

20-Apr-2020 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

20-Apr-2020 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

31-Mar-2020 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

31-Mar-2020 Epaderm Cream
1500 GRAM - 1 APP BD

14-Feb-2020 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

30-Jan-2020 Epaderm Cream
1500 GRAM - 1 APP BD

30-Jan-2020 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

30-Jan-2020 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

16-Dec-2019 Epaderm Cream
1500 GRAM - 1 APP BD

11-Nov-2019 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

THIRD PARTY COPY

11-Nov-2019 Epaderm Cream
1500 GRAM - 1 APP BD

01-Oct-2019 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

14-Jun-2019 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

14-Jun-2019 Epaderm Cream
1500 GRAM - 1 APP BD

14-Jun-2019 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

07-May-2019 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

07-May-2019 Aveeno Cream
300 ML - APPLY AS REQUIRED FOR DRY SKIN

03-May-2019 Epaderm Cream
1500 GRAM - 1 APP BD

27-Feb-2019 Epaderm Cream
1500 GRAM - 1 APP BD

27-Feb-2019 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

15-Nov-2018 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

15-Nov-2018 Epaderm Cream
1500 GRAM - 1 APP BD

19-Apr-2018 Epaderm Cream
1500 GRAM - 1 APP BD

19-Apr-2018 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

28-Mar-2018 Epaderm Cream
1500 GRAM - 1 APP BD

02-Mar-2018 Epaderm Cream
1500 GRAM - 1 APP BD

29-Jan-2018 Epaderm Cream
1500 GRAM - 1 APP BD

21-Dec-2017 Epaderm Cream
1500 GRAM - 1 APP BD

03-Nov-2017 Epaderm Cream
1500 GRAM - 1 APP BD

01-Aug-2017 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

01-Aug-2017 Epaderm Cream
1500 GRAM - 1 APP BD

30-May-2017 Epaderm Cream
1500 GRAM - 1 APP BD

30-May-2017 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

18-May-2017 Epaderm Cream
500 gram - 1 APP BD

10-May-2017 Oilatum Bath Formula
300 ml - TO BE USED TWICE A WEEK

10-May-2017 Epaderm Cream
500 gram - 1 APP BD

27-Apr-2017 Epaderm Cream
500 gram - 1 APP BD

10-Apr-2017 Epaderm Cream
500 gram - 1 APP BD

21-Mar-2017 Epaderm Cream
500 gram - 1 APP BD

09-Mar-2017 Oilatum Bath Formula
300 ml - TO BE USED TWICE A WEEK

09-Mar-2017 Epaderm Cream
500 gram - 1 APP BD

21-Feb-2017 Epaderm Cream
500 gram - 1 APP BD

21-Feb-2017 Oilatum Bath Formula
300 ml - TO BE USED TWICE A WEEK

06-Jan-2017 Epaderm Cream
500 gram - 1 APP BD

THIRD PARTY COPY

16-Dec-2016 Epaderm Cream
500 gram - 1 APP BD

16-Dec-2016 Oilatum Bath Formula
300 ml - TO BE USED TWICE A WEEK

14-Nov-2016 Epaderm Cream
500 gram - 1 APP BD

14-Nov-2016 Oilatum Bath Formula
300 ml - TO BE USED TWICE A WEEK

04-Oct-2016 Epaderm Cream
500 gram - 1 APP BD

04-Oct-2016 Oilatum Bath Formula
300 ml - TO BE USED TWICE A WEEK

15-Sept-2016 Epaderm Cream
1500 GRAM - 1 APP BD

15-Sept-2016 Oilatum Bath Formula
1200 ML - TO BE USED TWICE A WEEK

15-Sept-2016 Oilatum Bath Formula
300 ml - TO BE USED TWICE A WEEK

15-Sept-2016 Epaderm Cream
500 gram - 1 APP BD

Past

07-Jan-2026 Betamethasone Valerate Ointment 0.1 % Acute Medication (Past)
100 gram - APPLY ONCE A DAY FOR 1-2 WEEKS THEN REDUCE TO ALTERNATE DAYS FOR 1-2 WEEKS THEN TWICE WEEKLY FOR 1-2 WEEKS BEFORE STOP

07-Jan-2026 Betamethasone Valerate Ointment 0.1 % Acute Medication (Past)
100 gram - APPLY ONCE A DAY FOR 1-2 WEEKS THEN REDUCE TO ALTERNATE DAYS FOR 1-2 WEEKS THEN TWICE WEEKLY FOR 1-2 WEEKS BEFORE STOP

04-Aug-2025 Betamethasone Valerate Ointment 0.1 % Acute Medication (Past)
100 gram - APPLY ONCE A DAY FOR 1-2 WEEKS THEN REDUCE TO ALTERNATE DAYS FOR 1-2 WEEKS THEN TWICE WEEKLY FOR 1-2 WEEKS BEFORE STOP

04-Aug-2025 Betamethasone Valerate Ointment 0.1 % Acute Medication (Past)
100 gram - APPLY ONCE A DAY FOR 1-2 WEEKS THEN REDUCE TO ALTERNATE DAYS FOR 1-2 WEEKS THEN TWICE WEEKLY FOR 1-2 WEEKS BEFORE STOP

01-July-2025 Paracetamol Caplets 500 mg Acute Medication (Past)
32 tablet - ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED

01-July-2025 Paracetamol Caplets 500 mg Acute Medication (Past)
32 tablet - ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED

01-May-2025 Paracetamol Caplets 500 mg Acute Medication (Past)
32 tablet - ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED

01-May-2025 Paracetamol Caplets 500 mg Acute Medication (Past)
32 tablet - ONE OR TWO TO BE TAKEN UP TO FOUR TIMES A DAY WHEN REQUIRED

14-Apr-2025 Betamethasone Valerate Ointment 0.1 % Acute Medication (Past)
100 gram - APPLY ONCE A DAY FOR 1-2 WEEKS THEN REDUCE TO ALTERNATE DAYS FOR 1-2 WEEKS THEN TWICE WEEKLY FOR 1-2 WEEKS BEFORE STOP

27-Feb-2025 Betamethasone Valerate Ointment 0.1 % Acute Medication (Past)
100 gram - APPLY ONCE A DAY FOR 1-2 WEEKS THEN REDUCE TO ALTERNATE DAYS FOR 1-2 WEEKS THEN TWICE WEEKLY FOR 1-2 WEEKS BEFORE STOP

27-Feb-2025 Betamethasone Valerate Ointment 0.1 % Acute Medication (Past)
100 gram - APPLY ONCE A DAY FOR 1-2 WEEKS THEN REDUCE TO ALTERNATE DAYS FOR 1-2 WEEKS THEN TWICE WEEKLY FOR 1-2 WEEKS BEFORE STOP

13-Feb-2024 Betamethasone Valerate Cream 0.1 % Acute Medication (Past)
100 GRAM - APPLY ONCE A DAY FOR FLARES AS PER DERM

13-Feb-2024 Betamethasone Valerate Cream 0.1 % Acute Medication (Past)
100 GRAM - APPLY ONCE A DAY FOR FLARES AS PER DERM

11-Jan-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

11-Jan-2024 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

16-Aug-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

16-Aug-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

11-Aug-2023 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
1 inhaler - INHALE 2 DOSES TWICE DAILY

27-Jun-2023 Metformin Hydrochloride Tablets 500 mg Acute Medication (Past)
168 TABLET - TAKE ONE WITH BREAKFAST FOR TWO WEEKS THEN INCREASE TO ONE TWICE DAILY WITH MEALS.

27-Jun-2023 Metformin Hydrochloride Tablets 500 mg Acute Medication (Past)
168 TABLET - TAKE ONE WITH BREAKFAST FOR TWO WEEKS THEN INCREASE TO ONE TWICE DAILY WITH MEALS.

THIRD PARTY COPY

27-Jun-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

27-Jun-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

25-May-2023 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
1 inhaler - INHALE 2 DOSES TWICE DAILY

26-Apr-2023 Betamethasone Valerate Cream 0.1 % Acute Medication (Past)
300 gram - APPLY TWICE A DAY FOR 10 TO 14 DAYS AS DIRECTED

26-Apr-2023 Betamethasone Valerate Cream 0.1 % Acute Medication (Past)
300 gram - APPLY TWICE A DAY FOR 10 TO 14 DAYS AS DIRECTED

18-Apr-2023 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
1 inhaler - INHALE 2 DOSES TWICE DAILY

18-Apr-2023 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Repeat Medication (Past)
1 inhaler - INHALE 2 DOSES TWICE DAILY

18-Apr-2023 Metformin Hydrochloride Tablets 500 mg Acute Medication (Past)
168 TABLET - TAKE ONE WITH BREAKFAST FOR TWO WEEKS THEN INCREASE TO ONE TWICE DAILY WITH MEALS.

18-Apr-2023 Metformin Hydrochloride Tablets 500 mg Acute Medication (Past)
168 TABLET - TAKE ONE WITH BREAKFAST FOR TWO WEEKS THEN INCREASE TO ONE TWICE DAILY WITH MEALS.

27-Feb-2023 Peak Flow Meter (Standard Range) Meter Acute Medication (Past)
1 DEVICE - AS DIRECTED

27-Feb-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

27-Feb-2023 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Acute Medication (Past)
1 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

27-Feb-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

27-Feb-2023 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Acute Medication (Past)
1 inhaler - ONE PUFF TO BE INHALED TWICE A DAY

27-Feb-2023 Peak Flow Meter (Standard Range) Meter Acute Medication (Past)
1 DEVICE - AS DIRECTED

07-Feb-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

07-Feb-2023 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

08-Nov-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

20-Oct-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

13-Sept-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

13-Sept-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

28-July-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

28-July-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

17-Jun-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

17-Jun-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

14-Jan-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

14-Jan-2022 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

04-Nov-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

25-Oct-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

25-Oct-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

12-Aug-2021 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Acute Medication (Past)
1 INHALER - ONE PUFF TO BE INHALED TWICE A DAY

12-Aug-2021 Clenil Modulite Cfc-free inhaler 100 micrograms/actuation Acute Medication (Past)
1 INHALER - ONE PUFF TO BE INHALED TWICE A DAY

09-Aug-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

09-Aug-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - TWO PUFFS TO BE TAKEN WHEN REQUIRED

THIRD PARTY COPY

25-May-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

25-May-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

01-Apr-2021 Folic Acid Tablets 5 mg Repeat Medication (Past)
24 tablet - ONE TO BE TAKEN EVERY DAY EXCEPT DAY OF METHOTREXATE

01-Apr-2021 Folic Acid Tablets 5 mg Repeat Medication (Past)
24 tablet - ONE TO BE TAKEN EVERY DAY EXCEPT DAY OF METHOTREXATE

01-Apr-2021 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
0.1 capsule - THREE DAILY

31-Mar-2021 Simvastatin Tablets 40 mg Repeat Medication (Past)
1 tablet - ONE DAILY

31-Mar-2021 Clozapine Tablets 200 mg Repeat Medication (Past)
1 tablet - DOSE MAY VARY - TO CONFIRM AS NEEDED

31-Mar-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
1 capsule - ONE TO BE TAKEN EACH DAY

31-Mar-2021 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
0.1 capsule - THREE DAILY

31-Mar-2021 Folic Acid Tablets 5 mg Repeat Medication (Past)
1 tablet - TAKE ONE DAILY

31-Mar-2021 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
1 capsule - ONE TO BE TAKEN EACH DAY

31-Mar-2021 Simvastatin Tablets 40 mg Repeat Medication (Past)
1 tablet - ONE DAILY

31-Mar-2021 Folic Acid Tablets 5 mg Repeat Medication (Past)
1 tablet - TAKE ONE DAILY

31-Mar-2021 Clozapine Tablets 200 mg Repeat Medication (Past)
1 tablet - DOSE MAY VARY - TO CONFIRM AS NEEDED

25-Mar-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

25-Mar-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

28-Jan-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

28-Jan-2021 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

25-Nov-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

19-Oct-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

19-Oct-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

04-Sept-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

05-Aug-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

05-Aug-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

03-July-2020 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

12-Jun-2020 Dermol 500 Lotion Acute Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

12-Jun-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

12-Jun-2020 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

12-Jun-2020 Dermol 500 Lotion Acute Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

01-May-2020 Dermol 500 Lotion Acute Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

01-May-2020 Dermol 500 Lotion Acute Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

30-Jan-2020 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

16-Dec-2019 Tacrolimus Ointment 0.03 % Repeat Medication (Past)
30 gram - APPLY TWICE DAILY FOR FLARES REDUCING TO ONCE OR TWICE WEEKLY WHEN SYMPTOMS IMPROVE

01-Oct-2019 Tacrolimus Ointment 0.03 % Repeat Medication (Past)
30 gram - APPLY TWICE DAILY FOR FLARES REDUCING TO ONCE OR TWICE WEEKLY WHEN SYMPTOMS IMPROVE

THIRD PARTY COPY

05-Sept-2019 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY FOR SEVEN DAYS

05-Sept-2019 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY FOR SEVEN DAYS

05-Sept-2019 Tacrolimus Ointment 0.03 % Repeat Medication (Past)
30 gram - APPLY TWICE DAILY FOR FLARES REDUCING TO ONCE OR TWICE WEEKLY WHEN SYMPTOMS IMPROVE

05-Sept-2019 Diprosalic Ointment 0.05 %+ 3 % Acute Medication (Past)
30 GRAM - APPLY TWICE DAILY TO THE FEET

05-Sept-2019 Diprosalic Ointment 0.05 %+ 3 % Acute Medication (Past)
30 GRAM - APPLY TWICE DAILY TO THE FEET

14-Jun-2019 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

07-May-2019 Fucibet Cream Acute Medication (Past)
60 gram - APPLY TWICE A DAY

07-May-2019 Fucibet Cream Acute Medication (Past)
60 gram - APPLY TWICE A DAY

11-Apr-2019 Clozapine Tablets 100 mg Repeat Medication (Past)
28 TABLET - 400MG OD ISSUED BY WESTON DAY HOSPITAL

08-Apr-2019 Folic Acid Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

08-Apr-2019 Simvastatin Tablets 40 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

08-Apr-2019 Folic Acid Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

08-Apr-2019 Simvastatin Tablets 40 mg Repeat Medication (Past)
28 tablet - ONE TO BE TAKEN AT NIGHT

08-Apr-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

08-Apr-2019 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY

27-Feb-2019 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

24-Jan-2019 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN DAILY AT NIGHT FOR ITCH WHEN REQUIRED

24-Jan-2019 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN DAILY AT NIGHT FOR ITCH WHEN REQUIRED

24-Jan-2019 Tacrolimus Ointment 0.03 % Repeat Medication (Past)
30 gram - APPLY TWICE DAILY FOR FLARES REDUCING TO ONCE OR TWICE WEEKLY WHEN SYMPTOMS IMPROVE

15-Nov-2018 Fucibet Cream Acute Medication (Past)
120 gram - APPLY ONCE A DAY

15-Nov-2018 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

15-Nov-2018 Fucibet Cream Acute Medication (Past)
120 gram - APPLY ONCE A DAY

28-Aug-2018 Ferrous Fumarate Tablets 210 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

28-Aug-2018 Ferrous Fumarate Tablets 210 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

22-Aug-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

22-Aug-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

20-Jun-2018 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
112 tablet - ONE TWICE DAILY

20-Jun-2018 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
112 tablet - ONE TWICE DAILY

10-May-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

10-May-2018 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

19-Apr-2018 Flucloxacillin Capsules 500 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN FOUR TIMES A DAY FOR SEVEN DAYS

19-Apr-2018 Aveeno Cream Acute Medication (Past)
500 ml - APPLY AS REQUIRED FOR DRY SKIN

19-Apr-2018 Aveeno Cream Acute Medication (Past)
500 ml - APPLY AS REQUIRED FOR DRY SKIN

19-Apr-2018 Flucloxacillin Capsules 500 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN FOUR TIMES A DAY FOR SEVEN DAYS

THIRD PARTY COPY

28-Mar-2018 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

30-Jan-2018 Fucibet Cream Acute Medication (Past)
30 GRAM - APPLY TWICE A DAY FOR 2 WEEKS THEN AS DIRECTED

29-Jan-2018 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

21-Dec-2017 Fucibet Cream Acute Medication (Past)
30 GRAM - APPLY TWICE A DAY FOR 2 WEEKS THEN AS DIRECTED

21-Dec-2017 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

23-Nov-2017 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY FOR ECZEMA

23-Nov-2017 Fucibet Cream Acute Medication (Past)
30 GRAM - APPLY TWICE A DAY FOR 2 WEEKS THEN AS DIRECTED

23-Nov-2017 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY FOR ECZEMA

23-Nov-2017 Fucibet Cream Acute Medication (Past)
30 GRAM - APPLY TWICE A DAY FOR 2 WEEKS THEN AS DIRECTED

03-Nov-2017 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

20-Sept-2017 Tacrolimus Ointment 0.03 % Acute Medication (Past)
60 gram - APPLY THINLY TWICE A DAY FOR TWO MONTHS

20-Sept-2017 Tacrolimus Ointment 0.03 % Acute Medication (Past)
60 gram - APPLY THINLY TWICE A DAY FOR TWO MONTHS

07-Aug-2017 Fucibet Cream Acute Medication (Past)
120 gram - APPLY ONCE A DAY

07-Aug-2017 Fucibet Cream Acute Medication (Past)
120 gram - APPLY ONCE A DAY

01-Aug-2017 Dermol 200 Shower Emollient Repeat Medication (Past)
1000 ML - TO BE USED AS DIRECTED DAILY AS SOAP

01-Aug-2017 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

01-Aug-2017 Dermol 500 Lotion Repeat Medication (Past)
1500 ML - APPLY AS REQUIRED FOR DRY SKIN

26-Jun-2017 Fucibet Cream Acute Medication (Past)
60 gram - APPLY ONCE A DAY

26-Jun-2017 Fucibet Cream Acute Medication (Past)
60 gram - APPLY ONCE A DAY

26-Jun-2017 Flucloxacillin Capsules 500 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

26-Jun-2017 Flucloxacillin Capsules 500 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

30-May-2017 Dermol 200 Shower Emollient Repeat Medication (Past)
1000 ML - TO BE USED AS DIRECTED DAILY AS SOAP

30-May-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

30-May-2017 Dermol 500 Lotion Repeat Medication (Past)
1500 ML - APPLY AS REQUIRED FOR DRY SKIN

30-May-2017 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

30-May-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

30-May-2017 Light Liquid Paraffin Bath additive 63.4 % Repeat Medication (Past)
1500 ML - USE AS DIRECTED

18-May-2017 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

18-May-2017 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

18-May-2017 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

10-May-2017 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

10-May-2017 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

10-May-2017 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

27-Apr-2017 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

THIRD PARTY COPY

27-Apr-2017 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

27-Apr-2017 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

10-Apr-2017 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

10-Apr-2017 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

10-Apr-2017 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

21-Mar-2017 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

21-Mar-2017 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

21-Mar-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

21-Mar-2017 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 inhaler - INHALE 2 DOSES AS NEEDED

09-Mar-2017 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

09-Mar-2017 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

09-Mar-2017 Light Liquid Paraffin Bath additive 63.4 % Repeat Medication (Past)
500 ml - USE AS DIRECTED

09-Mar-2017 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

21-Feb-2017 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

21-Feb-2017 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

21-Feb-2017 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

21-Feb-2017 Light Liquid Paraffin Bath additive 63.4 % Repeat Medication (Past)
500 ml - USE AS DIRECTED

25-Jan-2017 Fucibet Cream Acute Medication (Past)
90 gram - APPLY TWICE A DAY FOR 4 WEEKS

25-Jan-2017 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

06-Jan-2017 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

06-Jan-2017 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

06-Jan-2017 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

06-Jan-2017 Fucibet Cream Acute Medication (Past)
90 gram - APPLY TWICE A DAY FOR 4 WEEKS

16-Dec-2016 Light Liquid Paraffin Bath additive 63.4 % Repeat Medication (Past)
500 ml - USE AS DIRECTED

14-Dec-2016 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN DAILY

14-Dec-2016 Fucibet Cream Acute Medication (Past)
90 gram - APPLY TWICE A DAY FOR 4 WEEKS

14-Dec-2016 Fucibet Cream Acute Medication (Past)
90 gram - APPLY TWICE A DAY FOR 4 WEEKS

14-Dec-2016 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN DAILY

09-Dec-2016 Clobetasol Propionate Ointment 0.05 % Acute Medication (Past)
100 gram - APPLY ONCE A DAY

09-Dec-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

09-Dec-2016 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

09-Dec-2016 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

09-Dec-2016 Diprobase Cream Acute Medication (Past)
500 gram - APPLY AS DIRECTED

09-Dec-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

THIRD PARTY COPY

09-Dec-2016 Clobetasol Propionate Ointment 0.05 % Acute Medication (Past)
100 gram - APPLY ONCE A DAY

09-Dec-2016 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

09-Dec-2016 Diprobase Cream Acute Medication (Past)
500 gram - APPLY AS DIRECTED

14-Nov-2016 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

14-Nov-2016 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

14-Nov-2016 Light Liquid Paraffin Bath additive 63.4 % Repeat Medication (Past)
500 ml - USE AS DIRECTED

10-Oct-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

10-Oct-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

04-Oct-2016 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

04-Oct-2016 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

04-Oct-2016 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

04-Oct-2016 Light Liquid Paraffin Bath additive 63.4 % Repeat Medication (Past)
500 ml - USE AS DIRECTED

15-Sept-2016 Dermol 200 Shower Emollient Repeat Medication (Past)
1000 ML - TO BE USED AS DIRECTED DAILY AS SOAP

15-Sept-2016 Fucibet Cream Acute Medication (Past)
100 gram - APPLY ONCE A DAY

15-Sept-2016 Fucibet Cream Acute Medication (Past)
100 gram - APPLY ONCE A DAY

15-Sept-2016 Dermol 200 Shower Emollient Repeat Medication (Past)
200 ML - TO BE USED AS DIRECTED DAILY AS SOAP

13-Sept-2016 Loratadine Tablets 10 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN DAILY

13-Sept-2016 Loratadine Tablets 10 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN DAILY

13-Sept-2016 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
28 CAPSULE - TAKE THREE DAILY. ISSUED BY WESTON

13-Sept-2016 Clozapine Tablets 100 mg Repeat Medication (Past)
28 TABLET - 400MG OD ISSUED BY WESTON DAY HOSPITAL

29-July-2016 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

29-July-2016 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

29-July-2016 Clobetasol Propionate Cream 0.05 % Acute Medication (Past)
100 gram - apply twice daily FOR TWO WEEKS

29-July-2016 Clobetasol Propionate Cream 0.05 % Acute Medication (Past)
100 gram - apply twice daily FOR TWO WEEKS

20-July-2016 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

20-July-2016 Light Liquid Paraffin Bath additive 63.4 % Repeat Medication (Past)
500 ml - USE AS DIRECTED

20-July-2016 Doublebase Gel Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

20-July-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

20-July-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

28-Jun-2016 Fucibet Cream Acute Medication (Past)
30 GRAM - APPLY ONCE A DAY

28-Jun-2016 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

28-Jun-2016 Fludroxycortide Tape 4 micrograms/square cm, 7.5 cm Acute Medication (Past)
2 m - APPLY TO AFFECTED AREA AT NIGHT

28-Jun-2016 Co-Amoxiclav 500/125 Tablets Acute Medication (Past)
21 tablet - ONE TO BE TAKEN THREE TIMES A DAY

28-Jun-2016 Fucibet Cream Acute Medication (Past)
30 GRAM - APPLY ONCE A DAY

THIRD PARTY COPY

28-Jun-2016 Dermol 600 Bath emollient Acute Medication (Past)
600 ML - ADD ONE OR TWO CAPFULS TO BATH WATER

28-Jun-2016 Fludroxycortide Tape 4 micrograms/square cm, 7.5 cm Acute Medication (Past)
2 m - APPLY TO AFFECTED AREA AT NIGHT

28-Jun-2016 Dermol 600 Bath emollient Acute Medication (Past)
600 ML - ADD ONE OR TWO CAPFULS TO BATH WATER

17-Jun-2016 Doublebase Gel Repeat Medication (Past)
1500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

22-Apr-2016 Fucibet Cream Acute Medication (Past)
120 gram - APPLY TWICE DAILY TO ECZEMA FOR 2 WEEKS

22-Apr-2016 Light Liquid Paraffin Bath additive 63.4 % Repeat Medication (Past)
1500 ML - USE AS DIRECTED

22-Apr-2016 Fucibet Cream Acute Medication (Past)
120 gram - APPLY TWICE DAILY TO ECZEMA FOR 2 WEEKS

22-Apr-2016 Light Liquid Paraffin Bath additive 63.4 % Repeat Medication (Past)
500 ml - USE AS DIRECTED

22-Apr-2016 Epaderm Cream Acute Medication (Past)
500 gram - APPLY AS REQUIRED FOR DRY SKIN

22-Apr-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

22-Apr-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
56 capsule - TWO TO BE TAKEN FOUR TIMES A DAY

22-Apr-2016 Epaderm Cream Acute Medication (Past)
500 gram - APPLY AS REQUIRED FOR DRY SKIN

10-Mar-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

23-Feb-2016 Clobetasol Propionate Cream 0.05 % Acute Medication (Past)
100 gram - apply twice daily FOR TWO WEEKS

23-Feb-2016 Clobetasone Butyrate Cream 0.05 % Acute Medication (Past)
100 gram - APPLY SPARINGLY ONCE DAILY FOR 2/52

23-Feb-2016 Clobetasol Propionate Cream 0.05 % Acute Medication (Past)
100 gram - apply twice daily FOR TWO WEEKS

23-Feb-2016 Clobetasone Butyrate Cream 0.05 % Acute Medication (Past)
100 gram - APPLY SPARINGLY ONCE DAILY FOR 2/52

10-Feb-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

10-Feb-2016 Doublebase Gel (Pump Dispenser) Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

10-Feb-2016 Doublebase Gel (Pump Dispenser) Repeat Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

10-Feb-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

28-Jan-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

28-Jan-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

28-Jan-2016 Dermol 500 Lotion Repeat Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

06-Jan-2016 Dermol 500 Lotion Acute Medication (Past)
500 ML - APPLY AS REQUIRED FOR DRY SKIN

06-Jan-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

06-Jan-2016 Dermol 500 Lotion Repeat Medication (Past)
1500 ML - APPLY AS REQUIRED FOR DRY SKIN

06-Jan-2016 Hydromol Ointment Acute Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

06-Jan-2016 Hydromol Ointment Acute Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

06-Jan-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

09-Oct-2015 Elocon Ointment 0.1 % Acute Medication (Past)
30 GRAM - APPLY ONCE A DAY

09-Oct-2015 Fucibet Cream Acute Medication (Past)
30 GRAM - APPLY TWICE DAILY

09-Oct-2015 Fucibet Cream Acute Medication (Past)
30 GRAM - APPLY TWICE DAILY

09-Oct-2015 Elocon Ointment 0.1 % Acute Medication (Past)
30 GRAM - APPLY ONCE A DAY

THIRD PARTY COPY

09-Oct-2015 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

14-Sept-2015 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

14-Sept-2015 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

24-Aug-2015 Doublebase Gel Acute Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

24-Aug-2015 Betamethasone Valerate Ointment 0.1 % Acute Medication (Past)
30 GRAM - APPLY BD

24-Aug-2015 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

24-Aug-2015 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

24-Aug-2015 Betamethasone Valerate Ointment 0.1 % Acute Medication (Past)
30 GRAM - APPLY BD

24-Aug-2015 Doublebase Gel Acute Medication (Past)
500 GRAM - APPLY AS REQUIRED FOR DRY SKIN

11-Aug-2014 Anusol Cream Acute Medication (Past)
30 GRAM - APPLY NIGHT AND MORNING AND AFTER EACH BOWEL MOTION

11-Aug-2014 Anusol Cream Acute Medication (Past)
30 GRAM - APPLY NIGHT AND MORNING AND AFTER EACH BOWEL MOTION

05-Nov-2013 Aripiprazole Tablets 10 mg Repeat Medication (Past)
28 TABLET - ONE AND A HALF TO BE TAKEN EACH DAY DISPENSE WEEKLY

Allergies

This section is empty.

Vaccinations

06-July-2023 *****
Pneumococcal vaccination
W025072/ PNEUMOCOC/IM/Right Arm//PNEU - Pneumococcal Vaccine (St Andrews Community Hospital COVID Clinic)

30-July-2022 *****
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Booster Pfizer (St Andrews Community Hospital COVID Clinic)
FN2034/ PF/IM/Left Arm//C-19 Booster Pfizer (St Andrews Community Hospital COVID Clinic)

30-July-2022 *****
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Left Arm) C-19 Booster Pfizer (S Forbes)
*FN2034/ PF/IM/Left Arm//C-19 Booster Pfizer (*****)*

06-Apr-2022 *****
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (St Andrews Community Hospital COVID Clinic)
FN4817/ PF/IM/Left Arm//C-19 Pfizer (St Andrews Community Hospital COVID Clinic)

15-Jan-2022 *****
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (St Andrews Community Hospital COVID Clinic)
FN1664/ PF/IM/Left Arm//C-19 Pfizer (St Andrews Community Hospital COVID Clinic)

31-May-2021 *****
Pneumococcal vaccination declined

10-Mar-2016 *****
Seasonal influenza vaccination declined

30-Oct-2012 *****
Seasonal influenza vaccin given by other healthcare provider

Referrals

01-July-2016 Dr. Katie MacLaren (KM)
8H43.: Dermatological referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient - New

Test Requests

This section is empty.

THIRD PARTY COPY

Test Results

07-Apr-2025 *****		
Result: GMS Contract Back Population		
Serum creatinine	75 umol/L	(No range available)
05-Sept-2024 *****		
Result: GMS Contract Back Population		
Digital retinal screening	1	(No range available)
O/E - no left diabetic retinopathy		(No range available)
O/E - no right diabetic retinopathy		(No range available)
04-July-2024 *****		
Result: GMS Contract Back Population		
Haemoglobin A1c level - IFCC standardised	45 mmol/mol	(No range available)
Serum creatinine	81 umol/L	(No range available)
Serum total cholesterol level	**2.9 mmol/L**	**(Range: 3.5 - 6.5)**
29-Aug-2023 *****		
Result: Full blood count - FBC		
BLST (Non Coded Event - BLST) Not Tested		(No range available)
NRBC, 0	0 x10-9/l	(No range available)
IMG (Non Coded Event - IMG) Not Tested		(No range available)
Baso	0.05 x10-9/l	(Range: 0.02 - 0.1)
Eos	0.46 x10-9/l	(Range: 0.02 - 0.5)
Mono	0.82 x10-9/l	(Range: 0.2 - 1)
Lymp	2.05 x10-9/l	(Range: 1 - 3)
Neut	5.09 x10-9/l	(Range: 2 - 7)
RDW	**16.7**	**(Range: 11.6 - 14)**
PLT	249 x10-9/l	(Range: 150 - 410)
MCHC	321 g/l	(Range: 315 - 345)
MCH	30 pg	(Range: 27 - 32)
MCV	93.4 fl	(Range: 83 - 101)
Hct	42.4 %	(Range: 40 - 50)
HGB	136 g/l	(Range: 130 - 170)
RBC	4.54 x10-12/l	(Range: 4.5 - 5.5)
WBC	8.5 x10-9/l	(Range: 4 - 10)
29-Aug-2023 *****		
Result: (Non Coded Event - HbA1c (IFCC))		
HbA1c (IFCC)	**42 mmol/mol**	**(Range: 20 - 41)**
29-Aug-2023 *****		
Result: Acute kidney injury warning stage		
AKI Not detected		(No range available)
29-Aug-2023 *****		
Result: Urea and electrolytes		
eGFR > 60		(No range available)
Creatinine	66 umol/L	(Range: 50 - 120)
Potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Sodium	144 mmol/L	(Range: 133 - 146)
29-Aug-2023 *****		
Result: Liver function tests		
Bilirubin (Total)	7 umol/L	(No range available)
Alanine transaminase	**64 U/L**	**(Range: 5 - 55)**
Alkaline phosphatase	110 U/L	(Range: 40 - 129)
Albumin	41 g/L	(Range: 35 - 50)
29-Aug-2023 *****		
Result: Plasma C reactive protein		
C-reactive protein	**19.1 mg/L**	**(No range available)**
29-Aug-2023 *****		
Result: Serum cholesterol/HDL ratio		
Cholesterol/HDL ratio	5.3	(No range available)
HDL Cholesterol	0.87 mmol/L	(Range: 0.8 - 1.8)
Cholesterol	4.6 mmol/L	(Range: 3.3 - 6.5)
12-Jun-2023 *****		
Result: GMS Contract Back Population		
Digital retinal screening	1	(No range available)
O/E - no left diabetic retinopathy		(No range available)
O/E - no right diabetic retinopathy		(No range available)
04-Apr-2018 *****		
Result: Blood glucose level		
Glucose	**9.8 mmol/L**	**(Range: 3.3 - 6.1)**

THIRD PARTY COPY

04-Apr-2018 *****
Result: Acute kidney injury warning stage

AKI	Not detected	(No range available)

04-Apr-2018 *****
Result: Urea and electrolytes

eGFR	> 60	(No range available)
Creatinine	84 umol/L	(Range: 50 - 120)
Potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
Sodium	144 mmol/L	(Range: 133 - 146)

04-Apr-2018 *****
Result: Serum TSH level

TSH	2.5 mU/L	(Range: 0.27 - 4.2)

04-Apr-2018 *****
Result: Liver function tests

Bilirubin (Total)	4 umol/L	(No range available)
Alanine transaminase	31 U/L	(Range: 5 - 55)
Alkaline phosphatase	96 U/L	(Range: 30 - 130)
Albumin	43 g/L	(Range: 35 - 50)

04-Apr-2018 *****
Result: Serum cholesterol/HDL ratio

Cholesterol/HDL ratio	3.1	(No range available)
HDL Cholesterol	0.93 mmol/L	(Range: 0.8 - 1.8)
Cholesterol	**2.9 mmol/L**	**(Range: 3.3 - 6.5)**

04-Apr-2018 *****
Result: Full blood count - FBC

Baso	0.05 x10-9/l	(Range: 0.02 - 0.1)
Eos	**0.97 x10-9/l**	**(Range: 0.02 - 0.5)**
Mono	0.56 x10-9/l	(Range: 0.2 - 1)
Lymp	1.85 x10-9/l	(Range: 1 - 3)
Neut	6.55 x10-9/l	(Range: 2 - 7)
RDW	**15.9**	**(Range: 11.6 - 14)**
PLT	255 x10-9/l	(Range: 150 - 410)
MCHC	318 g/l	(Range: 315 - 345)
MCH	27.4 pg	(Range: 27 - 32)
MCV	86.1 fl	(Range: 83 - 101)
Hct	**39 %**	**(Range: 40 - 50)**
HGB	**124 g/l**	**(Range: 130 - 170)**
RBC	4.53 x10-12/l	(Range: 4.5 - 5.5)
WBC	10 x10-9/l	(Range: 4 - 10)

15-Dec-2017 *****
Result: Full blood count - FBC

Baso	0.07 x10-9/l	(Range: 0.02 - 0.1)
Eos	**1.16 x10-9/l**	**(Range: 0.02 - 0.5)**
Mono	0.82 x10-9/l	(Range: 0.2 - 1)
Lymp	2.01 x10-9/l	(Range: 1 - 3)
Neut	6.39 x10-9/l	(Range: 2 - 7)
RDW	**14.3**	**(Range: 11.6 - 14)**
PLT	301 x10-9/l	(Range: 150 - 410)
MCHC	323 g/l	(Range: 315 - 345)
MCH	28 pg	(Range: 27 - 32)
MCV	86.7 fl	(Range: 83 - 101)
Hct	40.9 %	(Range: 40 - 50)
HGB	132 g/l	(Range: 130 - 170)
RBC	4.72 x10-12/l	(Range: 4.5 - 5.5)
WBC	**10.5 x10-9/l**	**(Range: 4 - 10)**

29-Aug-2017 *****
Result: Full blood count - FBC

Baso	0.06 x10-9/l	(Range: 0.02 - 0.1)
Eos	**0.93 x10-9/l**	**(Range: 0.02 - 0.5)**
Mono	0.81 x10-9/l	(Range: 0.2 - 1)
Lymp	2.38 x10-9/l	(Range: 1 - 3)
Neut	4.97 x10-9/l	(Range: 2 - 7)
RDW	13.1	(Range: 11.6 - 14)
PLT	266 x10-9/l	(Range: 150 - 410)
MCHC	324 g/l	(Range: 315 - 345)
MCH	29.2 pg	(Range: 27 - 32)
MCV	90 fl	(Range: 83 - 101)
Hct	40.7 %	(Range: 40 - 50)
HGB	132 g/l	(Range: 130 - 170)
RBC	4.52 x10-12/l	(Range: 4.5 - 5.5)
WBC	9.2 x10-9/l	(Range: 4 - 10)

THIRD PARTY COPY

27-May-2014 *****		
Result: Full blood count - FBC		
Basophil count	0.03 x10-9/l	(No range available)
Eosinophil count	**0.47 x10-9/l**	**(No range available)**
Monocyte count	**0.93 x10-9/l**	**(Range: 0.2 - 0.8)**
Lymphocyte count	2.98 x10-9/l	(Range: 1 - 4.8)
Neutrophil count	**8.98 x10-9/l**	**(Range: 2 - 7.5)**
Red blood cell distribution width	13	(Range: 10 - 16)
Platelet count	297 x10-9/l	(Range: 130 - 400)
Mean corpusc. Hb. conc. (MCHC)	336 g/l	(Range: 300 - 360)
Mean corpusc. haemoglobin(MCH)	32.6 pg	(Range: 27 - 34)
Mean corpuscular volume (MCV)	97 fl	(Range: 80 - 100)
Haematocrit	44.6 %	(Range: 41 - 53)
Haemoglobin estimation	150 g/l	(Range: 135 - 180)
Red blood cell (RBC) count	4.6 x10-12/l	(Range: 4.5 - 6)
Total white blood count	**13.4 x10-9/l**	**(Range: 4 - 11)**
27-May-2014 *****		
Result: Blood glucose level		
Blood glucose level	6.1 mmol/L	(Range: 3.3 - 6.1)
27-May-2014 *****		
Result: Serum cholesterol/HDL ratio		
Serum cholesterol/HDL ratio	4.4	(No range available)
Serum HDL cholesterol level	1.02 mmol/L	(Range: 0.8 - 1.8)
Serum cholesterol	4.5 mmol/L	(Range: 3.3 - 6.5)
27-May-2014 *****		
Result: Liver function tests		
Serum total bilirubin level	5 umol/L	(Range: 2 - 20)
ALT - blood level	**56 U/L**	**(No range available)**
Serum gamma-glutamyl transferase level	**252 U/L**	**(Range: 7 - 50)**
Serum alkaline phosphatase	109 U/L	(Range: 35 - 115)
Serum total protein	75 g/L	(Range: 60 - 80)
Serum albumin	47 g/L	(Range: 38 - 50)
27-May-2014 *****		
Result: Urea and electrolytes		
Glomerular filtration rate > 60		(No range available)
Serum creatinine	69 umol/L	(Range: 50 - 120)
Serum potassium	4.2 mmol/L	(Range: 3.6 - 5.4)
Serum sodium	**145 mmol/L**	**(Range: 134 - 144)**
29-Jun-2026 *****		
Result: GMS Contract Back Population		
Haemoglobin A1c level - IFCC standardised	65 mmol/mol	(No range available)
Serum total cholesterol level	**3 mmol/L**	**(Range: 3.5 - 6.5)**
11-Jun-2026 *****		
Result: GMS Contract Back Population		
O/E - no left diabetic retinopathy		(No range available)
Digital retinal screening	1	(No range available)
O/E - no right diabetic retinopathy		(No range available)
05-May-2026 *****		
Result: GMS Contract Back Population		
Haemoglobin A1c level - IFCC standardised	61 mmol/mol	(No range available)
Serum creatinine	69 umol/L	(No range available)
12-Jan-2026 *****		
Result: GMS Contract Back Population		
Haemoglobin A1c level - IFCC standardised	58 mmol/mol	(No range available)
Serum creatinine	81 umol/L	(No range available)
15-Dec-2025 *****		
Result: GMS Contract Back Population		
Serum total cholesterol level	**3.2 mmol/L**	**(Range: 3.5 - 6.5)**
20-Oct-2025 *****		
Result: GMS Contract Back Population		
Haemoglobin A1c level - IFCC standardised	52 mmol/mol	(No range available)
Serum creatinine	66 umol/L	(No range available)
10-Sept-2025 *****		
Result: GMS Contract Back Population		
Serum creatinine	79 umol/L	(No range available)
28-July-2025 *****		
Result: GMS Contract Back Population		
Haemoglobin A1c level - IFCC standardised	46 mmol/mol	(No range available)
Serum creatinine	77 umol/L	(No range available)

THIRD PARTY COPY

30-Jun-2025 *****		
Result: GMS Contract Back Population		
Serum creatinine	70 umol/L	(No range available)
Serum total cholesterol level	**3.3 mmol/L**	**(Range: 3.5 - 6.5)**
10-Feb-2025 *****		
Result: GMS Contract Back Population		
Serum creatinine	74 umol/L	(No range available)
16-Dec-2024 *****		
Result: GMS Contract Back Population		
Serum creatinine	80 umol/L	(No range available)
Serum total cholesterol level	**3.4 mmol/L**	**(Range: 3.5 - 6.5)**
18-Dec-2023 *****		
Result: GMS Contract Back Population		
Serum creatinine	81 umol/L	(No range available)
Serum total cholesterol level	**2.9 mmol/L**	**(Range: 3.5 - 6.5)**
25-Sept-2023 *****		
Result: GMS Contract Back Population		
Serum creatinine	77 umol/L	(No range available)
03-July-2023 *****		
Result: GMS Contract Back Population		
Serum creatinine	69 umol/L	(No range available)
Serum total cholesterol level	**3 mmol/L**	**(Range: 3.5 - 6.5)**

Other Items

12-Jun-2026	Recall	Medication review
12-Mar-2026	Read Code	Other medication review part of NCMR
31-Aug-2025	Read Code	Sepsis
15-Jun-2025	Read Code	No response to bowel cancer screening programme invitation Non-Responder
12-Jun-2025	Read Code	Medication review of medical notes
29-May-2024	Read Code	Haemoglobin estimation 14.6 g/dL
29-May-2024	Read Code	Total white blood count 10.4 10*9/L
29-May-2024	Read Code	Neutrophil count 7.18 x10^9/L
29-May-2024	Read Code	Platelet count 202 x10^9/L
11-Mar-2024	Read Code	Medication review done
18-Apr-2023	Read Code	Type 2 diabetes mellitus
18-Apr-2023	Read Code	Asthma
27-Mar-2023	Read Code	Exc chronic kidney disease quality indicators: Inform dissen
24-Feb-2023	Read Code	Other medication management Non clinical medication review carried out
29-Apr-2022	Read Code	Exception reporting: mental health quality indicators
15-Mar-2022	Read Code	Mental health monitoring first letter
01-Mar-2022	Read Code	Other medication management Non Clinical Medication Reviews
22-Apr-2021	Read Code	Exception reporting: mental health quality indicators
01-Apr-2021	Read Code	Community DMARD monitoring administration
11-Feb-2021	Read Code	Other medication review non clinical medicine review
19-Oct-2020	Read Code	Medication review of medical notes

THIRD PARTY COPY

08-Jun-2020	Read Code	Mental health monitoring second letter COVID: Second Invite by phone call
01-Oct-2019	Read Code	Medication review done
15-Mar-2019	Read Code	Excepted from smoking quality indicators: Informed dissent DNA annual review
17-Aug-2018	Read Code	Other medication review Non clinical medication review
05-Mar-2018	Read Code	Medication review of medical notes
25-Aug-2017	Read Code	Did not attend blood test
04-Aug-2017	Read Code	Other medication review Non clinical medication review
23-Feb-2017	Read Code	Mental health monitoring third letter
26-Jan-2017	Read Code	Mental health monitoring second letter
06-Jan-2017	Read Code	Medication review done
07-Sept-2015	Read Code	Other medication review Non clinical medication review
28-Nov-2013	Read Code	Non-alcoholic fatty liver - without fibrosis
11-Nov-2013	Read Code	Lloyd George+problem summary - no additional information of significance
05-Nov-2013	Read Code	Medication review done
09-Oct-2013	Read Code	Notes summary on computer docman summary 16/09/13
28-Jun-2013	Read Code	White British
28-Jun-2013	Read Code	Moderate smoker - 10-19 cigs/d
28-Jun-2013	Read Code	Stopped drinking alcohol
28-Jun-2013	Read Code	Has a carer - Richmond Fellowship
11-Oct-2012	Read Code	[X]Osteopenia (xray appearance)
11-Oct-2012	Read Code	Osteoarthritis NOS, of knee (Left) early
01-Mar-2012	Read Code	Fine needle aspiration NOC of axillary lymph node: chronic infection/hydradenitis
01-Jun-2011	Read Code	[D]Numbness toes (R)
09-Feb-2011	Read Code	Misuse of Amphetamines unspecified - also methadrone
03-Feb-2011	Read Code	Otitis externa NOS
22-Nov-2010	Read Code	Benzodiazepine dependence
22-Nov-2010	Read Code	[X]Deliberate drug overdose / other poisoning mixed - procyclidine, citalopram & diazepam
22-Nov-2010	Read Code	H/O: repeated overdose
05-Nov-2010	Read Code	Migraine
05-Nov-2010	Read Code	Gastro-oesophageal reflux
05-Oct-2010	Read Code	[X]Deliberate drug overdose / other poisoning diazepam, nitrazepam, citalopram and trihexyphenidyl
17-Sept-2010	Read Code	[X]Deliberate drug overdose / other poisoning (impulsive) diazepam 12 x 10mg
23-Feb-2010	Read Code	Assessing cardiovascular risk using SIGN score 5 %
24-Dec-2009	Read Code	[X]Deliberate drug overdose / other poisoning

THIRD PARTY COPY

20-Oct-2009	Read Code	[X]Deliberate drug overdose / other poisoning non-hormonal anabolic complex/mixed energy pills
24-Sept-2009	Read Code	[X]Deliberate drug overdose / other poisoning diazepam & simvastatin
29-July-2009	Read Code	Diastolic blood pressure 66 mm Hg
29-July-2009	Read Code	Systolic blood pressure 110 mm Hg
28-Jan-2009	Read Code	O/E - weight 88 Kg
28-Jan-2009	Read Code	O/E - height 182 cm
28-Jan-2009	Read Code	Body Mass Index 26.57
12-Sept-2008	Read Code	Psychotic episode NOS
11-July-2008	Read Code	Dental abscess
08-Jun-2008	Read Code	[X]Deliberate drug overdose / other poisoning paracetamol
06-Aug-2007	Read Code	Hydradenitis suppurativa
27-Jun-2007	Read Code	[D]Adenitis NOS
13-Jun-2007	Read Code	Haematospermia
17-Apr-2007	Read Code	Boil of axilla
01-Mar-2007	Read Code	[X]Deliberate drug overdose / other poisoning impulsive - loratadine & paracetamol
12-Oct-2006	Read Code	Anxiety states
11-May-2006	Read Code	[D]Musculoskeletal chest pain
06-Sept-2005	Read Code	Knee pain (Left)
19-May-2005	Read Code	Cervicalgia - pain in neck
28-Jun-2004	Read Code	Schizophrenia NOS
22-Nov-2003	Read Code	Psychotic episode NOS - admission
17-Dec-2001	Read Code	Insomnia NOS
01-Nov-2001	Read Code	[X]Depressive episode
24-Oct-2001	Read Code	Psychotic episode NOS
01-Nov-2000	Read Code	Borderline personality disorder
01-Nov-2000	Read Code	Morbid jealousy - admission 12 weeks
12-Sept-1993	Read Code	Psychotic episode NOS - 4/12 admission
24-Mar-1993	Read Code	[X]Accidental drug overdose / other poisoning
24-Mar-1993	Read Code	Misuse of Methadone unspecified
24-Mar-1993	Read Code	Accidental poisoning by lysergide, LSD
30-Dec-1992	Read Code	[X]Accidental drug overdose / other poisoning cocaine: overnight admission
30-Dec-1992	Read Code	Misuse of Cocaine unspecified
30-Dec-1992	Read Code	Misuse of drugs NOS
30-Dec-1992	Read Code	Misuse of Amphetamines unspecified

THIRD PARTY COPY

13-Aug-1980	Read Code	Chickenpox - varicella
15-Mar-1976	Read Code	Eczema NOS

Attachments

Scanned Document
15-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf psy6.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 12th December 2007
Date Typed 19th December 2007
Our Ref [redacted]
CHI Number 1703751191

Enquiries to [redacted]
Extension
Email

Dear Dr Garmany,

LEON GRATTON, [redacted] (DOB: 17 03 1975)

Leon was seen during the course of his Care Programme Meeting on 11th December 2007. The meeting was also attended by the police as over the last year there has been an increase in the number of phone calls that he has made to them, imagining that his house has been broken into frequently and that his property has been interfered with. There has been no objective evidence that this has been the case and the presumption is that Leon is experiencing delusional ideas.

His time structure remains poor with a tendency to turn night into day. Engagement with support has possibly improved. There remains a sense that Leon's mental state is not optimum and I will be looking at increasing his dose of depot in the near future.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:	
West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT

POSITIVE ABOUT DISABLED PEOPLE

M5460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS
Fife

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT

[redacted]

28 November 2007

AS PER DISTRIBUTION

Dear Dr Germany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] Clinical Care Manager. This will take place on **Tuesday 11th December 2007 at 2.15pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted]

Distribution:
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing ✓
Dr P Cavanagh, Consultant Psychiatrist, QMH
Dr P Gandhi, Staff Grade Psychiatrist, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Dalgety Bay Police Station, Dalgety Bay
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Richmond Fellowship, Dickson House, Dickson Street, Dunfermline

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 16th August 2007
Date Typed 13th September 2007
Our Ref PC/LA/FS153833
CHI Number 1703751191

Enquiries to [redacted]
Extension
Email

Dear Dr Garmany,

LEON GRATTON, [redacted] **(DOB: 17 03 1975)**

Leon failed to attend his appointment with me on Thursday 16th August 2007.

I will send another appointment in due course.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist
PP'd by Dr Seonaid McCallum, Consultant Psychiatrist

Copied to:	
West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Punit Gandhi West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT

POSITIVE ABOUT DISABLED PEOPLE

MS468

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Carnegie Clinic
Pilmuir Street
DUNFERMLINE
Fife KY12 7AX
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Practice
5 Friary Court
Inverkeithing
KY11 1NU

Date 23 July 2007
Our Ref GL/EW/fS153833
CHI Number 1703751191

Enquiries to [redacted]
Extension
Email

Dear Dr Garmany,

Re: Leon Gratton, [redacted] ***DOB: 17.03.75***

I saw the above gentleman at Carnegie Clinic on 19 July 2007.

Leon has been experiencing psychotic symptoms for a number of months again. In response to this his Depot was increased to Depixol 50 mg weekly which he has been getting for about 2 weeks now. Leo himself feels that the increase in Depot has improved his psychotic symptoms and he now denies any hallucinatory experiences.

In terms of his mental state Leo was dressed and behaving appropriately during the interview. His mood was euthymic and his speech was normal in spontaneity with no evidence of any thought disorder. Leo continues to express odd beliefs about people breaking into his house and stealing things when he's asleep. These may represent true delusional ideas, although they may also be more over-valued ideas. He is also pre-occupied with thoughts about abuse as a child, and his wish to pursue this through the court. It is impossible to say whether these beliefs are psychotic or based on reality. There was no evidence objectively of any perceptual abnormality at interview and cognitively Leon was intact.

Leon has been phoning Haldane House an excessive number of times over the past few weeks, up to ten times per day. At times he can say sexually inappropriate things and may perhaps be dis-inhibited.

I think there are a number of issues here. Leon does seem to have psychotic symptoms at times and these have been worse over the past month or two. The psychotic symptoms do appear to have improved with the increase in his Depot. Leon continues to have some odd ideas although I'm not entirely convinced these are truly psychotic in nature at this time.

POSITIVE ABOUT DISABLED PEOPLE

845460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

I think Leon's problems are really quite complex. There seems to be good reason to believe he has a psychotic illness, but I also think there is good evidence for an emotionally unstable personality disorder of borderline type. These two areas of difficulty present rather different challenges. Given that Leon feels the Depot is helping, I think it is worth continuing to pursue this in the hope that in another week or two as the level of Depot increases in his blood his psychotic symptoms will subside. If he remains unwell I think it would be reasonable to admit Leon to the Ward for further assessment in the hopes that we can disentangle the problems he has and possibly resolve some of his difficulties with medication. Leon is not willing to consider admission at this time, but said that should things not improve he would consider it in a month or so. In the meantime input form the Community Outreach Team will continue.

There is the further issue of physical issues Leon is describing. These symptoms all seem to relate to Leon's genital area and his rectum. He describes bleeding when he masturbates and also pain in the rectum and genital area. Leon told me he has an appointment with a surgeon at the end of this month to have these physical symptoms investigated, and I think it is important that this is done as there may well be physical pathology present.

Leon will be reviewed on an ongoing basis.

Yours sincerely

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist

Cc Haldane House notes
Dr Paul Cavanagh, Consultant Psychiatrist, Queen Margaret Hospital

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 6th July 2007
Date Typed 9th July 2007
Our Ref PC/LA/F5153833
CHI Number 170375-1191

Enquiries to [redacted]
Extension
Email

Dear Dr Garmany,

LEON GRATTON, [redacted] (DOB: 17 03 1975)

I reviewed Leon in the out patient clinic on 5th July 2007.

His mental state has given rise to some concern of late. He has been phoning a number of places during the night including Ward 2 and the Police, often in a quite threatening manner.

I have been informed by staff from the Outreach Team, that there are concerns of deterioration in his mental state. This had changed however and he seemed more distressed and on occasion thought disordered.

At interview today I certainly considered him to be psychotic. He was thought disordered and paranoid. He described having had a rectal examinations for a pain that he seemed to associate with previous sexual abuse and implied that people were breaking into his house in the middle of the night and causing him to have that pain. In a vision he described people breaking in and moving his possessions around. He described hearing noises coming from a passing van that were of significance to him.

In view of his agitation I have commenced him on **regular Diazepam 5 mgs tid and increased his depot Flupenthixol to 50 mgs weekly.** He is going to be visited daily by the Outreach Team and if things continue to deteriorate, we will look at admission to hospital.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to: West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Gordon Lehany West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT

POSITIVE ABOUT DISABLED PEOPLE

MJ5460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care
NHS Fife
Mental Health Directorate

Rowan House
28 – 32 Willow Drive
Whyteman's Brae
KIRKCALDY KY1 2LF

FIFE PSYCHIATRIC SERVICE
DISCHARGE SUMMARY

ST/MT/F5153833	Dictated: 10 April 2007	Typed: 11 April 2007
Dr Garmany Inverkeithing Medical Centre 5 Friary Court INVERKEITHING KY11 1NU		Leon Gratton [redacted] CHI - 1702751191
Admitted: 11.03.07 **Discharged:** 15.03.07 **MHA Status on Discharge:** Informal		**Medication on Discharge:** Ranitidine – 150 mgs at 8.00 am and 6.00 pm Nitrazepam – 10 mgs nocte Flupenthixol decanoate – 30 mgs weekly Loratidine – 10 mgs as required up to 10 mgs per day
Diagnosis: Schizophrenia – F20.0 Emotionally unstable personality disorder, borderline type – F60.31		
Consultant: Dr Mairi Fee **Locus of Care:** Rothes Ward		**Medication subject to treatment plan under MHA** - No

Responsible Consultant following Discharge: Dr Paul Cavanagh, Queen Margaret Hospital

Follow-Up Arrangements:
To continue depot weekly
CPN support
Richmond Fellowship
Community Outreach Team
Further follow-up by Dr Cavanagh's team.

Diagnostic Summary: Leon is well known to Psychiatric Services for a number of years. He was admitted to Rothes Ward following an overdose as there were no beds at Queen Margaret Hospital. His problems were seen to be longstanding and there were no new issues uncovered in this admission. He was settled on the ward and after a brief period of assessment he was discharged with follow-up arrangements as above. He has a very good package of carer in the community.

Signed: [redacted]
Dr S Thommandru, Locum Staff Grade Psychiatrist to Dr Mairi Fee

Consultant's Comments:

Signed: [redacted]
Dr Mairi Fee, Consultant Psychiatrist

For more detailed summary see over

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

History of Presenting Complaint
Leon was seen in the A&E Department of Queen Margaret Hospital on 11.03.07 where he self-presented after taking an overdose of loratidine 250 mgs in total earlier that afternoon. He claimed that he had heard voices asking him to commit suicide, saying "it's not worth living" and "you'd be better off dead". He said that he responded to these voices. He said that he felt sick of living. It was an impulsive act and there was no planning. He did not leave any suicide notes. He said that he did it as he was fed up with life. He thinks that his neighbours are laughing at him. He had also taken 8 to 10 tablets of paracetamol. After taking the tablets he phoned NHS 24, who sent him an ambulance which brought him to A&E. He said that he was still continuing to have thoughts of harming himself. He did not regret his actions and wished that he had died. He could not describe any particular trigger for his actions. He felt that he could not control his thoughts of self-harm. He had missed his last 2 depots as he was sleeping all day. Also he was spending all his time [redacted] He said that he was worried that he may damage his liver by taking an overdose and did not want this to happen. He felt that someone was coming into his house and taking things and believes that it may be his neighbours doing this to "wind him up" as he was a drug user previously. Because of his excessive texting he received a bill of £500 for his phone and has now stopped doing it. He has taken numerous overdoses in the past usually in times of stress. This seems to happen at least once every 2 to 3 months. Recently he has been calling the Samaritans almost every night and finds speaking to them helpful. He is afraid that he will wake up and find his throat slit by old enemies because he thinks that he knows secrets about them, so they might consider him a threat. He feels paranoid that everyone is out to get him and are laughing at him. He cannot be sure of this. He thinks that people laugh at him because he is "an idiot" and that he has not achieved anything worthwhile. He was also complaining of hearing voices of someone talking in his ear and was also seeing things – people appearing and disappearing in his room which was not very clear and happened any time during the day in his house. He said that his sleep was poor and that he slept during the day as he could not sleep during the night. He described his appetite as poor. His concentration and energy was unaffected. His grandmother died about 5 weeks ago and this seemed to affect him badly. He denied taking any illicit drugs or any alcohol. He is currently on flupenthixol decanoate depot 30 mgs once weekly but does not feel that it helps. He sees his support worker twice a week and his CPN once a week. He also has Richmond coming in 4 times a week. He finds the weekends and nights very difficult.

Past Psychiatric History
He is well known to Psychiatric Services for a number of years with a diagnosis of schizophrenia and borderline personality disorder.

Family Psychiatric History
There is no history of mental illness in the family.

Medical History
Eczema
Asthma.

Drug and Alcohol History
He smokes about 40 cigarettes per day and occasionally drinks alcohol. He denied any ongoing illicit drug use.

Personal History
He was [redacted] and brought up in Fife. [redacted] when he was 3 years old. His childhood was uneventful up until the age of 13 when [redacted] This disclosure caused a family row [redacted] being ostracised from the family. She shared the full details of her allegation with Leon, who subsequently became very disturbed and preoccupied with the whole issue. He spent the age of 15 to 16 in care in children's homes and left school at 15 with no qualifications and poor exam results. At that time he was taking drugs a lot. He has a patchy employment record and has held several jobs after leaving school. He is currently unemployed. [redacted] once before [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Social Circumstances
He lives alone in a council flat for the past 5 years. He is unemployed and receives benefits.

Forensic History
He has been in trouble with the police before for assaulting [redacted]

Mental State Examination on Admission
Appearance and behaviour – He was casually dressed and reasonably well kempt. He was behaving oddly and kept looking through the window. He seemed to respond to voices once but it was not possible to understand what he was saying. He was cooperative, making good eye contact and communicated well.
Speech – Normal tone and rhythm.
Mood – Subjectively he felt low, objectively he appeared low, reactive affect at times.
Thoughts – He was still continuing to have thoughts of suicide and self-harm. No evidence of formal thought disorder.
Perception – He was complaining of auditory and visual hallucinations.
Cognition – Oriented in time, place and person.
Insight – He believed that he had a mental illness but was not particularly sure what it was.

He was admitted to Rothes Ward at Whyteman's Brae Hospital as there were no beds in Queen Margaret Hospital.

Progress on the Ward
Leon remained settled on the ward. Gradually his mood seemed to improve and he seemed much brighter. He was seen to be singing and humming to himself. He still believed that people were laughing at him but did not seem to be as distressed as before. His sleep was still poor but his appetite was good and he was eating well. He denied any continuing thoughts of self-harm. He felt that he was not receiving adequate care despite having a good package of care. His problems seemed to be longstanding with no new issues at this time. His team at Queen Margaret Hospital was contacted, who also had not noticed any new issues apart from missing 2 doses of his depot. It was explained to him that being in hospital would not be beneficial for him and Leon agreed this. In fact he was planning to go to a party organised [redacted] In view of this he was discharged on 15.03.07 with follow-up arrangements as above.

If you have any further queries regarding him please do not hesitate to get in touch.

Thank you.

Yours sincerely

[redacted]

Dr Shailaja Thommandru
Locum Staff Grade Psychiatrist to Dr M Fee

[redacted]

c.c. Dr Paul Cavanagh, Consultant Psychiatrist, QMH
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY9 7DT
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING

Date Dictated 27 February 2007
Date Typed 2 March 2007
Your Ref
Our Ref GL/BB/F5153833
CHI Number 1703751191

Enquiries to [redacted]
Email

Dear Dr Garmany

RE: LEON GRATTON 17 03 75
[redacted]

I saw the above gentleman at his home on the 27th February 2007 with [redacted] from the Community Outreach Team.

Leon continues to struggle somewhat at the moment. The death of [redacted] ongoing conflict with [redacted] and issues with regards to access with [redacted] continue to be significant stressors for Leon. Despite this he does seem to be making some progress at the moment. He intends going to the Music Group at Haldane House and he has been going out to the gym. He remains enthusiastic about reading, writing and also his martial arts.

In terms of positive symptoms of psychosis, Leon continues to describe strong visual imagery, although I am not clear what he is experiencing are truly hallucinations. Similarly, Leon continues to have suspicions that people are taking things from his flat and breaking in without him being aware, but it is not clear that he holds these beliefs with delusional intensity. He continues to take his Depixol weekly and seems to have minimal side effects from this. He is complaining of shaking when he is lying in bed trying to get to sleep, but he does not seem to have tremor at any other time so it seems more likely that this experience is unrelated to his depot medication.

Overall, Leon was quite positive with regard to the future and he talked enthusiastically about the books he was reading and about his plans to be more active again.

He will continue to get close input from the Community Outreach Team and he is happy to leave his medication as it is for the time being.

Page 2/-over

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

2 March 2007

Leon Gratton continued

I will review him again in due course.

Kind Regards
Yours sincerely

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist

Dr Paul Cavanagh
Consultant Psychiatrist
QMH

[redacted]
Clinical Care Manager
COT
Haldane House

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 30th January 2007
Date Typed 13th February 2007
Our Ref PC/LA/F5153833
CHI Number 170375-1191

Enquiries to [redacted]
Extension
Email

Dear Dr Garmany,

LEON GRATTON [redacted] **(DOB: 17 03 1975)**

Leon was seen during the course of his Care Programme Meeting on 16th January 2007.

Things had been quite difficult over the preceding few weeks but now seem to have settled down again. He is compliant with his Care Plan and his sleep/wake cycle seems to have improved. He continues to see my colleague Dr Lehany at the Affective Disorders Clinic on a regular basis for review of his mental state and medication.

A further attempt to reduce the dose of his depot lately resulted in worsening of his mental state and consequently the dose has been increased again to Flupenthixol Decanoate 30 mgs weekly.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:

[redacted]
West Fife Community Outreach Team
Haldane House
71 Priory Lane
Dunfermline
KY12 7DT

Dr Gordon Laheny
Affective Disorders Clinic
Carnegie Clinic
Pilmuir Street
Dunfermline

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY9 7DT
[redacted]

NHS Fife

Date Dictated 19th January 2007.
Date Typed 22nd January 2007
Your Ref
Our Ref [redacted]
CHI Number
Enquiries to [redacted]
Email

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING

Dear Dr Garmany

Leon Gratton [redacted] ***17.3.75***

I saw the above gentleman at his home on 10th January 2007 and again at his CPA meeting on 16th January.

Leon had been less well over the Christmas period with an increase in anxiety and an increase in vaguely psychotic phenomena such as believing that people were stealing things from his house. Christmas is frequently a stressful time for Leon and conflict often arises around access [redacted] over the Christmas period.

Leon's depot was increased before Christmas and in the past week or two things have improved. I suspect a combination of the increase in depot and the decrease in social stresses has probably contributed this but Leon, himself, believes that he is beginning to feel better again. He is hoping to go back to the gym with a support worker from the Community Outreach Team and he intends to continue working with the supports he gets from Supporting People. Leon's main complaint continues to be difficulties with sleep. He complains that he does not sleep for 3 days on end and that he is unable to sleep at night. On closer questioning, however, it is clear that he will frequently take his night time sedation earlier in the day and catch 2 or 3 hours during the day when he is tired and will then not be able to sleep at night. He is also relatively inactive during the day and spends most of his time in his flat which again will not help with his sleep. Leon has complained of difficulties with sleeping for at least the last 2-3 years and the use of hypnotics has not helped greatly . I am hoping that an increase in Leon's activity levels and him being busier during the day, combined with avoiding napping during the day will help with his sleep, but I suspect that Leon is always going to experience difficulties with getting a good nights sleep with him having had such a poor sleep pattern for such a long time.

In terms of his mental state Leon was well presented and his mood reasonably good. He was not overtly anxious and there were no obvious psychotic symptoms. He continues to believe that people come in to his house from time to time and take things such as CD's.

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Leon Gratton 23.1.07

This may represent a delusional idea, although it may also be more of an over valued idea and reflect Leon's vaguely persecutory perspective on the world in general. Nonetheless, things seem to have improved with the increase in his depot and hopefully this will continue to help things along with other aspects of his treatment. He continues to get regular input from the Community Outreach Team as well as from Supporting People and this continue.

I will review Leon again at the clinic in the near future.

Current medication is Depixol 60mgs two weekly, Citalopram 20mgs per day and Nitrazepam 5mgs nocte.

Kind Regards
Yours sincerely

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Dr Paul Cavanagh Consultant Psychiatrist QMH
c. [redacted] CM COT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 22nd November 2006
Date Typed 25th November 2006
Our Ref PC/LA/F5153833
CHI Number [redacted]

Enquiries to [redacted]
Extension
Email

Dear Dr Garmany,

LEON GRATTON, [redacted] **(DOB: 17 03 1975)**

I reviewed Leon in the out patient clinic on Wednesday 22nd November 2006.

Things have deteriorated of late and it is possibly because his college course has been covering power issues which has reawakened some thoughts of abuse in his mind. He has seen his MSP and I gather is now planning to seek prosecution of his alleged abusers from when he was in the care home in Edinburgh. There has been an increase in his auditory hallucinations. I discussed the matter with [redacted] his Care Manager and have agreed to increase his dose of depot.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:
[redacted]
West Fife Community Outreach Team
Haldane House
71 Priory Lane
Dunfermline
KY12 7DT

Dr Gordon Laheny
Affective Disorders Clinic
Carnegie Clinic
Pilmuir Street
Dunfermline

POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 17th August 2006
Date Typed 28th August 2006
Our Ref PC/LA/F5153833
CHI Number [redacted]

Enquiries to [redacted]
Extension
Email

Dear Dr Garmany,

LEON GRATTON, [redacted] (DOB: 17 03 1975)

Leon was seen during the course of his Care Programme Meeting on 14th August 2006. There has been an increase in his out of hours contact with services in the last few weeks but broadly speaking the care plan is proceeding reasonably well. He has 17 hours support weekly from the Richmond Fellowship and is engaging well also with the Outreach Team, attending gym regularly and engaging positively with the Occupational Therapy Department. His sleep/wake cycle is poor since the frequency of his depot was reduced to fortnightly. He seems to be experiencing less in the way of extra pyramidal side effects.

An issue has arisen with regards [redacted] which is a source of considerable distress for his [redacted]. She had visisted Leon [redacted] at a time when Leon was not expecting them and didn't know that [redacted] Leon reacted very angrily, [redacted] became distressed, he told [redacted] and she has now refused further visits either to Leon [redacted] Leon is planning to speak to his lawyer again but unfortunately [redacted] has no legal rights or access and is not in a position to influence things and are very distressed by the circumstances.

Leon is planning to start a drama course at college in August. He will continue to be reviewed by my colleague [redacted] at the clinic.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:
Dr Gordon Laheny
West Fife Community Outreach Team
Halelane House
71 Priory Lane
Dunfermline
KY12 7DT

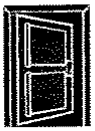
POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY9 7DT
[redacted]

NHS Fife

Dr Garmany
5 Friary Court
INVERKEITHING

Date Dictated 12th May 2006.
Date Typed 14th May 2006
Your Ref
Our Ref
CHI Number [redacted]

Enquiries to [redacted]
Email

Dear Dr Garmany

Leon Gratton [redacted] ***17.3.75***

I saw the above gentleman at Carnegie Clinic on 12th May 2006.

Leon told me that overall he was feeling reasonably okay. He is not getting out a great deal and he is not going to the gym, but he has told me that he is doing quite a lot of weight training within the house and finds this quite satisfying and enjoyable. He is not doing any creative writing at the moment, but he plans to get back to this at some point in the near future. Overall he is feeling reasonably positive about the future. His sleep pattern remains something of a problem but Leon seemed quite realistic today that even with sleeping tablets his sleep pattern was always likely to be erratic. He told me that he does not use sleeping tablets every night but he tends to use it on average perhaps every other night.

There was no evidence of any psychotic symptoms at the moment. Leon does, however, continue to complain of extra pyramidal side effects from his depot and he feels that generally his depot is not really suiting him anymore. We discussed the possibilities of a change, the main possibilities being Risperdal Consta or another typical depot injection. We agreed that initially we would try a change to Depixol. This is because Depixol is a little bit different from Clopixol and is sometimes tolerated better by patients. It is also often possible to use lower doses and it can have a positive effect on mood. Leon agreed that he would like to give this a try and I will arrange for this to be instigated in the next week or so.

I will see Leon again at the clinic in about one month's time and I will advise you of any progress. In the meantime he continues to get input from the Community Outreach Team.

Kind Regards
Yours sincerely

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Paul Cavanagh Consultant Psychiatrist QMH
Tom Short CCM COT

POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care
Mental Health Directorate

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

Dr D Garmany
Medical Group Practice
5 Friary Court
Inverkeithing
KY11 1NU

Date: 11th April 2006
Your Ref:
Our Ref: GR/MAC/F5153833/100406
CHI Number: [redacted]
Enquiries to:
Extension:
E mail: [redacted]

Dear Dr Garmany

RE: LEON GRATTON (DoB 17.03.1975) [redacted]

I assessed this 31 year old man on ward 2, Queen Margaret Hospital, after he had been brought in by the Community Outreach Team, with worsening distress, paranoia, auditory hallucinations and suicidal ideation. Their feelings were that he was likely to be suitable for ongoing community care, but might require some prn medication.

He has a history of schizophrenia and borderline personality disorder and is seen regularly in clinic by Dr Lehany, and regularly during the week by the Community Outreach Team (Keyworker [redacted] and Care Manager [redacted] He is also visited daily by the Richmond Fellowship for ADL assistance.

Mr Gratton contacted the Outreach Team for support because of his increasing agitation. He complains of worsening auditory hallucinations and hearing frightening voices screaming, laughing and roaring at him. He has paranoid thoughts that he is wanted by lots of people including his neighbours, old enemies (drug dealers) and some family members. He has also been waking up with a taste of semen in his mouth, as though he as been molested or raped and he is unsure whether these are flashbacks (to his childhood when he was sexually abused) or whether they are "total fantasy or what". He has also had suicidal thoughts because of "I'm tired of the hallucinations, feeling lonely, people on my back". He has taken four concealed overdoses recently.

PAST PSYCHIATRIC HISTORY
As above.
Last admission 2003.

PAST MEDICAL HISTORY
Eczema

MEDICATIONS

POSITIVE ABOUT DISABLED PEOPLE

THIRD PART COPY

NHS Confidential: Personal data about a patient

MEDICATIONS
Clopixol 300 mg weekly (on Thursday)
Nitrazepam
Mirtazapine – poor compliance (Mr Gratton tells me that he saves the Mirtazapine up until he has enough to take an overdose).
He has previously used Haloperidol prn, but has no supply at home.
No drug allergy.

DRUGS AND ALCOHOL
Mr Gratton has recently been increasing his alcohol intake to take away the voices. Over the last few weeks he has had a couple bottles of tequila and vodka.
He has a history of multiple drug use as a teenager, but denies any active recreational drug use.

SOCIAL HISTORY
Mr Gratton lives alone in a council house. His nearest family is [redacted], who he meets once a week. He does not have a partner but [redacted] with whom Mr Gratton still keeps in contact. He is currently unemployed.

I did not expand his personal history as he is well known to the Community Outreach Team.

MENTAL STATE EXAMINATION
Appearance and behaviour:
Mr Gratton is a large man with a pierced eye brow. He appeared calm on interview and was not anxious, agitated or irritable. He became upset when I suggested that he has a diagnosis of schizophrenia, so we agreed that his diagnosis is unknown. He maintained good eye contact on interview and there was no psychomotor agitation or retardation. There were no tremors, sweats or tachycardia or other signs of alcohol withdrawal.
Speech:
Normal. No formal thought disorder.
Mood:
Subjectively and objectively Mr Gratton appeared anxious. He had a reactive affect and his behaviour was appropriate. There was no increase in autonomic activity.
Thoughts:
Mr Gratton has paranoid beliefs, including beliefs of abuse and has suicidal thoughts. He also complains of thought interference.
Perception:
Mr Gratton describes auditory, visual and somatic hallucinations. He did not appear distracted on interview.
Cognition:
Alert and orientated.

Insight: /

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Fife

Insight:
Mr Gratton acknowledges that his illness is deteriorating and that his paranoid beliefs and hallucinations are due to his illness.

SUMMARY
This 31 year old man, with a history of schizophrenia and personality disorder, presented complaining of worsening symptoms but has a retained insight. He was able to call his Outreach Team for help. I note he has had a recent increase in his alcohol intake, that he has recently taken four concealed overdoses, but he did guarantee his safety in the short term. He has excellent community support team and hospital admissions have generally been avoided due to his strong support network.

MANAGEMENT
I have discharged Mr Gratton home with prn Haloperidol (5 x 5 mg) and Nitrazepam (5 x 5 mg). I notified the West Fife Community Outreach Team today (10.04.2006) and they will make efforts to see him at home today. I believe he will be seen as an out-patient shortly by Dr Lehany, but I am sure that this could be brought forward if felt necessary.

I have discussed my management plan with Dr Stewart (On-Call Consultant) and she agrees with this.

Thank you.

Yours sincerely

[redacted]

DR GARETH REES
SHO TO DR WEST

c. Dr G Lehany, Staff Grade, Carnegie Clinic
[redacted] Care Manager, COT, Haldane House, Dunfermline

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY9 7DE
[redacted]

NHS Fife

Dr Garmany
5 Friary Court
INVERKEITHING

Date Dictated 13th March 2006.
Date Typed 15th March 2006.
Your Ref
Our Ref GL/GW/E515333
CHI Number [redacted]

Enquiries to [redacted]
Email

Dear Dr Garmany

Leon Gratton [redacted] ***17.3.75***

I saw the above gentleman at Carnegie Clinic on 3rd March 2006.

Leon seems to be doing reasonably well just now and things have settled from around Christmas time when he was feeling really quite low and really quite anxious. He told me he continues to get hallucinations at night, but is not too troubled by them. He told me that he is sleeping well using Nitrazepam at night, although he does find that he has some hangover tiredness the next day. He told me that he is also feeling generally much less stressed than he was in December time.

Leon's main concern just now is the tremor which he has been experiencing for quite some time. He has previously been prescribed Procyclidine and Orphenadrine for this, but he told me that he does not like the experience of taking Procyclidine and Orphenadrine does not help the symptoms. He has also noticed that the tremor is significantly better after taking Nitrazepam.

I think it is possible that Leon does have persisting extra pyramidal side effects and many patients do need to take a small dose of anti cholinergic to control this. I also think it is possible that his tremor is exacerbated by anxiety and that the extra pyramidal component is only part of the tremor. Having said this we discussed the possibility of changing Leon's medication. It may be that Leon is going to have persistent tremor whilst taking the Clopixol and that the only way this will improve is if he is changed to another medication. I think there are significant risks with this approach however, as a change in medication may result in Leon's psychotic symptoms becoming worse. We discussed these issues at some length and I advised Leon that he should give the issue some further thought before we took any decision. We agreed that we would meet again at the clinic here in a month or so and in that time Leon would give some thought to the issue about relapse and control of his tremor. In the meantime I will also have a look through his notes and discuss this matter with other staff involved in Leon's care which will allow us to hopefully come up with a number of options which I can discuss with Leon.

POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

M5460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Overall, Leon's mental state is quite stable at the moment and he does appear to be doing quite well. He has a good deal of input from the Community Outreach Team and Richmond Fellowship and he told me that he comes up to Carnegie to go to the gym two or three times a week now.

As discussed I will see Leon again at the clinic here in about one months time and at that point we will have a further discussion about these medication issues.

Kind Regards
Yours sincerely

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Paul Cavanagh Consultant Psychiatrist QMH
c.c [redacted] CCM COT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY9 7DT
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed 7th February 2006
Your Ref
Our Ref DS/GW/
CHI Number
Enquiries to
Email [redacted]

Dear Dr Garmany

Leon Gratton [redacted] ***17.3.75***

Since I last wrote in May 2005, Leon has continued to receive regular occupational therapy input, therefore I felt this would be an opportune time to update you on our progress and future plans.

During the initial stages of intervention Leon's engagement and commitment levels varied, with progress at that stage being hindered by a lack of consistent contact and therefore lack of focus and momentum in addressing the agreed goals.

Consequently, occupational therapy goals were prioritised with Leon, and sessions became centred around Leon's strongest area of motivation which related to his dietary habits. Engagement levels improved in the latter months of 2005, and his reviewed occupational therapy plan in January 2006 reflects the change in emphasis. We have agreed to meet fortnightly for kitchen sessions to work towards agreed short term goals, based on Leon's longer term aims of:-

- Developing routine dietary habits to improve diet and budgeting
- To manage and maintain appointments as planned regularly.

As part of my ongoing monitoring and review of Leon's occupational functioning, I intend using the MOHOST (Model of Human Occupation Screening Tool) as a longer term indicator of his occupational patterns, motivations, skills, and environmental influences on his situation. I carried out an initial MOHOST in late November 2005, which concluded:-

"Under the observed situation (kitchen sessions), Leon generally possesses the skills to perform a wide range of occupational tasks with interference of a minor nature, predominantly within areas related to his cognitive processing. Greater impact and restrictions to his occupational function are apparent within his pattern of roles and routine, and particularly his motivation to commit self, based on factors such as low expectations for success, energy, and the effect environmental factor such as his social groups and occupational demands have upon him."

POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

I would anticipate by addressing our agreed aims, using kitchen sessions where Leon does have an increased level of motivation, that it will be possible to further explore and develop areas highlighted by the MOHOST. This would include Leon's occupational cognition in terms of concentration, planning, timing, and sequencing, particularly with regards to carrying out more than one task at a time consisting of multiple steps within common day to day tasks. This perhaps demonstrates a possible reason why Leon appears to be inhibited from taking responsibility for committing and transferring his own valued occupations into his day to day occupational roles and responsibilities. I would also expect to gain a clearer picture of Leon's energy levels which appear questionable within his overall general functioning, though has sufficient stamina and endurance to maintain his energy when occupied in moderate demand domestic activity over a sustained period of time.

I intend seeing Leon on at least a fortnightly basis, and will write again periodically to keep you updated of our progress. However, should you have any queries with regard to my input with Leon in the meantime please do not hesitate to contact me directly at this office.

Kind Regards
Yours sincerely

[redacted]

Senior I OT
Community Outreach Team

c.c Dr Cavanagh Consultant Psychiatrist QMH
c.c Dr Lehany Staff Grade Cot
c.c [redacted] CCM COT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 25th January 2006
Date Typed 30th January 2006
Our Ref PC/LA/F5153833
CHI Number [redacted]

Enquiries to [redacted]
Extension
Email

Dear Dr Garmany,

LEON GRATTON, [redacted] (DOB: 17 03 1975)

Leon was reviewed during the course of his Care Programme Meeting on 24th January 2006.

He is now in receipt of support from Penumbra in addition to the Outreach Team. His mood has been somewhat low of late particularly over the Christmas period, but there has been no increase in psychotic symptoms. Dr Laheny is due to review his antidepressant medication soon. For the present, he is receiving his depot weekly at home because of his reluctance to attend the clinic but it is hoped that he will do so soon.

He no longer attends psychology.

There has been somewhat less difficult behavioural interaction with [redacted]

He will be seen for review in due course.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

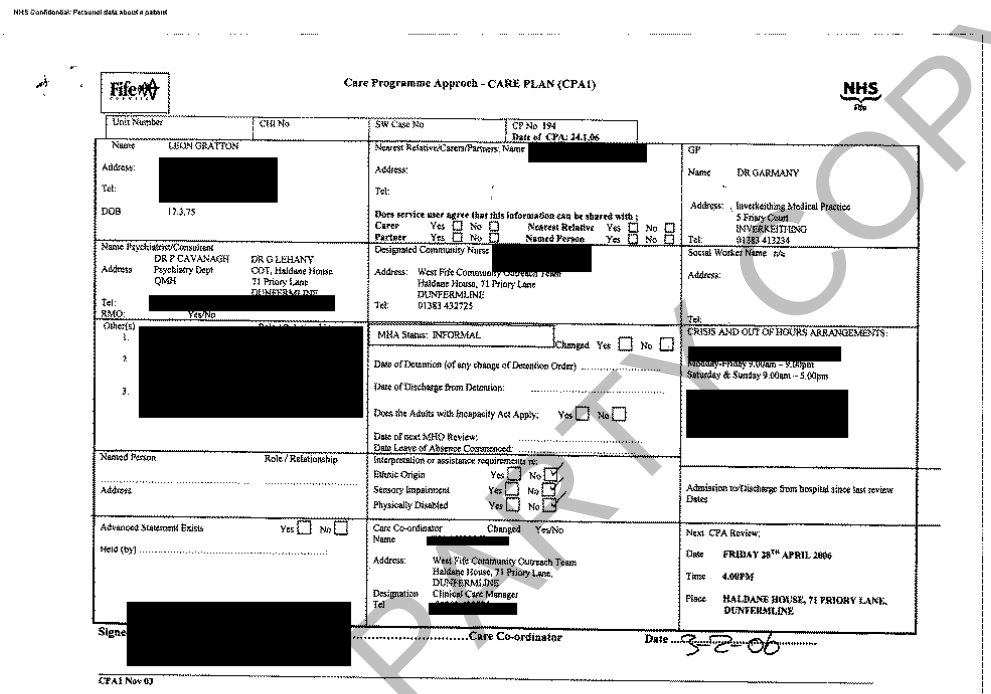
Copied to:
Dr Gordon Laheny
West Fife Community Outreach Team
Haldane House
71 Priory Lane
Dunfermline

POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

M5460

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Fife

Care Programme Approach - CARE PLAN (CPA1)

NHS Fife

Unit Number	CHI No	SW Case No	CP No 194 Date of CPA: 24.1.06

Name LEON GRATTON
Address: [redacted]
Tel:
DOB 12.3.75

Nearest Relative/Carers/Partners: Name [redacted]
Address:
Tel:
Does service user agree that this information can be shared with :
Carer Yes ☐ No ☐ Nearest Relative Yes ☐ No ☐
Partner Yes ☐ No ☐ Named Person Yes ☐ No ☐

GP
Name DR GARMANY
Address: Inverkeithing Medical Practice, 5 Friary Court, INVERKEITHING
Tel: 01383 413234

Name Psychiatrist/Consultant
DR P CAVANAGH, Psychiatry Dept, QMH
DR G LEHANY, CDT, Haldane House, 71 Priory Lane, DUNFERMLINE
Address
Tel: [redacted]
RMO: Yes/No

Designated Community Nurse [redacted]
Address: West Fife Community Outreach Team, Haldane House, 71 Priory Lane, DUNFERMLINE
Tel: 01383 432725

Social Worker Name n/a
Address:
Tel:

Other(s)
1. [redacted]
2.
3.

MHA Status: INFORMAL Changed Yes ☐ No ☐
Date of Detention (of any change of Detention Order)
Date of Discharge from Detention:
Does the Adults with Incapacity Act Apply; Yes ☐ No ☐
Date of next MHO Review:
Date Leave of Absence Commenced:

CRISIS AND OUT OF HOURS ARRANGEMENTS:
[redacted]
Monday-Friday 9.00am – Midnight
Saturday & Sunday 9.00am – 5.00pm
[redacted]

Named Person Role / Relationship
Address

Interpretation or assistance requirements re:
Ethnic Origin Yes ☐ No ☑
Sensory Impairment Yes ☐ No ☑
Physically Disabled Yes ☐ No ☑

Admission to/Discharge from hospital since last review Dates

Advanced Statement Exists Yes ☐ No ☐
Held (by)

Care Co-ordinator Changed Yes/No
Name [redacted]
Address: West Fife Community Outreach Team, Haldane House, 71 Priory Lane, DUNFERMLINE
Designation Clinical Care Manager
Tel [redacted]

Next CPA Review;
Date FRIDAY 28TH APRIL 2006
Time 4.00PM
Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE

Signed [redacted] Care Co-ordinator Date 3-2-06

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY9 7DT
[redacted]

NHS Fife

Dr Garmany
Friary Court
INVERKEITHING

Date Dictated
Date Typed 9th January 2006
Your Ref
Our Ref GL/GW/F5153833
CHI Number [redacted]

Enquiries to
Email [redacted]

Dear Dr Garmany

Leon Gratton [redacted] ***17.3.75***

I saw the above gentleman at his home on 22nd December 2005 with [redacted] from the Community Outreach Team.

Leon was saying that he has been struggling a little bit more over the last week or so. In particular, he has a worsening of auditory hallucinations at night and he told me he is feeling more anxious generally. Sleep remains a problem for him although this does not seem to be any worse than it has been for some time.

Leon told us that Christmas is always quite a difficult time for him as he always feels quite stressed at this time of year. In addition to this members of staff have been unwell in the last week or two and some of the activities he was doing have been reduced over that time. Leon himself is quite realistic about this however and does feel that the way he is feeling is probably relatively transient and that he is likely to feel somewhat better come the new year.

We discussed medication and agreed that persevering with the Mirtazapine is wise just now as it may be that his feelings of low mood are connected much more with the time of the year than with the worsening of a depressive illness. Certainly there was no real evidence that Leon was depressed at the moment and he denied any thoughts of self harm. We talked about Leon's anti psychotic and he wasn't keen to try increasing his depot again, and given the problems he does have with side effects that seems reasonable enough. Leon told me that he had had Stelazine in the past and had found this worked quite well for him. As Haloperidol can be particularly problematic for extra pyramidal side effects it is perhaps not the ideal medication for Leon to have on an as required basis.

After some discussion we agreed we would try Leon with an as required prescription of Stelazine 2mgs tablets to take for the next few weeks instead of the Haloperidol.

POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Leon will continue to get regular input from the Community Outreach Team and I will review him again in due course.

Kind Regards
Yours sincerely

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Paul Cavanagh Consultant Psychiatrist QMH
c.c [redacted] CCM.

THIRD PARTY COPY

Scanned Document
15-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf psy5.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Mental Health Assessment Team
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU

[redacted]

Dr D Somerville
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date 21st December 2010
Our Ref PAS/SP/MS/SF5153833A
CHI Number [redacted]

Enquiries to [redacted]
Extension
Email

Dear Dr Somerville,

LEON GRATTON, [redacted]
(DOB: 17 03 1975)

The above named person was assessed by the Mental Health Assessment Team on 22nd November 2010. The patient was seen in Ward 8 at Queen Margaret Hospital.

Patient's Profile
A 35 year old man well known to psychiatric services. Has support from the Community Outreach Team and Richmond.

Presenting Complaint
Took a mixed overdose of Citalopram, Procyclidine and street bought Diazepam. The reason he gave for taking the overdose was he was feeling down and felt as if everyone hated him. He also said he thought [redacted] every day [redacted] Leon said that a Social Worker had told him to start a trinket box [redacted] but he said he didn't want any further contact with [redacted] and that the last he had spoke to her was 2 weeks ago. He stated he had tried to contact the Samaritans prior to taking the overdose but was unable to contact them. He contacted emergency services himself. When I asked if anything else had contributed to the overdose he said that otherwise things were "pretty much the same".

General Psychiatric and Medical History
Schizophrenia, borderline personality disorder and depression. .

Current / Recent Medication
Flupenthixol IM weekly at Carnegie Clinic, Diazepam prn and Nitrazepam, Trihexyphenidyl.

Full Family History
Already well documented.

Full Personal History
Already well documented.

THIRD PARTY COPY

CHP General Manager: [redacted]

NHS Confidential: Personal data about a patient

Social Circumstances
Lives on his own. Enjoys cooking, baking, writing poetry and kickboxing. Stated his relationship [redacted] was problematic and that he didn't want any further contact [redacted] Stated she treated him "like shit". Has weekly support from the Community Outreach Team. Support from Richmond 3 times a week. However he stated they may cut back his hours as at times he has not answered the door to them.

Alcohol and Drug History
Denied alcohol use. Admitted to buying Diazepam off the street. He did say that he felt this was becoming a problem as he was spending all his money on this and that he had contacted West Fife Drug Team for help. Denied any other drug use.

Forensic History
Previously documented.

Mental State Examination

- **Appearance and Behaviour**
  Casually dressed. Made reasonable eye contact.

- **Mood**
  Subjectively felt he was depressed and put his mood at 1/10. Objectively mood appeared low.

- **Appetite**
  He felt he wasn't eating as much as he used to but hadn't noticed any weight loss. Said he tends to snack a lot.

- **Concentration**
  Longstanding poor concentration levels.

- **Sleep**
  Stated he buys Diazepam to help him sleep. Feels he only gets 2 hours sleep with Nitrazepam.

- **Speech**
  Normal.

- **Thoughts**
  He felt there was an "arrogance about people" and that the only person who was decent to him was Muriel.

- **Perceptions**
  He felt his voices were worse and were reading out death threats to him. He also felt people were whispering in his ears.

- **Cognition**
  Orientated to day, place and time.

- **Insight and Risk**
  Insight was reasonably good. He has taken previous overdoses and admitted he had a problem with an addiction to Diazepam.

THIRD PARTY COPY

Assessment of On-Going Suicidal Ideation or Intent
Denied any on-going thoughts of self-harm. Stated he took the overdose due to feeling depressed and feels he has a "miserable existence".

Potential for Positive Risk Taking
[redacted]. Was unable to contact the Samaritans prior to this overdose but uses their support and finds it helpful. Leon has support from the Community Outreach Team and Richmond. Leon stated he was at his happiest while working with [redacted] Support Worker with the Community Outreach Team, at the gym and would like to go back to this but realises this would be dependent on staff availability and resources.

Clinical Impression / Formulation
A 35 year old single man who is well known to psychiatric services and has regular weekly support in the community from Richmond and the Community Outreach Team. He took a mixed overdose of Citalopram, Procyclidine and Diazepam due to feeling depressed and thinking that everyone hated. He had also been thinking about [redacted] Leon admitted to an addiction to Diazepam which he buys off the street but stated he had contacted and left a message with the West Fife Drug Team to gain support with this. He denied any on-going thoughts of self-harm and he will be followed-up with his community support.

Prior to assessing Leon I contacted [redacted] his keyworker from the Community Outreach Team. [redacted] stated she had seen Leon yesterday and at that time had no concerns about his mental health. She said he had missed his last 2 appointments with Dr Cavanagh and that Leon was responsible for arranging a further appointment himself.

Management Plan
Due to attend Carnegie Clinic for depot injection tomorrow. On-going support weekly from [redacted] at the Community Outreach Team. On-going support from Richmond. Leon to contact Dr Cavanagh to arrange an out-patient appointment.

If you have any queries please contact me on the above number.

Yours sincerely,

Signed: [redacted]

Print Name: [redacted]

Designation: Charge Nurse
Mental Health Assessment Team

Copied to:
[redacted] Community Outreach Team, Haldane House, 71 Priory Lane, Dunfermline
Dr Cavanagh, Consultant Psychiatrist, Phase 1, Queen Margaret Hospital

THIRD PARTY COPY

CHP General Manager: [redacted]

NHS Confidential: Personal data about a patient

22/11 2010 13:38 [redacted] QUEEN MARGARET HOSPITAL 002/002

Kirkcaldy & Levenmouth CHP
Mental Health Services

Mental Health Assessment Team
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
[redacted] KY12 0SU
[redacted]

NHS Fife

Date
Our Ref
CHI Number

Enquiries to
Extension
Email [redacted]

Dear Dr Summerville
Inverkeithing HC

Leon Gretton
[redacted]
[redacted]

The above named person was assessed by the Mental Health Assessment Team on the 22/11/10. The assessment took place in ~~A&E~~ / Ward 8 at QMH.

Reason for Assessment:

Impulsive overdose - which he said was due to low mood. Denied any ongoing thoughts of self harm at time of assessment. Discharged home - follow up with community outreach team.

The outcome of the assessment was as follows:

- ☐ Patient discharged from A&E / Ward ____ at QMH with no further follow up.
- ☐ Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
- ☐ Referred to appropriate CMHT for further assessment.
- ☐ Other, please specify. _____

Full assessment details will follow in due course.

If you have any queries, please contact me on the above number.

Yours sincerely

Signed [redacted] Print Name [redacted] Designation C/N

Mental Health Assessment Team

POSITIVE ABOUT DISABLED PEOPLE

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Mental Health Assessment Team
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU

NHS Fife

[redacted]

Dr D Somerville
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Date 15 October 2010
Our Ref MS/SBCM
CHI Number [redacted]

Enquiries to
Extension
Email

Dear Dr Somerville

Re: Leon Gratton [redacted]

The above named person was assessed by the Mental Health Assessment Team on the 17 September 2010.

The patient was seen in A&E at QMH.

Patients' profile:

Leon is a 35 year old who arrived at A&E following an overdose of 12 x 10 mg Diazepam (street drugs). He is well known to the psychiatric services and Dr Cavanagh. He has az schizophrenic illness, borderline personality disorder and depression.

Presenting Complaint:

Leon was referred for assessment by A&E as, due to low mood, had taken an overdose of 12 x 10 mg of Diazepam. Expressed at this time he just wanted to "sleep away his problems", "make them go away". Attributes his low mood down to him [redacted] in August 2010, as [redacted] He stated that he had none of his prescribed medication, therefore decided to go and buy "drugs off the streets" to help him calm down.

General Psychiatric and Medical History:

Schizophrenic illness. Borderline personality disorder. Depression. Well known to Dr Cavanagh and many admissions to Ward 2.

POSITIVE ABOUT DISABLED PEOPLE

CHP General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Current / recent medication:

Well documented.

Allergies:

None known.

Full family history:

Previously well documented. Not getting on well with [redacted] at present, does not feel supported by [redacted] "I'm not good enough in [redacted] eyes".

Full personal history:
Premorbid personality:

Usually level-headed, appropriate and sensible.

Social circumstances:

Lives on his own in a council flat. [redacted] July 2010. No longer has a [redacted]. Has friends but they all take drugs Leon says. Support from [redacted] (WFCOT), Richmond Fellowship x 3 weekly. Regular appointments with Dr Cavanagh.

Alcohol and Drug history:

Occasionally buys "street drugs" – like Diazepam, when runs out of his prescribed medication. He states all his friends take them. Rarely drinks alcohol. Smokes between 20-30 per day.

Forensic history:

Previous history of minor physical assaults towards family members. No offences outstanding.

Mental state examination

- **Appearance and behaviour:** Unkempt, casually dressed. Does not appear to have attended to his personal hygiene / appearance for a while. Good eye contact.
- **Mood:** States mood is low – on a rate from 1 – 10 1 being lowest, Leon states 3. States his mood is usually up and down.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

- **Appetite** : Poor over past few months, only eating minimal amounts.
- **Concentration:** Usually good, but finds it difficult to read for long - "only a little while". Feels distracted.
- **Sleep:** Finds it difficult to get to sleep; lies in bed crying for lengthy periods. Tends to be up late at night; sleeps well into the afternoon.
- **Speech:** Normal in rate, rhythm and tone (although at times quite quietly spoken. Answered questions appropriately.
- **Thoughts:** Feels that people are laughing and talking about him at times. More paranoid of late.
- **Perceptions:** Denied any at present, but did say he "experiences strange smells at times".
- **Cognition:** Orientated to time, place and person.
- **Insight:** Good insight, realises the consequences of outcome of further overdoses as he stated he has already damaged his liver.

Assessment of on going suicidal ideation or intent:

He says "he just wanted to sleep through his problems". However, he did agree to keep himself safe. Leon stated that he planned to go home, get a few hours sleep before Richmond Fellowship contacted him at 10.00 a.m. Stated he realises that this was not the way to act.

Potential for positive risk taking:

Enjoys martial arts.
Enjoys reading poetry.
Also beginning an Open University Course in February 2011 on philosophy – keen to get started on this.
Wants a "normal" life and would like a relationship again in the future – "a stable lifestyle".

Clinical Impression / Formulation:

This 35 year old gentleman presented at A&E following an impulsive overdose of 12 x 10 mg street Diazepam. Mood low since August [redacted]. He is well known to psychiatric services and has many supports in place within the community. He recently missed his appointment with Dr Cavanagh as he stated that he had no money for transport. Now stating he is not suicidal and able to maintain his own safety. Talking more positively about his future plans.

CHP General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Management plan:

Discharge home. Support and reassurance given.
Further appointment being made with Dr Cavanagh.
West Fife Community Outreach team informed of actions tonight – continue support from them.
Richmond Fellowship contacting Leon this morning at 10 a.m as arranged.

Leon states that he is able to maintain his own safety. No further suicidal ideas expressed.

If you have any queries please contact me on the above number.

Yours sincerely

Signed: [redacted]

Print Name:

Designation: Charge Nurse
Mental Health Assessment Team

Copy to: Dr P Cavanagh Consultant Psychiatrist QMH
Richmond Fellowship 10-12 Pentland Court The Saltire Centre Glenrothes KY6 2DA
West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT

CHP General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services
Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed 8th November 2010
Our Ref PC/LA/F5153833
CHI Number [redacted]

Enquiries to [redacted]
Direct Line
Email

Dear Dr Somerville

LEON GRATTON, [redacted] (DOB: 17 03 1975)

Leon failed to attend his out patient appointment with me on 6th October 2010. He has been in the A&E Department on a few occasions and taken excessive quantities of Diazepam. The motivation for this is unclear.

He will be seen by my colleagues at the Outreach Team.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:

West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi Affective Disorders Clinic Carnegie Clinic Pilmuir Street DUNFERMLINE	Dr Amy Hodgson Chartered Clinical Psychologist Lynebank Hospital Halbeath Road DUNFERMLINE Fife

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Mental Health Assessment Team
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

Date 17/09/10
Our Ref
CHI Number [redacted]

Enquiries to
Extension
Email [redacted]

Dear Dr Somerville

Leon Gratton
[redacted]
D.O.B :- 17/03/75
(patient label if available)

The above named person was/was not assessed by the Mental Health Assessment Team on the 17/09/10. The assessment took place in A&E / [redacted] at QMH / [redacted]

Reason for Assessment:

Asked to assess from A+E. Leon self presented at A+E following overdose of 12 x 10mgs Diazepam. Mood low following split from partner and child placed for adoption. Impulsive Acts, not suicidal. Able to maintain own safety. Given further app with Dr Cawangh. WFCCT informed. Discharged home.

The outcome of the assessment was as follows:

- ☑ Patient discharged from A&E / [redacted] at QMH / [redacted] with no further follow up.
- ☐ Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
- ☐ Referred to appropriate CMHT for further assessment.
- ☐ Other, please specify. _____

Full assessment details will follow in due course.

If you have any queries, please contact me on the above number.

Yours sincerely

Signed [redacted] Print Name [redacted] Designation STAFF NURSE
Mental Health Assessment Team

001/001 QUEEN MARGARET HOSPITAL [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Practice
5 Friary court
INVERKEITHING
KY11 1NU

Date Dictated 3 June 2010
Date Typed 4 June 2010
Your Ref
Our Ref PG/BB/SF5153833A
CHI Number [redacted]

Enquiries to
Telephone Number
Email [redacted]

Dear Dr Garmany

Re: Leon Gratton [redacted] (DOB: 17.03.75)

Leon attended the Carnegie Clinic on 3 June 2010 for his anti-psychotic depot medication. He complained to the nurse about feeling very stressed, somatic symptoms such as pain in chest and back passage, hearing screams and hearing neighbours making strange noises. He also said he sensed people in his room at night.

I have therefore provided him with a script for 2 weeks supply of Chlorpromazine 25mg p.r.n. up to twice a day, daily dispensing.

He will be seen regularly by the staff from the Community Outreach Team and I will review him in due course.

If you require any further information please do not hesitate to contact me on the above number.

Yours sincerely

[redacted]

Dr Pujit Gandhi
Staff Grade Psychiatrist

cc Dr P Cavanagh, Consultant Psychiatrist, QMH
[redacted] CCM, WFCOT, Haldane House

POSITIVE ABOUT DISABLED PEOPLE

M5460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Carnegie Clinic
Pilmuir Street
DUNFERMLINE
Fife KY12 7AX

NHS Fife

Continuing Care Clinic

[redacted]

Dr Garmany
Inverkeithing Medical Practice
5 Friary Court
Inverkeithing
KY11 1NU

Date 13 November 2009
Our Ref PG/DK/SF5153833A
CHI Number [redacted]

Enquiries to [redacted]
Direct Dial
Email

Dear Dr Garmany

Re: Leon Gratton, [redacted] ***(DOB: 17.3.75)***

I reviewed Leon at the Continuing Care Clinic on 12 November 2009 at Carnegie Clinic.

It was my first meeting with Leon. He had attended the depot clinic and had requested to be prescribed something to help his shakes and the left arm. I did a full examination to check for Extra-pyramidal side effects. There was presence of fine tremor on both hands, but more so on the left. There were some involuntary movements of his toes. There was no evidence of akathisia, dystonia or tardive dyskinesia. His gait was normal.

In the past, he had been prescribed 2 different anti-cholinergics, but they gave him side effects. Procyclidine had no beneficial effect and caused hallucinations. Orphenadrine helped his symptoms but gave him nightmares. Dr Cavanagh, Consultant Psychiatrist, had mentioned at a team meeting that he had planned to offer Leon a trial of Trihexyphenidyl (or Benzhexol). **I have therefore given him Trihexyphenidyl Hydrochloride 1mg o.d. for one week, to be increased to 2mg o.d. for one week. Either Dr Cavanagh or I will review the medication after 2 weeks.**

As far as his mental state is concerned, it has remained largely stable. He experiences second person auditory hallucinations a few times a week, which can be both inside his head or coming from outside. He finds them distressing but copes with them. There was no evidence of thought interference or thought alienation. He also spoke about experiencing "bad dreams" but would not elucidate further on it. He described his mood as "alright" and denied any hopelessness. He said he drinks "too much" alcohol.

He continues to receive input from the Community Outreach Team and outpatient appointments with Dr Cavanagh.

Current medication: **Trihexyphenidyl Hydrochloride 1mg o.d. for 1 week, 2mg o.d. for 1 week**
Inj Flupentixol Decanoate 150mg i.m. weekly
Citalopram 20mg mane
Nitrazepam 10mg nocte
Diazepam 5mg o.d.

Yours sincerely

[redacted]

Dr Pujit Gandhi
Staff Grade Psychiatrist

Cc Dr P Cavanagh, Consultant Psychiatrist, Queen Margaret Hospital
Community Outreach Team, Haldane House
Dr Amy McArthur, Clinical Psychologist

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services
Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed 28th October 2009
Our Ref PCVLA/E5153833
CHI Number [redacted]

Enquiries to
Direct Line
Email [redacted]

Dear Dr Somerville

LEON GRATTON, [redacted] (DOB: 17 03 1975)

I reviewed Leon in the out patient clinic on 21st October 2009. I had heard from my colleagues at the Outreach Team that his mental state was raising some concern of late. Leon himself admitted to hearing voices two or three times a week which are often in the internal and external space and which he has found distressing. He also described persistent and pervasive low mood, anergia and anhedonia. This is the first time that I have seen him for a while, as he has missed a number of appointments this year. His engagement with the Outreach Team however has been reasonable.

He receives his depot antipsychotic medication weekly and his present dose of Flupenthixol is 150 mgs weekly. He is also on Nitrazepam 10 mgs nocte which he receives on a daily prescription from the pharmacy. We discussed a trial of Citalopram 20 mgs daily which he would like on daily dispensing also.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:

West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi Affective Disorders Clinic Carnegie Clinic Pilmuir Street DUNFERMLINE	Dr Amy Hodgson Chartered Clinical Psychologist Lyncbank Hospital Halbeath Road DUNFERMLINE Fife

POSITIVE ABOUT DISABLED PEOPLE

AG460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Psychiatric Assessment Service
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU

NHS Fife

[redacted]

Dr David Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
Fife
KY11 1NU

Date 4 November 2009
Our Ref PAS/PH/TP/SF5153833A
CHI Number [redacted]

Enquiries to [redacted]

Dear Dr Somerville

Leon GRATTON [redacted]
DoB: 17.03.1975

The above named person was assessed by the Psychiatric Assessment Service on the 20 October 2009.

The patient was seen in A&E at Queen Margaret Hospital.

Patients' profile
Leon is a 34 year old man who arrived at A&E by ambulance after texting [redacted] to say that he had taken an overdose. He presented as unkempt and tremulous due to the high caffeine content of the tablets he consumed. He is well known to Dr Cavanagh and Ward 2. Leon has a schizophrenic illness, depression and a borderline personality disorder.

Presenting Complaint
Leon was referred for assessment by A&E due to him voicing suicidal ideations. He has a long history of disturbing hallucinations and tonight they appeared to be more distressing. He had no PRN medication which he uses and finds helpful at these times and had no credit on his phone to call Ward 2 for support.

Brief history of DSH event
Mixed overdose at 0200 hours in response to distress caused by auditory, visual and tactile hallucinations. He wanted to "pop his heart and kill himself".

General Psychiatric and Medical History.
- Borderline Personality Disorder.
- Schizophrenia.
- Depression.

CHP Chair: [redacted]
CHP General Manager: [redacted]

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Current / recent medication

- Flupenthixol 150mg IM weekly.
- Chlorpromazine PRN.
- Diazepam PRN.
- Nitrazepam at night.
- Has not been taking his full prescription of prescribed medication because [redacted] has been using them.

Full family history

- Previously well documented.
- Not speaking to [redacted] – she is "a bitch" and wants Leon dressed her way "tinky".

Full personal history
Previously well documented.

Premorbid personality
Level headed, sensible and astute.

Social circumstances

- Lives on his own in a Council flat – happy with his home.
- Has been with [redacted] for 6-7 months mainly gets on well with her however she can be physically aggressive towards Leon and uses his Diazepam and Chlorpromazine medication.
- Support from CPN [redacted] West Fife Community Outreach Team.
- Richmond Fellowship x 3 times a week (Monday, Wednesday and Friday).
- Has a few good friends.

Alcohol and Drug history

- Smokes cigarettes x 20 a day.
- No illicit drugs – hates drugs but his friends and [redacted] use them.
- Rarely drunks alcohol but had a bottle of Becks tonight.

Forensic history
Punched [redacted]
Punched [redacted]
Threatened to blow up Social Work Office. } All admonished at Court.

Mental state examination

- **Appearance and behaviour**
  Unkempt, hair uncombed, casually dressed.

- **Mood**
  Mood has been up and down and very irritable.

- **Appetite**
  Terrible, only eating a couple of slices of toast and a burger each day.

- **Concentration**
  Concentration is good but finds that he cries when reading a book.

CHP Chair: [redacted]
CHP General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Mental State Examination cont'd

- **Sleep**
  "Shocking". Sleeps during the day and up all night.

- **Speech**
  Normal in rate, tone and rhythm.

- **Thoughts**
  Paranoid about people wanting to harm him.

- **Perceptions**
  Believes that "all junkies in the planet want him dead".
  Olfactory, condoms, food smells like bleach.
  Auditory, apologising voices [redacted] Student Nurse, [redacted]
  Visual, bright, flashing light.
  Tactile hallucinations, pain in his "arse like something has crawled up". Pain in the back of his head as if something has "punched the back of his skull".

- **Cognition**
  Orientated to time, person and place.

- **Insight and risk**
  Good insight into how dangerous his overdose could have been.

Assessment of on going suicidal ideation or intent.

- Stated "you don't know what I may do", however he did speak about keeping his appointment with Dr Cavanagh on Wednesday.
- Plans to go home, take his prescribed medication and go to bed. Agreed to keep himself safe.

Potential for positive risk taking

- Writing poetry and songs.
- [redacted]

Clinical Impression / Formulation

This 34 year old man is well known to the Psychiatric Services and has lots of support in the Community. Last night he took an impulsive overdose of mixed energy pills due to distressing hallucinations. He usually seeks support from Ward 2 or uses his PRN Medication however his girlfriend had used his medicine and he had no credit for his mobile phone. Leon has a long psychiatric history and has had several overdoses in the past without requiring medical intervention. He acknowledged that he could have caused himself harm but at the time he believed it was the only thing he could do, query if this is due to his depot being due today. No longer voicing suicidal ideation and is positive about his plans for the rest of the week.

CHP Chair: [redacted]
CHP General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Management plan

- Discharge home.
- Appointment with Dr Cavanagh on **Wednesday 21 October 2009 at 3.00 p.m.**
- West Fife Community Outreach Team to be informed and request contact more often.
- CPN to see Leon today if possible.
- Depot at 10 a.m. today at Carnegie Clinic.
- Requested that Leon either stays with a friend this morning or a friend calls in to see him. However he said that his friend was busy wit[redacted] and that Leon himself would keep himself safe.

If you have any queries please contact me on the above number.

Yours sincerely

Signed: [redacted]

Print Name:

Designation: Charge Nurse
Psychiatric Assessment Service

c.c: [redacted], CPN, WFCOT, Haldane House.
Dr Paul Cavanagh, Consultant Psychiatrist, QMH, Phase 1.

THIRD PARTY COPY

CHP [redacted]

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Psychiatric Assessment Service
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr David Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
Fife
KY11 1NU

Date: 8 October 2009
Our Ref: PAS/LM/TP/ SF5153833A
CHI Number: [redacted]

Enquiries to: [redacted]
Extension
Email

Dear Dr Somerville

Leon GRATTON,
DoB: 17.03.1975 [redacted]

The above named person was assessed by the Psychiatric Assessment Service on the 29 September 2009.

The patient was seen in A&E at Queen Margaret Hospital.

Patients' profile
Leon Gratton is a 34 year old unemployed gentleman who lives alone. He is well known to the Psychiatric Services. He has a diagnosis of schizophrenia and borderline personality disorder.

Presenting Complaint
Leon was referred to the Mental Health Assessment Team by staff in A&E for assessment following an impulsive overdose of 4 Paracetamol tablets and 4 Simvastatin tablets. Leon described waking up around 2 o'clock in the afternoon and could hear screaming outside the building stating he "suddenly got depressed and wanted to die".

Brief history of DSH event
Leon woke at approximately 2 p.m. and stated he could hear screaming outside his house. He stated he "decided I was going to die" and took 4 Paracetamol and 4 Simvastatin tablets which had been left in the house by his ex-girlfriend. Leon also took his prescribed medication which he had crushed and mixed with a cup of coffee (states this makes them work better). Leon then contacted the Samaritans and Richmond Fellowship and informed them of his actions. An ambulance was called and Leon was taken to A&E. Prior to taking the tablets Leon had contacted Haldane House and told the Secretary he was feeling unwell, contact from the West Fife Community Outreach Team had been arranged for later that day. No note had been left and there was no evidence of any final acts. Leon stated he knew what he had taken would not be fatal.

General Psychiatric and Medical History.
Previously well documented.

POSITIVE ABOUT DISABLED PEOPLE
M5469

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Current / recent medication

- Flupenthixol Decanoate 100mgs weekly.
- Nitrazepam.
- Diazepam.
- Chlorpromazine.

Full family history
Previously well documented.

Full personal history
Previously well documented.

Social circumstances

- Currently lives alone, recently split up with his partner.
- Describes a turbulent relationship with his [redacted]
- Extensive community support package in place.
- Currently in the process of having some poetry published.

Alcohol and Drug history

- Denies recent drug use.
- States occasional alcohol use. Stated he had a couple of drinks recently at [redacted]
- Drinks around 9 or 10 cups of coffee a day.
- Uses "energy" drinks.

Forensic history
States only contact with Police is when he phones them due to concerns relating to his and other people's safety.

Mental state examination

- **Appearance and behaviour**
  Slightly dishevelled and unkempt. Was listening to music and reading a book when I attended A&E. Good eye contact. Happy to engage with the assessment.

- **Mood**
  Subjectively "very depressed". "Fed up with how [redacted] treats me". Objectively, euthymic, reactive.

- **Appetite**
  "Eating fine", had something to eat before coming to hospital.

- **Concentration**
  Fine, enjoys reading and writing poetry.

- **Sleep**
  "Terrible". Described having turned night into day. Usually sleeps for about 3 hours then after so long sleeps for 24 hours to "catch up".

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Mental State Examination cont'd

- **Speech**
  Fluent, spontaneous and animated when discussing books and his poetry.

- **Thoughts**
  States he sometimes thinks he can hear other people's thoughts. Describes being paranoid about people coming after him and trying to break into house.

- **Perceptions**
  Hears voices "on and off". No objective evidence to suggest Leon was experiencing voices during assessment. Described "flashbacks" to being molested and raped.

- **Cognition**
  Intact.

- **Insight and risk**
  States he is no risk to others. Perceives himself to be at risk from intruders. Feels he could be a risk to himself if troubled by increasing perceptual disturbances. Feels he needs his medication reviewed.

Assessment of on going suicidal ideation or intent.
No evidence of ongoing suicidal ideation or intent.

Potential for positive risk taking

- Identified he had Aspirin at home but intended to "flush them down the toilet".
- Stated he would use prn Chlorpromazine to help with paranoid thoughts and voices.

Clinical Impression / Formulation
34 year old man with a diagnosis of schizophrenia and borderline personality disorder. Impulsive overdose secondary to perceptual disturbance. Recent social stressors include his [redacted] No objective evidence to suggest deterioration in his mental state however as this is the second time Leon has been seen recently and urgent out-patient appointment is to be arranged.

Management plan

- Discussed with West fife Community Outreach Team both prior to and following assessment.
- Discharge home if medically fit.
- To be seen by Community Outreach Team at Carnegie Clinic on the 1 October 2009.
- Out-patient appointment to be arranged with Dr Paul Cavanagh.
- Continue with community support already in place.

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

If you have any queries please contact me on the above number.

Yours sincerely

Signed: [redacted]

Print Name:

Designation: Charge Nurse
Psychiatric Assessment Service

c.c. Dr Paul Cavanagh, Consultant Psychiatrist, Phase 1, QMH.
West Fife Community Outreach Team, Haldane House

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

30/09 2009 08:47 FAX [redacted] QUEEN MARGARET HOSPITAL 002/002

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

Date 29/9/09
Our Ref PAS/FS
CHI Number [redacted]

Enquiries to
Extension
Email

Dear Dr SOMERVILLE

GRATTON
LEON
[redacted]
D659366L
17/03/1975
1703751191

The above named person was assessed by the Psychiatric Assessment Service on the 29/09/09. The assessment took place in A&E / ~~Ward~~ ___ at QMH / ~~VHK~~

Reason for Assessment:
O/DOSE OF 4 PARACETAMOL AND 4 SIMVASTATIN. FLEETING SUICIDAL IDEATION, NO PLANS, NO EVIDENCE OF LOW MOOD. SUPPORTS REMAIN IN PLACE.
OPA WITH DR. CAVANAGH TO BE ARRANGED.

The outcome of the assessment was as follows:
☐ Patient discharged from A&E / Ward ___ at QMH / VHK with no further follow up.
☐ Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
☐ Referred to appropriate CMHT for further assessment.
☑ Other, please specify. ~~SEE~~ ASSESS

Full assessment details will follow in due course.

If you have any queries, please contact me on the above number.

Yours sincerely

Signed [redacted] Print Name [redacted] Designation MENTAL HEALTH SPECIALIST NURSE

Psychiatric Assessment Service

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Psychiatric Assessment Service
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU

NHS Fife

[redacted]

Dr David Garmany
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
Fife
KY11 1NU

Date 7 October 2009
Our Ref PAS/LM/TP/**SF5153833A**
CHI Number [redacted]
Enquiries to [redacted]
Extension
Email

Dear Dr Garmany

Leon GRATTON, [redacted]
DoB: 17.03.1975

The above named person was seen by the Psychiatric Assessment Service on the 23 September 2009.

The patient was seen in A&E at Queen Margaret Hospital.

Mr Gratton reports that the Police called an ambulance to bring him to A&E after he had called them to his home due to hearing people at his door and perceiving they were trying to break into his house.

On attendance Leon did not appear to be experiencing any deterioration in mental state. He appeared somewhat perplexed at being sent to hospital. He denied any delusional ideas or perceptual disturbance. No changes in mood identified. Admitted to fleeting suicidal ideas but informed me these had been constant for 4 years and he had no plans to act on them.

Leon did inform me he was under increased stress at the moment due to a forthcoming family wedding and problems in a relationship.

I contacted [redacted] from the Community Outreach Team who confirmed Leon had been seen the previous day and there had been no concerns regarding Leon's mental state, and that Leon is currently complying with medication.

[redacted] kindly agreed to visit Leon on Friday 25th September 2009 and Leon was happy with this.

[redacted]

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

A&E advised Leon at this time he could be discharged home, no additional follow-up required at this time.

Yours sincerely

Signed: [redacted]

Print Name:

Designation: Charge Nurse
Psychiatric Assessment Service

c.c. [redacted], Clinical Care Manager, Community Outreach Team.
Dr Paul Cavanagh, Consultant Psychiatrist, QMH, Phase 1.

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

24/09 2009 08:47 FAX [redacted] QUEEN MARGARET HOSPITAL 001/001

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

Date 23/09/09
Our Ref PAS/ES
CHI Number [redacted]

Enquiries to [redacted]
Extension
Email

Dear Dr GARMANY

GRATTON LEON D659366L
[redacted] 17/03/1975 [redacted]

The above named person was assessed by the Psychiatric Assessment Service on the 23/9/09. The assessment took place in A&E / ~~Ward~~ ___ at QMH / ~~VHK~~.

Reason for Assessment:
ASKED TO ATTEND A&E BY POLICE AFTER CALLING THEM OUT DUE TO HEARING SOMEONE TRYING TO BREAK INTO HIS HOUSE. NO EVIDENCE OF DETERIORATION IN MENTAL STATE.

The outcome of the assessment was as follows:
- ☑ Patient discharged from A&E / ~~Ward~~ ___ at ~~QMH~~ QMH / ~~VHK~~ with no further follow up.
- ☐ Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
- ☐ Referred to appropriate CMHT for further assessment.
- ☑ Other, please specify. WILL BE SEEN BY COT FROM 25/9/09.

Full assessment details will follow in due course.

If you have any queries, please contact me on the above number.

Yours sincerely

Signed [redacted] Print Name [redacted] Designation CN

Psychiatric Assessment Service

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services
Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS
Fife

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed 11th May 2009
Our Ref PC/LA/F5153833
CHI Number [redacted]

Enquiries to
Direct Line
Email [redacted]

Dear Dr Somerville

LEON GRATTON, [redacted] **(DOB: 17 03 1975)**

Leon failed to attend his appointment with me again on Wednesday 6th May 2009.

As Leon has failed to attend a number of appointments with me, I will arrange to see him on the next occasion with colleagues from the Outreach Team.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:

West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi Affective Disorders Clinic Carnegie Clinic Pilmuir Street DUNFERMLINE	Dr Amy Hodgson Chartered Clinical Psychologist Lynebank Hospital Halbeath Road DUNFERMLINE Fife

POSITIVE ABOUT DISABLED PEOPLE

665460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY9 7DT
[redacted]

NHS Fife
1948 - 2008
60 years of the NHS

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 28 August 2008
Date Typed 29 August 2008
Your Ref
Our Ref PG/BB/F5153833
CHI No [redacted]
Enquiries to [redacted]
Email

Dear Dr Somerville

Re: Leon Gratton [redacted] (DOB 17 03 75)

I spoke to Leon on the telephone on the 28th August 2008. He complained of hearing "screaming" which was causing him distress. His sleep was also affected and he had generally not been feeling very well. He had missed his depot antipsychotic appointment claiming that he was lacking in energy and motivation. He had called Haldane House on four occasions today requesting to speak to a member of nursing staff.

He has agreed to attend the Depot Clinic on Tuesday 2nd September 2008 and I have given him a script for Chlorpromazine 25mg PRN up to twice a day to help tide him over with the hallucinations in the meantime. I have also arranged to review him in my clinic in the next few weeks and I will keep you informed of his progress.

Yours sincerely

[redacted]

Dr Pujit Gandhi
Staff Grade Psychiatrist

Cc Dr P Cavanagh, Consultant Psychiatrist, QMH
Mr [redacted] Clinical Care Manager, COT, Haldane House
Depot Clinic, Carnegie Clinic, Pilmuir Street, Dunfermline

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife
1948–2008
60 years of the NHS

[redacted]

DISCHARGE SUMMARY

[redacted]

CHI Number [redacted]	Dictated: Typed: 31st July 2008
Dr D Somerville Inverkeithing Medical Group 5 Friary Court INVERKEITHING KY11 1NU	Leon Gratton [redacted] Date of Birth: 17 03 1975
Admitted: 08 06 08 Discharged: 27 06 08	Medication on Discharge:
MHA Status on Discharge: Informal	Flupenthixol Decanoate 150 mgs weekly Nitrazepam 10mgs nocte – 1 day supply. (Daily dispensing from the chemist)
Diagnosis: 1) Self poisoning 2) Schizophrenia	Medication subject to treatment plan under MHA - No
Consultant: Dr Paul Cavanagh, Consultant Psychiatrist Locus of Care: Ward 2, Queen Margaret Hospital, Dunfermline	
Responsible Consultant following Discharge: **Dr Paul Cavanagh**	
Follow-up Arrangements: • Richmond Fellowship follow-up on Monday, Tuesday, Wednesday, Friday and Saturday • West Fife Community Outreach Team • Dr Pujit Gandhi, Affective Disorders Clinic • Dr Paul Cavanagh's Psychiatric Out Patient Clinic	

Diagnostic Summary:
This 33-year-old man, who is well known to Dr Cavanagh with a diagnosis of schizophrenia was transferred from Ward 8 (Medical Ward) with suicidal ideation following a Paracetamol overdose.

Signed .....
Dr Ximena Recabarren
ST2 to Dr Paul Cavanagh
Consultant Psychiatrist

Consultant's Comments:

Signed [redacted]
Dr Paul Cavanagh
Consultant Psychiatrist

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dear Dr Somerville

History of presenting complaint
Leon described being lonely, depressed and suicidal for a long time. The day prior to discharged he began to feel low again and was experiencing suicidal thoughts but was dismissive of them.

On the day of admission he described feeling "tired and black". He went to a local shop and bought 16 X Paracetamol tablets. He then went home and took the tablets. He described panicking and phoned the Samaritans. [redacted] phoned for an ambulance who brought him to the A&E Department. He described "hoping to die" and "thought it would work". Prior to buying the Paracetamols he had no plans to commit suicide. He left no suicidal note and there were no plans in place if he died. Following his overdose he still said that he wanted to die but had no specific plans or intentions. He described his mood as depressed and his sleep up and down. He was able to spend time reading and writing which he had enjoyed up to a few days ago. He felt that he had little self worth and described himself as a "scum bag". He denied any homicidal ideation or psychotic symptoms. On the day of admission he had not consumed any alcohol or illicit substances.

Past psychiatric history
Mr Gratton has been well known to Psychiatric Services for a number of years with a diagnosis of schizophrenia and borderline personality disorder.

Family psychiatric history
He has [redacted] who suffers from agoraphobia.

Past medical history
Eczema and asthma.

Personal history
He was [redacted] and brought up in Fife. [redacted] when he was three years old. His childhood was uneventful until the age of 13, [redacted] This caused a family row with [redacted] being ostracised from the family. She shared the full details of her allegation with Leon who became very disturbed and preoccupied with the whole issue. He spent the age of 15 to 16 in children's homes and left school at 15 with no qualifications and poor exam results. At the time he was taking drugs for much of the time. He has a patchy employment record and has had several jobs after leaving the school. He is currently unemployed. [redacted]

Social history
He currently lives alone in a council house [redacted] His last place of employment was with [redacted] He has financial support receiving DLA and Income Support. He smokes 20 cigarettes a day. He has a history of alcohol excess which is documented; however he denied any current alcohol consumption. He has a history of substance misuse. He has previously tried cannabis, amphetamines, cocaine and LSD. He has a forensic history of shop lifting and assault.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Mental state examination
He was casually dressed with good eye contact and was responsive. There were no abnormal movements and there was no reduced expression in his face. His speech was monotonous but normal in rhythm, rate but reduced and volume. There was no formal thought disorder. His mood subjectively was depressed and suicidal. Objectively he appeared low with reduced activity. His thought content was of suicide, feeling lonely and being depressed. He denied any perceptual abnormality and was not openly responding to hallucinations. Cognition was grossly in tact. He was orientated to time, place and person (his insight was good, realising that he felt low in mood and willing to accept help and take medication).

Investigations
Us and Es were normal. Abdomen was soft. Protein 76, Alk phos 106, gamma-GT 93, ALT 49, bilirubin 5, Paracetamol 41.7 and salicylate 13.5 (both drug levels under treatment level). Full blood count and coag were normal.

Progress on the ward
Mr Gratton was admitted for further assessment of his mental state and suicidal ideation. He described taking the Paracetamol as two days prior to the overdose he had heard that charges against [redacted] He described ruminating about this and another instance of rape. He described feeling like he had enough and he did not want to live.

Admission in the ward continued with suicidal ideation. At times there were reports of him laughing to himself, being overly animated and talking about the Mafia. The only expansion on this topic is that he felt that the kids at school were Mafiosa. He also described hearing screaming – "what I hear is screaming – it's like someone is getting attacked". There is always a female voice in the distance.

He had a weekend pass during his admission which he found difficult due to auditory hallucinations of laughter and therefore took extra Flupenthixol tablets with the purpose of stopping the voices. He felt that this helped. His depot was increased to 150 mgs weekly. He had some further passes where he felt more settled.

On discharge he had no further auditory hallucinations, paranoia or suicidal ideation. He was discharged with daily dispensing and is due to attend the Depot Clinic. Follow up includes WFCOT and Richmond Fellowship.

Yours sincerely,

[redacted]
Dr Ximena Recabarren
ST2 to Dr Paul Cavanagh
Consultant Psychiatrist

cc West Fife Community Outreach Team, Haldane House, 71 Priory Lane, Dunfermline, KY12 7DT
Dr Pujit Gandhi, Staff Grade Psychiatrist, Affective Disorders Clinic, Carnegie Clinic, Pitmuir Street, Dunfermline KY12 7AX
Richmond Fellowship, 10-12 Pentland Court, The Saltire Centre, Glenrothes KY6 2DA

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

DATE OF ADMISSION: 8/6/2008
DATE OF DISCHARGE: 27/6/2008

IMMEDIATE DISCHARGE & PRESCRIPTION FORM

NHS Fife

Hospital Site: QMH *Page* 1 *of* 1

(Please use BLOCK CAPS when completing this form)

Re: Mr/~~Mrs/Miss/Ms~~	DOB: 17/3/75	TO: GP Forename: DR
Forename: LEON	Surname: GRATTON	GP Surname: GARMONY.
Address: [redacted]		GP Address: INVERKEITHING MC.
Postcode:		GP Postcode:
CHI No:	Hosp ID No: [redacted]	Community Pharmacy:

This patient was admitted to hospital under the care of:

Consultants Name: DR CANAVAGH	Specialty: PSYCHIATRY
Discharged from Ward: (2)	Reason for Admission/presenting complaint: AUDITORY HALLUCINATION / OD / SUICIDAL.
Mode of Admission: Elective ☐ Emergency ☑ Transfer ☑ WARD (6).	**Source of admission:** GP ☐ Self ☐ Out of Hours ☑ Other: A&E.
Principal Diagnosis: SCHIZOPHRENIA	**Legal Status:** INFORMAL.

Other Conditions:

1
2
3
4
5

Significant Operations/Procedures: Yes ☐ No ☑
1. Date:
2. Date:

Relevant Investigations: Yes ☐ No ☑ Comments:

Complications: Yes ☐ No ☑ Comments:

Patient Information discharge summary given to patient and/or carer or relative: Yes ☐ No ☑

Follow-up Arrangements

- WFCOT
- DR CANAVAGH'S O/P.

Sickness Certificate Issued:	Yes	☐	No	☑	Duration of sickness certification:
Results awaited	Yes	☐	No	☑	If Yes, please specify:
Letters to follow	Yes	☑	No	☐	Comment:
Hospital Review	Yes	☑	No	☐	If Yes, please specify:

MS2385

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Forename: LEON	A [redacted]	DOB: 17/3/75
Surname: GRATTON		CHI No / Hospital No: [redacted]

Medicines on Discharge

Medicine Form & Strength	Dose	Directions for Administration	Continuous/ Course Length	Quantity Supplied
NITRAZEPAM	10mg	ORAL /Nocte	Cont	1/7 → 2wk supply
FLUPENTIXOL DECANOATE	150mg	Weekly (Carnegie)		

Medication currently prescribed by Day Hospital: Yes ☐ No ☑

Dispense in Compliance Aid Yes ☐ No ☑
Type of compliance aid before admission: .....

Significant Changes to Medication from the Point of Admission

Medicine	Stopped/Started/ Changed	Details of Change and Reasons

Additional information attached: Warfarin sheet Yes ☐ No ☑ **Other:** Yes ☐ No ☑ Please specify:

Adverse Reactions/Allergies: Yes ☐ No ☑ Detail:

Comments:

Signature: [redacted] Date: 27/6/18

Name (in CAPS): [redacted]

Contact No. for enquiries: [redacted]

Designation: Consultant/Registrar ☐ SHO ☑ JHO ☐ Other ☐ .....

Clinically Checked by Pharmacist: .....
Dispensed: .....
Check: .....
Date: .....

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife
1948–2008
60 years of the NHS

[redacted]

DISCHARGE SUMMARY

[redacted]
CHI Number [redacted]

Dictated: 20 May 2008
Typed: 26 May 2008

Dr D Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Leon Gratton
[redacted]

Date of Birth: 17 03 1975

Admitted: 25 04 08
Discharged: 29 04 08

MHA Status on Discharge: Informal

Medication on Discharge:

Flupenthixol Decanoate 100mg IM
Nitrazepam 10mg
Diazepam 5mg on daily prescription

Diagnosis: 1) Suicidal ideation
2) Paranoid schizophrenia

Medication subject to treatment plan under MHA - No

Consultant: Dr Paul Cavanagh, Consultant Psychiatrist
Locus of Care: Ward 2, Queen Margaret Hospital, Dunfermline

Responsible Consultant following Discharge: **Dr Paul Cavanagh**

Follow-up Arrangements:

- Richmond Fellowship follow-up on Monday, Tuesday, Wednesday, Friday and Saturday
- West Fife Community Outreach Team 3 times a week
- Dr Pujit Gandhi, Affective Disorders Clinic
- Dr Paul Cavanagh's Psychiatric Out Patient Clinic

Diagnostic Summary:

Signed .....
Dr Ximena Recabarren
ST2 to Dr Paul Cavanagh
Consultant Psychiatrist

Consultant's Comments:

Signed .....
Dr Paul Cavanagh
Consultant Psychiatrist

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dear Dr Somerville

This 33-year-old man, with known paranoid schizophrenia, was referred by the Community Mental Health Team, as he was expressing suicidal ideation in the form of an overdose of Valium, Paracetamol, slimming tablets and bleach.

History of presenting complaint
Leon was described as being unwell for the last 6-8 weeks. He had been more anxious and frightened in his flat at night-time. He complained of hearing voices at times, usually many different voices, which had increased in intensity in the last 1-2 weeks. The voices were telling him that he was a dog and "deranged species". He was also complaining of less sleep in the last 4-6 weeks, as he was paranoid and frightened at night-time. As a consequence, he had been sleeping more during the day. He felt his neighbours were very noisy and that they were being aggressive towards him. He told the community team that he felt like killing his neighbour today. He called the community team twice, threatened to take an overdose of Diazepam, Paracetamol, slimming tablets and bleach but denies having taken anything of yet. He also complained of poor appetite and weight loss.

Past psychiatric history
It is well described in previous letters. He has a diagnosis of paranoid schizophrenia and borderline personality disorder.

Family history
There is no history of mental illness in the family.

Past medical history
Eczema and asthma.

Current medication
Flupenthixol 100mg weekly.

Personal history
Well documented in previous letters. [redacted] moved to Edinburgh when he was 2.

Social history
Currently lives alone, has support from Richmond Fellowship and WFCOT. Unemployed. Finances – gets DLA and Income Support. He is single. [redacted] He is a smoker and drinks occasional alcohol.

Mental state examination
He was slightly unkempt and unshaven. He had good eye contact and normal speech. There was no evidence of psychomotor agitation or retardation. His mood subjectively was low, objectively appeared slightly low with reactive affect. His thoughts were of suicidal ideation and he described wanting to take an overdose and thinking about killing his neighbour because he thinks he is a dog. He complains of voices at night mainly but no objective evidence of responding to external stimuli. No evidence of formal thought disorder. He was orientated to time, place and person and displayed little insight to his current circumstances.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Leon Gratton
F5153833
26 May 2008

Impression
Leon appeared to become less well in the last 6-8 weeks, displaying paranoid delusions along with suicidal ideation.

Progress on the ward
During his stay he talked about increased social stressors, in particular [redacted] He had had his depot increased 2 weeks prior and did feel that this had begun to give him some benefit. Over the next 3 or 4 days the intensity of the voices reduced and he did not feel as distressed by their comments, which could be derogatory towards him. He felt that the voices would sometimes recede, particularly when he was distracted. His suicidal ideation also began to settle and, although he still had these thoughts every so often (which have been long-standing), he had no plans to harm himself and did not feel that he would act on his thoughts. On the day of discharge these were at a minimum and he described [redacted] as being a factor in stopping him carrying out acts of self-harm. By discharge he no longer had any homicidal ideation and felt that, if the neighbours disturbed him, he would call the police. He was discharged home with follow-up with Richmond Fellowship, West Fife Community Outreach Team and Dr Cavanagh.

Yours sincerely

[redacted]

Dr Ximena Recabarren
ST2 to Dr Paul Cavanagh
Consultant Psychiatrist

cc West Fife Community Outreach Team, Haldane House, 71 Priory Lane, Dunfermline, KY12 7DT
Dr Pujit Gandhi, Staff Grade Psychiatrist, Affective Disorders Clinic, Carnegie Clinic, Pilmuir Street, Dunfermline KY12 7AX
Richmond Fellowship, 10-12 Pentland Court, The Saltire Centre, Glenrothes KY6 2DA

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

[redacted]

DISCHARGE SUMMARY

[redacted]
CHI Number [redacted]

Dictated: 6th March 2008
Typed: 12th March 2008

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Leon Gratton
[redacted]
Date of Birth: 17 03 1975

Admitted: 01 02 08
Discharged: 05 02 08

Medication on Discharge:

Flupenthixol Decanoate 100 mgs weekly
Nitrazepam 10 mgs nocte
Lorazepam 6 mgs daily

MHA Status on Discharge: Informal

Diagnosis: Schizophrenia

Medication subject to treatment plan under MHA - Yes/No

Consultant: Dr Paul Cavanagh, Consultant Psychiatrist
Locus of Care: Ward 2, Queen Margaret Hospital, Dunfermline

Responsible Consultant following Discharge: **Dr Paul Cavanagh**

Follow-up Arrangements:
- West Fife Community Outreach Team
- Dr Pujit Gandhi, Affective Disorders Clinic
- Dr Paul Cavanagh's Psychiatric Out Patient Clinic

Consultant's Comments:

Signed .....
Dr Paul Cavanagh
Consultant Psychiatrist

Leon had given rise for some concern amongst his support staff by having claimed to have taken an excessive amount of Cocodamol tablets. He was advised to attend the A&E department which he failed to do. When visited thereafter he was complaining of derogatory commands and hallucinations telling him to commit suicide. He had not been sleeping for some time and described auditory hallucinations and persecutory ideas. He described his mood as being low

Blood tests on admission revealed normal Paracetamol levels and insufficient to require treatment.

Continued over page:-

POSITIVE ABOUT DISABLED PEOPLE

MS466

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Leon GRATTON
Discharge letter continued/
6th March 2008

His dose of depot was increased. He disclosed that he had stressors including an argument with his father, concerns with an upstairs neighbour and worsening psychotic symptoms.

His affect settled as did his sleep. He was discharged with increased community support.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi Affective Disorders Clinic Carnegie Clinic Pilmuir Street DUNFERMLINE	Dr Amy Hodgson Chartered Clinical Psychologist Lynebank Hospital Halbeath Road DUNFERMLINE Fife

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed 16th February 2008
Our Ref PC/LA/E5153833
CHI Number [redacted]

Enquiries to [redacted]
Extension
Email

Dear Dr Somerville

LEON GRATTON, [redacted] (DOB: 17 03 1975)

I attempted to visit Leon at home in the company of his Care Manager on Friday 11th April 2008.

There had been concerns about deterioration in his mental state and in addition he has made allegations of abuse directed against his [redacted] and other parties, both towards himself and his young [redacted] which is being investigated by the Police. However, despite knowing that we were due to visit, he was not at home.

I will attempt to visit him again next week.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:

West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi Affective Disorders Clinic Carnegie Clinic Pilmuir Street DUNFERMLINE	Dr Amy Hodgson Chartered Clinical Psychologist Lynebank Hospital Halbeath Road DUNFERMLINE Fife

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed 11th February 2008
Our Ref PC/LA/F5152833
CHI Number [redacted]

Enquiries to
Extension
Email

Dear Dr Somerville

LEON GRATTON, [redacted] **(DOB: 17 03 1975)**

Thank you very much for your letter of 1st February 2008 regarding Leon.

Leon is actually in Ward 2, Queen Margret Hospital at the moment with something of a situational crisis. I agree with you that he is a very complex individual. As well as myself, he has regular contact with his Care Manager and also Clinical Psychologist.

Leon first disclosed his abuse when he was a teenager and had counselling through the Edinburgh Child and Adolescent Services at that time. I think it unlikely that Leon would raise things that he has not had the opportunity to address in the past. As a general rule, we would like to keep abuse counselling separate to mainstream provision, as issues raised can become entangled with other aspects of the Care Plan to the detriment of working relationships, so in that respect, seeking counselling through an agency such as Safe Space would be a reasonably approach. I think however it would be very important that the counsellor involved was experienced and well supervised, as working with Leon may well present boundary issues.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:

West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi Affective Disorders Clinic Carnegie Clinic Pilmuir Street DUNFERMLINE	Dr Amy Hodgson Chartered Clinical Psychologist Lynebank Hospital Halbeath Road DUNFERMLINE Fife

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Fife

IMMEDIATE DISCHARGE & PRESCRIPTION FORM

DATE OF ADMISSION: 01/02/08
DATE OF DISCHARGE: 06/02/08

Hospital Site: QMH. *Page* 1 *of* 1

(Please use BLOCK CAPS when completing this form)

Re: Mr/~~Mrs~~/Miss/Ms	DOB: 17/03/75	TO: GP Forename: Dr
Forename: LEON	Surname: GRAHAM	GP Surname: GERMANY
Address: [redacted]		GP Address: WATERHEAD MEDICAL CENTRE, 5 FIFARY COURT,
		GP Postcode: KY11 1NN
CHI No:	Hosp ID No:	Community Pharmacy:

This patient was admitted to hospital under the care of:

Consultants Name: CANAVAGH	Specialty: PSYCHIATRY
Discharged from Ward: 2	Reason for Admission/presenting complaint: PSYCHOLOGICAL CRISIS
Mode of Admission: Elective ☐ Emergency ☑ Transfer ☐	**Source of admission:** GP ☐ Self ☐ Out of Hours ☐ Other:
Principal Diagnosis: SCHIZOPHRENIA	**Legal Status:** INFORMAL

Other Conditions:

1. BORDERLINE PERSONALITY DISORDER
2.
3.
4.
5.

Significant Operations/Procedures: Yes ☐ No ☑
1. Date:
2. Date:

Relevant Investigations: Yes ☐ No ☑ Comments:

Complications: Yes ☐ No ☑ Comments:

Patient Information discharge summary given to patient and/or carer or relative: Yes ☐ No ☐

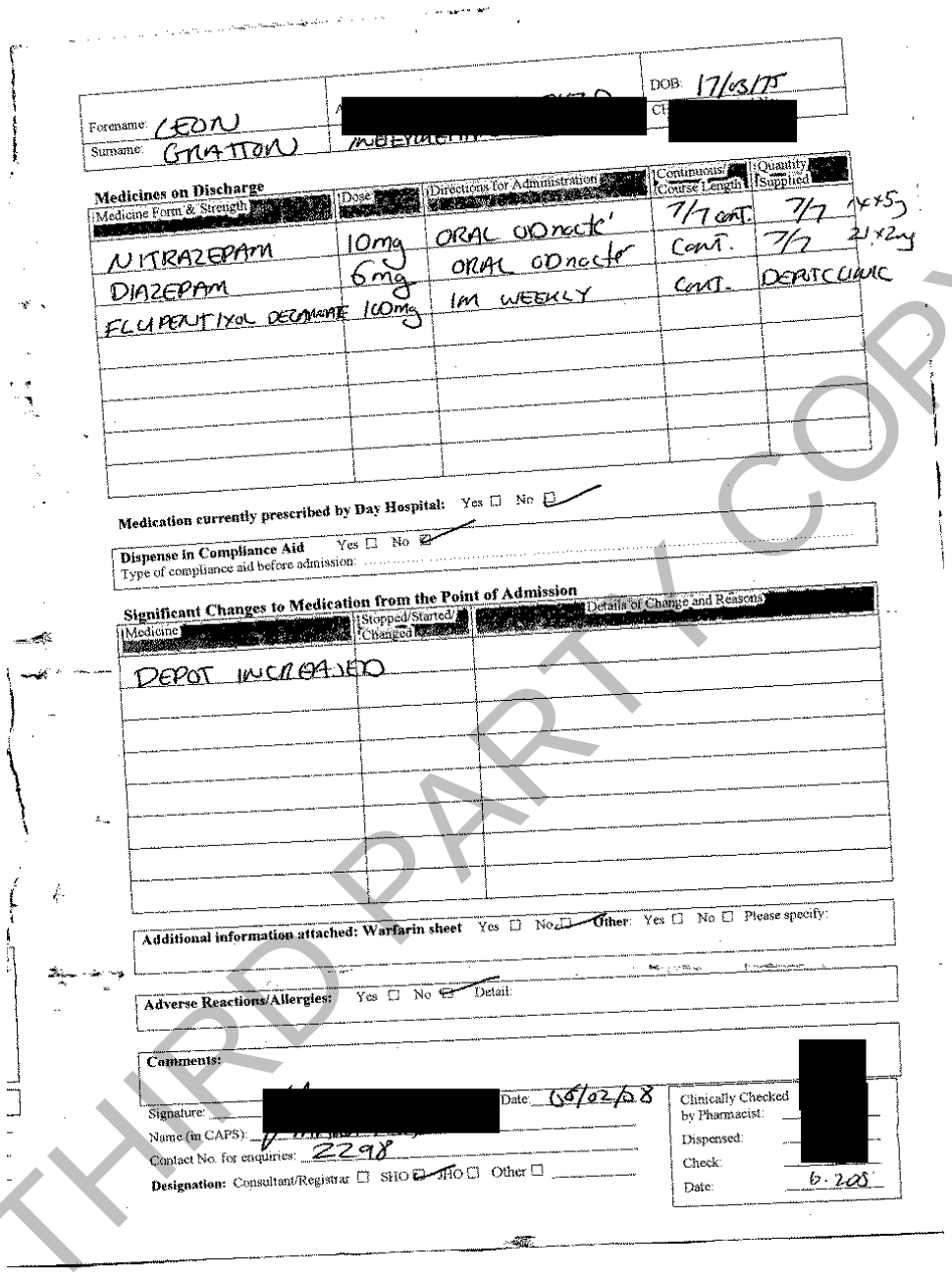
Follow-up Arrangements

WFCOT
OPD
Psychological therapy

Sickness Certificate Issued:	Yes	☐	No	☑	Duration of sickness certification:
Results awaited	Yes	☐	No	☑	If Yes, please specify:
Letters to follow	Yes	☑	No	☐	Comment: D/C SUMMARY
Hospital Review	Yes	☐	No	☑	If Yes, please specify:

MS2385

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Forename: LEON
Surname: GRATTON
DOB: 17/03/75

Medicines on Discharge

Medicine Form & Strength	Dose	Directions for Administration	Continuous/ Course Length	Quantity Supplied
NITRAZEPAM	10mg	ORAL ODnocte	7/7 cont.	7/7 14×5mg
DIAZEPAM	6mg	ORAL ODnocte	cont.	7/7 21×2mg
FLUPENTIXOL DECANOATE	100mg	IM WEEKLY	cont.	DEPT CLINIC

Medication currently prescribed by Day Hospital: Yes ☐ No ☑

Dispense in Compliance Aid Yes ☐ No ☑
Type of compliance aid before admission:

Significant Changes to Medication from the Point of Admission

Medicine	Stopped/Started/ Changed	Details of Change and Reasons
DEPOT INCREASED		

Additional information attached: Warfarin sheet Yes ☐ No ☐ **Other:** Yes ☐ No ☐ Please specify:

Adverse Reactions/Allergies: Yes ☐ No ☑ Detail:

Comments:

Signature: [redacted] Date: 06/02/08
Name (in CAPS):
Contact No. for enquiries: 2298
Designation: Consultant/Registrar ☐ SHO ☑ HO ☐ Other ☐

Clinically Checked by Pharmacist: [redacted]
Dispensed:
Check:
Date: 6.208

THIRD PARTY COPY

Scanned Document
15-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf psy4.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

NHS Fife Community Service
Mental Health Service

Weston House
Westport
Cupar
Fife
KY15 5AN
[redacted]

NHS Fife

Private & Confidential
Mr Leon Gratton
[redacted]

Date 7 May 2015
Your Ref
Our Ref TW/ES
[redacted]

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Thursday 21st May 2015 at 2.00p.m. at Weston Day Hospital, Cupar

Yours sincerely
[redacted]
Care Programme Approach Secretary

Distribution
File Copy
Dr Olley, Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
[redacted] Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
[redacted] Staff Nurse, Weston House, Westport, Cupar

CHP Acting General Manager:
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

DAL

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
CUPAR
KY15 4AN

NHS
Fife

[redacted]

Private & Confidential

Dr Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

Date 17 March 2015
Your Ref
Our Ref CO/AM
Enquiries to Dr C Olley

Dear Dr Taylor

Re: Leon Gratton, [redacted]
DOB/CHI: [redacted]

I reviewed Mr Gratton at the Weston Day Hospital psychiatry outpatient clinic on the 11th March 2015. He attended the appointment alone. Mr Gratton appeared more agitated at the appointment stating that he had been having "panic attacks" approximately 2 – 3 times per day most days of the week recently – he stated at times that these can last up to 2 hours and during these feels anxious, has increased heart and respiratory rate and worries he may collapse despite this not previously having happened. I manually checked his pulse at the appointment and it was 101 beats per minute. He states that anxiety sometimes is triggered by thinking about past memories of being assaulted by drug dealers in the past. He denied recent involvement with these associates. He also regularly feels anxious in public avoiding this as much as he can. His other complaint at present was that he often feels lonely – I note that he is awaiting Occupational Therapy input which I hope will be useful in trying to increase his level of structured activity. Although he denied auditory hallucinations at appointment today he states that these are intermittent and he appears to be having more paranoid thoughts of late. He wonders if associates from the past may think of harming him again in the future and at times he believes he can hear them coming over the Forth road bridge "to get him". I questioned him further about this and it was apparent that these were not fixed delusional beliefs, though were clearly distressing. He was unable to name specific people who would may try to harm him in the future stating instead that "there were too many people for him to name".

Mr Gratton described low mood over the last 3 weeks, sleep had been variable, although he had been eating well. Weight had possibly increased. He continues to be able to do his own shopping and cook for himself. There was no clear evidence of diurnal mood variation or early morning wakening. At times he sleeps during the day, otherwise he plays his Xbox or writes poetry claiming that he is due to publish a book on poetry in the near future. He states that he has published books in the past although I was unable to verify this claim. There was no clear evidence of recent elevated mood or other hypomanic symptoms or grandiose beliefs. I note his recent full blood count had shown elevated markers of infection and he admitted to having problems with an infected tooth over the last few weeks

POSITIVE ABOUT DISABLED PEOPLE

CHP Acting General Manager: [redacted]

THIS IS A VIEW COPY

NHS Confidential: Personal data about a patient

and had been previously treated for a tooth abscess with antibiotics. He is not currently on any and is due to see the dentist later this month to have the rotten tooth removed. No other clear signs of infection and most likely cause of his infection markers being raised at present. This appeared the most likely reason for his deranged FBC. Mr Grattan denied use of alcohol or illicit drugs and stated that he had stopped smoking cigarettes again two days ago having restarted approx two weeks earlier. He had been smoking 40 cigarettes per day. At present he is using an E-Cigarette.

Mental State Examination: Casually dressed, unshaven, appeared more agitated and anxious at the appointment. Appears to have gained weight around the abdominal area - I will arrange for his weight to be monitored at the Weston day hospital because of this - he admits to eating an unhealthy diet. He displayed paranoid ideation although his beliefs were not fixed or of delusional quality although were distressing him. Auditory hallucinations appear intermittent. He denied suicidal ideation or plans. In summary, Mr Gratton has a diagnosis of Schizophrenia and has been struggling with increased anxiety over the last few weeks, his mood had also been low recently and this may be partly due to him having recently stopped smoking cigarettes. However it is possible that his psychotic symptoms are becoming more troubling for him recently with an increase in the level of paranoid thoughts and auditory hallucinations.

Recommendations:

1. Due to an increase in likely psychotic symptoms I have suggested increasing his dose of Aripiprazole to 15mg once daily (from 10mg). He is no longer taking PRN Lorazepam. I have adjusted his drug kardex accordingly and the day hospital organise his prescriptions. His other medication remains Fluoxetine 40mg once daily, Clozapine 400mg nocte, Omeprazole and Pizotifen.
2. Continued input from CPN and Weston Day Hospital
3. Follow-up at Outpatient clinic in 2 months.

Yours sincerely

[redacted]

Dr Chris Olley
Speciality Doctor in Psychiatry

cc [redacted] Staff Nurse, Weston House
[redacted] CPN Stratheden Hospital

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
Cupar
Fife
KY15 5AN
[redacted]

NHS Fife

Private & Confidential
Mr Leon Gratton
[redacted]

Date 13 January 2014
Your Ref
Our Ref TW/JW/LG

[redacted]

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting on the 16th January 2015 has been changed to:

Tuesday17th February 2015 at 2.00p.m. at Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Distribution
File Copy
Dr Olley, Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
[redacted] Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
[redacted] Staff Nurse, Weston House, Westport, Cupar
O.T. Dept, Stratheden Hospital, Cupar

CHP Acting General Manager:
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
Cupar
Fife
KY15 5AN
[redacted]

NHS Fife

Private & Confidential
Mr Leon Gratton
[redacted]

Date 16 December 2014
Your Ref
Our Ref TW/JW/LG
[redacted]

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for

Friday 16th January 2015 at 10.00 a.m. at Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Care Programme Approach Secretary

Distribution
File Copy
Dr Olley, Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
[redacted] chmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
[redacted] Staff Nurse, Weston House, Westport, Cupar

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

Adult Occupational Therapy Service
[redacted]

NHS Fife

Mr Leon Gratton
[redacted]

ADMINISTRATIVE LETTER

[redacted]
Hospital ID: SF5155833A

Letter ID: 100046185

Dear Mr Gratton

Date: 27/10/2014

You have been referred to the Occupational Therapy Service.

We would like to offer you a single appointment in which we can meet with you to gain a clearer understanding of your current difficulties and how we may be able to support you with these.

Your screening appointment has been arranged for **Monday, 10 November 2014** at **10.00 a.m.** in the **Occupational Therapy Department, Ceres Centre at Stratheden Hospital.**

I would be grateful if you could please complete the enclosed CORE assessment and return it to me prior to your appointment using the enclosed prepaid envelope.

If the date, time or venue of your screening appointment are unsuitable for you, please contact [redacted] to arrange a more convenient appointment.

Should you have any queries about your screening appointment, please telephone [redacted]

I look forward to seeing you on 10 November 2014.

Yours sincerely

NORMA CLARK
Occupational Therapist

[redacted]

(D) Dr KC Taylor, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

Adult Occupational Therapy Service
[redacted]

NHS Fife

Mr Leon Gratton
[redacted]

ADMINISTRATIVE LETTER

[redacted]
Hospital ID: SF515853A

Letter ID: 1235702

Dear Mr Gratton

Date: 21/10/2014

You have been referred to the Occupational Therapy Service.

Due to the demands on our service at present, we have had to place you on our waiting list. Once you have been allocated an Occupational Therapist, contact will be made to arrange a suitable appointment.

Yours sincerely

[redacted]
Occupational Therapist
[redacted]

(D) Dr KC Taylor, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN
(P) [redacted], Staff Nurse, Weston Day Hospital, West Port, Cupar, Fife, KY15 4AN
(P) Dr David Reid, Consultant Psychiatrist, Medical Offices, Stratheden Hospital, Cupar, Fife, KY15 5RR
(P) [redacted] CPN, Stratheden Hospital, Cupar, Fife, KY15 5RR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Doc

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
CUPAR
KY15 4AN

NHS Fife

[redacted]

Private & Confidential

Dr K Taylor
Bank Street Medical Group
Bank Street
Cupar
Fife
KY15 4JN

Date 7 October 2014
Your Ref
Our Ref CO/AM
Enquiries to Dr Olley

Dear Dr Taylor

Re: Leon Gratton, [redacted]
DOB/CHI: [redacted]

I reviewed Mr Gratton at the Weston Day Hospital psychiatry outpatient clinic on the 1st October 2014. He attended the appointment alone.

I note that in the last fortnight Mr Gratton had complained of feeling increasingly anxious and had appeared to be more agitated when seen recently by Weston Day Hospital Staff. He had therefore been provided with Chlopromazine PRN up to 50mg per day to try to relieve this.

At the appointment he appeared reasonably relaxed and denied depressive or psychotic symptoms. Despite receiving benefit from PRN Chlorpromazine he had continued to have approximately one panic attack per day – during which he felt short of breath, had palpitations and worried that he may collapse. Going into Cupar to do his food shopping appeared to be the main trigger for his anxiety.

Mr Gratton denied current physical complaints and reported that he had been eating and sleeping well. Although possibly feeling more sedated with the PRN Chlopromazine he denied any other unwanted effects from his medication. He continues to regularly see [redacted] however otherwise spends the majority of his time alone at home watching TV, listening to the radio or writing his novel. He is awaiting input from an Occupational Therapist and agrees this will likely be beneficial for him to help increase his level of structured activity. He denied currently being troubled by psychotic symptoms. There was no evidence of him experiencing auditory hallucinations or paranoid ideation that he had previously struggled with. He no longer believed that [redacted] Mr Gratton denies use of alcohol or illicit substances.

We discussed his medication. Unfortunately his Liver function tests remain elevated and have slightly risen further following the increase in his dose of Sertraline – the dose increase had been suggested due to the worsening of his anxiety. We discussed alternative SSRIs and he is agreeable to change from Setraline which has possibly contributed to his elevated LFTs as I note they first became elevated at a similar time to when he was started on Sertraline. He has a Gastro appointment in the next fortnight and his CPA will take place in the next week.

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Mental State Examination
Mr Gratton appeared more relaxed then when he had last been seen at clinic - he was euthymic, appropriate and maintained good eye contact. His speech was normal, there was no evidence of psychotic symptomatology. He denied any suicidal ideation or plans and insight was intact.

Recommendations:

1. Due to elevated LFTs I have suggested a change of his antidepressant. **I will organise for his Setraline to be reduced over the next two weeks after which he will be started on Fluoxetine 20mg OD** - Citalopram had been suggested as not being suitable previously during a past pharmacy medication review. The Fluoxetine dose will be gradually increased if he is able to tolerate it. His drug kardex has been adjusted accordingly as it is kept at the day hospital.
2. Until he is stabilised on Fluoxetine I have suggested that he continue with PRN Chlopromazine for the next month. If anxiety remains troublesome thereafter the dose of Fluoxetine or Aripiprazole could be increased rather than continue with PRN Chlorpromazine – which due to his other psychotropic medication is not indicated in the long term.
3. Other medication remains Aripiprazole 10mg once daily, Clozapine 275mg nocte 125mg once daily, Omeprazole
4. I will organise a Clozapine assay to be undertaken to check if there is any further room for increasing his Clozapine dose in the future if required.
5. Follow-up at outpatient clinic in three months or earlier if advised by Day Hospital staff.

Yours sincerely

[redacted]

Dr Chris Olley
Speciality Doctor in Psychiatry

cc [redacted] Staff Nurse, Weston House

THIRD PARTY COPY

CHP Acting General Manager: [redacted]

NHS Confidential: Personal data about a patient

DSC

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
CUPAR
KY15 4AN

NHS
Fife

[redacted]

Private & Confidential

Dr K Taylor
Bank Street Medical Group
Bank Street
Cupar
Fife
KY15 4JN

Date 12 August 2014
Your Ref
Our Ref CO/AM
Enquiries to Dr Olley

Dear Dr Taylor

Re: Leon Gratton, [redacted]
DOB/CHI: 1703751191

I reviewed Mr Gratton at the Weston Day Hospital psychiatry outpatient clinic on the 6th August 2014. He attended the appointment alone.

Mr Gratton appears to be more anxious at present and it is likely that current stressors have been having a detrimental impact on his mental state. For the last few weeks he has been concerned that [redacted] He has however not spoken to her recently and is not certain of this. He also has concerns regarding his own physical health and reported that in the last week he has occasionally noticed small amounts of fresh blood in the toilet after his bowels have moved. Understandably he is worried as to the cause of this and wonders if it is something sinister. I have advised him to make an appointment at the practice later this week to review this which he has agreed to do. A member of the day hospital staff will attend the appointment with him. He admits experiencing recent intermittent physical symptoms of anxiety (palpitations, stomach butterflies and shortness of breath) which can last for a few minutes before fading as his anxiety lessens. He has been trying to use a relaxation cd previously given to him to manage his anxiety and on some occasions this has been useful.

Mr Gratton expressed further worries that have more of a paranoid flavour regarding the safety of [redacted] He stated that he has been fearful during the last 3 months that his [redacted] could be shot and his [redacted] be kidnapped. Although these are concerning thoughts for him he however retains some awareness that there is no reason that these things are likely to happen. They do not appear to be fixed beliefs of a delusional quality.

Regarding other aspects of Mr Grattons mental state little else has changed since he was last seen. He is sleeping reasonably well at night however this is sometimes reduced if he sleeps during the day time. His appetite is normal, although his self care remains variable. Auditory hallucinations appear to be less prominent than in the past whilst structured activity continues to be limited. He is due to attend the dentist in the near future to have various teeth removed and reports previously having tooth abscesses which have now improved, without the need for antibiotic treatment.

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Mr Gratton states that he is currently abstinent from alcohol and reports that he has not consumed any in the last two years. He denies illicit drug use during this time also. I have noted his approximate two year history of elevated liver function tests and both he and his CPN tell me that is due to attend the Gastroenterology outpatient clinic in October 2014 to review this. His CPN will be attending the appointment with him.

Mental State Examination

Appeared more anxious and mildly lower in mood than when last seen – worries re: physical health and possible [redacted] Paranoid ideation was present however retains some insight in to these thoughts. No evidence of formal thought disorder and auditory hallucinations appear to be less troublesome since treated with Clozapine. Denies current suicidal ideation or plans.

Recommendations:

1. Due to his increased anxiety symptoms recently, I think it would be worthwhile having a trial of increasing his Sertraline to 150mg once daily from 100mg. I am aware that his Liver function tests, will need to be closely monitored after this increase as it is possible Sertraline can lead to a reversible increase in LFTs. If they become more elevated, it is possible that this medication is causing his deranged LFTs and an alternative antidepressant would be considered instead. He receives his medication from Weston Day Hospital and I have adjusted his kardex accordingly. He will continue to have regular Clozapine bloods checked by staff.
2. Will attend his GP with member of day hospital staff this week to review his possible recent PR bleed.
3. Further review at Outpatient Clinic in three months though can see him earlier if required if necessary
4. Regular CPA review.

Yours sincerely

[redacted]

Dr Chris Olley
Speciality Doctor in Psychiatry

cc [redacted] Staff Nurse, Weston House

THIRD PARTY COPY

CHP Acting General Manager: [redacted]

NHS Confidential: Personal data about a patient

Doc.

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
CUPAR
KY15 4AN

NHS Fife

[redacted]

Private & Confidential

Dr K Taylor
Bank Street Medical Group
Bank Street
Cupar
Fife
KY15 4JN

Date 16 June 2014
Your Ref
Our Ref CO/LS
Enquiries to Dr Olley

Dear Dr Taylor

Patient:- Mr Leon Gratton

Date of Outpatient Appointment: 11th June 2014

Diagnosis: Schizophrenia

Medication Sertraline 100mgs once daily,
Aripiprazole 10mg once daily,
Clozapine 125mgs once daily/275mg nocturnal,
Omeprazole 20mgs once daily, Pizotifen 1.5mgs nocturnal, Sandostatin 40mgs nocte

Recommendations

1. No changes to medication.
2. Follow up at outpatient clinic in 2 months.
3. CPA to be held next on 19th June 2014.

I reviewed Mr Gratton at the Weston Day Hospital psychiatry outpatient clinic on the above date. He attended the appointment alone.

Mr Gratton appears to continue to be doing reasonably well living at home with input from Richmond Fellowship. He attends the day hospital for his medication and denies any current psycho-social issues at present. Difficulties with associates/and drug dealers do not appear prominent at present and he states that he has not drunk alcohol in the last 3 years or used illicit drugs of recently.

I note his longstanding elevated liver function tests which most recently were taken on 27th May 2014 with raised gamma GT of 252 and raised ALT of 56. At the end of 2013 I believe he was reviewed by gastro-enterology and offered a further follow up appointment. Mr Gratton reports attending this appointment in April however we have no confirmation of this and I have asked gastro-enterology to send him out a further appointment if possible. Their provisional diagnosis was a fatty liver.

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Regarding his mental health Mr Gratton denies depressive symptoms, his mood is good and he is sleeping reasonably well however at times he's playing his x-box long into the night which can affect his sleep at times. He reports that he is eating regularly however his self care appears to be variable.

Mr Gratton assures me he is taking his medication most days. He complains occasionally of feeling dizzy when getting out of bed and I have advised him to try to do this slowly to try to reduce this. I note he recently had his blood pressure checked for possible postural hypotension at the day hospital though this was not identified.

Mr Gratton still remains in contact with [redacted] who he sees approximately every fortnight. He feels he continues to be able to manage at home, able to do his own shopping, cooking and cleaning.

Mental state examination:
Appeared appropriate during appointment, was relaxed, maintaining good eye contact. He was unshaven however there was no other evidence of self neglect. His speech was normal and he appeared euthymic and reactive. He continues to describe some breakthrough auditory hallucinations however he has insight into these and they do not appear to be overly troublesome for him at present. No evidence of him responding to hallucinations and he denied suicidal ideation or plans.

Mr Gratton has a history of schizophrenia and at present appears to be managing reasonably well, living alone with support from the community team and the Richmond Fellowship. He does not appear to be unduly bothered by auditory hallucinations at present and appears to be taking his medication regularly. I therefore have made the above recommendations with his agreement.

Yours sincerely

[redacted]

pp

Dr Chris Olley
Speciality Doctor

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

Mental Health
[redacted]

NHS
Fife

Dr KC Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]

Hospital ID: SF5135635A

[redacted]

Dear Dr Taylor

Clinic Date: 15/05/2014

Date: 20/05/2014

Leon Gratton [redacted]
Date of Birth: 17/03/1973

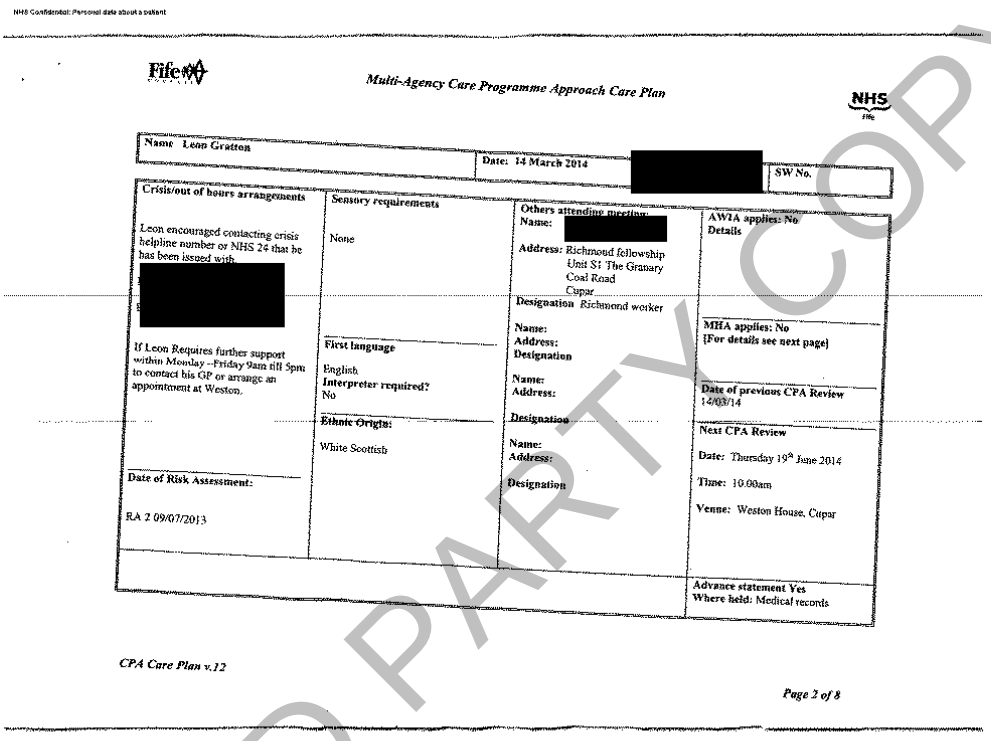
Mr Gratton did not attend his appointment at my Psychiatric Outpatient Clinic at Weston Day Hospital on 15th May 2014. I will send out a further appointment in due course.

Yours sincerely

DR CHRISTOPHER OLLEY
SPECIALTY DOCTOR

[redacted]

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Fife Council

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name Leon Gratton | **Date:** 14 March 2014 | [redacted] | **SW No.**

Crisis/out of hours arrangements

Leon encouraged contacting crisis helpline number or NHS 24 that he has been issued with.

[redacted]

If Leon Requires further support within Monday – Friday 9am till 5pm to contact his GP or arrange an appointment at Weston.

Date of Risk Assessment:

RA 2 09/07/2013

Sensory requirements

None

First language

English

Interpreter required?

No

Ethnic Origin:

White Scottish

Others attending meeting:

Name: [redacted]

Address: Richmond fellowship
Unit S1 The Granary
Coal Road
Cupar

Designation Richmond worker

Name:
Address:
Designation

Name:
Address:

Designation

Name:
Address:

Designation

AWIA applies: No
Details

MHA applies: No
(For details see next page)

Date of previous CPA Review
14/03/14

Next CPA Review

Date: Thursday 19th June 2014

Time: 10.00am

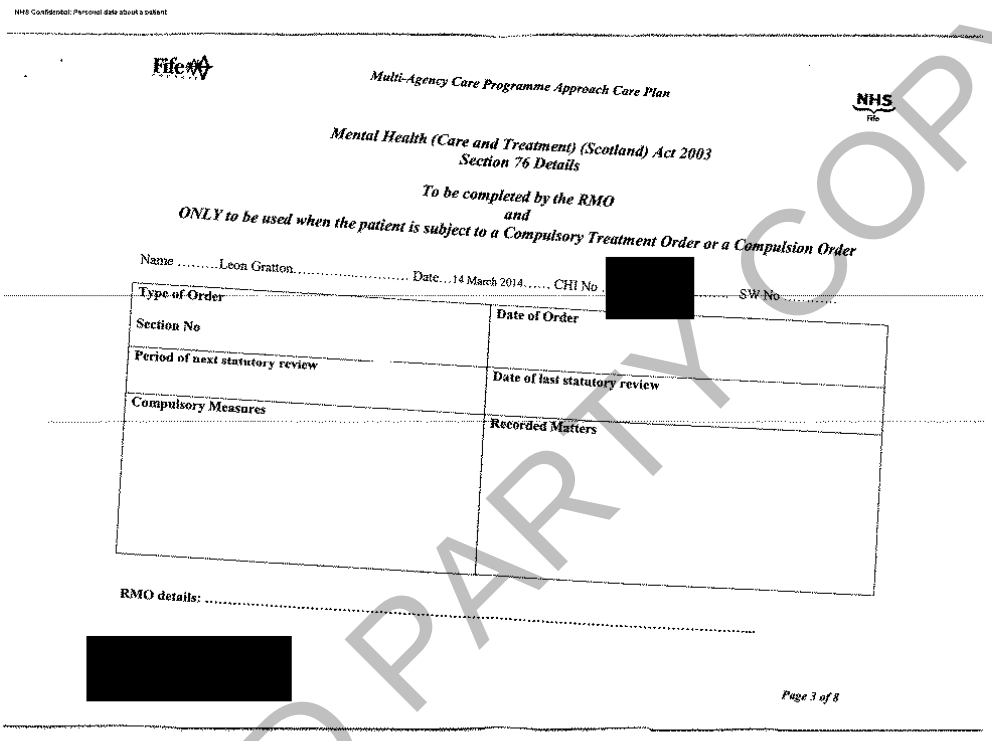
Venue: Weston House, Cupar

Advance statement Yes
Where held: Medical records

CPA Care Plan v.12

Page 2 of 8

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Mental Health (Care and Treatment) (Scotland) Act 2003
Section 76 Details

To be completed by the RMO
and
ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order

Name .....Leon Gratton..... Date...14 March 2014..... CHI No [redacted] SW No .....

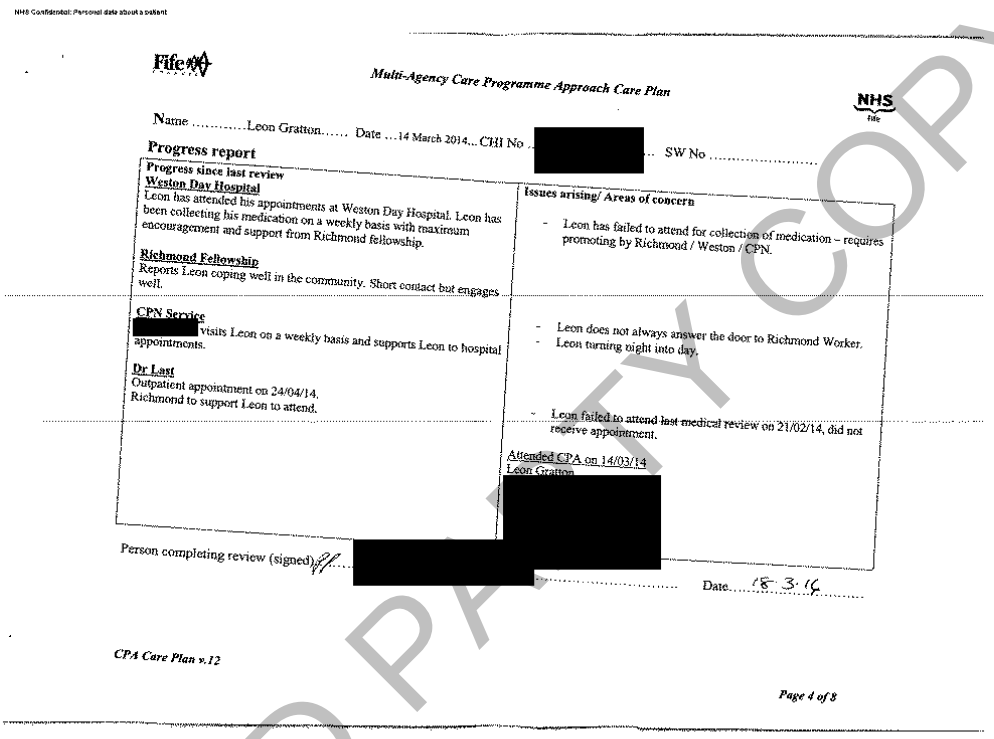
Type of Order	Date of Order
Section No	
Period of next statutory review	Date of last statutory review
Compulsory Measures	Recorded Matters

RMO details: .....

[redacted]

Page 3 of 8

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name .....Leon Gratton..... Date ...14 March 2014... CHI No [redacted] ... SW No .....

Progress report

Progress since last review

Weston Day Hospital
Leon has attended his appointments at Weston Day Hospital. Leon has been collecting his medication on a weekly basis with maximum encouragement and support from Richmond fellowship.

Richmond Fellowship
Reports Leon coping well in the community. Short contact but engages well.

CPN Service
[redacted] visits Leon on a weekly basis and supports Leon to hospital appointments.

Dr Last
Outpatient appointment on 24/04/14.
Richmond to support Leon to attend.

Issues arising/ Areas of concern

- Leon has failed to attend for collection of medication – requires prompting by Richmond / Weston / CPN.
- Leon does not always answer the door to Richmond Worker.
- Leon turning night into day.
- Leon failed to attend ~~last~~ medical review on 21/02/14, did not receive appointment.

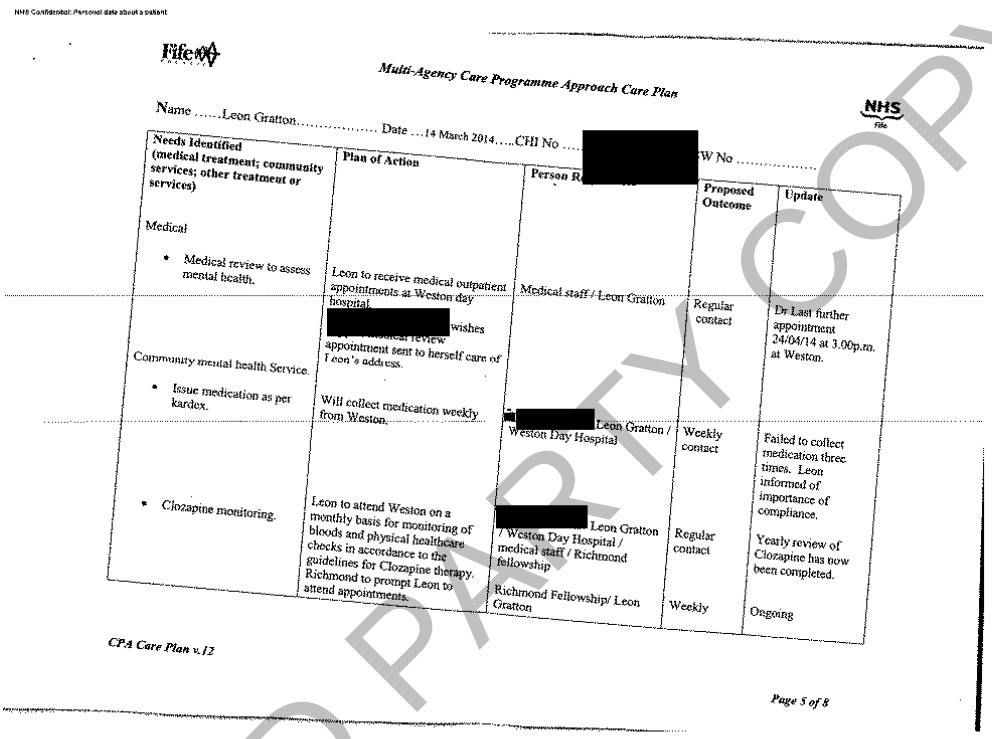
Attended CPA on 14/03/14
Leon Gratton
[redacted]

Person completing review (signed) [redacted] Date 18.3.14

CPA Care Plan v.12

Page 4 of 8

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name .....Leon Gratton..... Date ...14 March 2014.....CHI No .....[redacted]..... CW No .....

Needs Identified (medical treatment; community services; other treatment or services)	Plan of Action	Person R[redacted]	Proposed Outcome	Update
Medical • Medical review to assess mental health.	Leon to receive medical outpatient appointments at Weston day hospital	Medical staff / Leon Gratton	Regular contact	Dr Last further appointment 24/04/14 at 3.00p.m. at Weston.
Community mental health Service. • Issue medication as per kardex.	[redacted] wishes [redacted] review appointment sent to herself care of Leon's address. Will collect medication weekly from Weston.	[redacted] Leon Gratton / Weston Day Hospital	Weekly contact	Failed to collect medication three times. Leon informed of importance of compliance.
• Clozapine monitoring.	Leon to attend Weston on a monthly basis for monitoring of bloods and physical healthcare checks in accordance to the guidelines for Clozapine therapy. Richmond to prompt Leon to attend appointments.	[redacted] Leon Gratton / Weston Day Hospital / medical staff / Richmond fellowship Richmond Fellowship/ Leon Gratton	Regular contact Weekly	Yearly review of Clozapine has now been completed. Ongoing

CPA Care Plan v.12

Page 5 of 8

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

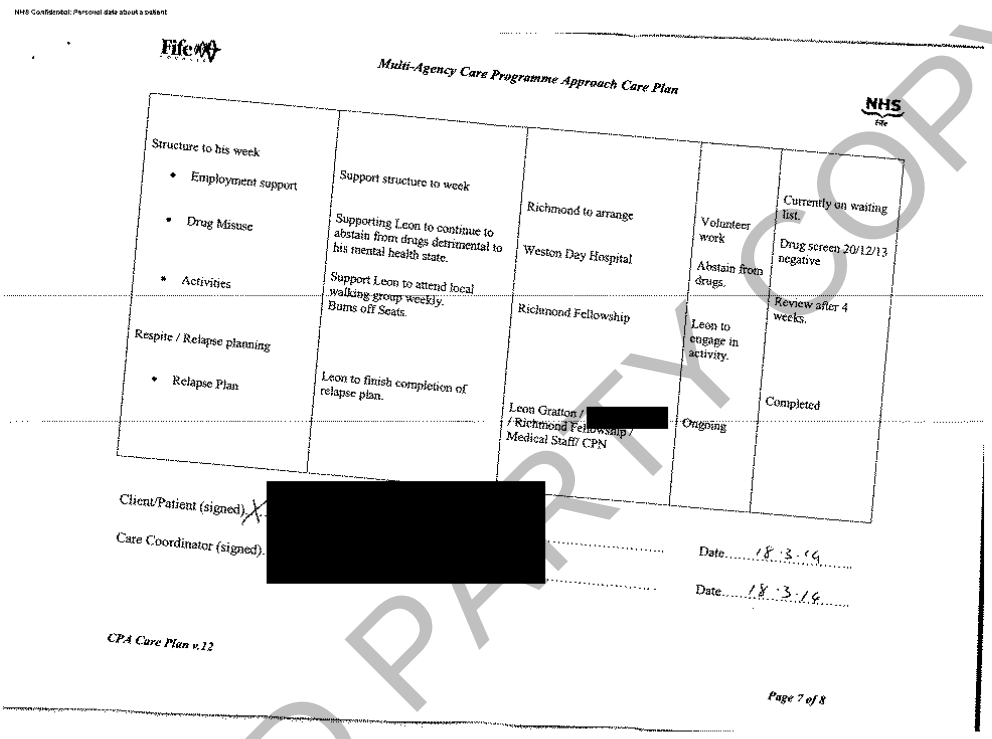
Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

• Community Mental Health Nurse	Therapeutic sessions for ongoing monitoring and support for Leon's mental wellbeing.	[redacted]	weekly Weekly	Ongoing
Finances • 'Entrust account'	Direct debits will be set up for bills to be paid and remainder money for Leon to spend.	Richmond fellowship / Leon Gratton	Management of finances.	Ongoing
Physical Health • Physical health check ups	To attend the GP C/O sleep apnoea and persistent cough.	GP / Leon Gratton	Ongoing	Leon to arrange GP appointment
Accommodation • Tenancy Support	Richmond Fellowship to provide 20.5 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.	Richmond Fellowship / Leon Gratton	Support in the community.	Ongoing
• Social work	Has been referred for home safety check	Richmond	Completed	
	Pending a new social worker	Social work services	Ongoing	

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Fife Council

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Structure to his week • Employment support	Support structure to week	Richmond to arrange	Volunteer work	Currently on waiting list.
• Drug Misuse	Supporting Leon to continue to abstain from drugs detrimental to his mental health state.	Weston Day Hospital	Abstain from drugs.	Drug screen 20/12/13 negative
• Activities	Support Leon to attend local walking group weekly. Bums off Seats.	Richmond Fellowship	Leon to engage in activity.	Review after 4 weeks.
Respite / Relapse planning • Relapse Plan	Leon to finish completion of relapse plan.	Leon Gratton / [redacted] / Richmond Fellowship / Medical Staff/ CPN	Ongoing	Completed

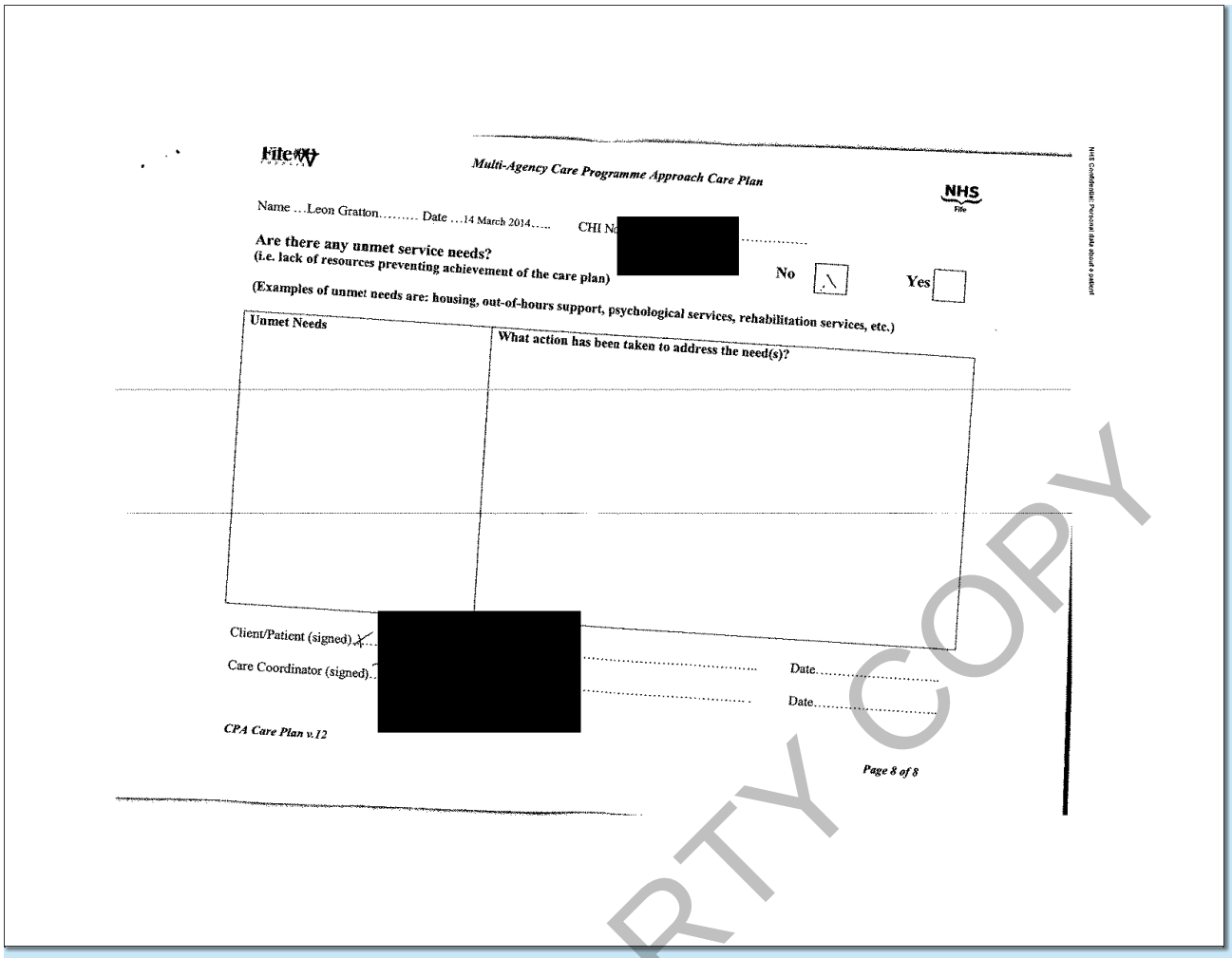
Client/Patient (signed) [redacted] Date 18.3.14

Care Coordinator (signed) [redacted] Date 18.3.14

CPA Care Plan v.12

Page 7 of 8

THIRD PARTY COPY



Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

NHS Confidential: Personal data about a patient

Name …Leon Gratton…… Date …14 March 2014….. CHI No [redacted] ……

Are there any unmet service needs?
(i.e. lack of resources preventing achievement of the care plan) **No** [\] **Yes** [ ]

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs	**What action has been taken to address the need(s)?**

Client/Patient (signed) [redacted] Date……

Care Coordinator (signed)…… Date……

CPA Care Plan v.12

Page 8 of 8

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
Cupar
Fife
KY15 5AN
[redacted]

NHS Fife

Private & Confidential
Mr Leon Gratton
[redacted]

Date 3 March 2013
Your Ref
Our Ref LG/ES/LG

[redacted]

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted], Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for

Friday 14th March 2014 at 10.00 a.m. at Weston Day Hospital, Cupar

Yours sincerely

[redacted]
Care Programme Approach Secretary

Distribution
File Copy
Dr S Last, Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
[redacted] Graham Close, Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
Staff Nurse, Weston House, Westport, Cupar

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

Mental Health
[redacted]
NHS Fife

Private & Confidential
Dr KC Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]
Hospital ID: SP5153855A

[redacted]

Dear Dr Taylor

Clinic Date: 21/02/2014

Date: 25/02/2014

Leon Gratton [redacted]

Date of Birth: 17/03/1975

This gentleman failed to attend his appointment at the Adamson Hospital on 21st February 2014. He has a CPA meeting fairly soon and I will review him then.

Yours sincerely

DR STEPHEN LAST, MRC Psych
LOCUM SPECIALTY DOCTOR.

[redacted]

([redacted] CPN Services, Stratheden Hospital, CUPAR, Fife, KY15 5RR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

[redacted]

NHS
Fife

Dr KC Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]
Hospital ID: SF5153835A

[redacted]

Dear Dr Taylor

Clinic Date: 20/12/2013

Date: 23/12/2013

Leon Gratton [redacted]
Date of Birth: 17/03/1975

I saw this gentleman at the Weston Day Hospital on the 20th December 2013.

Mr Gratton is now four months post discharge from hospital (after an 18 month stay in the Rehabilitation Ward). He is living alone with input by the Community Team and the Richmond Fellowship and appears to be doing fairly well. Contact with Services has been somewhat erratic however and this is his first attendance at the Outpatient Clinic since discharge. He continues to experience auditory hallucinations and some paranoia but insight is retained. He is aware that some of his "paranoia" is justified in that he owes money to drug dealers from past deals. Currently he strongly denies using drugs or misusing alcohol although his associates continue to do so. He feels he is coping with the transition from hospital to independent living, assures me that he is able to maintain his accommodation, go shopping, cook and clean for himself etc. Compliance with medication is generally good but he can forget the occasional dose if he falls asleep early.

At interview today Mr Gratton was pleasant and co-operative, showed good self care and was fully insightful.

Recommendations:

1. No change to psychotropic medication Clozapine 125mg midday and 275mg nocte, Aripiprazole 10mg mane, Sertraline 100mg mane. He receives his medication from the Day Hospital.
2. A urine dipstick drug screen today was negative.
3. Outpatient review six weeks time.

Yours sincerely
DR STEPHEN LAST, MRC Psych
LOCUM SPECIALTY DOCTOR.

[redacted]

(P) [redacted] CPN Services, Stratheden Hospital, CUPAR, Fife, KY15 5RR
(P) [redacted] Charge Nurse, Weston Day Hospital, Westport, Cupar

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
Cupar
Fife
KY15 5AN
[redacted]

NHS Fife

Date 26 November 2013
Your Ref
Our Ref LG/ES/LG

Private & Confidential
Mr Leon Gratton
[redacted]

[redacted]

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for

Thursday 12th December 2013 at 9.30a.m. at Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Care Programme Approach Secretary

Distribution
File Copy
Dr S Last, Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
[redacted] Graham Close, Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
[redacted] Staff Nurse, Weston House, Westport, Cupar

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
CUPAR
KY15 4AN
[redacted]

NHS
Fife

Private & Confidential
Bank Street Medical Practice
The Health Centre
CUPAR
Fife

Date: 21 November 2013
Your Ref:
Our Ref: TW/KH

Enquiries to: [redacted]

Dear Doctor

I recently contacted your practice on 18th November 2013 to inform you that we have recently completed our yearly review of the below named Clozapine clients. The fasting bloods and lipids are still required, therefore I would be grateful if you could arrange for these clients to attend at the earliest possible convenience, as discussed. We would also be grateful if you could send a copy of these results to Weston, so we can keep all the documentation together.

Clients: Leon Gratton, CHI No: [redacted]

Once again, thank you for your input.

Yours sincerely

[redacted]

[redacted]
Staff Nurse

POSITIVE ABOUT DISABLED PEOPLE

CHP Acting General Manager [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
Cupar
Fife
KY15 4AN

NHS Fife

[redacted]

Private & Confidential
Dr Taylor
Bank Street Medical Group
Bank Street
CUPAR
Fife

Date: 28 October 2013
Our Ref: LG/KH

[redacted]

Dear Dr Taylor

Re: Leon Gratton, [redacted]

I recently received a referral from Dunino Ward, Stratheden Hospital for the above gentleman. Leon attended for initial assessment as arranged on 13th August 2013.

The following treatment plan was agreed:

Treatment Plan:

- Clozapine therapy
- Monitoring of mental health
- Anxiety management

I will keep you updated on progress. If you have any queries, please contact me.

Yours sincerely

[redacted]

Staff Nurse

POSITIVE ABOUT DISABLED PEOPLE

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

195

5

Kirkcaldy & Levenmouth CHP
Mental Health Services

Bank Street Medical Group
The Health Centre, Bank Street
Cupar KY15 4JN
[redacted]

Stratheden Hospital
CUPAR
KY15 5RR
[redacted]

FIFE PSYCHIATRIC SERVICE
DISCHARGE SUMMARY

SB/MT/SF5153833A

Typed: 23 August 2013

Dr Taylor
Bank Street Medical Group
Cupar Health Centre
Bank Street
CUPAR
KY15 4JN

Leon Gratton
[redacted]

Admitted: 06.01.12

Discharged: 12.08.13

MHA Status on Discharge: Informal

Diagnosis: Paranoid schizophrenia – F20.0

Consultant: Dr Pritha Dasgupta

Locus of Care: Dunino Ward

Medication on Discharge:
Clozapine – 125 mgs at 1300 hrs, 275 mgs at 2200 hrs
Aripiprazole – 10 mgs at 0800 hrs
Sertraline – 100 mgs at 0800 hrs
Omeprazole – 20 mgs mane
Pizotifen – 1.5 mgs nocte
Simvastatin – 40 mgs nocte
Hyoscine Hydrobromide – 300 mcgs at 1300, 1800 and 2200 hrs
Paracetamol – 1 gm tds
Cetraben ointment to be applied topically twice daily

Medication dispensed in a dosette box.

Medication subject to treatment plan under MHA – No

Responsible Consultant following Discharge: Dr Dasgupta will retain consultant responsibility for four weeks after the date of discharge and then care will be transferred to the sector consultant.

Follow-Up Arrangements:

1. A post-discharge CPA has been arranged on 5 September 2013 at Weston Day Hospital.
2. Richmond Fellowship will provide support, check compliance with medication, help with setting up of entrust account to manage his money and facilitate attendance at outpatient appointments.
3. Mr Gratton will attend budget group in Stratheden Hospital for eight weeks.
4. Dunino Ward will complete a referral for CPN.
5. Clozapine bloods to be done at Weston Day Hospital every four weeks. Medication to be picked up from Weston on Tuesdays.
6. Gastroenterology outpatient appointment is awaited.

Results awaited: No.

1

RECEIVED
04 NOV 2013

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Leon Gratton – [redacted]
CHI – [redacted]

Diagnostic Summary: Mr Gratton has a longstanding history of schizophrenia and substance misuse. He has had multiple inpatient admissions in the past and was supported by the Community Outreach Team prior to this current admission; when his mental state deteriorated, aggravated by the use of multiple substances leading to severe self-neglect. He was found to be living in squalor, neglecting his personal care, nutrition and hydration. Mr Gratton's mental health stabilised on commencement of Clozapine. He engaged well with the staff members, peers, and the structured activities. He has been discharged into the community with support requiring supervision and monitoring given his history of self-neglect and disorganization against poor motivation when unwell.

Signed: [redacted]
Dr Sangita Bohra, Speciality Doctor in Psychiatry

Consultant's Comments:

Signed: [redacted]
Dr Pritha Dasgupta, Consultant Psychiatrist

Dear Dr Taylor

Presenting Complaint:
Mr Gratton was transferred to Dunino Ward from Queen Margaret Hospital. It was felt that Mr Gratton would benefit from long-term help especially with regard to the assessment of his mental state and reviewing the medication as well as a consistent structured input in terms of helping him function at a better level of day-to-day activities and structure to his week.

History of Presenting Complaint:
Mr Gratton was admitted to Queen Margaret Hospital on 8 September 2011 following concerns about his deteriorating mental state by the Community Outreach Team, as he was observed to be more chaotic in lifestyle, with extremely poor self-care and self-neglect.

Mr Gratton was admitted after the Community Outreach Team had concerns about his worsening mental state. Since the previous discharge in April 2011, he had been using amphetamines, ecstasy and cocaine on a regular basis and his lifestyle had become more chaotic. He was not coping in his tenancy and his eating and sleeping patterns were poor. He was preoccupied with thoughts regarding [redacted] whom he stated was a paedophile and that he had [redacted] who was [redacted] He described nightmares about being raped and said he spend his days "trying to find ways to keep children safe". He also was preoccupied with the delusion that his [redacted] had only four years to live. Support workers had found him living in squalor. There was raw sewage in his garden and he had been eating from bins. Although he denied perceptual disturbance, the Community Outreach Team had witnessed him responding and had also appeared thought-disordered. He was willing to accept informal admission. It was felt he would benefit from time in rehabilitation given his diagnosis of schizophrenia and associated substance misuse with difficulty living independently in the community. He was transferred to Dunino rehabilitation ward on 10 January 2012.

RECEIVED
04 NOV 2013
RESOLVED

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Past Psychiatric History:
Mr Gratton has had multiple inpatient admissions. His first admission was in September 1993 to the Royal Edinburgh Hospital where he was diagnosed with an acute psychotic episode precipitated by illicit substance use and was referred to the young people's unit. 1994/95 Mr Gratton attended the young people's unit in Edinburgh for reviews. He continued to have contact with Mental Health Services until 1999 when he was given a diagnosis of histrionic personality disorder and morbid jealousy during his inpatient stay in Lanarkshire. He was given the diagnosis of schizophrenia during his fourth inpatient admission in 2003.

He also has a history of multiple overdoses especially with deterioration in his mental state and there is a mention in his notes that he took an overdose in response to distressing hallucinations. There is a history of significant use of illicit substances and non-compliance with medication with deterioration in his mental state. The use of cocaine, ecstasy and amphetamines contributed to his most recent admission in September 2011. Sleep disturbance has also remained a prominent feature.

According to the medication review, he has been on Trifluoperazine, Olanzapine, Zuclopenthixol Decanoate, Haloperidol, Flupenthixol, Chlorpromazine, Sertraline, Trazodone, Mirtazapine, Citalopram, with limited response to these medications. It has also been documented that the dose of Zuclopenthixol and Flupenthixol was limited by extra-pyramidal side-effects. There was also a concern that the irregular heart rhythm might be a side-effect of Trazodone.

Past Medical History:
Mr Gratton has had quite severe eczema in childhood. In August 2002 he described what sounded like paroxysmal tachycardia and underwent a twenty four hour ECG with no follow-up required. In October 2011, he was given a diagnosis of bilateral axillary hidradenitis.

Mr Gratton was seen by Associate Specialist in Rheumatology on 11 October 2012 with joint pain and the diagnosis given was of early osteoarthritis and arthralgia.

He was referred to Gastroenterology in June 2013 as he had abnormal LFTs for a number of months with a rising gamma-GT. An ultrasound abdomen was done on 7 May 2013 which showed a diffuse slight increase in echogenicity within the liver parenchyma without focal disease which most likely reflects fatty filtration, no gall stones or biliary dilatation. The pancreas was also of increased echogenicity, again suggesting fatty infiltration but no local lesion. The clinic appointment for Gastroenterology is awaited.

Forensic History:
In May 2002 he was charged with breach of the peace for sending threatening letters to Falkirk Council regarding his [redacted] In August 2002 he hit his [redacted] was arrested and charged and received a deferred sentence. In a letter in August 2004 it was noted there had been a number of incidents whereby he had been verbally aggressive and two where he had been physically aggressive. The focus of the physical aggression has been his [redacted] and a verbal aggression his [redacted]

There is also note that Mr Gratton has made some sexually inappropriate comments to some members of staff at the Fife Community Outreach Team. In July 2007 there was further note that

RECEIVED
04 NOV 2013
[illegible]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

he had been phoning Haldane House excessively and at times had said sexually inappropriate and disinhibited content.

There is also a note of a history of shop-lifting, however, there is no further information regarding this.

Personal History:
Mr Gratton was [redacted] and moved to Scotland when he was two. [redacted] when he was three years old. His childhood was uneventful up to the age of thirteen when his [redacted] He spent from the age of fifteen to sixteen in children's homes and left school at fifteen with no qualifications. At that time he was abusing drugs including LSD, amphetamines and cannabis. In 1993 he took acid and following this became increasingly disturbed and paranoid, leading to his first admission at the Royal Edinburgh Hospital. He has a patchy employment record. He has had several jobs after leaving school, the longest being for four months. He moved around the country a bit, taking seasonal work. In 1996 he moved to Lanarkshire. [redacted] who is considerably older than him. [redacted] whom he continues to see approximately once a month. The relationship [redacted] lasted three to four years. [redacted] He also [redacted] who he is not in contact with from a more [redacted] He is no longer with the [redacted]

Prior to this admission, he was in receipt of DLA and Income Support but apparently had debts of around £11,000. He was living alone in a council house.

Mr Gratton has quite an extensive history of alcohol and substance misuse. He was initially referred to the Community Drug and Alcohol Services in his late teens when there was concern about his illicit benzodiazepine use. In 1993 an acute psychotic episode appeared to be precipitated by him taken LSD. Between the ages of sixteen and eighteen he described using a lot of LSD, amphetamines and cannabis. From then on there was a history of intermittent substance misuse. This appeared to worsen prior to his most recent admission when he was thought to have been using ecstasy and cocaine on a regular basis. He denied previous IV drug abuse. He smokes cigarettes.

In terms of family psychiatric history, he has an aunt who suffers from agoraphobia.

Progress on Ward:
Following transfer to Dunino ward, Mr Gratton continued to voice delusional ideas, appeared paranoid, occasionally making allegations against staff and annoyed about patients stealing from him. He was also observed to be responding to unseen stimuli. He had delusions about "saving the children", the Nazis, the drug scene, gangs in Inverkeithing, West Hailes and other places in Edinburgh, Hells Angels, Jimmy Hendrix and martial arts. He had also voiced delusional ideas of having been gang raped and abused. He also stated that [redacted] and believed that he may have cancer, HIV and wounds to the head. With regard to his mood he had stated that he feels low at times due to thoughts that he has. At times he was observed to become fixated on female staff members who for safety reasons had tried to prevent being alone with Mr Gratton.

RECEIVED
04 NOV 2013
[illegible]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Mr Gratton's mental state stabilised with the commencement of Clozapine which was started in June 2012. Mr Gratton was also started on Sertraline in March 2012. As he continued to have increasing auditory hallucinations, Clozapine was then augmented with Aripiprazole. Mr Gratton's mental state stabilised considerably though he continues to experience residual symptoms of auditory hallucinations. He interacted appropriately with the staff and peers and there were no management issues or concerns raised by the staff members.

He was able to budget on his own. He engaged with self-catering and Employ Your Mind. He also managed with the self-medication. He was eating and drinking well, had no problems with sleep, attended the community dentist and the optician's appointment. He had expressed his wish that he would not want to return to Inverkeithing as he had paranoid ideas around the house and the area of Inverkeithing; hence a house was identified in Springfield. He was observed to write poetry which he enjoyed doing. He also enjoyed reading, especially science fiction and fantasy, and he bought books whilst he was out shopping in Cupar. He utilised his passes well with no issues or concerns. The occupational therapy assessment highlighted that he would be able to maintain the tenancy in functional terms and maintain his ADL routines as well provided he is supported and supervised in the community.

On 5 August 2013 a pre-discharge CPA was held, where there were no major concerns voiced by the nursing staff though they did observe him to be a bit anxious around his discharge. Prior to the discharge he had overnight leaves to his house and all his random drug tests came back negative. The Richmond staff member did mention that his motivation appeared to be low. However, he seemed to be compliant with his medication. It has also been previously highlighted that his motivation remains low and he needs support to continue engagement with the services. The occupational therapist mentioned that Mr Gratton had attended all the sessions of the Moving On group and was of the opinion that he would be able to function in the community given the appropriate support. Mr Gratton appeared very positive about his discharge. His mental state appeared stable and he agreed with the plan at the CPA.

Follow-up:

1. A post-discharge CPA has been arranged on 5 September 2013 at Weston Day Hospital.
2. Richmond Fellowship will provide support and also check compliance with medication, help with initiation of entrust account to manage his money and facilitate attendance at outpatient appointments.
3. Mr Gratton will attend budget group in Stratheden Hospital for eight weeks.
4. Dunino Ward will complete a referral for CPN.
5. Clozapine bloods to be done at Weston Day Hospital every four weeks. Medication to be picked up from Weston on Tuesdays.
6. Gastroenterology outpatient appointment is awaited.

Yours sincerely

[redacted]

Dr Sangita Bohra
Speciality Doctor in Psychiatry

RECEIVED
04 NOV 2013

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
Cupar
Fife
KY15 4AN
[redacted]

NHS Fife

Dr Taylor
Bank Street Medical Group
Bank Street
CUPAR

Date: 10 October 2013
Our Ref: SL/ES

Enquiries to: Dr S Last

Dear Dr Taylor

Re: Leon Gratton [redacted]

I was supposed to see this 38 year old gentleman at Weston Day Hospital outpatient clinic on the 9th October 2013 but he failed to attend. I note his history of Schizophrenia and poly substance misuse, and I see that he has only recently been discharged from Stratheden Hospital after a very lengthy inpatient stay. Another outpatient appointment will be arranged in due course.

Yours sincerely

[redacted]

Dr S Last
Psychiatrist

POSITIVE ABOUT DISABLED PEOPLE

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
Cupar
Fife
KY15 5AN
[redacted]

NHS Fife

1 of 9 -

Private & Confidential
Mr Leon Gratton
[redacted]

Date 25 September 2013
Your Ref
Our Ref LG/ES/LG

[redacted]

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for

Thursday 17th October 2013 at 1.30p.m. at Weston Day Hospital, Cupar

Yours sincerely

[redacted]
Care Programme Approach Secretary

Distribution
File Copy
Dr Reid, Consultant Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted], Social Work Dept, Brunton House, 318 High Street, Cowdenbeath
[redacted] Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
[redacted] Staff Nurse, Weston House, Westport, Cupar
Dr S Bohra, Medical Offices, Stratheden Hospital, Cupar

POSITIVE ABOUT DISABLED PEOPLE

CHP Acting General Manager:
[redacted]

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name Leon Gratton | **Date:** 9 September 2013 | [redacted] | **SW No.**

Address:
[redacted]

Date of Birth: 17/03/75

Tel:

Psychiatrist
Name: Dr Reid
Address:
Medical Offices
Stratheden Hospital
Cupar
Fife

Tel:

GP
Name: Dr Taylor
Address:
Bank Street
Medical group
Cupar
Ky15 4JN

Tel: [redacted]

MHO
Name:
Address:

Tel:

SW
Name: [redacted]
Addres [redacted]

Care Coordinator
Name: [redacted]
Address:
Weston House
Westport
Cupar
Fife
KY15 5AN

[redacted]

Designation Staff Nurse

Community Nurse
Name: [redacted]
Address:
CPN Office
Stratheden Hospital
CUPAR

Tel: [redacted]

Named Person
Name:
Address:

Tel:
Relationship:

Advocacy
Contact details

Nearest Relative/Partner
Name: [redacted]
Address:

[redacted]
Relationship [redacted]

Share Info: Yes
Invited to meeting: Yes

NHS Confidential: Personal data about a patient

CPA Care Plan v.12

Page 1 of 8

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name Leon Gratton | **Date:** 9 September 2013 | [redacted] | **SW No.**

Crisis/out of hours arrangements

Leon encouraged to contact Breathing Space crisis helpline number or NHS 24 that he has been issued with.

[redacted]

If Leon Requires further support within Monday – Friday 9am till 5pm to contact his GP or arrange an appointment at Weston.

Date of Risk Assessment:

RA 2 09/07/2013

Sensory requirements

None

First language

English
Interpreter required?
Yes

Ethnic Origin:

White Scottish

Others attending meeting:
Name: [redacted]
Address: Richmond fellowship
Unit 51 The Granary
Coal Road
Cupar
Designation Richmond worker

Name: Dr S Bohra
Address: Medical Offices
Stratheden hospital
Cupar
Designation Speciality Doctor

Name:

Address:

Designation:

AWIA applies: No
Details

MHA applies: No
[For details see next page]

Date of previous CPA Review
5th September 2013

Next CPA Review

Date: Thursday 17th October 2013

Time: 1.30p.m.

Venue: Weston Day Hospital

Advance statement Yes
Where held:

NHS Confidential: Personal data about a patient

CPA Care Plan v.12

Page 2 of 8

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Mental Health (Care and Treatment) (Scotland) Act 2003
Section 76 Details

To be completed by the RMO
and
ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order

Name .....Leon Gratton..... Date...9 September 2013..... CHI No [redacted] SW No .....

Type of Order **Section No**	**Date of Order**
Period of next statutory review	**Date of last statutory review**
Compulsory Measures	**Recorded Matters**

RMO details: .....

CPA Care Plan v.12

[redacted]

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name .....Leon Gratton..... Date ...9 September 2013... CHI No [redacted] ..... SW No .....

Progress report

Progress since last review	**Issues arising/ Areas of concern**
Leon has been attending Weston on a regular basis since discharge. Leon has missed 3 appointments. Leon has reported experiencing anxiety due to new accommodation. Started one to one anxiety management and relaxation Has spent time regularly with his family	Weston raised concerns that attendance maybe an issue due to Leon missing two appointments at Weston. Richmond report initial problems in terms of financial difficulties. Organising trust fund – set up. O.T. reported that Leon has not engaged since discharge from Dunino. [redacted] informed Leon has a baseball bat at front door in case his safety is at risk. [redacted] provided food at times due to no food in house.

Person completing review (signed)..... [redacted] ..... Date...24/09/2013.....

NHS Confidential: Personal data about a patient

CPA Care Plan v.12

Page 4 of 8

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name .....Leon Gratton..... Date ...9 September 2013.....CHI No ... [redacted] SW No .....

Needs Identified (medical treatment; community services; other treatment or services)	Plan of Action	Person Responsible	Proposed Outcome	Update
Medical				
• Medical review to assess mental health.	Leon to receive medical outpatient appointments at Weston day hospital.	Medical staff / Leon Gratton	Regular contact	
Community mental health Services				
• Monitoring mental health.	Therapeutic sessions for ongoing monitoring of mental health state on a weekly basis.	[redacted] Leon Gratton	Weekly contact	
• Issue medication as per kardex.	Will collect medication weekly from Weston on discharge.	[redacted] / Leon Gratton / Weston Day Hospital	Weekly contact	
• Clozapine monitoring.	Leon to attend Weston on a monthly basis for monitoring of bloods and physical healthcare checks in accordance to the guidelines for Clozapine therapy.	[redacted] / Leon Gratton / Weston Day Hospital / medical staff / Richmond fellowship	Regular contact	
	Richmond to prompt Leon to attend appointments.	Richmond Fellowship / Leon		

NHS Confidential: Personal data about a patient

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

• Community mental health nurse.	Therapeutic sessions for ongoing monitoring of mental health state.	[redacted]	CPN input	
Finances				
• Budgeting	Leon has agreed to participate in a budgeting course at Stratheden board room, facilitated by OT department.	OT / Leon Gratton	Every Friday for 8, 2 hour sessions.	Leon has not attended. Discharged from O.T.
• 'Entrust account'	Direct debits will be set up for bills to be paid and remainder money for Leon to spend. Leon wishes to pay gas and electric.	Richmond fellowship / Leon Gratton	Management of finances.	Set up
Physical Health				
• Physical health check ups	To attend the GP	GP / Leon Gratton	Ongoing	
Accommodation				
• Tenancy Support	Richmond Fellowship to provide 20.5 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.	Richmond Fellowship / Leon Gratton	Support in the community.	
• Social Work	To be referred for home safety check.	[redacted]	To be transferred to Cupar Social Work team.	

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Structure to his week • Employment support	For Leon to attend 'supported employment' scheme for 12 weeks.	[redacted] Leon Gratton	Future employment or Volunteer work	Currently on waiting list.
Drug Misuse	Supporting Leon to continue to abstain from drugs detrimental to his mental health state.	Leon Gratton/ [redacted] Richmond Fellowship / Medical team	Abstain from drugs.	
Respite / Relapse planning • Relapse Plan	Relapse plan completed.	[redacted] / Leon Gratton	Ongoing	

Client/Patient (signed)..... [redacted] ..... Date..24/09/2013

Care Coordinator (signed)..... ..... Date...24/09/2013

NHS Confidential: Personal data about a patient

CPA Care Plan v.12

Page 7 of 8

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name .....Leon Gratton..... Date ...9 September 2013... CHI No ... [redacted] SW No .....

Are there any unmet service needs?
(i.e. lack of resources preventing achievement of the care plan)

No ☐ **Yes** ☐

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs	What action has been taken to address the need(s)?

Client/Patient (signed)..... [redacted] ..... Date...24/09/2013

Care Coordinator (signed)..... ..... Date...24/09/2013

NHS Confidential: Personal data about a patient

CPA Care Plan v.12

Page 8 of 8

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted]

Kirkcaldy & Levenmouth CHP
Mental Health Services
Weston Day Hospital
Weston House
Westport
Cupar
KY15 4AN

[redacted]

ADMISSION

Dr MacLaren
Bank Street Medical Practice
The Health Centre
CUPAR
Fife

Your Patient: Leon Gratton | CHI No: [redacted]

Address: [redacted]

Was Admitted to Weston Day Hospital on: 13 08 13

Consultant in Charge is: Dr Reid

Case Manager is: Name: [redacted] | Designation: Staff Nurse

Referred by: Dunino Ward

Reason for admission: Clozapine monitoring and monitoring of mental health.

You will be informed of any developments.
Any enquiries should be directed to the Case Manager in the first instance.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

Dr D Somerville
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed 19 March 2012
Our Ref PC/BB/F5187960
CHI Number [redacted]

Enquiries to
Telephone Number [redacted]
Email

Dear Dr Somerville

Re: LEON GRATTON [redacted] **DOB 17.03.75**

I have recently undertaken a review of the casenotes for clients under the Community Outreach Team.

As Leon is currently in Dunino Ward (Rehab), Stratheden Hospital and will remain there for some considerable time, we have discharged him from the services of the West Fife Community Outreach Team.

Should Leon's situation change and he moves back to this area, he can be re-referred at any time.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

cc Dawn Stanley, CCM, WFCOT, Haldane House, 71 Priory Lane, Dunfermline, Fife KY12 7DT

CHP Chair: [redacted]
CHP General Manager: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

KIRKCALDY & LEVENMOUTH CHP
Mental Health Services
Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

[redacted]

DISCHARGE SUMMARY

MN/LA/F5153833
CHI Number [redacted]

Dictated: 2nd August 2011
Typed: 4th August 2011

Dr D Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Leon Gratton
[redacted]

Date of Birth: 17 03 1975

Admitted: 09 04 2011
Discharged: 25 04 2011

MHA Status on Discharge: Informal

Medication on Discharge:

Trihexyphenydyl 2 mgs mane
Nitrazepam 10 mgs nocte
Cocodamol 8/500 – 2 X tablets tid
Flupenthixol Decanoate 150 mgs weekly
Betnovate topical
Diprobase topical

Diagnosis:
1) Schizophrenia.
2) Drug misuse.
3) Depression.
4) Borderline personality disorder.

Medication subject to treatment plan under MHA - No

Consultant: Dr Paul Cavanagh, Consultant Psychiatrist
Locus of Care: Ward 2, Queen Margaret Hospital, Dunfermline

Responsible Consultant following Discharge: **Dr Paul Cavanagh**

Follow-up Arrangements:
- West Fife Community Outreach Team
- Dr Soni Jha, Affective Disorders Clinic
- Dr Paul Cavanagh's Psychiatric Out Patient Clinic

Diagnostic Summary: Leon is a 36 year old man who was brought in by the Outreach Team following a deterioration in his mental state due to drug abuse. He had lost a lot of weight and physically appeared quite unwell. His mental state remained quite settled on the ward and his physical health improved. He was therefore discharged back home to be followed up as an out patient.

Signed .... [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dr Martha Neilson

CT1 to Dr Paul Cavanagh
Consultant Psychiatrist

Dear Dr Somerville

History of Presenting Complaint
Leon is a 36 year old man who is well known to the Outreach Team. He was admitted to the ward after reporting to have taken a lot of drugs, losing a lot of weight and not sleeping. He was mainly using 2 gms of amphetamines and 1 gm of mephedrone, usually within a group environment. He reported to have lost around 3 stone due to poor appetite and inability to purchase food due to his drug habit as he was spending around £150.00 to £250.00 per fortnight. He was also struggling to sleep and reported initial insomnia and difficulty staying asleep even with Nitrazepam. Leon says he sees spots, hears a screaming female voice in the distance and male voices issuing death threats.

Past Psychiatric History
Depression, schizophrenia, borderline personality disorder, previous overdoses and drug abuse.

Family Psychiatric History
He has [redacted] who suffers from agoraphobia.

Past Medical History
Weight loss and tremors.

Personal History
Previously well documented.

Social History
Leon lives in a council house on his own. He has a close friend who is a patient and drug abuser. He has a care worker from the Outreach Team and Richmond Fellowship X 3. Leon is currently on DLA and Income support, although he is currently in debt to a sum of £11,000 to the bank. [redacted] Leon says that he rarely drinks alcohol. He is a smoker.

Forensic History
Leon has a history of physically assaulting his [redacted] a few years ago.

Mental State Examination
Leon presented as a slim, approximately 6 feet tall Caucasian man, casually dressed in shirt and jeans. He was fully engaged, made good eye contact and had a slight tremor of his hands. He was not responding to unseen stimuli. His speech was normal in rate, volume and tone and was appropriate throughout. His mood subjectively was normal 5/10. He was occasionally tearful. He has poor appetite and sleep, anhedonia and poor concentration. Objectively he was dysthymic with reactive affect. Thoughts – he felt as though people could read his mind and take thoughts out. He was paranoid about death threats, being raped and murdered. He was hearing a female voice screaming in the distance and male voices issuing death threats.

Physical Examination
Physical examination revealed palpitations which seemed to be anxiety driven. He was constipated and restless. He also had marked eczema.

Leon Gratton
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Progress on the Ward

Leon spent most of the time doing nothing. His mental state seemed fairly stable. He mostly lay on his bed sleeping. He did improve throughout his admission and his physical health improved. He managed to put on weight and ate well. He did go on passes and did abuse drugs while he was away. He was discharged home and planning to reengage with the Community Drugs Team.

Yours sincerely

[redacted]

Dr Martha Neilson
CT 1 in Psychiatry to Dr Paul Cavanagh

cc West Fife Community Outreach Team, Haldane House,.71 Priory Lane, Dunfermline, KY12 7DT
Dr Soni Jha, Specialty Doctor in Psychiatry, Affective Disorders Clinic, Carnegie Clinic, Pilmuir Street, Dunfermline KY12 7AX

Leon Gratton [redacted]

THIRD PARTY COPY

Scanned Document
15-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf psy3.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
Weston Day Hospital
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

Letter ID: 2661436

[redacted]

ADMINISTRATIVE
LETTER
CO/AM

Date: 16/10/2017

Dear Dr MacLaren

Leon Gratton [redacted] Date of Birth: 17/03/1975

Mr Gratton was offered an appointment at the Weston Day Hospital Psychiatry Outpatient Clinic on 4th October 2017. On the day of the appointment he phoned to cancel this however, stating that he was unable to get transport organised that day so was not able to attend.

He will be reappointed in due course and I believe a further CPA meeting is due to be held at the Day Hospital in approximately December 2017.

No concerns have been raised from his CPN or Weston Day Hospital Staff recently other than reporting that he has not been attending the Music Group at the Day Hospital of late due to the continued flare ups of his Dermatitis. I have not suggested any changes to his medication at present.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

(P) [redacted] CPN Service, Stratheden Hospital, Cupar, Fife, KY15 5RR
(P) [redacted] Weston Day Hospital, Weston House, Cupar, Fife, KY15 4AN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
Weston Day Hospital
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

[redacted]
ADMINISTRATIVE
LETTER
CO/AM

Dear Dr MacLaren

Date: 16/10/2017

Leon Gratton [redacted] **Date of Birth: 17/03/1975**

Mr Gratton was offered an appointment at the Weston Day Hospital Psychiatry Outpatient Clinic on 4th October 2017. On the day of the appointment he phoned to cancel this however, stating that he was unable to get transport organised that day so was not able to attend.

He will be reappointed in due course and I believe a further CPA meeting is due to be held at the Day Hospital in approximately December 2017.

No concerns have been raised from his CPN or Weston Day Hospital Staff recently other than reporting that he has not been attending the Music Group at the Day Hospital of late due to the continued flare ups of his Dermatitis. I have not suggested any changes to his medication at present.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

(P) [redacted] CPN Service, Stratheden Hospital, Cupar, Fife, KY15 5RR
(P) [redacted] Weston Day Hospital, Weston House, Cupar, Fife, KY15 4AN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife
Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Dr Taylor
Bank Street Medical Group
Bank Street
Cupar

Your Ref:
Our Ref: TH/ES
Date: 24 August 2017

Dear Dr Taylor

Re: Mr Leon Gratton, [redacted]
CHI No: [redacted]

Mr Gratton is prescribed Clozapine and requires a monthly FBC for Clozapine monitoring.

Due to Mr Gratton's skin condition we are finding it is becoming increasingly difficult to obtain blood from Mr Gratton at the Clozapine Clinic. Would it be possible if we are unable to obtain blood at the Clozapine Clinic that Mr Gratton could be seen by the phlebotomist at the surgery, Weston staff would then add the blood results onto the Ztas system who monitor the Clozapine.

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

Yours sincerely

[redacted]

[redacted]
Staff Nurse

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN –
Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org
NHS Fife
Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Mr Leon Gratton
[redacted]

Your Ref:
Our Ref: TH/ES
Date: 1st June 2017

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Thursday 15th June 2017 at 1:15 p.m. in the Seminar Room at Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Care Programme Approach Secretary

Distribution
File Copy
Dr Olley, Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
Social Work Office, County Buildings, St Catherine Street, Cupar
[redacted] Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
Staff Nurse, Weston House, Westport, Cupar
[redacted]
[redacted] O.T. Service, Stratheden Hospital, Cupar

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KC Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

ADMINISTRATIVE LETTER

[redacted]

Dear Dr Taylor

Date: 11/05/2017

Leon Gratton [redacted]
Date of Birth: 17/03/1975

This letter is for your information and for our records to confirm that I sent you a fax on 8th May 2017.

In the fax I stated that Mr Gratton's full blood count blood tests continue to be taken on a monthly basis due to his physical monitoring for Clozapine treatment.

This month's blood tests showed that Mr Gratton had an increased WBC of 14.6 and elevated Neutrophils of 10.4. He also has a persistent anaemia of 128 and MCV raised at 118. I enclosed the blood test result with the fax I sent to you.

I have asked his CPN and nurse at the Weston Day Hospital to encourage him to make an appointment at the practice so that he could be reviewed and assessed whether treatment of an infection would be indicated.

Thank you for your help.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

08/05 2017 10:04 FAX 01334698042 med offices 0001/0002

Fife Health & Social Care Partnership

Supporting the people of Fife together

[redacted]

Your Ref:
Our Ref:
Date 8/5/17

*FAO:

Dear Dr TAYLOR (BANK ST. GP)

RE: LEON GRATTON ([redacted])

— FOR YOUR INFORMATION — PLEASE SEE ATTACHED BLOOD RESULTS.

~~The above named was seen at St Andrews Outpatient Clinic today.~~

— AS PART OF HIS CLOZAPINE MONITORING HE CONTINUES TO

~~I would recommend the following:~~ HAVE MONTHLY BLOOD TESTS.

— THIS MONTHS SHOWS THAT MR GRATTON HAS A ?WORSENING INFECTION (WBC = 14·6, NEUT = 10·4) + PERSISTENT MICROCYTIC ANAEMIA (Hb = 128/MCV = 118).

— I WILL ASK HIS CPN + NURSES AT WILSON DAY HOSPITAL TO ENCOURAGE HIM TO MAKE AN APPOINTMENT AT THE PRACTICE TO REVIEW FOR POSSIBLE TREATMENT OF THESE OR FURTHER ASSESSMENT.

Yours sincerely THANK YOU.

[redacted]

Dr Christopher Olley
Speciality Doctor In Psychiatry

[redacted] Mental Health Services
[redacted] Hospital, CUPAR, Fife, KY15 5RR

[redacted] Health and Social Care Partnership
A partnership between NHS Fife and Fife Council
[redacted]

NHS Fife

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

DBL.



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JA
[redacted]

Mental Health Psychiatry Care Plan

Name & Address label Leon Gratton. Date of Birth 17/3/75

Current Medication:

Employment Status: Unemployed.

HEALTH & LIFESTYLE

BP: ___/___ Height: 184 Weight: 118 BMI: 34.

Urinalysis: No sample.

Smoking Status: Current smoker/Ex-smoker/Never smoked

Smoking Cessation Advice given: YES/NO

Alcohol Consumption: ___ Units per week

Blood taken: Gets bloods done every 4 weeks at Weston.

Non-prescribed drugs usage: None.

Exercise:

Lifestyle advice:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SUPPORT

Do you receive support from family, friends or carers? _____

Name of CPN (if applicable): Brian Duffy

How often do you have regular contact with your CPN? Daily at Present.

If your mental health well-being is deteriorating, how would you prefer to manage it and who would you contact?

CPN or weston.

Do you have any problems or concerns at the moment?

Anxiety, Psoriasis and SOB.

Patient goals:

To reduce anxiety

Any other information:

Are you happy to attend the Practice for a health check on a yearly basis? YES/NO

Staff use only:

Care plan completed by: [redacted]

Designation: P.N.

Date: 21 / 3 / 17

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

1 of 8

NHS Fife Community Service
Mental Health Service

Care Programme Approach
Weston House
West Port
CUPAR
Fife
KY15 4AN
[redacted]

NHS Fife

A reminder letter will be sent out nearer the time of the next meeting.

With compliments from: CPA Secretary

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name Leon Gratton	Date: 11/02/16	CHI N[redacted]	SW No.

Address: 3 Maligil Row Springfield Fife KY15 5SA **Date of Birth:** 17/03/75 [redacted]	**Psychiatrist** **Name:** Dr G Howson / Dr Olley **Address:** Medical Offices Stratheden Hospital Cupar Fife [redacted]	**GP** **Name:** Dr Taylor **Address:** Bank Street Medical group Cupar Ky15 4JN [redacted]	**Name:** **Address:** **Tel:** **SW** **Name:** Pending **Address:** **Tel:**
Care Coordinator **Name:** **Addre**[redacted] Weston House Westport Cupar Fife KY15 5AN [redacted] **Designation** Staff Nurse	**Community Nurse** **Name**[redacted] **Address:** CPN Office Stratheden Hospital Cupar Ky15 5RR [redacted]	**Named Person** **Name:** **Address:** **Tel:** **Relationship:** **Advocacy** **Contact details**	[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS

Name Leon Gratton	Date: 11/02/16	CH[redacted]	SW No.

Crisis/out of hours arrangements

Leon encouraged contacting crisis helpline number or NHS 24 that he has been issued with.

NHS 24 111

Breathing space 0800838587

If Leon Requires further support within Monday – Friday 9am till 5pm to contact his GP or arrange an appointment at Weston.

Date of Risk Assessment:

RA 2 26/04/16

Sensory requirements

None

First language

English
Interpreter required?
No

Ethnic Origin:

White Scottish

Others attending meeting:
Name: [redacted]

Address: Richmond Fellowship
Unit S1 The Granary
Coal Road
Cupar
Designation Richmond Worker
[redacted]

Name: [redacted]
Address: Ceres Centre, Stratheden Hospital, Cupar
Designation O.T.

Name:
Address:

Designation

Name:
Address:

Designation

AWIA applies: No
Details

MHA applies: No
[For details see next page]

Date of previous CPA Review
23/06/16

Next CPA Review

Date: Thursday 15th June 2017

Time: 1.00 p.m.

Venue: Seminar Room
Weston House, Cupar

Advance statement Yes
Where held: Medical records

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Multi-Agency Care Programme Approach Care Plan

Mental Health (Care and Treatment) (Scotland) Act 2003
Section 76 Details

To be completed by the RMO
and
ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order

Name .....Leon Gratton..... Date...11/02/16..... CHI No ...1703751191..... SW No .....

Type of Order **Section No**	**Date of Order**
Period of next statutory review	**Date of last statutory review**
Compulsory Measures	**Recorded Matters**

RMO details: .....

CPA Care Plan v.12

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS

Name .....Leon Gratton..... Date 11/02/16 CHI No ...1703751191..... SW No .....

Progress report

Progress since last review

Weston Day Hospital
Leon has attended his appointments at Weston Day Hospital. Leon has been collecting his medication on a fortnightly basis with maximum encouragement and support from Richmond fellowship.

Richmond Fellowship
Difficulty with morning contact as Leon finds it difficult getting up in the mornings. Discussed food shopping, Leon prefers to go to local shop due to increase in anxiety in the supermarket. Lacks motivation and difficulty with personal hygiene at times. Increase in phone calls.

O.T.
Attended 17 appointments, missed 9 appointments.

G.P.
Extreme dermatitis ongoing – attending Dermatologist.

CPN Service
[redacted] visits Leon on a fortnightly basis and supports Leon to hospital appointments.

Dr Olley
Attending 4 monthly

Clozapine
Assay levels to be repeated at next Clozapine monitoring.

Issues arising/ Areas of concern

- Leon uses taxis to attend for medication due to anxiety on buses
- Occasionally presents in a highly anxious state.
- Issues with debt

Attended CPA on 23/06/16
Leon Gratton
[redacted]

Person completing review (signed)..... Date..14/2/17.....

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS

Name .....Leon Gratton..... Date ...11/02/16.....CHI No .....1703751191..... SW No .....

Needs Identified (medical treatment; community services; other treatment or services)	Plan of Action	Person Responsible	Proposed Outcome	Update
Medical				
• Medical review to assess mental health.	Leon to receive medical outpatient appointments at Weston day hospital. [redacted] wishes copy of medical review appointment sent to herself.	Medical staff / Leon Gratton 4/12	Regular contact	Next Appointment 09/03/16
Community mental health Service.				
• Issue medication as per kardex.	Will collect medication fortnightly from Weston.	[redacted] / Leon Gratton / Weston Day Hospital	Fortnightly contact	Collect medication at planned.
• Clozapine monitoring.	Leon to attend Weston on a monthly basis for monitoring of bloods and physical healthcare checks in accordance to the guidelines for Clozapine therapy. Richmond to prompt Leon to attend appointments.	[redacted] / Leon Gratton / Weston Day Hospital / medical staff / Richmond fellowship Richmond Fellowship/ Leon Gratton	Regular contact Weekly	Yearly review of Clozapine due December 2016

CPA Care Plan v.12

Page 5 of 7

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS

• Community Mental Health Nurse	Therapeutic sessions for ongoing monitoring and support for Leon's mental wellbeing. Assistance in attending medical appointments.	[redacted]	Fortnightly	Ongoing
Finances • 'Entrust account'	Direct debits will be set up for bills to be paid and remainder money for Leon to spend.	Richmond fellowship / Leon Gratton	Management of finances.	Looking into changing bank account due to debt
Accommodation • Tenancy Support	Richmond Fellowship to provide 20.5 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.	Richmond Fellowship / Leon Gratton	Support in the community.	Workers to use key from key box when unable to access house in an emergency situation
Structure to his week • OT support	Address anxiety in the community	[redacted] Leon Gratton	Regular contact	Ongoing

Client/Patient (signed)..... Date...14/2/17.....

Care Coordinator (signed)..... Date...14/2/17.....

[redacted]

Page 6 of 7

CPA Care Plan v.12

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Council

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name ...Leon Gratton..... Date ...11/02/16..... CHI No [redacted] SW No .....

Are there any unmet service needs? **No** ☐ **Yes** ☐
(i.e. lack of resources preventing achievement of the care plan)

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs	**What action has been taken to address the need(s)?**
Psoriasis Treatment	Leon has had severe psoriasis for over one year. He has been treated by GP and a dermatologist still having treatment from a dermatologist. Due to be seen again January 2017 to assess for photo therapy. Leon's main problem is treating his skin has poor compliance with the application of hs creams. Plan for Christmas is that [redacted] will take him for 6-10 days and ensure he has his creams applied as prescribed.
Tachycardia on ECG	Dr Olley has contacted GP regarding possible starting of beta blocker. GP not keen to start one due to ongoing treatment for psoriasis and skin infection.

Client/Patient (signed)..... Date..16/2/17.....

Care Coordinator (signed)..... Date..16/2/17.....

CPA Care Plan v.12 *Page 7 of 7*

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
Weston Day Hospital
[redacted]

Fife Health & Social Care Partnership

Dr KC Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]
Hospital ID: SF5153833A
CO/AM

Letter ID: 2330417

Dear Dr Taylor

Clinic Date: 25/01/2017

Date: 02/02/2017

Leon Gratton, [redacted] Date of Birth: 17/03/1975

I reviewed Mr Gratton at the Weston Day Hospital Psychiatry Outpatient Clinic on Wednesday 25th January 2017. He has a diagnosis of **Treatment resistant Schizophrenia**. His current medication is **Fluoxetine 40mg once daily, Clozapine 300mg nocte, Pizotifen, Aripiprazole 20mg OD and Simvastatin**

Thank you for the recent letter to us, stating the reasons as to why you did not feel that starting Mr Gratton on a Beta-blocker would be suitable.

Mr Gratton continues to describe residual positive psychotic symptoms that are most prominent at night time when he is trying to get to sleep or when he wakes up during the night he describes auditory hallucinations of noises outside his accommodation and paranoid delusions that both relate to his concerns that past associates are going to harm him). He tries to ignore these he tries to distract himself by reading or writing poems at such times.

He denied significant changes in his mental state since last [redacted] at clinic. However objectively, he appeared less agitated and self neglect had improved as his hair had been cut over the Christmas period. He stated that his eczema had improved whilst he was [redacted] in Decemeber as she had been applying his dressings and creams on a regular basis. Unfortunately since he had returned to his own accommodation his dermatitis had started to flare up once more. He stated that he had attended a Dermatology outpatient appointment the day before and the plan was for Phototherapy to start in the near future.

Mr Gratton denies unwanted effects from his psychotropic mediation at present and was agreeable to continue with his current combination. He was appropriate at the clinic, there was no expression of suicidal ideation or plans and no evidence of him responding to abnormal perceptions during the appointment.

We discussed his long term use of Pizotifen for migraines. I am uncertain if this was started by one of my psychiatry colleagues in the past or one of the GP's in the practice. He stated that he had not been troubled by migraines for several months as had found wearing glasses more regularly had helped with the headaches that he previously had experienced.

Recommendations

1. **I did not suggest any changes to his current psychotropic medication due to his stable mental state. Provided you did not object, we could discontinue his Pizotifen to give him a trial without this as he is no longer experiencing headaches. Though please let me know if you feel this would NOT be suitable. Thank you.**
2. Continued input from CPN, Social Work, Richmond Fellowship, Dermatology and Occupational Therapy.
3. Awaits upcoming CPA meeting.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

4. Follow-up at outpatient clinic in 6 months time.
5. Annual Physical monitoring via Weston Day hospital - including bloods and ECG as well as regular FBC's and physical observations due to use of Clozapine

Yours sincerely
Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

([redacted]PN Service, Stratheden Hospital, Cupar, Fife, KY15 5RR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

08/12 2016 3:54PM FAX 01334654143++++ WESTON DAY HOSPITAL 0001/0001

Kirkcaldy & Levenmouth CHP
Mental Health Services
Weston Day Hospital
Westport
Cupar

[redacted]

Private & Confidential

Date: 8/12/16
Your Ref:
Our Ref:

Enquiries to:

* FAO : DR GOURLEY
BANK STREET MEDICAL GROUP
CUPAR.

Dear Dr

Re: GRATTON LEON [redacted]

Addres [redacted] 17/03/1975 [redacted]

Date of birth:

The above named was seen at Weston Outpatient Clinic today. AT HIS CPA (CARE PROGRAMME APPROACH MEETING)

I would recommend the following: MR GRATTON IS DUE TO MOVE ON APPOINTMENT WITH ONE OF THE GP'S AT THE PRACTICE LATER THIS WEEK. UNFORTUNATELY HIS RECENT SKIN CONDITION CONTINUES TO BE PROBLEMATIC & AFTER R/V BY AN OUT OF HOURS GP HAS SWABBED ON AN ASTHMA INHALER DUE TO CHEST PROBLEMS - HE IS DUE TO HAVE F/U R/V'S.

JUST TO UPDATE YOU HIS LATEST FBC FOR CLOZAPINE WAS CHECKED ON 11/11/16. AT THAT TIME HIS WBC = 15·3 + NEUTROPHILS WERE 11·4. HE STATED THAT SINCE THEN HE HAD RECEIVED ANTIBIOTICS FOR ? CHEST OR SKIN INFECTION. I WOULD BE GRATEFUL IF THIS COULD BE CONFIRMED & HE BE R/V'D FOR CONTINUING INFECTION IF PRESENT AS HE DESCRIBES REGULAR PYREXIA'S AT PRESENT.

Yours sincerely

[redacted]

Dr C. Olley
Psychiatrist

FINALLY AN ECG WAS TAKEN ON 9/11/16 AT THE DAY HOSPITAL AT PART OF HIS ANNUAL PHYSICAL R/V. THIS WAS NORMAL EXCEPT FOR A SINUS TACHYCARDIA OF 118. HIS PULSE HAS BEEN CHECKED THROUGHOUT THE YEAR & HAS BEEN WITHIN RANGE OF 110-120BPM. CLOZAPINE IS KNOWN TO CAUSE ? HR IN SOME INDIVIDUALS. I WOULD BE GRATEFUL IF YOU COULD ALSO CONSIDER R/V'ING HIM FOR A MEDICATION eg BISOPROLOL / BUSPIROLE TO TRY TO REDUCE HIS RESTING RATE DOWN TO NORMAL RANGES. HIS BLOOD PRESSURE HAS BEEN NORMAL & LAST CHECKED WAS 114/6

THANK YOU FOR YOUR HELP. IF YOU NEED US TO CHASE HIM ON ANY NEW MEDICATION PLEASE GET IN CONTACT WITH US AT THE WESTON DAY HOSPITAL.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Mr Leon Gratton
[redacted]

Your Ref:
Our Ref: TH/ES
Date: 29 November 2016

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Thursday 8th December 2016 at 1:00 p.m. in the Seminar Room at Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Care Programme Approach Secretary

Distribution
File Copy
Dr Olley, Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
[redacted] Social Work Office, County Buildings, St Catherine Street, Cupar
[redacted], Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
[redacted], Staff Nurse, Weston House, Westport, Cupar
[redacted] O.T. Service, Stratheden Hospital, Cupar

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN – [redacted]

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org
NHS Fife
Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KC Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]

[redacted]

Dear Dr Taylor

Clinic Date: 05/10/2016

Date: 21/10/2016

Leon Gratton, [redacted] **Date of Birth: 17/03/1975**

I reviewed Mr Gratton at the Weston Day Hospital Psychiatry Outpatient Clinic on 5th October 2016. He has a diagnosis of **Treatment resistant Schizophrenia.** His current medication is **Fluoxetine 40mg OD Omeprazole, Pizotifen, Simvastatin, Aripiprazole 15mg once daily, Clozapine 300mg nocte and several creams** for dermatitis.

Unfortunately with the deterioration in his dermatitis, his mental state has mildly worsened in the last few weeks. Residual auditory hallucinations that occur especially at night time have been prominent - he reports hearing voices shouting and football chants, which are distressing at the time and worries that others outside of his accommodation could be planning to harm him. Activity has been limited and he continues to spend the majority of his time in his home. He remains in contact with [redacted] He described his mood as low, objectively he was mildly flat. During the appointment, as before, there was no evidence of him responding to auditory hallucinations. He admitted to experiencing intermittent suicidal ideation - the last being one month ago, which had been transient at the time and he had not acted on. Distraction is normally helpful for him at such times. He stated that he is managing to eat regularly. Sleeping continues to be disrupted at times however. Objectively his skin appeared more inflamed on his face and limbs than in the recent past. He looked pale and tired. Although mildly flat in mood reactivity was still present. He denied current active suicidal ideation or plans. Signs of self neglect were evident as before.

Recommendations

1. To try to improve his residual psychotic symptoms and mood I have increased his dose of **Aripiprazole** from 15 to **20mg once daily**. I have adjusted his Kardex at the Weston Day Hospital accordingly as he receives his medication from the day hospital
2. Follow-up at outpatient clinic in 4 months or earlier if requested and await upcoming CPA meeting.
3. Continued input from CPN and Dermatology
4. I will refer him to the Weston Day Hospital Music Group, as he is keen to try to increase social activity.
5. **Continued input from Occupational Therapist – unfortunately recent appointments have clashed with his appointments for Dermatology – he remains keen to work with the OT however.**
6. He stated that he planned to make an appointment with his GP later this week for a review of his skin to assess whether he would require a further trial of antibiotic due to recent increased WBC and Neutrophils — I faxed the results of his recent blood tests to the practice on 5th October 2016 for your information.
7. Annual ECG and bloods as part of physical monitoring for Clozapine due next month.

Yours sincerely
Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

[redacted] CPN Service, Stratheden Hospital, Cupar, Fife, KY15 5RR
[redacted], Occupational Therapy Department, Ceres Centre, Stratheden Hospital, Cupar, KY15 5RR

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Dr Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

Your Ref:
Our Ref: CO/AM
Date: 5th September 2016

Dear Dr Taylor

Re: Leon Gratton [redacted]
DOB/CHI: [redacted]

I reviewed Mr Gratton at the Weston Day Hospital Psychiatry Outpatient Clinic on Wednesday 31st August 2016. This letter is to confirm for our records that we had a discussion via the telephone following Mr Gratton's appointment that day.

An urgent appointment had been arranged to review Mr Gratton's skin as it had been worsening recently. I had been informed that he had been having difficulty applying dressings that had been advised by his Dermatologist for his Dermatitis. Until recently his CPN [redacted] had been helping him apply his dressings on a daily basis, despite this not being part of the normal role of a Community psychiatric nurse. This however became no longer possible as his CPN had a period of annual leave organised. At the appointment Mr Gratton's skin on his arms remained itchy, the skin was broken on several areas and appeared inflamed. He had an appointment at the practice with you also organised for later that day.

Following our discussion over the telephone it was agreed that you would discuss with him the options that were available to help him with the application of his dressings – these included him visiting the practice daily or instead a district nurse visiting him daily.

Thank you for your help with this, I am due to see Mr Gratton again in a fortnight's time to further review his mental state and psychotropic medication. The deterioration in his skin has likely been having a detrimental impact on his mood. Hopefully an improvement in his skin will also help his mental state.

Yours sincerely

[redacted]
Dr Chris Olley
Specialty Doctor in Psychiatry

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN – [redacted]

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 2559648

Dear Dr MacLaren Clinic Date: 20/09/2016 Date: 20/07/2017

Leon Gratton [redacted]
Date of Birth: 17/03/1975

Mr Gratton was offered an appointment at Weston Day Hospital psychiatry outpatient clinic on the 19th July 2017.

On the day of the appointment he telephoned us to cancel this as he had another hospital appointment that day so he was unable to attend to see me. He has recently been seen at a CPA meeting and his mental state was noted to be stable - he was bright in mood that day and less anxious. There was no change in his intermittent residual psychotic symptoms however and his Dermatitis continues to be a problem for him. This remains under review/treatment by Dermatology. Following the CPA meeting in early July he was due to see his GP also to review whether a further course of antibiotics was required for a possible skin infection. After I had consulted with yourself last month he has now been started on Folic acid (three weeks ago) after a folate deficiency and Macrocytic anaemia had been identified on blood tests.

Physical Observations: Due to his use of Clozapine these continue to be undertaken at the day hospital on a monthly basis. His heart rate has persistently remained Tachycardic - within a range of 115 to 117 beats per minutes regular. As per guidelines for physical monitoring of Clozapine, I will organise for him to have a six monthly Troponin level taken twice over the next year as there is an increased risk of cardiac disease (especially Cardiomyopathy) in those using Clozapine and tachycardic. I note previously one of your colleagues at the practice was reluctant to have Mr Gratton started on a Beta blocker to try to normalise his heart rate, given his previous history of bronchospasm in the past.

Mr Gratton will be reappointed in due course at the Psychiatry outpatient clinic and will continue to receive input from Community Psychiatric Nurse [redacted] in the meantime. The Weston Day Hospital will continue to supply him with his medication due to his use of Clozapine.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

(P) [redacted] CPN Service, Stratheden Hospital, Cupar, Fife, KY15 5RR
(P) [redacted] Weston Day Hospital , Westport, Cupar , KY15 4AN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

172

Fife Health & Social Care Partnership

Supporting the people of Fife together

Private & Confidential

Dr Olley
Psychiatrist
Stratheden Hospital
CUPAR

Your Ref:
Our Ref: TH/ES
Date: 31st May 2016

Dear Dr Olley

Re: Leon Gratton, [redacted]
CHI No: [redacted]

A professionals meeting has been arranged for the above named gentleman on:

Thursday 23rd June 2016 at 1.15p.m. in the Seminar Room, Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Distribution
File Copy
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
[redacted] Social Work Office, County Buildings, St Catherine Street, Cupar
[redacted] Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
[redacted], Staff Nurse, Weston House, Westport, Cupar
[redacted] O.T. Service, Stratheden Hospital, Cupar

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN – [redacted]

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership

Supporting the people of Fife together

Private & Confidential

Mr Leon Gratton
[redacted]

Your Ref:
Our Ref: TH/ES
Date: 31st May 2016

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Thursday 23rd June 2016 at 1:30 p.m. in the Seminar Room at Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Distribution
File Copy
Dr Olley, Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
[redacted] Social Work Office, County Buildings, St Catherine Street, Cupar
[redacted] Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
[redacted] Staff Nurse, Weston House, Westport, Cupar
[redacted]
[redacted] O.T. Service, Stratheden Hospital, Cupar

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN – [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Fife Community Service
Mental Health Service

Weston House
Westport
CUPAR
KY15 4AN

NHS Fife

[redacted]

Private & Confidential

Dr Gourley
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

Date 8 April 2016
Your Ref
Our Ref CO/AM
Enquiries to Dr C Olley

Dear Dr Gourley

Re: Leon Gratton, [redacted]
DOB/CHI: [redacted]

This letter is for your information only. Mr Gratton's Clozapine Plasma Level was taken on 29th March 2016 and found still to be elevated at 0.88 (the normal range = 0.35 – 0.60). His current dose of Clozapine is 350mg per day.

These results were discussed at the LMHT meeting on Wednesday 6th April 2016, in which Consultant psychiatrist Dr Howson was also in attendance. We agreed that his **Clozapine dose should be reduced to 325mg per day** as his plasma levels have remained elevated since he stopped smoking cigarettes. It was agreed that at present there was not significant clinical indication to keep his plasma level raised above normal ranges.

I have therefore adjusted his drug kardex at the Weston Day Hospital accordingly and he will continue to have his medication prescribed by the day hospital. He will continue to be regularly reviewed by staff when he attends for his Clozapine bloods and the psychiatry outpatient clinic.

Yours sincerely

[redacted]

pp **Dr Chris Olley**
Specialty Doctor in Psychiatry

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

NHS Fife

Dr KC Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]

Hospital ID: SPS153883A
CO/GB

Letter ID: 1907671

Dear Dr Taylor

Clinic Date: 09/03/2016

Date: 18/03/2016

Leon Gratton [redacted] **Date of Birth: 17/03/1975**

I reviewed Mr Gratton at the Weston Day Hospital Psychiatry Outpatient Clinic. He has a history of Schizophrenia. His current medication dispensed at Weston Day Hospital is **Clozapine 325mg nocte, Aripiprazole 15mg once daily, Fluoxetine 40mg once daily**, Simvastatin 40mg nocte, Pizotifen, and Omeprazole 20mg once daily.

Mr Gratton's mental state does not appear to have changed since last seen at clinic. He continues to feel anxious and experiences residual psychotic symptoms, especially at night time – these include auditory hallucinations and paranoid delusional ideation as previously described. He also finds attending appointments anxiety provoking. He is however now seeing an Occupational Therapist and this will hopefully help him to manage his anxiety more effectively and gradually increase his level of activity outside of the house. I believe he has recently seen his GP for a hand skin infection and has had a course of antibiotics for this which has helped. He denied current suicidal ideation or plans stating that his [redacted] and [redacted] are protective factors for him. When he has had thoughts of harming himself in the past he has contacted Samaritans by phone which he finds reassuring and intends to do so again if these re occur. He denied current illicit drug or alcohol use and denied troubling unwanted effects from his medication. He was not keen to increase the dose of Aripiprazole to try to improve his residual psychotic symptoms/anxiety and instead would prefer to remain on his current doses of medication. Objectively there was no change in his mental state; he did not appear to be responding to hallucinations during the appointment, his mood was euthymic and he generally appeared relaxed.

Recommendations:

1. **I have not suggested any changes to his current medication.**
2. Nursing Staff will undertake plasma Clozapine level as planned previously due to him having discontinued smoking in the latter half of last year to check Clozapine treatment level adequate.
3. Continued input from O.T., CPN, Weston Day Hospital and awaits further CPA meeting.
4. He will attend GP again later in the week to review his skin infection as his blood infection markers were still raised.
5. Follow up at Outpatient Clinic in six months.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

08/03 2016 3:56PM FAX [redacted] WESTON DAY HOSPITAL 0001/0002

Kirkcaldy & Levenmouth CHP
Mental Health Services

Stratheden Hospital
Cupar
Fife KY15 5RR
[redacted]

NHS Fife

Date:
Your ref:
Our ref: [redacted]

FAO DR GOURLAY (BOOK SS GP [redacted]

Dear doctor

RE: GRATTON LEON [redacted] 17/03/1975 [redacted]

9/3/15

The above named patient was seen at Weston Day Hospital outpatient clinic today.

I would recommend the following:

IR R/V MR GRATTON AT CLINIC TODAY. ALTHOUGH HIS SKIN ON HIS HANDS HAVE IMPROVED THEY STILL APPEAR ? INFECTED. RECENT BLOOD TESTS (TAKEN FOR CLOZAPINE) WERE RAISED — WBC + NEUTROPHILS. HE IS DUE TO ATTEND PRACTICE TOMORROW. PLEASE CONSIDER IF FURTHER ANTIBIOTIC NEEDS BE APPROPRIATE. THANK YOU.

[redacted]

Dr Gourlay
Specialty Doctor in Psychiatry

POSITIVE ABOUT DISABLED PEOPLE

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Magna Laboratories Ltd
Unit 5 Chase Industrial Estate
Alton Road
Ross-on-Wye
HR9 5WA

Bloodresults

Consultant:

Dr DA Reid
Stratheden
Cupar
KY15 5RR
[redacted]

Firstname:	Leon	Date of Birth:	17-Mar-1975
Surname:	Gratton	PIN:	[redacted]
Gender:	MALE	NHS Number:	#N/A

Haematology

	Result	Normal Range	Units
WBC	17.3 *	[3.5 - 11.0]	10^9/L
RBC	4.8	[4.5 - 6.5]	10^12/L
Haemoglobin	150	[136 - 176]	g/L
Haematocrit	0.46	[0.40 - 0.50]	L/L
MCV	95	[80 - 97]	fL
MCH	31	[27 - 32]	pg
MCHC	330	[300 - 360]	g/L
Platelets	273	[150 - 400]	10^9/L
Neutrophils	12.3 *	[2.0 - 7.5]	10^9/L
Lymphocytes	3.0	[1.5 - 4.0]	10^9/L
Monocytes	1.3 *	[0.0 - 1.0]	10^9/L
Eosinophils	0.8 *	[0.0 - 0.6]	10^9/L
Basophils	0.1	[0.0 - 0.2]	10^9/L

9/3/16
— Hb1 Alc
Tom Wilson w.o.
to Dr

Sample Type: EDTA
Sample Date: 02-Mar-2016
Analysis Method: By Automated Blood Count Analyser
Analysis Date: 03-Mar-2016 Reporting Date: 03-Mar-2016

This page displays the patient's FBC result. Result values that fall outside the normal range are highlighted and marked with an asterix. The result has been validated appropriately by trained laboratory personnel.

In person wind make Appt.

If you receive this report in error please notify the sender as soon as possible (Tel: 0207 3655842, Fax: 0207 3655843, E-mail: info@zlas.co.uk). Treat this as personal data and destroy appropriately.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Fife Community Service
Mental Health Service

Care Programme Approach
Weston House
West Port
CUPAR
Fife
KY15 4AN
[redacted]

NHS Fife

A reminder letter will be sent out nearer the time of the next meeting.

With compliments from: CPA Secretary

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name Leon Gratton	Date: 11/02/16 [redacted]	SW No.

Address: [redacted] Date of Birth: 17/03/75 [redacted]	Psychiatrist Name: Dr G Howson / Dr Olley Address: Medical Offices Stratheden Hospital Cupar Fife [redacted]	GP Name: Dr Taylor Address: Bank Street Medical group Cupar Ky15 4JN [redacted]	MHO Name: Address: Tel: SW Name: Pending Address: Tel:
Care Coordinator Name: [redacted] Address: Weston House Westport Cupar Fife KY15 5AN [redacted] Designation Staff Nurse	Community Nurse Name: [redacted] Address: CPN Office Stratheden Hospital Cupar Ky15 5RR [redacted]	Named Person Name: Address: Tel: Relationship: Advocacy Contact details	[redacted]

NHS Confidential: Personal data about a patient

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name Leon Gratton	Date: 11/02/16 [redacted]	SW No.

Crisis/out of hours arrangements Leon encouraged contacting crisis helpline number or NHS 24 that he has been issued with. NHS 24 111 Breathing space 0800838587 If Leon Requires further support within Monday –Friday 9am till 5pm to contact his GP or arrange an appointment at Weston. Date of Risk Assessment: RA 2 09/07/2013	Sensory requirements None First language English Interpreter required? No Ethnic Origin: White Scottish	Others attending meeting: Name: [redacted] Address: Richmond Fellowship Unit S1 The Granary Coal Road Cupar Designation Richmond Worker [redacted] Name: [redacted] Address: Ceres Centre, Stratheden Hospital, Cupar Designation O.T. Name: Address: Designation Name: Address: Designation	AWIA applies: No Details MHA applies: No [For details see next page] Date of previous CPA Review 23/06/16 Next CPA Review Date: Thursday 8th December 2016 Time: 1.00 p.m. Venue: Seminar Room Weston House, Cupar
			Advance statement Yes Where held: Medical records

NHS Confidential: Personal data about a patient

Multi-Agency Care Programme Approach Care Plan

Mental Health (Care and Treatment) (Scotland) Act 2003
Section 76 Details

To be completed by the RMO
and
ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order

Name .....Leon Gratton..... Date...11/02/16..... CHI No [redacted] ..... SW No .....

Type of Order **Section No**	**Date of Order**
Period of next statutory review	**Date of last statutory review**
Compulsory Measures	**Recorded Matters**

RMO details: .....

[redacted]

NHS Confidential: Personal data about a patient

THIRD PARTY COPY

Multi-Agency Care Programme Approach Care Plan

Name .....Leon Gratton..... Date **11/02/16** CHI No [redacted] ..... SW No .....

Progress report

Progress since last review

Weston Day Hospital
Leon has attended his appointments at Weston Day Hospital. Leon has been collecting his medication on a fortnightly basis with maximum encouragement and support from Richmond fellowship.

Richmond Fellowship
Difficulty with morning contact as Leon finds it difficult getting up in the mornings. Discussed food shopping, Leon prefers to go to local shop due to increase in anxiety in the supermarket. Lacks motivation and difficulty with personal hygiene at times. Increase in phone calls.

O.T.
.Attended 17 appointments, missed 9 appointments.

G.P.
Extreme dermatitis ongoing.

CPN Service
[redacted] visits Leon on a fortnightly basis and supports Leon to hospital appointments.

Dr Olley
Next outpatient appointment due in September.

Clozapine
Assay levels to be repeated at next Clozapine monitoring.

Issues arising/ Areas of concern

- Leon uses taxis to attend for medication due to anxiety on buses
- Occasionally presents in a highly anxious state.
- Issues with debt

Attended CPA on 23/06/16
Leon Gratton
[redacted]

Person completing review (signed)..... Date.....

NHS Confidential: Personal data about a patient

Fife Council — *Multi-Agency Care Programme Approach Care Plan* — NHS Fife

Name .....Leon Gratton..... Date ...11/02/16.....CHI No .... [redacted] ..... SW No .....

Needs Identified (medical treatment; community services; other treatment or services)	Plan of Action	Person Responsible	Proposed Outcome	Update
Medical				
• Medical review to assess mental health.	Leon to receive medical outpatient appointments at Weston day hospital. [redacted] wishes copy of medical review appointment sent to herself.	Medical staff / Leon Gratton	Regular contact	Next Appointment 09/03/16
Community mental health Service.				
• Issue medication as per kardex.	Will collect medication fortnightly from Weston.	[redacted] / Leon Gratton / Weston Day Hospital	Fortnightly contact	Collect medication at planned.
• Clozapine monitoring.	Leon to attend Weston on a monthly basis for monitoring of bloods and physical healthcare checks in accordance to the guidelines for Clozapine therapy. Richmond to prompt Leon to attend appointments.	[redacted] / Leon Gratton / Weston Day Hospital / medical staff / Richmond fellowship Richmond Fellowship/ Leon Gratton	Regular contact Weekly	Yearly review of Clozapine due December 2016

NHS Confidential: Personal data about a patient

Fife Council — *Multi-Agency Care Programme Approach Care Plan* — NHS Fife

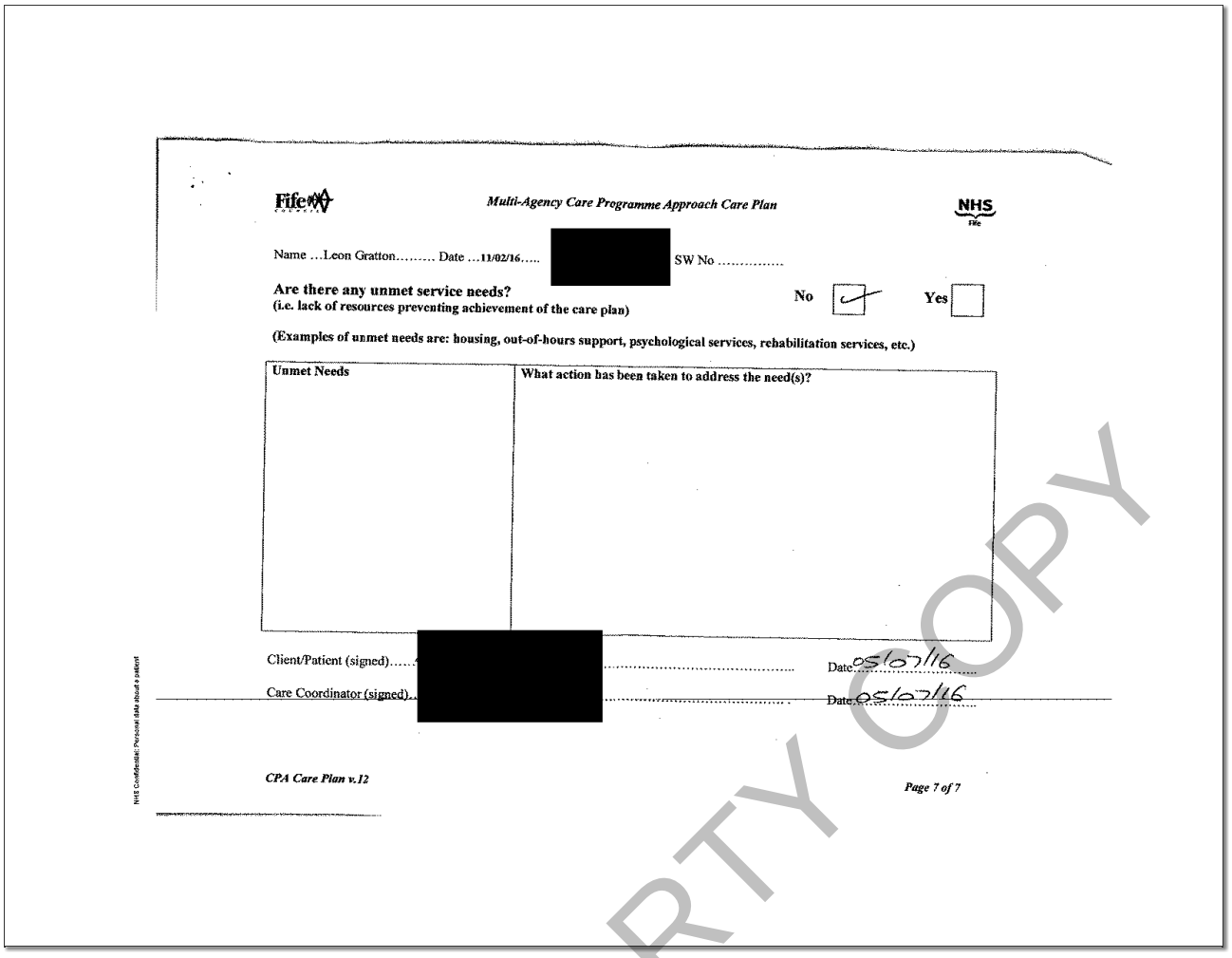
• Community Mental Health Nurse	Therapeutic sessions for ongoing monitoring and support for Leon's mental wellbeing. Assistance in attending medical appointments.	[redacted]	Fortnightly	Ongoing
Finances				
• 'Entrust account'	Direct debits will be set up for bills to be paid and remainder money for Leon to spend.	Richmond fellowship / Leon Gratton	Management of finances.	Looking into changing bank account due to debt
Accommodation				
• Tenancy Support	Richmond Fellowship to provide 20.5 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.	Richmond Fellowship / Leon Gratton	Support in the community.	Workers to use key from key box when unable to access house in an emergency situation
Structure to his week				
• OT support	Address anxiety in the community	[redacted] / Leon Gratton	Regular contact	Ongoing

Client/Patient (signed): [redacted] ..... Date 05/07/16

Care Coordinator (signe[redacted] ..... Date 05/07/16

NHS Confidential: Personal data about a patient

THIRD PARTY COPY



Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name …Leon Gratton…… Date …11/02/16….. [redacted] SW No ……

Are there any unmet service needs?
(i.e. lack of resources preventing achievement of the care plan)

No ✓ **Yes** ☐

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs	What action has been taken to address the need(s)?

Client/Patient (signed)…… [redacted] …… Date 05/07/16

Care Coordinator (signed)…… [redacted] …… Date 05/07/16

NHS Confidential: Personal data about a patient

CPA Care Plan v.12

Page 7 of 7

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

Adult Occupational Therapy Service
[redacted]

NHS Fife

Mr Brian Duffy
CPN Service
Stratheden Hospital
Cupar
Fife
KY15 5RR

[redacted]

Letter ID: 1756218

Dear Mr Duffy

Date: 23/11/2015

STANDARDISED ASSESSMENT REPORT

Name:	Leon Gratton	Ward ☐ Day Hospital ☐ Rehab ☐ Community ☒	
CHI No:	1703751191	**GP Name:**	Dr Taylor
Address:	[redacted]	**Address:**	Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN.
Telephone:		**Telephone:**	
Marital Status:	Single	**Next of Kin/Contact:**	[redacted]
Consultant:		**Relationship:**	
Date of Assessment:	13/11/15	**Telephone:**	[redacted]

Location:
Occupational Therapy Kitchen, Ceres Centre, Stratheden Hospital, Cupar, Fife, KY15 5RR.

People Present:
Leon Gratton (Patient)
[redacted] (Occupational Therapist)

ASSESSMENT NAME:
Assessment of Motor & Process Skills (AMPS)

About the Assessment:
The Assessment of Motor and Process Skills (AMPS) is a standardised observation-based evaluation of occupational performance; specifically, the ability to perform daily life tasks (i.e., personal and domestic activities of daily living - ADL). When a client is evaluated, the Occupational Therapist conducts an interview to gain a better understanding of which everyday tasks (occupations) are reported as presenting a challenge, as well as those everyday tasks that are reported as being performed with satisfaction. The Occupational Therapist then offers a choice of familiar and relevant ADL tasks to perform for the AMPS observations, of which the client performs 2.

The cut off points on the AMPS motor skills scale (2.00 logits +/- 0.3 logits) and AMPS process skills scale (1.0 logits +/- 0.3) are the levels at which the skill deficit can begin to impact on the performance of daily living tasks. The majority of people at this level begin to experience difficulty with independent community living.

THIRD PARTY COPY

[redacted]

Score:

Motor Skills:
Mr Gratton scored 1.10 Logits, which is below the cut off point of 2.00 logits and at a level where it is likely to observe mild to moderate clumsiness and/or increased physical effort or fatigue during task performance.

Process Skills:
Mr Gratton scored 0.70 Logits, which is also below the cut off point of 1.00 logits and at a level where it is likely to observe some mild inefficiency or time and space disorganisation during task performance.

ADL MOTOR SKILLS:
Mr Gratton's motor ability measure was more than 3.0 standard deviations below the normative mean indicating that more than 99% of healthy, well people of the same age are likely to have a higher ADL motor ability measure. More specifically, Mr Gratton's motor performance during the ADL tasks was limited by:

- Persistent propping on work counter resulting in awkward arm or body movements when interacting with task objects (Aligns).
- Stiffness and increased effort when reaching or placing task objects (Reaches).
- Some jerky, stiff arm movements impacting on spreading of the bread and interrupting task progression (Flows).

ADL PROCESS SKILLS
Mr Gratton's process ability measure was 2.3 standard deviations below the normative mean indicating that 98.9% of healthy, well people the same age are likely have a higher ADL process ability measure. Mr Gratton's process performance during the ADL tasks was limited by:

- Moving too fast at times impacting on the quality of performance (Paces).
- Hesitation before starting individual actions and steps (Initiates).
- Interruption or pausing during a series of actions (Continues).
- Ineffective organising skills disrupting task performance and resulting in ineffective use of time (Organises).
- Ineffective terminating skills disrupting the task performance as steps were left incomplete (Terminates).
- Decreased skill in anticipating and preventing or responding to problems that may arise (Accommodates).

SPECIFIC SKILLS OF STRENGTH:
Mr Gratton demonstrated a number of strengths, which supported his performance during the task, including:

- Readily and consistently raised and lifted objects as required (Lifts).
- Readily and consistently carried objects from one place to another whilst walking (Transports).
- Readily and consistently used goal directed task actions, using specified materials and heeding the essential task (Heeds).
- Readily and consistently performed steps in an effective and logical order for efficient use of time and energy (Sequences).

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RECOMMENDATIONS:
It is important to note that AMPS was designed to measure the quality of a person's ADL performance and not community independence. Therefore, the results of this observation should never be the sole criterion for predicting assistance to live in the community.

Mr Gratton would likely benefit from encouragement to slow down when engaging in kitchen tasks, as the speed at which he completed steps impacted on the quality of task performance. He did report feeling anxious at the time of assessment, which may have impacted on this. Additional support to break down specific tasks into smaller steps and to more effectively organise his workspace may also be of benefit to Mr Gratton.

Yours sincerely

ANNA MILLER
Focus Education Service Co-ordinator

[redacted]

(D) Dr KC Taylor, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN
(P) Dr Chris Olley, Specialty Doctor , Medical Offices, Stratheden Hospital, Cupar , KY15 5RR
(P) Dr Nonna Clark, Occupational Therapy Department, Ceres Centre, Stratheden Hospital, Cupar, KY15 5RR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

Adult Occupational Therapy Service
[redacted]

NHS Fife

Mr Brian Duffy
CPN Service
Stratheden Hospital
Cupar
Fife
KY15 5RR

[redacted]
Hospital ID: SP5153833A

Letter ID: 1754422

Dear Mr Duffy

Date: 23/11/2015

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Thank you for referring Leon to the Adult Mental Health Occupational Therapy Service. Following a failed attempt to engage with Leon and the subsequent discharge earlier this year, we have been successful with engaging Leon in the Occupational Therapy assessment process. This is due primarily to the assistance provided by yourself in supporting Leon to attend the appointments.

As part of the Screening Clinic initial appointment, it was agreed with Leon that we would initially concentrate on panic coping strategies whilst continuing to assess his functional ability with regards to his general activities of daily living.

During his second appointment on 16 November 2015, Leon was visibly distressed at the beginning of the session, finding it difficult to concentrate but he did persevere with the tasks at hand. He completed the CORE assessment and we discussed the improvements in his general wellbeing, as well as the risks. We then reviewed the Promoting Positive Wellbeing Pack that was given to him during the Screening Clinic and in particular, the relaxation CD. He stated that he had been practising the relaxation and I gave him a general relaxation record sheet to record his home sessions for discussion at our next appointment on 20 November 2015. He was also given an easy relaxation sheet to use with his own music in case he felt the repetitive use of the CD was becoming monotonous or boring. The remainder of the session was then taken up discussing his physical feelings and mental feelings when first aware of a panic attack happening. He identified the sequence of symptoms as firstly, butterflies in his stomach, dizziness and eyes rolling and blurring; secondly, feeling disorientation, choking in his throat and a tightness in his chest; and thirdly, a cotton mouth/dry mouth, shaky legs and numbness in his hands. We then discussed when this panic typically happens. He stated that the panic attacks are longstanding, well over a year and are triggered by appointments, which is why he struggles at times to keep them. The panic attacks also frequently happen at bedtime. He discussed his feelings of being scared at night. He also frequently experiences the panic attacks when taking part in everyday activities, such as watching the TV, where no apparent trigger to the panic is present. I gave him a panic self-help guide to look at and we agreed at this point to stop the session early as he was finding it difficult to concentrate.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

It is my intention to give Leon three further appointments to specifically look at panic coping strategies work. It is hoped that this will be a good foundation to the potential bussing practice we will hopefully engage in, in the New Year.

Thank you again for supporting Leon to attend his Occupational Therapy sessions. If you wish to discuss the work I am undertaking with Leon, please feel free to telephone me on [redacted] to discuss any issues you may have.

Yours sincerely

DR NORMA CLARK
Occupational Therapist

[redacted]

(D) Dr KC Taylor, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN
(P) Dr Chris Olley, Specialty Doctor , Medical Offices, Strathcden Hospital, Cupar , KY15 5RR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted]

OOC

NHS Fife Community Service
Mental Health Service

Weston House
Westport
CUPAR
KY15 4AN

NHS Fife

[redacted]

Private & Confidential

Dr Gourley
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

Date 29 October 2015
Your Ref
Our Ref CO/AM
Enquiries to Dr C Olley

Dear Dr Gourley [redacted]

Re: Leon Gratton [redacted]
DOB/CHI: [redacted]

I reviewed Mr Gratton at the Weston Day Hospital Psychiatry Outpatient Clinic on the 28th October 2015. As you are aware Mr Gratton has a diagnosis of Schizophrenia with anxiety also problematic, especially when he is in public. Thank you for your letter dated 19th October 2015 informing me of Mr Gratton's recent attendance at the practice and concerns regarding his mental state as he had contacted the police several times earlier in the month. In the last fortnight his **Clozapine** dose had required to be reduced from **400mg nocte to 350mg daily** as we were informed that his Clozapine plasma level was elevated – this was most likely due to the effects that his smoking cessation 3 months ago has had on his Clozapine.

Mr Gratton appears to of been struggling more with paranoid beliefs approximately a fortnight ago, possibly around the time when he had attended the practice. He gave an example of this describing on one occasion that he had seen the same car pass by him twice within a few seconds - a "déjà vu" experience - which had worried him at the time as he was unsure why a car would of done this. He has not had any further similar experiences since and in the last 3 weeks stated that he had not required to contact the police as he was feeling less paranoid. In the background his relationship with his [redacted] remains a stressor for him,

At the appointment, Mr Gratton was well presented, his mood was euthymic and he was not seen to be responding to psychotic symptoms or other abnormal perceptions. He appeared to be less paranoid however continues to describe longstanding residual auditory hallucinations which he mainly experiences at night - hearing voices of individuals fighting outside. At times it leads him to feeling distressed and having to look out the window to check if anyone is there. He however retains some insight into these realising that the voices are not real and he denied concerns that others were trying to harm him. He is worried at times about the safety of [redacted] and [redacted] however these have been long standing concerns. He admits to having occasional suicidal ideation however denied current intent to act on these and [redacted] is a protective factor for him which would prevent him from harming himself.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted]

He has recently started Occupational Therapy input which hopefully will help to reduce his anxiety in public. We discussed options available to him regarding his treatment. His current medication is: **Clozapine 350mg nocte and, Aripiprazole 15mg once daily, Fluoxetine 40mg once daily, Pixotifen for migraines.** Denied unwanted effects from these, however is unwilling to increase the dose of his Aripiprazole at present as he is concerned he will become more sedated with an increase in dose of this, despite me reassuring him that this would be unlikely. He was keen therefore to continue with his current mediation.

Recommendations:

1. **I have not suggested any further changes to his medication as he is not keen to increase his dose of Aripirprazole at present.**
2. Continued input from CPN and Social Worker. He awaits a Befriender and also has daily input from Richmond Fellow-ship and input from Weston Day Hospital
3. Awaits an ECG and I will organize him to have LFTs and U+Es checked in the near future as part of his Clozapine physical monitoring.
4. Follow-up at Outpatient Clinic in 6 months or earlier as required. CPA due next month.

Yours sincerely

[redacted]

Dr Chris Olley
Specialty Doctor in Psychiatry

cc [redacted] Staff Nurse, Weston House
[redacted] CPN Stratheden Hospital

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

DSC

NHS Fife Community Service
Mental Health Service

Weston House
Westport
CUPAR
KY15 4AN

NHS
Fife

[redacted]

Private & Confidential

Dr Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

Date 3 September 2015
Your Ref
Our Ref CO/AM
Enquiries to Dr C Olley

Dear Dr Taylor

Re: Leon Gratto [redacted]
DOB/CHI: [redacted]

I reviewed Mr Gratton at the Weston Day Hospital Psychiatry Outpatient Clinic on the 2nd September 2015. He attended the appointment alone. Unfortunately he continues to complain of breakthrough psychotic symptoms including auditory hallucinations in which he hears "people swearing at me and calling me names" - these appear to occur mainly at night time when he is trying to sleep and he stated can last sometimes up to an hour. Otherwise he reports that he sleeps well most nights. He also continues to describe having regular panic attacks during which he has palpitations, hyperventilates and fears that he is going to collapse despite this not having occurred before. He stated that he had been arguing with his [redacted] recently and I note that their at times fractious relationship was not new. Mr Gratton stated that he had stopped smoking in the last month and is now using an E cigarette instead. He described his current worries relate to family members - he had been concerned about his [redacted] physical health recently fearing she may have lung cancer despite this not being the case, and was anxious about [redacted] going out more at night time now that he is older, fearing that he might start using drugs as he had done at that age. Despite these above difficulties Mr Gratton continues to manage to do his own food shopping, states that he cooks for himself and spends most of his time playing on his Xbox, reading or writing poems. He is thinking of publishing a further book of poems in the future which he feels able to afford and denied financial problems at present.

We discussed his medication. He continues to take: Clozapine 400mg nocte, Pixotifen Simvastatin, Aripiprazole 15mg once daily and Fluoxetine 40mg once daily. He denied unwanted effects from his medication. Although uncertain of any benefit from the increased dose of Aripiprazole in the last few months he denied his mental state deteriorating. He continues to attend the Day Hospital regularly and has Clozapine bloods (FBC) checked 4 weekly. He has input from CPN [redacted] also. He denied current use of illicit drugs or alcohol. He described physical complaints at present as worsening eczema - he had recently seen his GP for treatment of this and occasional central chest pain at times of anxiety. He intended to discuss this further with his GP if it occurs again. I note that an ECG was taken earlier this year without significant abnormality identified.

POSITIVE ABOUT DISABLED PEOPLE

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Objectively he behaved appropriately during the appointment, maintained good eye contact, appeared relaxed and there was no evidence of him responding to auditory hallucinations. His mood appeared euthymic and he had a reactive affect. He denied suicidal ideation or plans or thoughts of harming others. He described paranoid ideation that others could harm him which troubles him during night time especially. In summary, Mr Gratton has a diagnosis of Schizophrenia - breakthrough psychotic symptoms remain, despite him stating that he is taking his Clozapine and Aripiprazole regularly. He also struggles with anxiety in social situations and panic symptoms at times.

Recommendations:

1. I have not suggested any changes at present to his medication - I will first review his past psychiatric notes and medication review before considering changes. There is still room to increase the doses of his Fluoxetine and Aripiprazole if necessary.
2. He is due to see the Occupational Therapist soon try to increase his level of activity which remains limited.
3. Continued input from CPN and Weston Day Hospital
4. I will refer him to Clinical Psychology Department to ask if they would consider seeing him to try to manage his anxiety and auditory hallucinations more effectively.
5. Follow-up at Outpatient Clinic on 6 monthly basis or as required by the day hospital staff.

Yours sincerely

[redacted]

Dr Chris Olley
Specialty Doctor in Psychiatry

cc [redacted] Staff Nurse, Weston House
[redacted] CPN Stratheden Hospital

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Weston House
Westport
Cupar
Fife
KY15 5AN
[redacted]

NHS Fife

Date 2 June 2015
Your Ref
Our Ref TW/ES

[redacted]

[redacted]

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted], Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Thursday 23rd July 2015 at 11.00a.m. at Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Care Programme Approach Secretary

Distribution
File Copy
Dr Olley, Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
[redacted] Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
[redacted] Staff Nurse, Weston House, Westport, Cupar
[redacted]

CHP Acting General Manager: [redacted]

THIRD PARTY COPY

Scanned Document
15-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf psy2.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]
CHI: 1703751191

Letter ID: 100452557

Dear Dr MacLaren

Clinic Date: 23/11/2021

Date: 23/11/2021

Leon Gratton, [redacted]
Date of Birth: 17/03/1975

I had a follow up telephone appointment with Mr. Gratton on the 23rd November 2021.

Diagnosis:
1. **Schizophrenia**
2. **Anxiety disorder (Chronic Agoraphobia and Panic disorder symptoms with Avoidance regularly used)**
3. **Eczema** - under the care of Dermatology - receiving Methotrexate for treatment of this

Medication: **Clozapine 300mg nocte, Fluoxetine 60mg od, Folic Acid 5mg od, Aripiprazole 20mg od, Omeprazole, cream and Methotrexate**

Update from the appointment: Mr Gratton stated that he continued to still feeling "panicky" at times. He denied a new trigger for this. He stated that he had been spending the majority of his time at home as before, however was now attending appointments at Weston day hospital and Dermatology - usually using a taxi for this, though he had also managed to take the bus earlier this year also which was positive for him. Despite problems with anxiety which have been longstanding, he stated that he was still in regular contact with his befriender who he sees regularly. He continues to enjoy hobbies, which includes playing his guitar and there was no evidence of Depressive symptoms that day. He denied suicidal ideation or plans, appetite was intact and he had slept well the night before. He did not report paranoid ideation (which has been prominent in the past when he was unwell).

He denied auditory hallucinations, however did report recently when looking at photos at home that he had not recognised the faces of people in them, despite knowing these individuals well, which he had found upsetting at the time. He did not describe any other possible psychotic symptoms that day though and there was no objective evidence of delusional beliefs or of thought interference during the appointment.

He described his plans to stay with his [redacted] over Christmas and although apprehensive as normal about this, he did admit looking forward to this visit.

He denied new physical concerns that day and denied problems with his Dermatology medication treatment – he stated that his skin condition had improved since taking Methotrexate. There was no

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

description of any current regular cardiac symptoms or constipation or other potential side effects of Clozapine.

Objectively, there was no change to his mental state since last seen. Mood was euthymic that day with no objective evidence of psychotic symptoms. Speech and behaviour were appropriate and objectively he appeared relaxed during the appointment, despite describing recent anxiety symptoms.

Physical observations continue to be checked monthly at the day hospital (recent recordings BP = 139/86, tachycardia normally around 117) and readings were gnerally unchanged from 2 years ago - I had consulted Cardiology at that time due to his mildly elevated BP, asymptomatic tachycardia and mildly prolonged QTC interval at that time. These levels remain as before on his last ECG 6 months ago.

I note that Cardiology in the past had advised treating hypertension if this had been found to be persistently present - he stated that when a 24-hour tape was undertaken 2 years ago by his GP, his BP was found to not be normal at that time so treatment of hypertension had never been indicated - it appears that his observations are largely unchanged from 2 years ago.

He stated that he was taking his medication regularly and he denied new impairing side effects from these - he agreed to continue with current medication doses, as overall his mental state has been reasonably stable over recent months.

Recommendations

1. **Due to his generally stable mental state, I did not suggest changes to his medication that day and he was in agreement with this plan also.**
2. Continued input from Weston Day Hospital who provide him with his medication and undertake regular physical monitoring/ bloods/ annual ECG due to his use of Clozapine
3. Follow up telephone appointment with me in one year – he could be seen earlier if there is a deterioration in his mental state before this next appointment - nurses will kindly keep me updated on his progress.
4. Next CPA meeting is due to take place at the end of January 2022.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife MH CPA Template

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name GRATTON, Leon
CHI [redacted]
DOB 17/03/1975

Patient
Address [redacted]
Tel: [redacted]

Named Person
Name
Address
Tel:
Relationship

Partner / Relative
Name [redacted]
Address [redacted]
Tel:

Share Info Yes ◉ No ○

Contact Psychiatrist
Name Dr Howson/Dr Olley
Address Medical offices
Stratheden Hospital
Cupar
Fife
Tel: [redacted]

Invited to meeting Yes ◉ No ○
Attending meeting Yes ◉ No ○

Contact Care-Coordinator
Name [redacted]
Address Weston House
Westport
Cupar
Fife
KY15 4AN
Tel: [redacted]

Invited to meeting Yes ◉ No ○
Attending meeting Yes ◉ No ○

Contact Community Nurse
Name [redacted]
Address Weston House
Westport
Cupar
Fife
KY15 4AN

Invited to meeting Yes ◉ No ○
Attending meeting Yes ◉ No ○

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name GRATTON, Leon
CHI [redacted]
DOB 17/03/1975

Tel: [redacted]

Contact	Social Worker	**Invited to meeting**	**Yes**	(●)	**No** ( )
Name	[redacted]	**Attending meeting**	**Yes**	( )	**No** (●)
Address	County Buildings Cupar				
Tel:	[redacted]				
Contact	Social Worker	**Invited to meeting**	**Yes**	( )	**No** (●)
Name	[redacted]	**Attending meeting**	**Yes**	(●)	**No** ( )
Address	County Buildings Cupar				
Tel:	[redacted]				
Contact	GP	**Invited to meeting**	**Yes**	(●)	**No** ( )
Name	Kathryn MacLaren ✓	**Attending meeting**	**Yes**	( )	**No** (●)
Address	Bank Street Medical group Cupar Fife				
Tel:	[redacted]				
Contact	Other	**Invited to meeting**	**Yes**	(●)	**No** ( )
Name	[redacted] support worker)	**Attending meeting**	**Yes**	(●)	**No** ( )
Address	Richmond fellowship Unit S1 The Granary Coal Road Cupar				
Tel:	[redacted]				

Crisis/out of hours arrangements

Leon encouraged to contact crisis helpline number or NHS 24 out with normal working hours
NHS 24: 111
Breathing space [redacted]
If Leon Requires further support Monday -Friday 8.30am until 5pm to contact weston [redacted]

Community Police 101

Date of Risk Assessment: 08/07/2021

Sensory requirements:
Nil

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	[redacted]
DOB	17/03/1975

First Language: English **Interpreter required?** Yes ○ No ◉

Ethnic Origin: White Scottish

AWIA applies: Yes ○ No ◉
Details:

MHA applies: Yes ○ No ◉ **For details see below:**

Date of previous CPA review: 29/07/2021

Next CPA review: 27/01/2022

Time: 11:00

Venue: Virtual

Advance Statement: Yes ○ No ◉
Where held:

Admission to/discharge from hospital since last review:

Hospital / Ward: Nil

Date from:

Date to:

Mental Health (Care and Treatment) (Scotland) Act 2003
Section 76 Details
To be completed by the RMO and
ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order

Type of order: **Section No.**

Date of order:

Period of next statutory review

Date of last statutory review

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review
Leon has attended his appointments at Weston by bus for Clozapine monitoring and collecting medication since last CPA.

Issues arising/ Areas of concern
Difficulty attending virtual appointments due to lack of technology.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name GRATTON, Leon
CHI [redacted]
DOB 17/03/1975

No longer requires to attend for phototherapy for eczema, prescribed Methotrexate.
Medical and community mental health nurse reviews are currently limited to telephone and virtual appointments due to Covid-19 restrictions.
Continues to benefit from contact with befriender.

Person completing review: [redacted]
Designation: Staff Nurse
Date signed 19/08/2021

Needs Identified: Medical review to assess mental health and review medication

Plan of Action: Leon to receive medical outpatient appointments at Weston Day Hospital, or via telephone/Virtual.
[redacted] requests a copy of medical review appointment sent to herself. Leon is in agreement

Person Responsible: Dr Olley, Leon Gratton

Proposed Outcome: Annual reviews, CPA 6 monthly

Update: Next appointment Dr Olley-17/11/21 at 2pm for telephone appointment

---

Needs Identified: Clozapine monitoring

Plan of Action: Leon to attend Weston four weekly for monitoring of bloods and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.
collects medication fortnightly

Person Responsible: CMHN [redacted] Leon Gratton.

Proposed Outcome: Follow clozapine care plan, monitor for side effects of Clozapine

Update: Leon has been attending appointments with support and independently by bus, complies with the clozapine care plan
Annual Clozapine physical health check due December 2021

Needs Identified: Monitoring of mental Health

Plan of Action: Therapeutic sessions for ongoing monitoring and support for Leon's mental wellbeing.
as required 1-1 appointments via near me, telephone or home visit if required

Person Responsible: CMHN [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	[redacted]
DOB	17/03/1975

Proposed Outcome: Reduce risk of relapse in mental health, assist Leon in reaching optimum mental health

Update: Leon engages well, and will make contact if he has any worries or concerns. mental health currently stable.

Needs Identified: Tenancy Support-
Workers to use key from key box when unable to access house in an emergency situation

Plan of Action: Richmond Fellowship provides 8 hours a week support for budgeting, cleaning, cooking, shopping and encourage to attend appointments. Encourage and support Leon to go out for short walks, to work towards using public transport.

Person Responsible: Richmond fellowship staff, Leon

Proposed Outcome: Assist leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to be able to go out independently.

Update: Leon engages well with Richmond fellowship staff, within his accommodation has found it difficult to be motivated at times since commencing Methotrexate. He has been accepting support with going out for short walks and going on a bus due to attend appointments.

Needs Identified: Physical Health, prescribed Methotrexate

Plan of Action: Leon to contact Gp for any issues with physical health. Blood monitoring four weekly, FBC, U & E's, LFT's taken at Weston at same time as clozapine monitoring due to being prescribed Methotrexate. Gp will monitor blood results and liaise with Dermatology consultant.

Person Responsible: Dr MacLaren, Bank street medical group

Proposed Outcome: Enable Leon to reach and maintain optimum physical health

Update:

Client/Patient **Date:**

Care Coordinator Designation **Date:**

Are there any unmet service needs? **Yes** (●) **No** ( )

(i.e. lack of resources preventing achievement of the care plan)

(Examples of unmet needs are: housing, out-of-hours support, psychological services,

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name GRATTON, Leon
CHI [redacted]
DOB 17/03/1975

rehabilitation services, etc.)

Unmet Needs
Difficulty connecting virtually for appointments

What action has been taken to address the need (s)?
Social worker and CMHN will look into funding for a laptop. If unavailable CMHN to help Leon attend his virtual appointments.

Client/Patient [redacted] **Date:**

Care Coordinator [redacted] **Date:** 19/08/2021
Designation CMHN

Name: [redacted]

Designation: Staff Nurse

Date: 31/08/2021

v0.1

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Leon Gratton
[redacted]

Your Ref: [redacted]
Our Ref: TH/HD
Date: 13/07/2020

Dear Leon

A Care Programme Approach Meeting to review your current package has been arranged by Your Staff Nurse [redacted]. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 29th July 2021, 11.00am
Via Teams Meeting*.

***Link will be sent out prior to the meeting.**

Yours sincerely

[redacted]

Distribution
File Copy (Pink Copy)
[redacted] Staff Nurse, Weston Day Hospital, Cupar, KY15 4AN
Dr Chris Olley, Speciality Doctor in Psychiatry, Medical Offices, Stratheden Hospital, Springfield, KY15 5RR
[redacted], Richmond Fellowship, Unit S1 the Granary, Coal Road, Cupar, KY15 5YQ
[redacted], Social Worker, County Buildings, St Catherine Street, Cupar, KY15 4TA
[redacted]
Dr MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN
Mental Health Service
Weston House, Westport, Cupar, KY15 4AN - [redacted]

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

1 of 2

31/03/2021 [redacted]

Reply all Delete Junk Block ...

Fw: Abnormal blood results L.G 1703751191

TH [redacted]

Dear Dr,
Please see attached blood results for L.G, it was noted at the clozapine clinic that Leon's skin was very dry with broken areas on his arms and hands.

Kind Regards

[redacted]

[redacted]

Reply Forward

[redacted]

1/1

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

2 of 2

Result Details 3/3/2021 Green Result. Page 1 of 1

SCI Store - Patient Result Report

Report ID: HA0569783 **Sample Collected:** 30/03/2021 11:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	46	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
HOWSON, G	(WES) Weston Day Hospital	HA0569783	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	30/03/2021 11:30:00	30/03/2021 15:37:00	30/03/2021 17:55:04	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**13.6**	**4 - 10**	**x10-9/l**	**HI**
RBC	4.50	4.5 - 5.5	x10-12/l	
HGB	131.0	130 - 170	g/l	
Hct	40.3	40 - 50	%	
MCV	89.6	83 - 101	fl	
MCH	29.1	27 - 32	pg	
MCHC	325.0	315 - 345	g/l	
PLT	250	150 - 410	x10-9/l	
RDW	**14.9**	**11.6 - 14.0**		**HI**
Neut	**9.66**	**2.0 - 7.0**	**x10-9/l**	**HI**
Lymp	2.04	1.0 - 3.0	x10-9/l	
Mono	0.68	0.2 - 1.0	x10-9/l	
Eos	**0.93**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.05	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments
CLOZAPINE MONITORING

Printed By: [redacted]

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	[redacted]
DOB	17/03/1975

Plan of Action: Richmond Fellowship provides 8 hours a week support for budgeting, cleaning, cooking, shopping and encourage to attend appointments. Encourage and support Leon to go out for short walks, to work towards using public transport.

Person Responsible: Richmond fellowship staff, Leon

Proposed Outcome: Assist leon in maintaining his tenancy and giving support in the community to aid mental health

Update: Leon engages well with Richmond fellowship staff, within his accommodation. would benefit from accepting support with going out for short walks and work towards going on a bus due to ongoing anxiety.

Client/Patient [redacted] **Date:** 16/02/2021

Care Coordinator [redacted] **Date:** 16/02/2021

Designation

Are there any unmet service needs? **Yes** (●) **No** ( )

(i.e. lack of resources preventing achievement of the care plan)

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs

Would benefit from assistance in attending appointments both physically and financially. Leon unable to use public transport currently due to severe anxiety.

What action has been taken to address the need (s)?

Social worker Kathleen Mcgone has applied for Leon to have an increase in Richmond Fellowship hours, there are no social work funds to help financially, possible grants are being looked into to assist with transport costs getting to hospital appointments,

Client/Patient [redacted] **Date:** 16/02/2021

Care Coordinator [redacted] **Date:** 22/01/2021

Designation Staff Nurse

Name: [redacted]

Designation: Staff Nurse

Date: 26/01/2021

v0.1

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	[redacted]
DOB	17/03/1975

Needs Identified:	Medical review to assess mental health and review medication
Plan of Action:	Leon to receive medical outpatient appointments at Weston Day Hospital, or via telephone [redacted] requests a copy of medical review appointment sent to herself. Leon is in agreement
Person Responsible:	Dr Olley, Leon Gratton
Proposed Outcome:	Annual reviews, CPA 6 monthly
Update:	last medical review by telephone 25/11/2020

Needs Identified:	Clozapine monitoring
Plan of Action:	Leon to attend Weston four weekly for monitoring of bloods and physical healthcare checks in accordance with the guidelines for Clozapine monitoring. collects medication fortnightly
Person Responsible:	NEF Community mental health team, Nursing staff, Leon Gratton
Proposed Outcome:	Follow clozapine care plan, monitor for side effects of Clozapine
Update:	Leon has been attending appointments independently by taxi and complies with the clozapine care plan Annual Clozapine physical health check due December 2021

Needs Identified:	Monitoring of mental Health
Plan of Action:	Therapeutic sessions for ongoing monitoring and support for Leon's mental wellbeing. Fortnightly 1-1 appointments via near me, telephone or home visit when required
Person Responsible:	[redacted] Leon
Proposed Outcome:	Reduce risk of relapse in mental health, assist Leon in reaching optimum mental health
Update:	Engages well, mental health currently stable

Needs Identified:	Tenancy Support- Workers to use key from key box when unable to access house in an emergency situation

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

315

Patient Name GRATTON, Leon
CHI [redacted]
DOB 17/03/1975

review:

Hospital / Ward:

Date from:

Date to:

Mental Health (Care and Treatment) (Scotland) Act 2003
Section 76 Details
To be completed by the RMO and
ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order

Type of order: **Section No.**

Date of order:

Period of next statutory review

Date of last statutory review

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon has attended his appointments at Weston by taxi for Clozapine monitoring and collecting medication since last CPA.

Continues to attend phototherapy three times a week for eczema,

Medical and community mental health nurse reviews are currently limited to telephone and virtual appointments due to Covid-19 restrictions.

Continues to engage with Richmond Fellowship staff.

Ongoing telephone contact with a befriender which Leon finds beneficial

Issues arising/ Areas of concern

Leon rarely leaves his house other than attending appointments due to anxiety -Ongoing

Person completing review: [redacted]
Designation: Community mental Health Nurse
Date signed 22/01/2021

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name GRATTON, Leon
CHI [redacted]
DOB 17/03/1975

Name Kathryn MacLaren ✓ **Attending meeting** Yes ○ No ◉

Address Bank Street Medical group
Cupar
Fife

Tel: [redacted]

Contact Other **Invited to meeting** Yes ◉ No ○

Name [redacted] (Richmond fellowship) **Attending meeting** Yes ◉ No ○

Address Richmond fellowship
Unit S1 The Granary
Coal Road
Cupar

Tel: [redacted]

Crisis/out of hours arrangements

Leon encouraged to contact crisis helpline number or NHS 24 out with normal working hours
NHS 24: 111
Breathing space: 0800838587
If Leon Requires further support Monday -Friday 8.30am till 4.30pm to contact weston 01334 652163

Community Police

Date of Risk Assessment: 30/12/2020

Sensory requirements:

First Language: English **Interpreter required?** Yes ○ No ◉

Ethnic Origin: White Scottish

AWIA applies: Yes ○ No ◉
Details:

MHA applies: Yes ○ No ◉ For details see below:

Date of previous CPA review: 14/01/2021

Next CPA review: 29/07/2021

Time: 10:00

Venue: Virtual

Advance Statement: Yes ○ No ◉
Where held:

Admission to/discharge from hospital since last

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife CMHT CPA Template

DBL 1 of 5

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	GRATTON, Leon
CHI	[redacted]
DOB	17/03/1975

Patient
Address [redacted]

Tel: [redacted]

Partner / Relative
Name [redacted]
Address [redacted]
Tel:

Named Person
Name
Address

Tel:
Relationship

Share Info Yes (●) No ( )

Contact	Psychiatrist	**Invited to meeting**	Yes (●) No ( )
Name	Dr Howson/Dr Olley	**Attending meeting**	Yes (●) No ( )
Address	Medical offices Stratheden Hospital Cupar Fife		
Tel:	[redacted]		
Contact	Care-Coordinator	**Invited to meeting**	Yes (●) No ( )
Name	[redacted]	**Attending meeting**	Yes (●) No ( )
Address	Weston House Westport Cupar Fife KY15 4AN		
Tel:	[redacted]		
Contact	Social Worker	**Invited to meeting**	Yes (●) No ( )
Name	[redacted]	**Attending meeting**	Yes (●) No ( )
Address	County Buildings Cupar		
Tel:			
Contact	GP	**Invited to meeting**	Yes (●) No ( )

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

Mental Health (General)
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 4042763

Dear Dr MacLaren Clinic Date: 25/11/2020 Date: 27/11/2020

Leon Gratton, [redacted] **Date of Birth: 17/03/1975**

I had a follow up telephone appointment with Mr. Gratton on 26th November 2020.

Diagnosis

1. **Schizophrenia**
2. **Anxiety disorder (Chronic Agoraphobia and Panic disorder** symptoms with **Avoidance** regularly used)
3. **Eczema** - under the care of Dermatology - receiving phototherapy

Medication: Clozapine 300mg nocte, Fluoxetine 60mg od, Folic Acid 5mg od, Aripiprazole 20mg od, Omeprazole, cream for eczema

Update from the appointment: There was no significant change to Mr Gratton's mental state since his CPA meeting in October 2020. He stated that he was still feeling anxious at times and experiencing physical anxiety symptoms including nausea regularly. He attributed the cause of this as being due to worries about the COVID 19 pandemic and concerns about the risk this poses to himself, friends and family. He stated that he had been spending the majority of his time at home as before, however was now better managing to attend three appointments per week with Dermatology in St Andrews for treatment of his skin condition.

He believed that he had gained a small amount of weight recently, due to eating more unhealthy food and snacks and due to his lack of exercise. He denied significant change in psychotic symptoms: positive symptoms - auditory hallucinations were described as remaining, although there was no objective evidence of these that day and no evidence of delusional beliefs or of thought interference during the appointment.

He stated that he spends his time watching TV and playing music which he enjoys and he was also seeing a befriender most weeks now which he had found helpful. He plans to go to his [redacted] at Christmas time which he was looking forward to, albeit a bit apprehensive about. He denied suicidal ideation or plans that day and denied new physical concerns. There was no description of cardiac symptoms or constipation.

Objectively, there was no change to his mental state since last seen. Mood was euthymic that day with no objective evidence of psychotic symptoms. Speech and behaviour were appropriate.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Physical observations checked recently were within normal ranges as was Clozapine plasma level. Blood tests and annual ECG were due later this year via the Weston day hospital. He stated that he was taking his medication regularly and he denied new impairing side effects from these.

Recommendations

1. **Due to his generally stable mental state, I did not suggest changes to his medication that day.**
2. Continued input from Weston Day Hospital who provide him with his medication and undertake regular physical monitoring due to his use of Clozapine
3. Follow up telephone appointment in one year.
4. Next CPA meeting in the early new year (6 monthly).

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

[redacted] Staff Nurse, Weston Day Hospital, Westport, Cupar, KY15 4AN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
[redacted]

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 3985829

Dear Leon

Date: 09/10/2020

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

During the CPA meeting on Thursday 8th October 2020, it was agreed by all parties that I should discharge you from my current caseload. You will continue to be working with [redacted]

I'd like to take this opportunity to wish you well for the future.

Yours sincerely

Ged Coughlin
Community Psychiatric Nurse
Weston House
Westport
Cupar
KY15 4AN

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

(P) Dr Chris Olley, Speciality Doctor in Psychiatry, Stratheden Hospital, Springfield, Cupar, KY15 5RR

(P [redacted], Adults East 3 Team, County Buildings, St Catherine Street, CUPAR, KY16 4TA

(P [redacted] Staff Nurse , Weston Day Hospital , West Port , Cupar, KY15 4AN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 3869404

Dear Dr MacLaren Clinic Date: 27/05/2020 Date: 01/06/2020

Leon Gratton [redacted] **Date of Birth: 17/03/1975**

Unfortunately, Mr Gratton's Care Programme Approach (CPA) meeting had to be postponed earlier in the year due to the Covid-19 outbreak therefore an appointment with me was arranged to review his progress. I had a telephone appointment with him on the 28th May 2020.

Diagnosis:
1. **Schizophrenia**
2. **Anxiety disorder** (chronic agoraphobia and panic disorder, with avoidance being used regularly).
3. **Eczema**

Medication: **Clozapine 300mg nocte, Fluoxetine 60mg od, Folic acid 5mg od, Aripiprazole 20mg od, Simvastatin 15mg nocte, Omeprazole 20mg od and Cream for eczema**

Update from the appointment: Mr Gratton reported having difficulty with COVID restrictions and has been feeling more anxious on a background of this. He stated that he is often having panic attacks, in the afternoons, which can last up to two hours at a time and has generally been feeling lower in mood over the last two months. He denied problems with sleep, he stated that he is eating regularly, he is spending time in the garden and playing his guitar regularly. He stated that he is also continuing to enjoy cooking. He denied suicidal ideation or plans.

When directly questioned about psychotic symptoms he stated that he still hears voices, although reported that he was more able now to ignore these and insight into auditory hallucinations remains reasonably good. There was no description of paranoid ideation or other psychotic symptoms that day. Anxiety remains his most prominent difficulty and he has rarely been leaving his accommodation due to this.

He continues to live alone with minimal contact with other individuals outside of Weston day hospital staff. He stated that he has been having less face to face contact with his [redacted] since the Covid 19 outbreak, though he still remains in regular telephone contact with her. He denied use of alcohol or illicit drugs.

I note that recent blood tests had been within normal ranges. **Thank you for sending us the results of his ABPI earlier in the year – I see that no abnormality was identified, so there was no indication for starting new Hypertension medication.**

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Objectively, his mood appeared mildly flat on the telephone that day, although behaviour was appropriate with speech normal. There was no evidence of formal thought disorder or objective evidence of impairing psychotic symptoms.

We had a discussion about his mediation. We agreed that this was not the time to make changes to his combination of tablets. He did not want to change his antidepressant at present. He stated that he was due to work with a new Befriender soon and instead of changing medication he stated that he would like to see how this goes first before considering a change of antidepressant.

Recommendations:

1. **We agreed to not make changes to his medication that day – if anxiety remains impairing at next appointment, we will discuss use of an alternative antidepressant if he would want this.**
2. Continued regular input from Weston Day Hospital. They will continue to undertake 6 monthly blood tests and a further annual ECG is due later in the year, when feasible. Physical observations will return when feasible also.
3. Follow up appointment via telephone in due course later in the year. An earlier appointment could be arranged if required before this if requested by him, his GP or Psychiatric nurse.
4. Future CPA meeting to be reorganised when feasible.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

[redacted] Staff Nurse, Weston Day Hospital, Weston House, CUPAR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Mr Leon Gratton
[redacted]

CHI/Ref:
Our Ref: **CPA**
Date: **07/04/2020**

Dear Leon

You were due to have A Care Programme Approach Meeting to review your current package, unfortunately due to the current COVID -19 pandemic and guidance from Scottish Government in assisting to reduce impact of this we are making changes to the way we deliver our service currently.

Due to this your planned CPA meeting will be postponed until a further date which you will be notified of in due course.

Should you require anything in the meantime please contact [redacted]

Yours sincerely

[redacted]

Distribution
File Copy(PINK)
[redacted] Weston House, Westport, Cupar, Fife, KY15 5AN
[redacted] CPN, Weston House , Westport, Cupar, Fife, KY15 5AN
Dr Olley, Speciality Doctor in Psychiatry, Medical Offices, Stratheden Hospital, Cupar, Fife, KY15 5RR
Dr Taylor, Bank Street Medical Group, Cupar, Fife, KY15 4JN
[redacted] Social Work, County Buildings, St Catherine Street, Cupar, KY15 4TA
[redacted]
[redacted] Richmond Fellowship, Unit S1 The Granary, Coal Road, Cupar, KY15 5YQ

Community Mental Health Team
Weston House, Westport, Cupar, KY15 4AN – [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

[redacted]

ADMINISTRATIVE LETTER

Dear Dr MacLaren

Date: 05/03/2020

Leon Gratton, [redacted] **Date of Birth: 17/03/1975**

I am writing this letter to you to ask for information regarding Mr Gratton.

I believe that earlier this year he attended the practice for investigations regarding whether his blood pressure was sustained at unsatisfactorily abnormal and high levels. This is because when he has been having monthly blood pressure checks taken by nursing staff at the Day Hospital, his blood pressure had been found to be persistently Hypertensive.

His CPN, [redacted] informs me that Mr Gratton had an investigation undertaken at the practice - ?a 24 hour tape or ABPM – Leon and his CPN were uncertain of the results of this however and were not aware that any new medication had been suggested.

As Mr Gratton continues to have BP recordings found to be hypertensive when checked, I would be grateful if the practice could please let me know if Mr Gratton had this investigation undertaken and if so, what the result and outcome of this was, so that we can continue his current Psychiatry treatment which involves Clozapine and other psychotropic medication. His mental state has been stable for several months now with this current combination of medication, so if possible we are keen to continue with them, provided his Blood pressure is controlled and physical health stable.

I note Consultant Cardiologist Dr Cargill's previous advice in the letter we both received in June 2019. He advised that if Mr Gratton's blood pressure was hypertensive and found to be persistently so, that he would suggest starting an ACE inhibiter or angiotensin receptor blocker medication to try to normalise his blood pressure.

In addition, if his Blood pressure has been found to be persistently high and uncontrolled and if you would suggest starting him on this above type of medication, please also inform us and I will prescribe this for him, as he continues to receive his regular medication from the Weston Day Hospital due to his continued use of Clozapine.

Many thanks for your help with this matter.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 3625843

Dear Dr MacLaren Clinic Date: 23/10/2019 Date: 24/10/2019

Leon Gratton [redacted] **Date of Birth: 17/03/1975**

I reviewed Mr Gratton at the Psychiatry outpatient clinic in Cupar at the Weston Day Hospital on the 23rd Octoiber 2019.

Diagnoses:
1. **Schizophrenia**
2. **Anxiety disorder** (chronic agoraphobia and panic disorder with **avoidance behaviour** regularly used)
3. Eczema prominent on hands and feet at present

Medication: **Clozapine 300mg nocte, Fluoxetine 60mg od, Folic acid 5mg od, Aripiprazole 20mg od, Simvastatin 15mg nocte and Omeprazole 20mg od and Creams** for Eczema

Update from the appointment: Mr. Gratton stated that he continues to feel well and stated that he has been feeling *"more upbeat"* since his house was redecorated two months earlier. Although he is continuing to have residual auditory hallucinations, he denies these being so impairing now and stated that *"he has got used to them"*. He also denied them disrupting his sleep. He reported that he was eating regularly and continuing to gain enjoyment from playing his guitar. He is attending the Music Group at the Day Hospital on a weekly basis. He denied particular concerns with others in the community and denied suicidal ideation or plans, with no thoughts of harming others. He stated that he takes his medication regularly and denied unwanted effects. He denied use of alcohol or illicit drugs or smoking cigarettes. Unfortunately, a befriender whom he had been seeing had left his job so he is awaiting on a further one being allocated. He stated that he feels he is continuing to benefit from his medication and did not want to change doses at present.

Objectively, his mood appeared stable and was euthymic that day. There was no objective evidence of psychotic symptoms. Minimal anxiety was displayed and there was no evidence of self neglect. Behaviour and speech were appropriate and concentration, although not formally assessed, appeared intact, as was insight.

Recommendations
1. **Thank you for arranging for him to have a twenty four hour blood pressure monitor. Unfortunately, he has not attended the practice for this. His CPN will encourage him to**

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

arrange this again to clarify whether he requires treatment for Hypertension, as suggested by cardiology earlier this year.

2. CPA meeting occurred on 24/10/19 – next will be in 6 months
3. CPN input to continue and regular physical monitoring at day hospital due to use of Clozapine
4. Dermatology follow up appointment awaited
5. **I did not suggest medication changes that day. His mental state remains stable and he was not keen for any changes in any case to his psychotropic medication.**
6. Follow up at outpatient clinic in one year however could be seen earlier, if required and requested by nurses or GP if concerns

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]
CPN Service, Weston House, Cupar, Fife
[redacted] Weston Day Hospital, Weston House, Cupar, Fife, KY15 4AN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Mr Leon Gratton
[redacted]

Your Ref:
Our Ref: TH/NG
Date: 30/09/19

Dear Leon

A Care Programme Approach Meeting to review your current package has been arranged. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 24 October 2019, 12:30 pm
at Weston House, Cupar

Yours sincerely
[redacted]

Distribution
File Copy (PINK)
[redacted] Weston House, Westport, Cupar, Fife, KY15 5AN
[redacted] CPN, CPN Office, Stratheden Hospital, Cupar, Fife, KY15 5RR
Dr Olley, Speciality Doctor in Psychiatry, Medical Offices, Stratheden Hospital, Cupar, Fife, KY15 5RR
Dr Taylor, Bank Street Medical Group, Cupar, Fife, KY15 4JN
[redacted] Social Work, County Buildings, St Catherine Street, Cupar, KY15 4TA
[redacted] Richmond Fellowship, Unit S1 The Granary, Coal Road, Cupar, KY15 5YQ

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN [redacted]

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org
NHS Fife
Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]
CO/GB

Letter ID: 3508466

Dear Dr MacLaren

Clinic Date: 24/07/2019

Date: 05/08/2019

Leon Gratton [redacted]
Date of Birth: 17/03/1973

Mr Gratton was offered a further appointment at the Psychiatry Outpatient Clinic at the Weston Day Hospital in Cupar on the 24th July 2019.

On the day of the appointment he phoned up to cancel this as he stated that he was unable to attend that day due to having no-one to help transport him to Cupar as his CPN was off work that day.

He will be reappointed in due course. He will continue to receive regular input from Weston Day Hospital Nurses in the meantime.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

[redacted] CPN Service, Weston House, Cupar, Fife
[redacted], Staff Nurse , Weston Day Hospital, Westport, Cupar, KY15 4AN

THIRD PARTY COPY

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Consultant Cardiologist On Call
Cardiology Department
Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

[redacted]

Letter ID: 100252264

Dear Dr,

Referral Date: 01/04/2019 Date: 05/04/2019

Leon Gratton, [redacted] **Date of Birth: 17/03/1975**

I would be grateful for you assistance with this 44 year male who I see at the Psychiatry outpatient in Cupar. He has a diagnosis of Paranoid Schizophrenia and has a chronic anxiety disorder. He takes Clozapine amongst other medication for treatment of these.

As part of monthly physical monitoring due to his use of Clozapine, Day hospital nursing staff check his physical observations each month. During the last 6 months he has regularly been found to have a Tachycardia (ranges between 104 and 123 bpm regular) and have Hypertension (137-146/87-97).

I have enclosed his ECGs taken during the last 6 months - which show a mildly prologed QTC interval and sinus tachycardia. As per the Fife Physical Monitoring guidelines for Clozapine patients, due to his persistent Tachycardia he has had Troponin blood levels taken previously: on 16.1.18: it was 4 and on 18.10.19: it was <3. He denies current physical concerns and denies cardiac symptoms. Clinically he is mentally stable at present and has done well with his current combination of antipsychotic medication.

Past Medical History: Non Alcoholic Fatty Liver, Eczema (improved recently following Phototherapy), wheeze reported in past but no diagnosis of Asthma, obesity (weight fluctuated in last year - BMI = 39).

Medication: Clozapine 300mg nocte, Simvastatin 40mg nocte, Omeprazole 20mg od, Aripiprazole 20mg od, Folic acid 5mg od, Fluoxetine 60mg od and creams for Dermatitis.

I would be grateful if you could please provide us with advice on the most suitable way forward in trying to manage Mr Gratton's persistent hypertension, persistent tachycardia and more recent prolonged QTC interval.

Due to previous wheeze and potential exacerbation of this, his GP had advised that Bisoprolol was contraindicated and was not keen for him to be prescribed this. Would you suggest that an alternative medication be used for tachycardia and hypertension instead? Would you suggest any changes to his dose of Clozapine? or further investigations be undertaken? I do not have evidence in Fife psychiatry notes that he has had an Echocardiogram previously. Thank you for your advice

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

CD Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Mr Leon Gratton
[redacted]

Your Ref:
Our Ref: TH/NG
Date: 01/04/19

Dear Leon

A Care Programme Approach Meeting to review your current package has been arranged by Staff Nurs[redacted] The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 25 April 2019, 12:30 pm at Weston House, Cupar.

Yours sincerely

[redacted]

Distribution
File Copy (PINK)
[redacted] Weston House, Westport, Cupar, Fife, KY15 5AN
[redacted] CPN, CPN Office, Stratheden Hospital, Cupar, Fife, KY15 5RR
Dr Olley, Speciality Doctor in Psychiatry, Medical Offices, Stratheden Hospital, Cupar, Fife, KY15 5RR
Dr Taylor, Bank Street Medical Group, Cupar, Fife, KY15 4JN
[redacted] Social Work, County Buildings, St Catherine Street, Cupar, KY15 4TA
[redacted]
[redacted] Ceres Centre, Stratheden Hospital, Cupar, Fife, KY15 5RR
[redacted] Richmond Fellowship, Unit S1 The Granary, Coal Road, Cupar, KY15 5YQ

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN – [redacted]

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org
NHS Fife
Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 3337153

Dear Dr MacLaren Clinic Date: 14/03/2019 Date: 15/03/2019

Leon Gratton [redacted] **Date of Birth: 17/03/1975**

I reviewed Mr Gratton at the Psychiatry outpatient clinic at the Weston Day Hospital on the 14th March 2019.

Diagnosis: **1. Schizophrenia**
2. Anxiety disorder (chronic Agoraphobia and panic disorder).
3. Severe Atopic Eczema – improved this year

Medication: **Clozapine 300mg nocte, Simvastatin 40mg nocte, Omeprazole 20mg od, Aripiprazole 20mg od, Folic acid 5mg od, Fluoxetine 60mg od. Creams for Dermatitis.**

Update from the appointment: Mr Gratton described feeling "up and down" in recent weeks, with anxiety impairing him recently. He stated that activity had been limited due to this and he was rarely leaving his accommodation. Nursing staff at the Weston Day Hospital informed me that he has been more anxious in the last few days as he had employed some decorators to undertake work on his house so he has had strangers in his house regularly due to this which is often anxiety provoking for him. He is also due to stay with his [redacted] in the near future which has also caused him increased anxiety in the past.

He stated that he continues to hear voices at night-time, eg. the sound of a crying woman or screaming, coming from outside his house. He stated that these normally occur when he is alone at night and agrees that they "could be coming from inside my head". He denies regularly hearing command hallucinations and tries to distract himself by reading or listening to music, when he hears hallucinations or noises as if past associates are outside his accommodation. Sleep and appetite were described as being intact. He believed that he had lost weight recently through eating less and moving furniture in his house for the upcoming decorators.

He described his mood as being "upbeat" that day seen and I was pleased to hear that a befriender is due to start seeing him soon. His skin condition has significantly improved in recent weeks and he denied physical complaints on the day seen, other than recent ear pain which he stated that he was due to see his GP about soon. He denied unwanted effects from his medication, including denying constipation. He stated that he was taking these regularly. He stated that he continues to abstain from alcohol and illicit drug use and is a non smoker.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Physical observations continue to be checked on a monthly basis by nursing staff, as part of physical monitoring due to use of Clozapine. Blood pressure has ranged from 137 to 146 / 87 to 97. Heart rate has ranged between 104 to 123 bpm regular and in the last three months he has lost 3kgs in weight (though remains obese) - weight is now 131kgs, similar to his weight last year. He has had recent ECGs taken at the Day Hospital with prolonged QTc interval on his ECG in November 2018 of 452. This was rechecked and his latest ECG 19th February 2019 showed QTc interval close to normal at 443. No other abnormality identified other than slightly raised heart rate of 104bpm regular.

Objectively, there was no significant change to his mental state since last seen. He was mildly anxious that day, however he had a reactive affect and there was no clear evidence of a current depressive episode. There was no objective evidence of psychotic symptoms and no evidence of formal thought disorder. No signs of self neglect. He denied suicidal ideation or plans

Recommendations

1. **Due to his generally stable mental state I did not suggest changes to his medication that day.**
2. He awaits input from a befriender
3. CPA meeting in mid April
4. I have written to Cardiology for advice regarding starting possible medication for treatment of tachycardia and raised blood pressure which appears to be persistent – I await their response.
5. Follow up at outpatient clinic in six months.

Yours sincerely
Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 3273017

Dear Dr MacLaren Clinic Date: 25/01/2019 Date: 30/01/2019

Leon Gratton [redacted]
Date of Birth: 17/03/1975

Mr Gratton was offered a further appointment at the Psychiatry outpatient clinic in Cupar at the Adamson Hospital on the 25th January 2019. On the day of the appointment however, he telephoned to cancel this, stating that he did not have transport available to get to the appointment that day.

He will be reappointed in due course - I have asked my secretary to kindly liaise with CPN Brian Duffy to see whether he could help to transport him to his next appointment, at a mutually convenient date to increase the chances of him attending.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

patient information

[redacted]

[redacted]

Dear Bank Street Surgery
Please find enclosed information from Dr Olley concerning patient LG1703751191 seen in clinic by Dr Olley yesterday. Please get in touch with us if you require further information.

[redacted]
Medical Secretary to Dr George Howson, Consultant Psychiatrist
Stratheden Hospital
Cupar KY15 5RR
[redacted]

[redacted]

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

2 of 2

Fife Health & Social Care Partnership

Supporting the people of Fife together

[redacted]

Your Ref:
Our Ref:

Date 23/8/18

* FAO:

Dear Dr MACLAREN, BANK ST - GP *

RE: LEON GRATTON [redacted]

~~The above named was seen at St Andrews Outpatient Clinic today.~~

~~I would recommend the following:~~

— DON HOSPITAL NURSES CONTINUE TO CHECK MR GRATTON'S FBC BLOOD TESTS EACH MONTH DUE TO HIS USE OF CLOZAPINE.

— FOR YOUR INFORMATION, HIS FBC (21/8/18) SHOWED ↑ WCC = 22·3 + NEUTROPHILS OF 19·1. SOUNDS AS IF HIS SKIN IS WORSE AGAIN + ? HE HAS A FURTHER INFECTION. WE HAVE ENCOURAGED HIM TO MAKE AN APPOINTMENT AT THE PRACTICE TO BE REVIEWED. THIS CPN WOULD PLAY TO TAKE HIM TO THIS. THANK YOU.

Yours sincerely

[redacted]

Dr Christopher Olley
Speciality Doctor in Psychiatry

Mental Health Services
Stratheden Hospital, CUPAR, Fife, KY15 5RR

(ANTIBODY BLOOD RESULT FROM 21/8/18)

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

[redacted]

CO/GB

Dear Dr MacLaren Clinic Date: 27/07/2018 Date: 31/07/2018

Leon Gratton [redacted] **Date of Birth: 17/03/1975**

I reviewed Mr Gratton at the Psychiatry Outpatient Clinic in Cupar at the Weston Day Hospital on the 25th July 2018. He has a **diagnosis of Schizophrenia (longstanding residual positive and negative symptoms remain)** with a **history of associated symptoms that are consistent with an Anxiety disorder (symptoms of Panic disorder and Agoraphobia)**. His medication was **Clozapine 300mg nocte, Aripiprazole 20mg once daily, Fluoxetine 60mg once daily, Simvastatin 40mg nocte and Omeprazole 20mg once daily**. He also takes **creams for Dermatitis** - on that day he stated that this had improved during the last month.

At the appointment Mr Gratton described his mood as being "upbeat". He stated however that in the previous two days his hearing had suddenly reduced bilaterally, which he put down to being due to excess ear wax. He stated that he had been using olive oil to try to resolve this. I suggested that he make an appointment to see his GP to review this. **I believe that since the appointment he has done so following a recent FBC blood test that had identified that his WBC's and Neutrophils were newly significantly raised.**

That day he stated that he continues to experience intermittent auditory hallucinations. He continues to regularly have paranoid thoughts at night time that other individuals were congregating outside of his house when he goes to bed. He manages to use distraction to manage these thoughts which are longstanding concerns of his and positively he denied significant problems with sleep. He also denied problems travelling on the bus to the appointment –usually he has support from a Richmond Worker when he travels.

Objectively there was no change to his mental state since last seen: there was some mild self neglect, his mood was euthymic and he appeared less anxious that day. He was less complaintive of paranoid ideation and there was no evidence of him responding to abnormal perceptions. There was no expression of other potential delusional beliefs or of suicidal ideation or plans. He denied use of alcohol or illicit drugs and is a non smoker. He denied impairing unwanted effects from his medication including constipation when directly questioned on this and stated that he was taking these regularly.

When seen then he denied new problems with a local associate who had been previously visiting him regularly and pressuring him to give him money – that day he denied this happening, however nursing staff inform me recently that they believed this may of started again and have contacted his Social Worker to inform them of this. This issue will be discussed again at his upcoming CPA meeting.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Physical observations continue to be checked monthly by Nursing Staff as part of his physical monitoring due to using Clozapine. Heart rate remains at times mildly tachycardic (ranges between 90 to 107 beats per minute regular). Blood pressure was within normal ranges and stable and weight has fluctuated over the last year though was similar to what it was six months earlier.

Recommendations:

1. Continued input from Weston Day Hospital Nursing Staff - with monthly FBCs and physical observations.
2. Continued input from Richmond care workers
3. Awaits six monthly blood tests and annual ECG in November 2018.
4. **No suggested changes to medication that day due to stable mental state.**
5. Follow up at Outpatient Clinic in six months and CPA meeting due in October 2018.
6. Continued input from CPN Brian Duffy .

Yours sincerely
Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr S Das
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

[redacted]

CO/GB
ADMINISTRATIVE
LETTER

Dear Dr Das

Date: 05/06/2018

Leon Gratton [redacted] **Date of Birth: 17/03/1975**

Due to Mr Gratton's use of Clozapine he continues to receive monthly blood tests (full blood count) at the day hospital in Cupar as part of his physical monitoring for this. A few months ago after receiving advice from the practice he was started on Folic acid for treatment of a Folate deficiency that had been identified in the last year. This letter is to provide you with information regarding the results of his recent blood tests, if you were not already aware of these and for advice on his treatment of anaemia.

In the last month his Full blood count showed that his Haemoglobin was reduced at 124 (on 4th April 2018) which is similar to it when checked in January 2018. I note that both MCV and MCH were within normal ranges. A Ferratin level had recently been checked by the Nursing Staff at the Day Hospital - I am uncertain if it had been requested by his GP. It was low at 12 (normal range of 30 to 400).

I am aware that Mr Gratton continues to have problems with his skin and this remains under review by Dermatology.

Given these above new blood test results I would be grateful if not done so already, if Mr Gratton could be seen at the practice regarding review of his treatment for anaemia if this was possible please. If any changes are required to his medication could we please be advised, (and advised whether to continue prescribing him Folic Acid at his current dose) as all of his medications are still prescribed and provided to him by the Day Hospital due to his continued use of Clozapine.

In addition if you would want him to arrange an appointment at the Practice in the near future please also inform Weston Day Hospital staff or myself of this so that we can encourage him to do so. Thank you for your help with this matter.

Yours sincerely
Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

DBL



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

Mental Health Psychiatry Care Plan

[redacted]
GRATTON
LEON JAMES
17/03/1975
M

Date of Birth ___/___/___

Current Medication:

Employment Status: unemployed.

HEALTH & LIFESTYLE

BP: 146 / 88. Height: 18 5 Weight: 133 BMI: 39.

Urinalysis: No Sample

Smoking Status: Current smoker/~~Ex-smoker~~/Never smoked Stopped 22-8-16

Smoking Cessation Advice given: YES/NO

Alcohol Consumption: 0 Units per week

Blood taken:

Non-prescribed drugs usage: None.

Exercise: Keen to get back to gym + walking.

Lifestyle advice: To reduce portion sizes & reduce snacks.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SUPPORT

Do you receive support from family, friends or carers? _____

Name of CPN (if applicable): [redacted]

How often do you have regular contact with your CPN? 1-2 x / week.

If your mental health well-being is deteriorating, how would you prefer to manage it and who would you contact?

[redacted] or Weston.

Do you have any problems or concerns at the moment?

No.

Patient goals:

Keep on writing Poetry + Songs.

Any other information:

Are you happy to attend the Practice for a health check on a yearly basis? YES/NO

Staff use only:

Care plan completed by: [redacted]

Designation: PN

Date: 4 / 4 / 18 -

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

Adult Occupational Therapy Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
[redacted]

[redacted]

ADMINISTRATIVE LETTER

[redacted]

Dear Leon Gratton

Date: 26/02/2018

Leon Gratton [redacted]

Date of Birth: 17/03/1975

I would like to offer you an appointment with Occupational Therapy on **30/03/2018** at **10:00**, Ceres Centre, Stratheden Hospital, Cupar, KY15 5RR.

If you are unable to attend this appointment, please contact me on the above telephone number to arrange a more convenient appointment.

I look forward to seeing you

Yours sincerely

NORMA CLARK
AHP Clinical Services Manager (Mental Health)

[redacted]

(P) Dr Christopher Olley, Specialty Doctor In Psychiatry, Medical Offices, Stratheden Hospital, Cupar, KY15 5RR
(D) Dr KC Taylor, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN
[redacted]

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Mr Stephen Adamiak
Ceres Centre
Stratheden Hospital
Cupar
Fife
KY15 5RR

[redacted]

[redacted]

Dear Mr Adamiak

Referral Date: 22/02/2018

Date: 08/03/2018

Leon Gratton [redacted] **Date of Birth: 17/03/1975**

I would be grateful for your assistance with Mr Gratton who has a **diagnosis of Schizophrenia**. I believe that he has previously attended Stratheden Hospital Gym. His psychotic disorder is treated with antipsychotic medication: **Clozapine and Aripiprazole**. He receives **Fluoxetine for anxiety** and takes other creams for Dermatitis.

Mr Gratton's mental state when seen earlier this year at clinic was stable. He however continues to have residual psychotic symptoms and anxiety, especially in public, however we are in the process of trying to increase his activity level as he functions better when occupied. He has shown an interest in a return to attending Stratheden Hospital Gym. This would be useful to help improve his physical health, increase exercise, hopefully reduce anxiety in social situations and help him to increase structure in his day.

I would be grateful if you could please consider his suitability for attending Stratheden Hospital Gym. Other than his Dermatitis, which is being reviewed by Dermatology, he has no new physical health problems. As regards risk: alcohol or illicit drug misuse is not a current feature and he does not have a history of violence towards others. Suicidal ideation is not present. He is mobilising independently. He believes he would be able to travel on public transport to the gym. Thank you for your help.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

[redacted]

Dear Dr MacLaren

Clinic Date: 10/01/2018

Date: 11/01/2018

Leon Gratton [redacted] **Date of Birth: 17/03/1975**

I reviewed Mr Gratton at the Weston Day Hospital Psychiatry Outpatient Clinic on the 10th January 2018. He has a diagnosis of **Schizophrenia and a history of Anxiety (symptoms of Panic disorder)**. His medication was **Fluoxetine 40mg od, Clozapine 300mg nocte, Aripiprazole 20mg od, Folic Acid 5mg od, Simvastatin, Pizotifen and Omeprazole**. He also takes **creams for dermatitis** which remains problematic. He attended with his CPN [redacted]

At the appointment, Mr Gratton identified anxiety as his main difficulty at present, stating that he has bouts of feeling dizzy when feeling most anxious - these occur three to four times per day and he denied a specific trigger for this. He requires to sit down at these times and worries that something bad is going to happen to him during these periods which he stated can last up to one hour. He denied other possible cardiac symptoms being present. Although residual positive psychotic symptoms (mainly auditory hallucinations) remain present which he can experience during the day or at night-time – he appears to be managing these reasonably well at present and states that he "ignores them".

During last year a local male had been threatening towards him, however he stated that this was no longer happening and he denied having contact with this male during the last two months. He spent Christmas with his [redacted] – he denied anxiety being less problematic during that fortnight however when staying with her. He stated that he generally enjoys living alone and likes cooking for himself. He denied problems going to the local shop to buy food though he mainly orders food online. To try to increase activity he was keen to be referred back to Stratheden Hospital Gym to help him increase exercise and lose weight.

Physical observations continue to be checked on a monthly basis by day hospital nursing staff due to his use of Clozapine. BP when checked last month was 130/83. Heart rate has ranged in the last two months between 96 and 108 bpm reg. His a ECG in November 2017 was normal except for a sinus tachycardia - 110bpm. As per Clozapine physical monitoring guidelines, he awaits a further troponin blood level check in February 2018. He denied troubling cardiac symptoms or physical problems other than the continued flare-up of his dermatitis which was worst in his hands. He has completed phototherapy and is awaiting patch tests from dermatology soon.

Objectively, other than being mildly anxious, mood otherwise was generally euthymic and he had a reactive affect. There was no evidence of him responding to abnormal perceptions or delusional ideation elicited during the appointment. There was no evidence of a formal thought disorder. Self care was intact. Cracked inflamed skin from dermatitis was apparent on both his hands. He denied suicidal ideation or thoughts of harming others on the day seen.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Recommendations

1. I will refer him to Strathcden Hospital Gym to try to increase exercise
2. Physical monitoring will continue via the Weston day hospital/GP with monthly FBCs for Clozapine and monthly physical observations
3. **As he is no longer complaining of headaches, he agreed for me to stop his Pizotifen to see whether he continues to require to use this. Also, in order to try to improve his anxiety symptoms I have increased his dose of Fluoxetine from 40mg to 60mg once daily.** His drug kardex has been changed accordingly at the day hospital, as due to his use of Clozapine, they prescribe his medication.
4. I have informed him of the recent results of his ECG and advised that he will receive his next annual ECG in November 2018 and a further Troponin blood test soon.
5. Awaits further Case conference/CPA in February 2018.
6. Follow up at outpatient clinic in six months and continued input from CPN.

Yours sincerely
Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]
[redacted] CPN Service, Strathcden Hospital, Cupar, Fife, KY15 5RR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership

Supporting the people of Fife together

Private & Confidential

Mr Leon Gratton
[redacted]

Your Ref:
Our Ref: TH/ES
Date: 13 November 2017

Dear Mr Gratton

Your Care Programme Approach Meeting on the 23rd November 2017 has been cancelled.

A new date will be sent out as soon as possible.

Yours sincerely

[redacted]

Distribution
File Copy
Dr Olley, Psychiatrist, Medical Offices, Stratheden Hospital, Cupar
Dr Taylor, Bank Street Medical Practice, Bank Street, Cupar
[redacted] CPN Office, Stratheden Hospital, Cupar
[redacted] Social Work Office, County Buildings, St Catherine Street, Cupar
[redacted] Richmond Fellowship, Unit 51 The Granary, Coal Road, Cupar
[redacted] Staff Nurse, Weston House, Westport, Cupar
[redacted]
[redacted] O.T. Service, Stratheden Hospital, Cupar

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN – [redacted]

THIRD PARTY COPY

Scanned Document
15-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf psy1.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community
Service Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 200615780

Dear Dr MacLaren Clinic Date: 18/06/2026 Date: 19 June 2026

Leon Gratton [redacted]
Date of Birth: 17/03/1975

Mr Gratton was offered a follow-up appointment with me at my Psychiatry clinic at the Weston day hospital on the 18th June 2026.

Unfortunately, he failed to attend the appointment. Prior to the appointment he did not get in contact with us to cancel or rearrange it.

I saw Mr Gratton at his CPA meeting in Cupar in May and had reviewed him at that time - he was generally doing well and was mentally stable at that time.

Since then, I have referred Mr Gratton to the Community Rehabilitation team and they have recently informed us that they have agreed to assess him and take over his Psychiatry care.

I will therefore discharge Mr Gratton from my Psychiatry clinic at present. His CMHN [redacted] will continue to have contact with him until he is seen and taken over by the CRT service.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref: CO/sb

Letter ID: 200351328

Dear Dr MacLaren Clinic Date: 15/01/2026 Date: 15/01/2026

Leon Gratton, [redacted]
Date of Birth: 17/03/1975

Mr Gratton was offered a follow-up appointment with me at my Psychiatry clinic at the Weston day hospital on the 15th January 2026.

Unfortunately, he failed to attend the appointment. Prior to the appointment he did not get in contact with us to cancel or rearrange it.

I note that Mr Gratton has a CPA meeting coming up in February which I will also attend - he will be offered another appointment with me at my clinic a few months after this e.g. June 2026 and in the meantime his CMHN will kindly keep me updated on her appointments with him.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife MH CPA Template

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name GRATTON, Leon
CHI [redacted]
DOB 17/03/1975

Service MH

Patient Details

Address [redacted]

Tel:

Partner / Relative

Name

Address [redacted]

Tel:

Named Person

Name N/A

Address N/A

Tel: N/A

Relationship N/A

Share Info Yes ◉ No ○

Contacts

Contact Care-Coordinator
Name [redacted]
Address Weston House
West Port
Cupar
KY15 4AN
Tel: [redacted]

Invited to meeting Yes ◉ No ○
Attending meeting Yes ◉ No ○

Contact Psychiatrist
Name Dr Christopher Olley
Address Medical Offices
Stratheden Hospital
Cupar
KY15 5RR
Tel: [redacted]

Invited to meeting Yes ◉ No ○
Attending meeting Yes ◉ No ○

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name GRATTON, Leon
CHI [redacted]
DOB 17/03/1975

Contact	Social Worker	Invited to meeting	Yes ◉ No ○
Name	[redacted]	Attending meeting	Yes ◉ No ○
Address	Adults East 3 Team County Buildings St Catherine Street Cupar KY15 4TA		
Tel:	[redacted]		

Contact	Community Nurse	Invited to meeting	Yes ◉ No ○
Name	[redacted]	Attending meeting	Yes ◉ No ○
Address	Weston House West Port Cupar KY15 4AN		
Tel:	[redacted]		

Contact	Community Nurse	Invited to meeting	Yes ◉ No ○
Name	[redacted]	Attending meeting	Yes ◉ No ○
Address	Weston House West Port Cupar KY15 4AN		
Tel:	[redacted]		

Contact	Other	Invited to meeting	Yes ◉ No ○
Name	[redacted]	Attending meeting	Yes ◉ No ○
Address	Senior Support Worker Richmond Fellowship Unit S1, The Granary Coal Road Cupar KY15 5YQ		
Tel:	[redacted]		

Contact	GP	Invited to meeting	Yes ◉ No ○
Name	~~Kathryn MacLaren~~ →	Attending meeting	Yes ○ No ◉
Address	Bank Street Medical Group Adamson Hospital Bank Street Cupar		

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name GRATTON, Leon
CHI [redacted]
DOB 17/03/1975

[redacted]

Tel: [redacted]

Basic Information

Crisis/out of hours arrangements
If Leon requires additional support during Mon-Fri 9-5pm, he should contact Weston House on [redacted] If his regular CMHNs are not available and it is an urgent matter, then Leon can access the Duty Worker on [redacted]

If Leon requires additional mental health support out with the above hours, he should contact crisis helplines or if necessary, NHS 24.
Samaritans: 116 123; Breathing Space: 0800 838 857; NHS24: 111; Community Police: 101

Date of Risk Assessment: 13/03/2025

Sensory requirements:
Wears spectacles for long and short sighted eyesight - Leon was last tested in January 2024 and has been issued with new glasses.
Attends routine diabetic eye appointments, last had in August 2024.

First Language: English Interpreter required? Yes ○ No ◉

Ethnic Origin: White Scottish

AWIA applies: Yes ○ No ◉
Details:

MHA applies: Yes ○ No ◉ For details see below:

Date of previous CPA review: 27/02/2025

Next CPA review: 28/08/2025

Time: 10:00

Venue: Weston House, Cupar.

Advance Statement: Yes ○ No ◉
Where held:

Admission to/discharge from hospital since last review

Hospital / Ward: No admissions.

Date from:

Date to:

Mental Health

Mental Health (Care and Treatment) (Scotland) Act 2003 Section 76 Details

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name GRATTON, Leon
CHI [redacted]
DOB 17/03/1975

To be completed by the RMO and ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order.

Type of order: Section No.

Date of order:

Period of next statutory review

Date of last statutory review

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments within Weston House for Clozapine monitoring and to collect his medication.

Leon has kept his regular engagement with CMHN appointments and is working on identified goals. Since December CMHN Brougham has also become involved with Leon's care provision and the plan is for them to work towards Leon leaving the house more to engage in leisure activities, such as fishing and a music group in Ladybank.

Leon continues to receive an hour of support on a daily basis from Richmond Fellowship.

Leon is no longer allocated a befriender through LINK befriending, this service has been withdrawn due to them not leaving the house for their sessions, which is the expectation of LINK.

A referral has been made, by Social Work, to Crossroads in the hope of matching Leon with a new befriender who shares similar interests with Leon, to encourage activities out with the home environment.

Issues arising/ Areas of concern

Richmond are currently supporting Leon with making the transition from ESA benefit to Universal Credit, this has not been an easy process and is ongoing. They are seeking a letter of support regarding Leon's employment status, Dr Olley has directed them to GP to assist with this in the first instance.

Ongoing issue remains that Leon is rarely leaving his house due to low motivation, anxiety and physical health issues. He will only do so by car or a taxi, which is very limiting for him. Discharged from OT in April 2024 due to lack of readiness to progress towards his goal. Leon could be referred back to this service in the future but needs to display positive changes and a readiness to engage in active work. Leon does identify this as a goal of his and CMHN Brougham is now involved and will be taking forward some graded exposure type work to improve this situation.

Discussion's had about ongoing poor condition of Leon's tenancy, and how this poses environmental risks. [redacted] OT has previously offered to do a supportive session for Richmond staff in order to develop strategies and skills to support Leon in this area, CMHN White will follow this up and feedback to [redacted] has suggested the possibility of Leon paying to have a deep clean, which was

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	[redacted]
DOB	17/03/1975

discussed and considered to be a valid option, with the expectation that a schedule would be devised in order to keep on top of domestic chores going forward. [redacted] agreed to look in to this.

Person completing review:	[redacted]
Designation:	Staff Nurse
Date signed	27/02/2025

Needs

Needs Identified	Medical review to assess mental health and review medication.
Plan of Action	Leon continues to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this. Leon is and will be supported by Richmond staff to attend all medical reviews.
Person Responsible	Dr Olley and Leon.
Proposed Outcome	Annual medical review and 6 monthly CPA, in the company of Richmond staff.
Update	Last medical review 7/11/24, next one due November 2025. At this review to was agreed that no medication changes were necessary at present.
Needs Identified	Monitoring of mental health
Plan of Action	Therapeutic sessions for ongoing monitoring of mental state and support for Leon's mental wellbeing. Regular 1:1 contact with CMHN, either face to face at home/Weston or via telephone. Frequency of contact to be agreed upon by CMHN and Leon, depending on his needs at the time.
Person Responsible	CMHN [redacted] CMHN [redacted] and Leon.
Proposed Outcome	Reduce risk of relapse of mental health, support Leon in reaching his optimum level of mental health and wellbeing.
Update	Leon does contact Weston between scheduled appointments if he requires additional support, this has been noted to have lessened in frequency since last CPA. CMHNs continue to support Leon with reducing anxiety levels, working collaboratively to develop techniques for this. There are plans for CMHN Brougham to work with Leon on some graded exposure in order to attend leisure activities. Leon has chosen to do fishing

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	[redacted]
DOB	17/03/1975

	in the first instance, but is also hoping to work towards attending a music group in Ladybank too.
Needs Identified	Clozapine monitoring.
Plan of Action	Leon to attend Weston every 4 weeks for blood monitoring, medication collection and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.
Person Responsible	CMHN [redacted] CMHN [redacted] and Leon.
Proposed Outcome	Follow Clozapine care plan and monitor for side effects of Clozapine.
Update	Leon has been attending all necessary Clozapine related appointments, he is fully compliant with his Clozapine care plan.
Needs Identified	Housing support
Plan of Action	Richmond Fellowship provide 8 hrs per week to support Leon with: Budgeting, cleaning, cooking, shopping and attending appointments. Encourage and support Leon to go out for short walks and to work on his graded exposure plan as much as possible, to reach the goal of using public transport once more. Support workers to use key from key box (back door) when unable to access the house in an emergency situation.
Person Responsible	Richmond Fellowship Support Workers and Leon.
Proposed Outcome	Assist Leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to achieve going out independently.
Update	Ongoing issues remain, in regards to the untidy condition of Leon's house. Sessions tend to mostly consist of sitting and talking with Leon, due to lack of social contact. Discussions had at CPA today of using the allocated time to support Leon to establish a domestic schedule and to encourage him to keep to it as far as possible. Whilst also recognising the progress that Leon has made already. Richmond have also been supporting Leon to sort out his benefits as previously mentioned. [redacted] remains open to a supportive session for Richmond staff from OT as previously mentioned, CMHN will look in to this.
Needs Identified	Physical Health Needs. Atopic Dermatitis - prescribed Methotrexate. Diabetes Mellitus Type 2 Asthma
Plan of Action	Leon to contact GP for any issues with his physical health. Blood monitoring at Weston 3 monthly for FBC, U&Es and LFTs due to Methotrexate prescription. Medical staff will monitor blood results and liaise with Dermatology Consultant via GP.
Person Responsible	GP, Dr Olley, CMHN [redacted] and Leon.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	[redacted]
DOB	17/03/1975

Proposed Outcome	Enable Leon to reach his optimum physical health and maintain his skin integrity.
Update	Last dermatology review was 26/2/25 via telephone, prescribed betnovate cream. Further follow up due in 2 weeks time, considering increasing Methotrexate. The hope is that Dermatology will accommodate Cupar based appointments going forward. Leon is certain that he is maintaining adequate personal hygiene (3-4 baths a week) and applying prescribed creams, however, support staff query full compliance with this treatment. Leon has been attending all other medical appointments and has a Diabetic review coming up but unsure of the date, he has a letter. Recent flare up of Asthma, is currently using 2 different inhalers. Has been advised to contact 999 should he experience a further flare up that is causing significant breathing difficulties. Recent blood results indicated infection markers, Dr Olley has requested repeat FBC and Bone profile which will be checked at next Clozapine clinic.
Needs Identified	Social Work Support
Plan of Action	Assess Leon for social work support.
Person Responsible	[redacted]
Proposed Outcome	Identify needs through annual social work reviews.
Update	Annual review is now due and will be arranged by the Adults East 3 Team in due course - Leon is on the duty SW list for annual review. [redacted] intends to explore the possibility of organising a deep clean at Leon's house.

Are there any unmet service needs? Yes (●) No ( )

Unmet Needs

It has been identified that a consistent approach needs to be taken by all staff supporting Leon, with an emphasis on promoting his independence and improving his motivation. [redacted] has agreed for Richmond staff to attend an educational session with OT [redacted] to develop strategies to work towards this.

What action has been taken to address the need(s)?

CMHN [redacted] will make enquiries with [redacted] and feedback to [redacted]

Client/Patient [redacted]
Date 13/03/2025

Care Coordinator [redacted]
Designation Staff Nurse
Date 27/02/2025

v0.1

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr Das
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 5876980

Dear Dr Das

Date: 07/03/2025

Leon Gratton, [redacted]
Date of Birth: [redacted]

I sent a letter to the practice via email after blood test results had been reported – this digital version of the same letter is for both of our records.

Mr Gratton had blood tests rechecked at the Weston day hospital on 04/03/25 and these have shown abnormalities in his FBC as follows:

WBC 20.3 (normal = 4.0 - 10.0 x 10^9/L)
Neut 17.15 (normal = 2.00 - 7.00 x 10^9/L)

Physical observations were:
Blood pressure = 140/75, pulse = 116 bpm (sinus tachycardia longstanding with Clozapine) and his temp = 36.8, O2 sats = 95% on air and no complaints reported other than skin inflamed.

A week ago when attending his CPA meeting, I noted his skin was very inflamed and I wonder if this is contributing to his high infection markers.

Given that he is taking Methotrexate and FBC abnormalities have worsened, if not done so already please could the practice consider reviewing his recent blood results and consider whether any further intervention is required at present.

If you need the Weston day hospital nurses to do anything else at this point or get in contact with Mr Gratton please also let us know. Thank you

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Outlook

FAO Dr Das

[redacted]

Good Morning

Please see letter below from Dr Olley, formal letter to follow

Dear Dr Das

Leon Gratton [redacted]
Date of Birth: 17/03/1975

Mr Gratton had blood tests rechecked at the Weston day hospital on 04/03/25 and these have shown abnormalities in his FBC as follows:

WBC 20.3 (normal = 4.0 - 10.0 x 10^9/L)
Neut 17.15 (normal = 2.00 - 7.00 x 10^9/L)

Physical observations were:
Blood pressure = 140/75, pulse = 116 bpm (sinus tachycardia longstanding with Clozapine) and his temp = 36.8, O2 sats = 95% on air and no complaints reported other than skin inflamed.

A week ago when attending his CPA meeting I noted his skin was very inflamed and I wonder if this is contributing to his high infection markers.

Given that he is taking Methotrexate and FBC abnormalities have worsened, please could the practice consider reviewing his recent blood results and consider whether any further intervention is required at present.

If you need the Weston day hospital nurses to do anything else at this point or get in contact with Mr Gratton please also let us know.

Thank you

Yours sincerely

Dr Chris Olley
Specialty Dr in Psychiatry

[redacted]
Medical Secretary to Dr George Howson and Dr Chris Olley, Stratheden Hospital)
Fife Health & Social Care Partnership

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SCI Store - Patient Result Report

Report ID: 7972833P

Sample Collected: 04/03/2025 09:01:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	50	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7972833P	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	04/03/2025 09:01:00	04/03/2025 15:44:00	04/03/2025 16:05:26	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
HGB	149	130 - 170	g/L	
RBC	4.77	4.50 - 5.50	x 10^12/L	
Hct	0.464	0.400 - 0.500	L/L	
MCV	97.3	83.0 - 101.0	fL	
MCH	31.2	27.0 - 32.0	pg	
MCHC	321	315 - 345	g/L	
RDW	13.4	11.6 - 14.0	%	
PLT	194	150 - 410	x 10^9/L	
WBC	**20.3**	**4.0 - 10.0**	**x 10^9/L**	**HI**
Neut	**17.15**	**2.00 - 7.00**	**x 10^9/L**	**HI**
Lymp	1.63	1.00 - 3.00	x 10^9/L	
Mono	**1.16**	**0.20 - 1.00**	**x 10^9/L**	**HI**
Eos	0.32	0.02 - 0.50	x 10^9/L	
Baso	0.07	0.02 - 0.10	x 10^9/L	
NRBC	0.00	0.00 - 0.10	x 10^9/L	

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

CHI: 1703751191

ADMINISTRATIVE LETTER

[redacted]

Dear Leon

Date: 03/02/2025

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by Community Mental Health Nurse [redacted]. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 27th February 2025
10am
Seminar Room, Weston House, Cupar

Yours sincerely

[redacted]
NE Fife CMHT & CPA Secretary
Weston House
Westport
Cupar
KY15 4AN

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

(P) CMHN [redacted] NEF CMHT, Weston House, Westport, Cupar, KY15 4AN

(P) [redacted]

(P) Dr Chris Olley, Speciality Doctor in Psychiatry, Medical Offices, Stratheden Hospital, Cupar, KY15 5RR

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

(P) Social Work Department, County Buildings, St Catherine Street, Cupar, Fife, KY15 4LS

(P) [redacted] Senior Support Worker, Richmond Fellowship, Unit S1 The Granary, Coal Road, KY15 5YQ

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

1703751191

CHI: 1703751191

[redacted]

Dear Dr MacLaren

Clinic Date: 07/11/2024

Date: 07/11/2024

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA
Date of Birth: 17/03/1975

I had a follow up appointment with Mr Gratton at my Psychiatry clinic at the Weston day hospital on the 7th November 2024. His CMHN [redacted] and a student nurse were also present at this appointment with his consent.

Diagnosis:
1. Schizophrenia
2. Anxiety disorder (Chronic Agoraphobia and Panic disorder symptoms) - currently mild though avoidance continues to be regularly used so going out in public remains limited
3. Eczema - under the care of Dermatology - receiving Methotrexate for treatment of this.
4. Diabetes Mellitus Type II

Medication: Clozapine 300mg nocte, Fluoxetine 60mg od, Folic Acid 5mg od, Aripiprazole20mg od, Omeprazole, cream and Methotrexate

Update from the appointment: Mr Gratton reported minimal change in his mental state since I last saw him at his CPA meeting in August 2024. Anxiety had lowered though he continues to feel anxious in public and generally avoids going out due to this. Psychotic symptoms have not changed and occur occasionally - perceptual auditory disturbances at night or first thing in the morning when waking up from sleep. He did not describe other psychotic symptoms and mood appeared stable. Sleep was intact and appetite unchanged.

Objectively, there was no change to his mental state since last seen. Mood was euthymic that day with no objective evidence of psychotic symptoms. Speech and behaviour were appropriate and objectively he appeared relaxed during the appointment. There was no report of suicidal ideation or plans. Insight was intact.

Physical observations continue to be checked monthly at the day hospital - recordings last month were: asymptomatic tachycardia was at 108 bpm (this will continue to be monitored - cardiology had not suggested specific treatment for this 2 years ago when I last contacted them). Weight had increased by 6kg to 132 kg over the last year despite use of Metformin with BMI at 38. ECG was unchanged from last year and blood tests in June 2024 were within normal ranges.

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

We discussed his current medication - he agreed to continue taking these due to benefit gained. The plan agreed was again to try to work with his CMHN, carers and be-friender to try to increase activity in public and try to reduce anxiety in social situations.

Recommendations

1. **Due to his generally stable mental state, I did not suggest changes to his medication that day and he was in agreement with this plan also.**
2. Continued input from Weston Day Hospital who provide him with his medication and undertake regular physical monitoring/ bloods/ annual ECG due to his use of Clozapine
3. Follow up appointment at my Cupar clinic in one year—he could be seen earlier if there is deterioration in his mental state before this next appointment - nurses will kindly keep me updated on his progress.
4. Next CPA meeting is due to take place February 2024 and is 6 monthly.
5. Continue to work with CMHN, Befriender and Richmond fellowship workers.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

CHI: 1703751191

ADMINISTRATIVE LETTER

[redacted]

Dear Leon

Date: 08/08/2024

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Community Mental Health Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 22nd August 2024 at 10am
Seminar Room
Weston House, Cupar

Yours sincerely

[redacted]
NE Fife CMHT & CPA Secretary
Weston House
Westport
Cupar
KY15 4AN

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

(P) CPN [redacted] CPN Office, Weston House, Westport, Cupar, KY15 4AN

(P) [redacted]

(P) Dr Chris Olley, Speciality Doctor in Psychiatry, Stratheden Hospital, Cupar, KY15 5RR

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

(P) [redacted] Social Work Department, County Buildings, St Catherine Street, KY15 4LS

(P) [redacted] Senior Support Worker, Richmond Fellowship, Unit S1 The Granary, Coal Road, KY15 5YQ

([redacted] enior Support Worker, Richmond Fellowship, Unit S1 The Granary, Coal Road, KY15 5YQ

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fw: CPA L> Gratton

[redacted]

[redacted]

Hi [redacted]

Please find attached copy of Leon's CPA, I have copied in other NHS staff but have printed off physical copies for those attendees from outside the NHS and will send these out tomorrow.

I have the original copy in the office for Leon.

[redacted]

Working hours are Monday-Friday 9am-5pm
(Non-working days are Saturday & Sunday 9am-5pm)
NEF CMHT & CPA Secretary | Mental Health Services | NHS Fife | Weston House | Cupar | Fife KY15 4AN

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife MH CPA Template

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Service MH

Patient Details

Address 3 MAKGILL ROW
SPRINGFIELD
CUPAR
FIFE
KY15 5SA

Tel: [redacted]

Partner / Relative

Name

Address [redacted]

Tel:

Named Person

Name, N/A

Address N/A

Tel: N/A

Relationship N/A

Share Info Yes (●) No ( )

Contacts

Contact Care-Coordinator — Invited to meeting Yes (●) No ( ) — Attending meeting Yes ( ) No (●)

Name [redacted]

Address Weston House,
West Port,
Cupar,
KY15 4AN

Tel: [redacted]

Contact Other — Invited to meeting Yes (●) No ( ) — Attending meeting Yes (●) No ( )

Name [redacted] (Occupational Therapist and CPA Coordinator Cover)

Address Weston House,
West Port,
Cupar,
KY15 4AN

Tel: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Contact	Psychiatrist	Invited to meeting	Yes (●) No ( )
Name	Dr Christopher Olley	Attending meeting	Yes (●) No ( )
Address	Medical Offices, Stratheden Hospital, Cupar, KY15 5RR		
Tel:	[redacted]		
Contact	Social Worker	Invited to meeting	Yes (●) No ( )
Name	[redacted]	Attending meeting	Yes ( ) No (●)
Address	Cupar Social Work Department, Cupar County Buildings, St Catherine Street, Cupar, KY15 4TA		
Tel:	[redacted]		
Contact	Community Nurse	Invited to meeting	Yes ( ) No (●)
Name	[redacted] (representing Nursing today)	Attending meeting	Yes (●) No ( )
Address	Weston House, West Port, Cupar, KY15 4AN		
Tel:	[redacted]		
Contact	Other	Invited to meeting	Yes (●) No ( )
Name	[redacted] (Occupational Therapy Assistant Practitioner)	Attending meeting	Yes (●) No ( )
Address	Weston House, West Port, Cupar, KY15 4AN		
Tel:	[redacted]		
Contact	Other	Invited to meeting	Yes (●) No ( )
Name	[redacted]	Attending meeting	Yes ( ) No (●)
Address	Senior Support Worker, Richmond Fellowship, Unit S1, The Granary, Coal Road,		

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Cupar,
KY15 5YQ

Tel: [redacted]

Contact	Other	Invited to meeting	Yes (●) No ( )
Name	[redacted]	Attending meeting	Yes (●) No ( )
Address	Senior Support Worker, Richmond Fellowship, Unit S1, The Granary, Coal Road, Cupar, KY15 5YQ		
Tel:	[redacted]		
Contact	GP	Invited to meeting	Yes (●) No ( )
Name	Kathryn MacLaren	Attending meeting	Yes ( ) No (●)
Address	Bank Street Medical Group, Adamson Hospital, Bank Street, Cupar, KY15 4JN		
Tel:	[redacted]		

Basic Information

Crisis/out of hours arrangements

If Leon requires additional support during Mon-Fri 9-5pm, he should contact Weston House on [redacted]

If Leon requires additional mental health support out with the above hours, he should contact crisis helplines or if necessary, NHS 24.
Samaritans: 116 123; Breathing Space: 0800 838 857; NHS24: 111; Community Police: 101

Date of Risk Assessment: 22/03/2023

Sensory requirements:
Wears spectacles for long and short sighted eyesight - Leon was last tested in January 2024 and has been issued with new specs.

First Language: English Interpreter required? Yes ( ) No (●)

Ethnic Origin: White Scottish

AWIA applies: Yes ( ) No (●)
Details:

MHA applies: Yes ( ) No (●) For details see below:

THIRD PARTY COPY

[redacted]

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Date of previous CPA review: 22/08/2023

Next CPA review: 22/08/2024

Time: 10:00

Venue: Weston House, Cupar

Advance Statement: Yes ○ No ◉

Where held:

Admission to/discharge from hospital since last review

Hospital / Ward: No Admissions.

Date from:

Date to:

Mental Health

Mental Health (Care and Treatment) (Scotland) Act 2003 Section 76 Details
To be completed by the RMO and ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order.

Type of order: N/A Section No. N/A

Date of order:

Period of next statutory review

Date of last statutory review

Compulsory Measures:
N/A

Recorded Matters:
N/A

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments within Weston House for Clozapine monitoring and to collect his medication.

Leon has kept his regular engagement with CMHN appointments and has been working on identified goals. The frequency of contact at present is 4-6 weekly, face to face or via telephone contact.

Issues arising/ Areas of concern

Leon has been reluctant to engage in MHOT sessions, particularly when the weather is not fair. His progress is very slow, compounded by Leon not consolidating any of his learning with educational materials around managing his anxiety, distraction strategies and routine planning. He continues to avoid using buses and continues to isolate self at home due to his self-reported levels of unmanageable anxiety.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Leon continues to see his befriender every fortnight.

Since referral to MHOT, Leon has engaged in eleven 1:1 sessions with [redacted] The focus of this work is engaging Leon in graded exposure activity, with a view to him being able to use public transport, whilst managing anxiety.

Leon is supported by Richmond staff to manage his daily activities of daily living, but will often refuse to engage in joint housework/cleaning/maintenance activities, instead, expecting staff to do tasks for him. Most recently [redacted] arrived to the home and witnessed support staff washing dishes, whilst Leon was sat watching a film.

Current Richmond hours are spent carrying out tasks which should and functionally could be carried out by or with Leon. This means that there is no spare time for socialisation support from staff, to attend the cinema, go into town etc.

Person completing review: [redacted]
Designation: Specialist Occupational Therapist
Date signed

Needs

Needs Identified	Medical review to assess mental health and review medication.
Plan of Action	Leon continues to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this. Leon is and will be supported by Richmond staff to attend all medical reviews.
Person Responsible	Dr Olley and Leon.
Proposed Outcome	Annual medical review and 6 monthly CPA, in the company of Richmond staff.
Update	Leon has been contacted by the GP for review and stated he will organise an appointment in due course. Medical review was carried out in November 2023.
Needs Identified	Monitoring of mental health.
Plan of Action	Therapeutic sessions for ongoing monitoring of mental state and support for Leon's mental wellbeing. Regular 1:1 contact with CMHN, either face to face at home/Weston or via telephone. Frequency of contact to be agreed upon by CMHN and Leon, depending on his needs at the time.
Person Responsible	CMHN [redacted] and Leon.
Proposed Outcome	Reduce risk of relapse of mental health, support Leon in reaching his optimum level of mental health and wellbeing.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Update	Leon continues to contact Weston House between appointments for additional support when he requires this. CMHN and MHOT are supporting Leon with reducing his anxiety levels.
Needs Identified	Clozapine monitoring.
Plan of Action	Leon to attend Weston every 4 weeks for blood monitoring, medication collection and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.
Person Responsible	CMHN [redacted] and Leon.
Proposed Outcome	Follow Clozapine care plan and monitor for side effects of Clozapine.
Update	Leon has been attending all necessary Clozapine related appointments, he is fully compliant with his Clozapine care plan.
Needs Identified	Housing Support: Support workers to use key from key box (back door) when unable to access the house in an emergency situation.
Plan of Action	Richmond Fellowship provide 8 hrs per week to support Leon with: Budgeting, cleaning, cooking, shopping and attending appointments. Encourage and support Leon to go out for short walks and to work on his graded exposure plan as much as possible, to reach the goal of using public transport once more.
Person Responsible	Richmond Fellowship and Leon.
Proposed Outcome	Assist Leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to achieve going out independently.
Update	Lisa Nisbet attended the CPA to represent Richmond Fellowship. Leon continues to lack motivation to engage in household tasks with staff, and will often refuse to engage in these tasks, placing staff in a position whereby they are spending all support hours cleaning and carrying out the domestic activities which Leon is capable of engaging in functionally. Discussion held about the detriment to both staff and Leon by doing tasks for him, resulting in a disabling approach rather than an enabling one. Leon admitted that he will engage in these tasks with some staff, however this is not consistent. Health and safety in the home for Leon was also discussed due to the environmental risks in situ. These include floors being cluttered presenting as a falls risk, guitar strings lying on the floor which could result in serious injury to both Leon and any staff coming into the home. Leon admitted that he could not think of a reason for leaving things lying around, other than he is not motivated. He appeared to appreciate the message from the MH team during the CPA, that he is placing staff at risk as well as himself.
Needs Identified	Physical health needs, prescribed Methotrexate for Atopic Dermatitis.
Plan of Action	Leon to contact GP for any issues with his physical health. Blood monitoring at Weston 3 monthly for FBC, U&Es and LFTs due to Methotrexate prescription. Medical staff will monitor blood results and liaise with Dermatology

THIRD PT COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

	Consultant via GP.
Person Responsible	GP, Weston staff and Leon.
Proposed Outcome	Enable Leon to reach his optimum physical health and maintain his skin integrity.
Update	Last know dermatology review was March 2023. Leon has seen improvements to his skin since then, however Lisa reported that personal hygiene remains poor and the importance of self care. Regular review with dermatology, FBC, U&Es, LFTs next due on March 5th 2024. Leon commenced Metformin prior to last CPA and has not had any long term side effects as diarrhoea has dissipated. In February of this year, Leon had lost 3kg and reports that since this weight loss, his breathing is much improved. Leon is due an appointment with his GP.
Needs Identified	Social Work Support.
Plan of Action	Assess Leon for social work support.
Person Responsible	[redacted] Social Worker.
Proposed Outcome	Identify needs through annual social work reviews.
Update	Last known annual review was 03/04/2023. Aggie was unable to attend CPA and last update was that additional support hours for Leon could not be accommodated as he does not meet criteria.

Are there any unmet service needs? Yes ○ No ◉

Unmet Needs

OT discussed the importance of all staff following the same care plan approach with Leon, in order to offer a consistent message that staff are there to support Leon to support himself. Leon recognises that he isn't motivated and therefore will use avoidance tactics with staff, particularly if he knows that when refusing, the tasks will be done for him. Discussion held with [redacted] around the offer of support session at Weston House from the OT for all staff if wanted, to educate on some approaches which can be used, including a contract with Leon if Richmond are agreeable to this, outlining expectations of Leon, in having continued support.

What action has been taken to address the need(s)?

As above [redacted] has agreed to speak with her senior [redacted] about the above suggestions.

Client/Patient [redacted]

Date 5/2/2

Care Coordinato [redacted]

Designation Occupational Therapist

Date 23/02/2024

THIRD PARTY COPY

[redacted]

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

THIRD PARTY COPY

v0.1

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

CHI: 1703751191

ADMINISTRATIVE LETTER

[redacted]

Dear Leon

Date: 02/02/2024

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by Community Mental Health Nurse [redacted] The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 22nd February 2024 at 10:30am
Seminar Room
Weston House, Cupar

Yours sincerely

[redacted]
NE Fife CMHT and CPA Secretary
Weston House
Westport
Cupar
KY15 4AN

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

(P) [redacted]

(P) CPN [redacted] CPN Office, Weston House, Westport, Cupar, KY15 4AN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

(P) [redacted] Occupational Therapist, North East Fife CMHT, Weston House, Weston Day Hospital, Cupar, KY15 4AN

(P) [redacted] OT, Weston Day Hospital, Cupar, KY15

(P) [redacted] Social Work Adults East 3 Team, Cupar County Buildings, St Catherine Street, Cupar, KY15 4TA

(P) Dr Chris Olley, Speciality Doctor in Psychiatry, Stratheden Hospital, Cupar, KY15 5RR

(P) [redacted], Richmond Fellowship, Unit S1 The Granary, Coal Road, Cupar, KY15 5YQ

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

1703751191

CHI: 1703751191

Dear Dr MacLaren

Clinic Date: 09/11/2023

Date: 09/11/2023

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA
Date of Birth: 17/03/1975

I had a follow up appointment with Mr. Gratton at my Psychiatry clinic at the Weston day hospital on the 9th November 2023. His CMHN [redacted] was also present at this appointment with his consent.

Diagnosis:
1. **Schizophrenia**
2. **Anxiety disorder (Chronic Agoraphobia and Panic disorder symptoms - mild reduction in Avoidance in recent weeks**
3. **Eczema** - under the care of Dermatology - receiving Methotrexate for treatment of this.
4. **Diabetes Mellitus Type II**

Medication: **Clozapine 300mg nocte, Fluoxetine 60mg od, Folic Acid 5mg od, Aripiprazole 20mg od, Omeprazole, cream and Methotrexate**

Update from the appointment: Mr Gratton reported a variable picture at present. Unfortunately, he had found out further bad news recently that just after [redacted] after this also. Understandably he continues to grieve for his losses.

Despite problems with anxiety being ongoing and at times hearing voices when feeling most distressed, (both of which have been longstanding), he has been enjoying contact with his new be-friender and he continues to enjoy hobbies, which includes playing his guitar. He has also started seeing [redacted] the Occupational therapist and is hoping to join a Dungeons and Dragons club in the future.

He felt that his skin condition had improved since taking Methotrexate. He has an appointment at the practice in the next week to review a lump under his arm and to have further blood tests taken.

He denied significantly impairing side effects from his medication (constipation was reported as only being occasional).

Objectively, there was no change to his mental state since last seen. Mood was euthymic that day with no objective evidence of psychotic symptoms. Speech and behaviour were appropriate and objectively he

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

appeared relaxed during the appointment, despite describing recent anxiety symptoms. There was no report of suicidal ideation or plans. Insight was intact.

Physical observations continue to be checked monthly at the day hospital - recordings last month were: BP: 119/73, **asymptomatic tachycardia was at 114 bpm** (this will continue to be monitored - cardiology had not suggested specific treatment for this 2 years ago when I last contacted them). Weight was 124 kg with BMI reduced to 35. ECG was unchanged from last year and blood tests in September 2023 were within normal ranges.

We discussed his current medication - **he agreed to continue taking these due to benefit gained.** The plan agreed was to work with his OT, CMHN and be-friender to try to increase activity in public and try to reduce anxiety in social situations.

Recommendations

1. **Due to his generally stable mental state, I did not suggest changes to his medication that day and he was in agreement with this plan also.**
2. Continued input from Weston Day Hospital who provide him with his medication and undertake regular physical monitoring/ bloods/ annual ECG due to his use of Clozapine
3. Follow up appointment at my Cupar clinic in one year – he could be seen earlier if there is deterioration in his mental state before this next appointment - nurses will kindly keep me updated on his progress.
4. Next CPA meeting is due to take place February 2023 and is 6 monthly.
5. Continue to work with CMHN, OT, Befriender and Richmond fellowship workers.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife MH CPA Template

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Patient
Address 3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

Tel: [redacted]

Named Person
Name
Address

Tel:

Partner / Relative
Name [redacted]
Address

Tel:

Relationship

Share Info Yes (●) No ( )

Contact Care-Coordinator
Name [redacted]
Address Weston House
Westport
CUPAR
KY15 4AN
Tel: [redacted]

Invited to meeting Yes (●) No ( )
Attending meeting Yes (●) No ( )

Contact Psychiatrist
Name Dr Chris Olley
Address Medical Offices
Stratheden Hospital
CUPAR
Fife
KY15 5RR
Tel: [redacted]

Invited to meeting Yes (●) No ( )
Attending meeting Yes (●) No ( )

Contact Social Worker
Name [redacted]
Address Cupar Social Work Department
County Buildings
Cupar
Tel: [redacted]

Invited to meeting Yes (●) No ( )
Attending meeting Yes ( ) No (●)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Contact Community Nurse — **Invited to meeting** Yes (●) No ( )
Name [redacted] — **Attending meeting** Yes (●) No ( )
Address Weston House
Westport
CUPAR
KY15 4AN
Tel: [redacted]

Contact Other — **Invited to meeting** Yes (●) No ( )
Name [redacted] — **Attending meeting** Yes ( ) No (●)
Address Senior Support Worker
Richmond Fellowship
Unit S1 The Granary
Coal Road
Cupar
Tel: [redacted]

Contact GP — **Invited to meeting** Yes (●) No ( )
Name Kathryn MacLaren — **Attending meeting** Yes ( ) No (●)
Address Bank Street Medical Group
Cupar
Fife
Tel: [redacted]

Crisis/out of hours arrangements
If Leon requires extra support Monday-Friday 9.00am-5.00pm then he should contact Weston House on [redacted]
If Leon requires extra support for his mental health out with normal working hours he should contact crisis helplines or if necessary, NHS 24.
Samaritans: 116 123
Breathing Space: 0800 838587
NHS 24: 111
Community Police: 101

Date of Risk Assessment: 22/03/2023

Sensory requirements:
Wears spectacles for long and short sighted eyesight.

First Language: English — **Interpreter required?** Yes ( ) No (●)
Ethnic Origin: White Scottish
AWIA applies: Yes ( ) No (●)
Details:
MHA applies: Yes ( ) No (●) For details see below:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Date of previous CPA review: 24/08/2023

Next CPA review: 22/02/2024

Time: 10:30

Venue: Weston House, Cupar.

Advance Statement: Yes ◯ No ◉

Where held:

Admission to/discharge from hospital since last review:

Hospital / Ward: No admissions.

Date from:

Date to:

Mental Health (Care and Treatment) (Scotland) Act 2003 Section 76 Details
To be completed by the RMO and
ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order

Type of order: **Section No.**

Date of order:

Period of next statutory review

Date of last statutory review

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments at Weston House for Clozapine monitoring and collecting medication.

Leon has been keeping regular appointments with CMHN and has identified goals to work towards. Frequency of contact is currently 4-6 weekly, face to face or telephone contact.

Leon has been allocated a new befriender, [redacted] who he see's on a fortnightly basis.

Issues arising/ Areas of concern

Leon continues to avoid using buses and mostly isolates himself at home due to the extent of his anxiety. Leon continues to find motivation problematic, unless it is something that he is passionate about.

Leon requires support to enable him to better access community resources and reduce social isolation.

Current allocation of hours from Richmond Fellowship limits ability for Richmond staff to

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

A referral was submitted to OT (March 2022), Leon cancelled his first appointment and OT were unable to reach him by phone. Leon has agreed to an initial assessment and this is now to be arranged.

support Leon in accessing community resources. Unable to have Richmond hours increased therefore looking to rearrange current hours to allow for other activities.

Person completing review: [redacted]
Designation: Community Mental Health Nurse
Date signed 01/09/2023

Needs Identified: Medical review to assess mental health and review medication.

Plan of Action: Leon to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this, Leon will be supported by Richmond Workers to attend medical reviews.

Person Responsible: Dr Olley and Leon Gratton.

Proposed Outcome: Annual medical review and 6 monthly CPA, in the company of Richmond staff.

Update: Next annual medical review due November 2023.

Needs Identified: Monitoring of mental health.

Plan of Action: Therapeutic sessions for ongoing monitoring of mental state and support for Leon's mental wellbeing.
Regular 1-1 contact with CMHN, either face to face at home/Weston or via telephone.
Frequency of contact to be agreed between Leon and CMHN depending on Leon's needs at the time.

Person Responsible: CMHN [redacted] and Leon Gratton.

Proposed Outcome: Reduce risk of relapse of mental health, support Leon in reaching his optimum mental health and wellbeing.

Update: Leon continues to contact Weston between appointments for additional support when he requires it.
CMHN is supporting Leon with reducing anxiety levels and goal planning.

Needs Identified: Clozapine monitoring

Plan of Action: Leon to attend Weston every 4 weeks for blood monitoring, medication collection and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.

Person Responsible: CMHN [redacted] and Leon Gratton.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Proposed Outcome: Follow Clozapine care plan and monitor for side effects of Clozapine.

Update: Leon has been attending all necessary clozapine related appointments, he is fully compliant with his clozapine care plan.
Annual clozapine physical health check is due November 2023.

Needs Identified: Housing Support.
Support workers to use key from key box (at back door) when unable to access house in an emergency situation.

Plan of Action: Richmond Fellowship provide 8 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.
Encourage and support Leon to go out for short walks and to work towards using public transport.

Person Responsible: Richmond Fellowship staff and Leon Gratton.

Proposed Outcome: Assist Leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to be able to go out independently.

Update: [redacted] attended this CPA in [redacted] absence. Leon has been receiving 7 hours support from Richmond, however, this should be 8 hours, 1.5 hours on Sat/Sun. [redacted] will look into this. Leon engages well with Richmond Fellowship staff. Leon lacks motivation in tending to household chores like cooking and cleaning and is supported by support workers to do this. At today's meeting it was agreed that chores list would be compiled to improve motivation.
Leon is supported with his finances by Richmond to help with budgeting.
Leon has not recently been engaging with short walks out of the house or using public transport and this is impacting on his quality of life. Leon acknowledges this and will make efforts to work with staff to improve this situation.
Richmond staff will consider re-arranging Leon's allocated hours to allow for therapeutic activity to take place, eg, using public transport/accessing community based resources.

Needs Identified: Physical health needs, prescribed Methotrexate for Atopic Dermatitis.

Plan of Action: Leon to contact GP for any issues with his physical health.
Blood monitoring at Weston 3 monthly for FBC, U&Es and LFTs due to Methotrexate prescription.
Medical staff will monitor blood results and liaise with Dermatology Consultant via GP.

Person Responsible: Dr MacLaren GP, Bank Street Medical Group, Leon Gratton and Weston staff.

Proposed Outcome: Enable Leon to reach his optimum physical health and maintain his skin integrity.

Update: Leon's last dermatology review was March 2023, his tablets were increased from 2.5mg to 10mg weekly, and improvements have been made with his

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

skin condition since then. Regular review with Dermatology. FBC, U&Es, LFTs monitoring next due 19/9/23.
Leon commenced Metformin tablets since last CPA, he reports a possible side effect of diarrhoea which is to be monitored by CMHN and reviewed by Dr Olley in few weeks if it persists.
Asthma - new inhalers prescribed since last CPA, improvements from this. Asthma and Diabetic review at the GP surgery in September 2023.

Needs Identified: Social Work Support.

Plan of Action: Assess Leon for Social Work support

Person Responsible: [redacted] Social Worker.

Proposed Outcome: Identify needs through annual Social Work reviews.

Update: Last annual review 3/4/23.
Funding remains in place for Richmond Support. Since last CPA, Aggie looked into additional hours being allocated to Leon, the outcome of this is that Leon does not meet the criteria for increased hours of support.

Client/Patient **Date:**

Care Coordinator **Date:**

Designation

Are there any unmet service needs? **Yes** ○ **No** ◉
(i.e. lack of resources preventing achievement of the care plan)

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs

What action has been taken to address the need (s)?

Client/Patient [redacted] **Date:** 05/09/2023

Care Coordinator [redacted] **Date:** 04/09/2023

Designation Staff Nurse

Name: [redacted]

Designation: Staff Nurse

Date: 05/09/2023

v0.1

THIRD PARTY COPY

[redacted]

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

CHI: 1703751191

ADMINISTRATIVE LETTER

[redacted]

Dear Leon

Date: 03/08/2023

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Community Mental Health Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 24th August 2023 at 10:30am
Weston House, Cupar
Seminar Room

Yours sincerely

[redacted]
NEF CMHT & CPA Secretary
NE Fife CMHT
Weston House
Westport
Cupar
KY15 4AN

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

[redacted]

(P) [redacted] CPN Office, Weston House, Westport, Cupar, KY15 4AN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

(P) [redacted]ocial Work Adults East 3 Team, Cupar County Buildings, St Catherine Street, Cupar, KY15 4TA

(P) Dr Chris Olley, Speciality Doctor in Psychiatry, Strathcden Hospital, Cupar, KY15 5RR

([redacted] Richmond Fellowship, Unit S1 The Granary, Coal Road, Cupar, KY15 5YQ

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted]

Delete Archive Reply Reply all Forward Read / Unread Categ

Existing patient, new supply of medicines - LG

ME [redacted]

Fri 28/04/2023 11:55

[redacted]

2 attachments (315 KB) Save all to OneDrive - NHS Scotland Download all

Hi,

Please see attached letters regarding setting up continuation of medicines for one of your patients.

Kind regards

[redacted]

[redacted]
Clinical Pharmacy Technician - Mental Health
Stratheden Hospital
Cupar
KY15 5RR
[redacted]
Mon, Wed & Fri 8.15am to 12.45pm, Tue 8am to 4pm

Reply Reply all Forward

about:blank 1/1

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership

FIFE PHARMACY

Mental Health Pharmacy Team
Admin Block
Stratheden Hospital
Cupar
KY15 5RR
[redacted]

NHS Fife

Private and Confidential

Psychiatric Day Hospital Clozapine Regime Communication Form

Date: 25.04.2023

Bank Street Medical Practice

Patient's name: Leon Gratton **CHI: 1703751191**
Address: 3 Makgill Row, Springfield, Cupar, KY15 5SA
Date of birth: 17.03.1975
Consultant Psychiatrist: Dr Howson

I am writing to inform you that the above patient will continue to attend the clozapine clinic at Weston Day Hospital, Cupar for the necessary blood tests and to collect their supply of clozapine.

Current clozapine regime as below:

Start Date	Dose	Form	Frequency
06.04.2016	300mg	Tablet	At Night

Please ensure the emergency care summary (ECS) is updated accordingly and the clozapine is stated to be supplied "outwith GP practice". The dose does not have to be included.

THIRD PARTY COPY

NHS Fife was awarded the Carbon Trust Standard in February 2010 and is the first Scottish NHS Board to achieve this accolade

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership

FIFE PHARMACY

Mental Health Pharmacy Team
Admin Block
Stratheden Hospital
Cupar
KY15 5RR
[redacted]

NHS Fife

Private and Confidential

Transfer of Medication Supply

Practice: Bank Street Medical Group **Date: 25.04.2023**

Following a recent audit on the supply of medications via the psychiatric day hospitals, it was recommended and agreed by the local medical committees (LMC) that the responsibility for supply of all medications, except clozapine, be transferred to GP practices as well as appropriate monitoring and follow-up.

Clozapine will continue to be supplied via the day hospitals. Monitoring of the effects and side-effects of psychotropic medications, including clozapine, will continue to be reviewed by psychiatry.

Patient's name: Leon Gratton **CHI: 1703751191**
Address: 3 Makgill Row, Springfield, Cupar,Fife, KY15 5SA
Date of birth: 17.03.1975
Consultant Psychiatrist: Dr Howson

List of all current medications supplied by the Day Hospital to be transferred to GP Practice:

Medication	Form	Dose	Frequency	Start date
Omeprazole	Cap	20mg	Morning	17.09.2011
Simvastatin	Tab	40mg	Night	23.08.2012
Aripiprazole	Tab	20mg	Morning	06.04.2016
Fluoxetine	Cap	60mg	Morning	10.01.2018

Recommendations for future supply (eg frequency of supply, compliance aids, delivery etc):

Dispense weekly via compliance aid. Please send prescriptions to Rowlands Pharmacy, Cupar

Date next supply required: First delivery Tuesday 30th May 2023.

Please acknowledge the receipt of this letter and send a confirmation email that the GP practice will take over supply of the above medication to the Fife mental health pharmacy team [redacted]

If there are any concerns regarding the patient not collecting the above medicines, please contact Weston Day Hospital o[redacted]

Carbon Trust Standard REDUCING CO2 YEAR ON YEAR

Investing in Volunteers

Patient Opinion

NHS Fife was awarded the Carbon Trust Standard in February 2010 and is the first Scottish NHS Board to achieve this accolade

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

[redacted]

23/03/2023

Dear Dr MacLaren

Please find enclosed a copy of the recent CPA held for Leon Gratton.

Kindest Regards

[redacted]
NEF CMHT & CPA Secretary
Weston House
Westport
Cupar
KY15 4AN

THIRD PARTY COPY

Mental Health Service, Weston Day Hospital,
Weston House, Westport, Cupar, KY15 4AN –[redacted]

NHS Confidential: Personal data about a patient

Fife MH CPA Template

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Patient
Address 3 MAKGILL ROW
SPRINGFIELD
CUPAR
FIFE
KY15 5SA

Tel: [redacted]

Named Person
Name
Address

Tel:
Relationship

Partner / Relative
Name [redacted]
Address

Tel:

Share Info Yes (●) No ( )

Contact	Care-Coordinator	**Invited to meeting**	Yes (●) No ( )
Name	[redacted]	**Attending meeting**	Yes (●) No ( )
Address	Weston House Westport Cupar KY15 4AN		
Tel:	[redacted]		
Contact	Psychiatrist	**Invited to meeting**	Yes (●) No ( )
Name	Dr Chris Olley	**Attending meeting**	Yes (●) No ( )
Address	Medical Offices Stratheden Hospital CUPAR Fife KY15 5RR		
Tel:	[redacted]		
Contact	Social Worker	**Invited to meeting**	Yes (●) No ( )
Name	[redacted]	**Attending meeting**	Yes (●) No ( )
Address	Cupar Social Work Department County Buildings Cupar		
Tel:	[redacted]		

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Contact Community Nurse — **Invited to meeting** Yes (●) No ( ) — **Attending meeting** Yes (●) No ( )

Name [redacted]

Address Weston House
Westport
Cupar
KY15 4AN

Tel: [redacted]

Contact Other — **Invited to meeting** Yes (●) No ( ) — **Attending meeting** Yes ( ) No (●)

Name [redacted]

Address Senior Support Worker
Richmond Fellowship
Unit S1 The Granary
Coal Road
Cupar

Tel: [redacted]

Contact GP — **Invited to meeting** Yes (●) No ( ) — **Attending meeting** Yes ( ) No (●)

Name Kathryn MacLaren

Address Bank Street Medical Group
Cupar
Fife

Tel: [redacted]

Crisis/out of hours arrangements

If Leon requires extra support Monday-Friday 9.00am-5.00pm then he should contact Weston House on [redacted]
If Leon requires extra support for his mental health out with normal working hours he should contact crisis helplines or if necessary, NHS 24.
Samaritans: 116 123
Breathing Space: 0800 838587
NHS 24: 111
Community Police: 101

Date of Risk Assessment: 22/02/2023

Sensory requirements:
Wears spectacles for long and short sighted eyesight.

First Language: English — **Interpreter required?** Yes ( ) No (●)

Ethnic Origin: White Scottish

AWIA applies: Yes ( ) No (●)
Details:

MHA applies: Yes ( ) No (●) For details see below:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Date of previous CPA review: 23/02/2023

Next CPA review: 24/08/2023

Time: 10:30

Venue: Weston House

Advance Statement: Yes ○ No ◉

Where held:

Admission to/discharge from hospital since last review:

Hospital / Ward: None

Date from:

Date to:

Mental Health (Care and Treatment) (Scotland) Act 2003 Section 76 Details

To be completed by the RMO and

ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order

Type of order: **Section No.**

Date of order:

Period of next statutory review

Date of last statutory review

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments at Weston House for Clozapine monitoring and collecting medication.

Leon has been keeping regular appointments with CMHN and has identified goals to work towards. Had received extra support following the loss of his [redacted] frequency of contact is currently 4-6 weekly, face to face or telephone contact.

Leon continues to engage well with a local

Issues arising/ Areas of concern

Leon continues to avoid using buses and tends to isolate himself at home due to the extent of his anxiety. Leon continues to find motivation problematic.

Leon requires support to enable him to better access community resources and reduce social isolation.

Current allocation of hours from Richmond Fellowship limits ability for Richmond staff to support Leon in accessing community

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

music group, The Bothy, attending this every other Thursday evening.

resources.

Leon is still awaiting the re-appointment of a new befriender, he remains in contact with [redacted] from LINK befriending regarding this.

A referral was submitted to OT (March 2022), he remains on the waiting list for this.

Person completing review: [redacted]
Designation: Staff Nurse
Date signed 22/03/2023

Needs Identified: Medical review to assess mental health and review medication.

Plan of Action: Leon to receive medical outpatient appointments at Weston House. Leon prefers face to face appointments for this, however, has missed last 2 appointments, therefore going forward Leon will be supported by Richmond Workers to attend medical review.

Person Responsible: Dr Olley and Leon Gratton.

Proposed Outcome: Annual medical review and 6 monthly CPA, in the company of Richmond staff.

Update: Next annual medical review due November 2023.

Needs Identified: Monitoring of mental health.

Plan of Action: Therapeutic sessions for ongoing monitoring of mental state and support for Leon's mental wellbeing.
Regular 1-1 contact with CMHN, either face to face at home/Weston or via telephone.
Frequency of contact to be agreed between Leon and CMHN depending on Leon's needs at the time.

Person Responsible: CMHN [redacted] and Leon Gratton.

Proposed Outcome: Reduce risk of relapse of mental health, support Leon in reaching his optimum mental health and wellbeing.

Update: Following a period of increased contact following the death of Leon's [redacted] the frequency of appointments has been decreased to 4-6 weekly. Leon continues to contact Weston between appointments for additional support when he requires it.
CMHN is supporting Leon with reducing anxiety levels and goal planning.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Needs Identified: Clozapine monitoring

Plan of Action: Leon to attend Weston every 4 weeks for blood monitoring and physical healthcare checks in accordance with the guidelines for Clozapine monitoring.
Leon to collect medication from Weston on a fortnightly basis.

Person Responsible: CMHN [redacted] and Leon Gratton.

Proposed Outcome: Follow Clozapine care plan and monitor for side effects of Clozapine.

Update: Leon has been attending all necessary clozapine related appointments, he is fully compliant with his clozapine care plan.
Annual clozapine physical health check is due November 2023.

Needs Identified: Housing Support.
Support workers to use key from key box (at back door) when unable to access house in an emergency situation.

Plan of Action: Richmond Fellowship provide 8 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.
Encourage and support Leon to go out for short walks and to work towards using public transport.

Person Responsible: Richmond Fellowship staff and Leon Gratton.

Proposed Outcome: Assist Leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to be able to go out independently.

Update: [redacted] attended this CPA in [redacted] absence.
Leon engages well with Richmond Fellowship staff. Leon lacks motivation in tending to household chores like cooking and cleaning and is supported by support workers to do this.
Leon is supported with his finances by Richmond to help with budgeting.
Leon has not recently been engaging with short walks out of the house or using public transport and this is impacting on his quality of life. Leon acknowledges this and will make efforts to work with staff to improve this situation.
Richmond staff will consider re-arranging Leon's allocated hours to allow for therapeutic activity to take place, eg, using public transport/accessing community based resources. Social Work plan to consider an increase in hours at the next review.

Needs Identified: Physical health needs, prescribed Methotrexate for Atopic Dermatitis.

Plan of Action: Leon to contact GP for any issues with his physical health.
Blood monitoring at Weston 3 monthly for FBC, U&Es and LFTs due to Methotrexate prescription.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Medical staff will monitor blood results and liaise with Dermatology Consultant via GP.

Person Responsible: Dr MacLaren GP, Bank Street Medical Group, Leon Gratton and Weston staff.

Proposed Outcome: Enable Leon to reach his optimum physical health and maintain his skin integrity.

Update: Leon's last dermatology review was on 7/02/23, and his reviews have been extended to annually due to long term stability, however, Leon has experienced a recent deterioration in his skin integrity and Dermatology to be contacted. Request face to face appointments going forward rather than telephone.
Leon to arrange for review of Asthma and also concerns regarding a possible chest infection, Richmond staff to support Leon with this.

Needs Identified: Social Work Support.

Plan of Action: Assess Leon for Social Work support

Person Responsible: [redacted] Social Worker.

Proposed Outcome: Identify needs through annual Social Work reviews.

Update: Annual review to be arranged.
Funding remains in place for Richmond Support. There is the potential for an application to be made for increased hours to allow for Leon to be supported in accessing community resources.

Client/Patient **Date:**

Care Coordinator **Date:**

Designation

Are there any unmet service needs? Yes ○ No ◉

(i.e. lack of resources preventing achievement of the care plan)

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs

What action has been taken to address the need (s)?

Client/Patient [redacted] **Date:** 23/03/2023

Care Coordinator [redacted] **Date:** 22/03/2023

Designation Staff Nurse

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Name: [redacted]

Designation: Staff Nurse

Date: 23/03/2023

v0.1

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

1703751191

CHI: 1703751191

[redacted]

Dear Dr MacLaren Clinic Date: 23/02/2023 Date: 24/02/2023

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA
Date of Birth: 17/03/1975

Mr Gratton attended his CPA meeting at the Weston day hospital on the 23rd February 2023. CPN [redacted] and myself were both present along with his Richmond workers, Social Worker and his [redacted]

Diagnosis:
1. Schizophrenia
2. Anxiety disorder (Chronic Agoraphobia and Panic disorder symptoms with Avoidance regularly used)
3. Eczema - under the care of Dermatology – taking Methotrexate for treatment of this

Medication: Clozapine 300mg nocte, Fluoxetine 60mg od, Folic Acid 5mg od, Aripiprazole 20mg od, Omeprazole, cream and Methotrexate

During the meeting we discussed Mr Gratton's ongoing physical health problems, his lifestyle and continued weight problems - he continues to have a high **BMI of 37** and over the last year it has been between 37 and 38. His last **Fasting Glucose was 9.0** on 6/12/22 when checked at the day hospital - it was 9.5 in June 2022 and within normal range a year ago. He stated that he had recently cut out high sugar foods and drinks but exercise remains limited.

NHS Fife Clozapine Physical Monitoring Guidelines recommend that if a patient taking Clozapine has a persistently high BMI of over 30, then Metformin should be considered if lifestyle interventions have been ineffective. Mr Gratton stated that he would be agreeable to try Metformin, as anxiety in public is making it difficult for him to increase exercise at present and this is unfortunately a chronic problem for him.

Mr Gratton also stated during the meeting that he had missed his recent Asthma review at the practice and was struggling with a current cold and eczema on his feet at present, despite using creams and taking his oral medication regularly. He plans to arrange to make an appointment at the practice soon as wondered if he is developing a chest infection.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Recommendations:

1. I plan to start Mr Gratton on **Metformin 500mg od** to try to help manage his obesity and reduce his risk of him developing Diabetes going forward (dose would then be reviewed after this and increased if tolerating)
   - **please could you let me know however, if possible within the next fortnight by letter or email, if you have any concerns re him having a trial of Metformin, either for it to be used in his case or if you would recommend other interventions first instead. Thank you**

   Aside from Methotrexate, that is prescribed by his GP, his other medications are still provided by the Day hospital and so I if starting Metformin I would prescribe this on his drug kardex there so that he can receive this new medication.

2. Continue monthly input from CPN, input from Richmond fellowship staff and Social Worker
3. He awaits new Befriender
4. Follow up appointment at my Psychiatry clinic in 9 months
5. Next CPA meeting in 6 months
6. Follow up with GP and Dermatology

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

1703751191

CHI: 1703751191

[redacted]

Dear Dr MacLaren

Clinic Date: 16/02/2023

Date: 16/02/2023

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA
Date of Birth: 17/03/1975

Mr Gratton was offered a further follow up appointment with me at my Psychiatry clinic at the Weston day hospital on the 16th February 2023.

Unfortunately, he failed to attend the appointment and did not get in contact with us prior to it to cancel or rearrange the appointment.

We are due to have a further CPA meeting with him at the Weston day hospital later this month, so hopefully I will get to review him then.

Due to his nonattendance, he will be offered another appointment at my clinic later in the year and I will ask his CPN if she could attend this also to try to increase the chances of him attending his next appointment.

For your information in case you have not seen these (and given his continued use of Methotrexate) - his latest blood tests checked at the Weston day hospital on 10/01/23 included the following abnormalities:

- **WCC (raised at 12.6)**
- **Neutrophils (raised at 8.72)**

- on 6/12/22 - **fasting glucose was elevated at 9**

- **other routine bloods were normal ranges eg U+E and LFTs**

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

1703751191

CHI: 1703751191

ADMINISTRATIVE LETTER

Letter ID: 100568528

Dear Leon

Date: 02/02/2023

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by Community Mental Health Nurse [redacted] The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 23rd February 2023 at 10:30am
In the Seminar Room, Weston House, Cupar

Yours sincerely

[redacted]
NEF CMHT Secretary & CPA Secretary
NE Fife CMHT
Weston House
Westport
Cupar
KY15 4AN

[redacted]

(P) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

[redacted]

(P) CPN [redacted] CPN Office, Weston House, Westport, Cupar, KY15 4AN

(P) [redacted] Social Work Adults East 3 Team, Cupar County Buildings, St Catherine Street, Cupar, KY15 4TA

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

(P) [redacted] Richmond Fellowship, Unit S1 The Granary, Coal Road, Cupar, KY15 5YQ

(P) Dr Chris Olley, Speciality Doctor in Psychiatry, Stratheden Hospital, Cupar, KY15 5RR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

CHI: 1703751191

ADMINISTRATIVE LETTER

[redacted]

Dear Leon

Date: 02/02/2023

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by Community Mental Health Nurse [redacted]. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 23rd February 2023 at 10:30am
In the Seminar Room, Weston House, Cupar

Yours sincerely

[redacted]
NEF CMHT Secretary & CPA Secretary
NE Fife CMHT
Weston House
Westport
Cupar
KY15 4AN

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

[redacted]

(P[redacted] CPN Office, Weston House, Westport, Cupar, KY15 4AN

([redacted] Social Work Adults East 3 Team, Cupar County Buildings, St Catherine Street, Cupar, KY15 4TA

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

(P) [redacted] Richmond Fellowship, Unit S1 The Granary, Coal Road, Cupar, KY15 5YQ

(P) Dr Chris Olley, Speciality Doctor in Psychiatry, Stratheden Hospital, Cupar, KY15 5RR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

CHI: 1703751191

ADMINISTRATIVE LETTER

[redacted]

Dear Leon Gratton

Date: 21/11/2022

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

I would like to offer you an appointment for the following date:

Date: **Tuesday 13th December 2022**
Time: **2.30pm**
Venue: **I will attend your home address**

Due to the current COVID-19 Pandemic, if you develop symptoms of-

Fever (high temperature)
A new continuous cough
Loss or change to sense of smell or taste

Please contact Weston on 01334 652163 to reschedule.

If you require any support prior to this appointment and your allocated nurse is not available, please ask for the Duty Worker.

The Duty Worker will be available from 9:00 a.m. to 5:00 p.m., the same as the Community Mental Health Teams' working hours.

Please see our contact details below, as well as the number you can call if it is after 5:00 p.m. and it cannot wait until 9:00 a.m. the following day.

Between 9:00 a.m. – 5:00 p.m., Monday - Friday

NHS Fife Community Mental Health Team – 01592 729765 option 5 for North East Fife.

Between 5:00 p.m. – 9:00 a.m. Monday – Sunday

NHS 24 – 111

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

If you are unable to make this appointment, or you feel you no longer require to be seen by our services, please call on the above number to cancel so your appointment can be reallocated.

NHS Fife hospitals are teaching hospitals and there may be students in attendance. If you do not wish to have a student observe your appointment please advise as soon as possible

Yours sincerely

[redacted]
Community Mental Health Nurse
[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

1703751191

CHI: 1703751191

[redacted]

Dear Dr MacLaren

Clinic Date: 26/10/2022

Date: 27/10/2022

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA
Date of Birth: 17/03/1975

Mr Gratton was offered a follow up appointment with me at my Psychiatry clinic at the Weston day hospital on the 27th October 2022.

Unfortunately he failed to attend the appointment and did not get in contact with us prior to it to cancel or rearrange the appointment.

I note that earlier this week however he had attended an appointment with his CPN [redacted] and had been found to be mentally stable and feeling better than he had the previous week.

We had a CPA meeting at the Weston day hospital during the summer when I had seen him then - at that point he was functioning reasonably well though understandably still in the process of adjusting to life without his [redacted] who had died earlier this year.

Due to his non attendance, he will be offered another appointment at my clinic in the coming weeks.

For your information in case you have not seen these - his latest blood tests checked at the Weston day hospital on 11.10.22 were normal except for:

- ALT (slightly elevated at 61)
- CRP (slightly raised at 9.1) – had improved since last month
- WCC (slightly raised at 10.6) - improved from 15.9 in September 2022

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted]

Fife Health & Social Care Partnership
Supporting the people of Fife together

Care Programme Approach
Weston House
West Port
CUPAR
Fife
KY15 4AN

[redacted]

next CPA meeting will be on

Thursday 23rd February 2023
10·30am, Weston House

With compliments from: [redacted] CPA Secretary North East Fife

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife MH CPA Template

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Patient
Address 3 MAKGILL ROW
SPRINGFIELD
CUPAR
FIFE
KY15 5SA

Tel: [redacted]

Partner / Relative
Name [redacted]
Address

Tel:

Named Person
Name
Address

Tel:
Relationship

Share Info Yes ◉ No ○

Contact Care-Coordinator
Name [redacted]
Address Weston House
Westport
Cupar
KY15 4AN
Tel: [redacted]

Invited to meeting Yes ◉ No ○
Attending meeting Yes ◉ No ○

Contact Social Worker
Name [redacted]
Address County Buildings
Cupar
Tel:

Invited to meeting Yes ◉ No ○
Attending meeting Yes ◉ No ○

Contact Community Nurse
Name [redacted]
Address Weston House
Westport
Cupar
KY15 4AN
Tel: [redacted]

Invited to meeting Yes ◉ No ○
Attending meeting Yes ◉ No ○

Contact Other

Invited to meeting Yes ◉ No ○

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Name [redacted] (Support Worker) **Attending meeting** Yes (●) No ( )

Address Richmond Fellowship
Unit S1 The Granary
Coal Road
Cupar

Tel: [redacted]

Contact Psychiatrist **Invited to meeting** Yes (●) No ( )

Name Dr Chris Olley **Attending meeting** Yes (●) No ( )

Address Medical Offices
Stratheden Hospital
Cupar
Fife
KY15 5RR

Tel: [redacted]

Contact GP **Invited to meeting** Yes (●) No ( )

Name Kathryn MacLaren **Attending meeting** Yes ( ) No (●)

Address Bank Street Medical Group
Cupar
Fife

Tel: [redacted]

Crisis/out of hours arrangements

Leon encouraged to contact crisis helpline number or NHS 24 out with normal working hours
NHS 24: 111
Breathing space: 0800 838587
If Leon Requires further support Monday -Friday 8.30am until 5pm to contact weston 01334 652163
Community Police 101

Date of Risk Assessment: 24/03/2022

Sensory requirements:
Nil

First Language: English **Interpreter required?** Yes ( ) No (●)

Ethnic Origin: White Scottish

AWIA applies: Yes ( ) No (●)
Details:

MHA applies: Yes ( ) No (●) For details see below:

Date of previous CPA review: 24/02/2022

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Next CPA review: 23/02/2023

Time: 10:30

Venue: Weston House

Advance Statement: Yes ○ No ◉

Where held:

Admission to/discharge from hospital since last review:

Hospital / Ward: None

Date from:

Date to:

Mental Health (Care and Treatment) (Scotland) Act 2003
Section 76 Details
To be completed by the RMO and
ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order

Type of order: **Section No.**

Date of order:

Period of next statutory review

Date of last statutory review

Compulsory Measures:

Recorded Matters:

RMO Details:

Progress report:

Progress since last review

Leon continues to attend his appointments at Weston for Clozapine monitoring and collecting medication.

Leon has been keeping regular appointments with CMHN and has identified goals to work towards.

Leon has had sessions with [redacted] from Community Gym but these have been stopped due to non engagement. Working towards re-referral.

Leon has engaged well with a local music

Issues arising/ Areas of concern

[redacted]

2022, this has impacted on Leon's mental state and he has received increased support from CMHN.

Leon continues to avoid using buses and tends to isolate himself at home due to the extent of his anxiety.

Leon continues to find motivation problematic.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

group, "The Bothy", often attending this on a Thursday evening.

Leon engaged well with a befriender for some weeks but who has since left. Leon is actively seeking further input from LINK for a new befriender.

A referral has been submitted to OT (March 2022).

Person completing review: [redacted]
Designation: CMHN
Date signed 25/08/2022

Needs Identified: Medical review to assess mental health and review medication.

Plan of Action: Leon to receive medical outpatient appointments at Weston House. He would prefer face to face appointments for this going forward.

Person Responsible: Dr Olley, Leon Gratton

Proposed Outcome: Annual medical reviews, 6 monthly CPA.

Update: Next annual medical review 26/10/22.

Needs Identified: Clozapine monitoring.

Plan of Action: Leon to attend Weston every 4 weeks for blood monitoring and physical healthcare checks in accordance with the guidelines for clozapine monitoring.
Leon will collect medication on a fortnightly basis.

Person Responsible: CMHN [redacted] Leon Gratton

Proposed Outcome: Follow clozapine care plan and monitor for side effects of clozapine.

Update: Leon has been attending appointments, and is fully compliant with the clozapine care plan.
Annual clozapine physical health check is due December 2022.

Needs Identified: Monitoring of mental health.

Plan of Action: Therapeutic sessions for ongoing monitoring of mental state and support for Leon's mental wellbeing.
Regular 1-1 contact with CMHN, via a home visit, telephone calls or at Weston House. Frequency of contact to be tailored to Leon's needs at the time.

Person CMHN [redacted] Leon Gratton

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

Responsible:

Proposed Outcome: Reduce risk of relapse in mental health, assist Leon in reaching optimum mental health.

Update: Leon's contact with CMHN has increased recently due to requiring increased support following the sad [redacted] Leon does make contact out with these appointments if he requires additional support. CMHN is supporting Leon with reducing anxiety levels and goal planning.

Needs Identified: Housing Support.
Support workers to use key from key box when unable to access house in an emergency situation.

Plan of Action: Richmond Fellowship provides 8 hours a week support for budgeting, cleaning, cooking, shopping and encourage to attend appointments.
Encourage and support Leon to go out for short walks, to work towards using public transport.

Person Responsible: Richmond Fellowship Staff, Leon Gratton

Proposed Outcome: Assist leon in maintaining his tenancy and giving support in the community to aid mental health, enabling Leon to be able to go out independently.

Update: Leon engages well with Richmond Fellowship staff. Leon lacks motivation in tending to household chores like cooking and cleaning and is supported by support workers to do this.
Leon is supported with his finances by Richmond to help with budgeting.
Leon has not recently been engaging with short walks out of the house or using public transport and this is impacting on his quality of life. Leon acknowledges this and will make efforts to work with staff to improve this situation.
Richmond staff will consider re-arranging Leon's allocated hours to allow for therapeutic activity to take place, eg, using public transport/accessing community based resources.

Needs Identified: Physical health needs, prescribed Methotrexate for Atopic Dermatitis.

Plan of Action: Leon to contact GP for any issues with physical health.
Blood monitoring at Weston 3 monthly for FBC, U&E's, LFT's due to Methotrexate prescription.
Medical staff will monitor blood results and liaise with Dermatology consultant.

Person Responsible: Dr MacLaren, Bank Street Medical Group, Leon Gratton, Weston staff.

Proposed Outcome: Enable Leon to reach his optimum physical health and maintain his skin integrity.

Update: Leon reports that his skin condition is being managed adequately at present. He last had a telephone consultation with Dermatology Consultant

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient Name	GRATTON, Leon
CHI	1703751191
DOB	17/03/1975

on 02/08/22. Next review will be in 6 months time.

Needs Identified: Social Work Support

Plan of Action: Assess Leon for Social Work input.

Person Responsible: Social Worker, [redacted]

Proposed Outcome: Identify needs through annual Social Work reviews.

Update: Funding remains in place for Richmond Support. There is the potential for an application to be made for increased hours to allow for therapeutic work.

Client/Patient **Date:**

Care Coordinator **Date:**

Designation

Are there any unmet service needs? **Yes** ○ **No** ◉

(i.e. lack of resources preventing achievement of the care plan)

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs

What action has been taken to address the need (s)?

Client/Patient **Date:** 29/08/2022

Care Coordinator [redacted] **Date:** 26/08/2022

Designation Community Mental Health Nurse

Name: [redacted]

Designation: Staff Nurse

Date: 30/08/2022

v0.1

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

CHI: 1703751191

ADMINISTRATIVE LETTER

[redacted]

Dear Leon Gratton

Date: 05/08/2022

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Community Mental Health Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 25th August 2022 at 10.30am
At Weston House, Cupar.

*Please could all invited RSVP to CPA Secretary [redacted] at Weston House on [redacted] or [redacted] (If you cannot attend to Weston but still wish to attend the meeting, please contact me on the above details and a Microsoft teams link can be sent out).

Yours sincerely

[redacted]
Care Programme Approach

Authorised on 05/08/2022 13:42:28 by Typist Hayley Dowie, not verified by Consultant Secretary NE Fife CMHT.

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

(P) CPN [redacted] CPN Office, Weston House, Westport, Cupar, KY15 4AN

(P) Dr Christopher Olley, Specialty Doctor in Psychiatry, Stratheden Hospital, Springfield, Cupar, KY15 5RR

(P) [redacted] Adults East 3 Team, County Buildings, St Catherine Street, CUPAR, KY16 4TA

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

(P[redacted] Richmond Fellowship Scotland, Unit 4, Lomond Business Park, Baltimore Road, Glenrothes, KY6 2[redacted]

(P[redacted] Social Work Adults East 3 Team, Cupar County Buildings, St Catherine Street, Cupar, KY15 4[redacted]

(P[redacted] Community Psychiatric Nurse, Stratheden Hospital, Springfield, Cupar, KY15 5RR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

CHI: 1703751191

ADMINISTRATIVE LETTER

[redacted]

Date: 09/02/2022

Dear Leon Gratton

Leon Gratton, 3 Makgill Row, Springfield, Cupar, Fife, KY15 5SA

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by Community Mental Health Nurse [redacted] The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 24th February 2022 at 10.30am
Via Microsoft teams meeting.

Teams meeting link will be sent out prior to the meeting

Yours sincerely

[redacted]
Care Programme Approach Secretary

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

(P) [redacted] Community Psychiatric Nurse, Stratheden Hospital, Springfield, Cupar, KY15 5RR

(P) Dr Chris Olley, Speciality Doctor in Psychiatry, Stratheden Hospital, Springfield, Cupar, KY15 5RR

(P) [redacted] Adults East 3 Team, County Buildings, St Catherine Street, CUPAR, KY16 4TA

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

(P) [redacted] Social Work Adults East 3 Team, Cupar County Buildings, St Catherine Street, Cupar, KY15 4TA

[redacted]

(P) [redacted] Support Worker, The Richmond Fellowship Scotland, Unit S1, The Granmary, Coal Road, Cupar, KY15 5YQ

THIRD PARTY COPY

Scanned Document
14-July-2026 HS2
Additional: Scanned Document

Filename: 00281809.pdf uro2.pdf
Extension:.tif
Pages:

Our ref: DS/MA

21 June 2007

Consultant Urologist
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
KY12 0SU

Dear Doctor

RE: LEON GRATTON, [redacted]
DOB: 17.03.75 (1191)

I am looking for your advice regarding this 32-year old gentleman who complains of haematospermia occurring on two occasions over the past two weeks. He does also complain of some stinging pains inside his urethra and it sometimes has been sore to urinate.

Examination was entirely normal including examination of the prostate. I had given him a course of Doxycycline to try and treat any potential infection. Co-incidentally I have now given him a course of Co-Amoxiclav to treat an axillary adenitis. I have also arranged for him to hand in an MSU specimen and a urine for Chlamydia testing.

He does suffer from severe mental illness and reports that he was abused in the past although I do not think this is especially a factor. I was looking for advice as to further investigation.

I would presume from what I have read that if the problem does not recur or has gone with antibiotics not to worry about it. However if it keeps on occurring I was wondering if there was any other steps that I could take in a gentleman of this age or indeed whether he would best be seen either at a Urology Clinic or a GUM Clinic. I would appreciate your thoughts on the matter.

Yours sincerely

Dr David Somerville.

THIRD PARTY COPY

Scanned Document
14-July-2026 HS2
Additional: Scanned Document

Filename: 00281810.pdf uro1.pdf
Extension:.tif
Pages:

Our ref: DS/MA

21 June 2007

Dr Paul Cavanagh
Consultant Psychiatrist
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
KY12 0SU

Dear Dr Cavanagh

RE: LEON GRATTON, [redacted]
DOB: 17.03.75 (1191) – [redacted]

I was just sending you a note to update you on Leon's situation.

He came to me earlier this month complaining of an episode of haematospermia. He also complains of some anal discomfort when defecating or tensing associated with very intermittent fresh rectal bleeding on the toilet paper and never mixed with his stool. The anal pains he reports over the past four years and although they are intermittent, they are more often than not.

In view of the heamatospermia I suggested to him that we could try treating for infective cause and he can have a think about whether he was okay with myself and one of the nurses as a chaperone examining him. He returned following another episode of haematospermia and said he was quite comfortable with examination.

With one of the nurses present I examined him and could see no penile abnormality and no abnormality in his testes or scrotum. Rectal examination was tender but with no obvious haemorrhoid or fissure and his prostate felt normal.

I have asked the surgeons for an opinion as to whether he could have a fissure given the tenderness on examination. I have dropped a note to the urologists asking whether they think further investigation of haematospermia is useful, although I do believe it is quite a benign symptomatology in spit e of its alarming appearance. I scoured through his notes and although he has reported past sexual abuse and auditory pseudo-hallucinations I could not find anything mentioning these various symptoms in the context of a period of mental illness. Mentally he currently appeared quite well to me, still complaining of auditory pseudo-hallucinations but very much aware that these were not real.

This is just for your information. Should you have a problem with a surgical opinion or even potentially a GUM or urological opinion should the haematospermia continue please let me know.

Yours sincerely

Dr David Somerville.

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: 00788326.pdf Hist2.pdf
Extension: .tif
Pages:

Salford Area Health Authority (Teaching)

The Skin Hospital

(University of Manchester School of Medicine)

Quay Street, Manchester M3 3HL

Your Ref. Telephone [redacted]

Our Ref. GKH/GL/30362.H Please ask for:

27th April 1978

Dr N Prabhakar
Clinical Medical Officer
Bury Area Health Authority
Parsons Lane
Bury BL9 0JZ

Dear Dr Prabahakar

Master Leon James Gratton (3)
[redacted]

Thank you for your letter about Leon, who has severe atopic eczema. I think his [redacted] finds him quite a handful. He is a restless excitable child and needs constant attention otherwise he scratches his skin. Apparently [redacted] has tried very hard to keep him comfortable but he persists in crying at night and this has led the neighbours to call the police as they suspect cruelty. I think it may be very difficult to heal Leon's skin without taking him in, but we will try Alphaderm applied twice daily and Vallergan forte syrup 5 ml at night. Aqueous Cream should be used as a skin cleanser.

Yours sincerely

[redacted]

G K Hargreaves
Consultant Dermatologist

cc Dr D A Moss, P/wich Hth Cnr [redacted]

Salford Area Health Authority (Teaching)

The Skin Hospital

(University of Manchester School of Medicine)

Quay Street, Manchester M3 3HL

Your Ref. Telephone [redacted]

Our Ref. RDE/GL/30362.H Please ask for:

23rd September 1977

Dr D A Moss
Prestwich Health Centre
Fairfax Road
Prestwich

Dear Dr Moss

Master Leon James Gratton (2½)
[redacted]

Thank you for referring this boy who has a mild degree of constitutional eczema. At the moment things are not too bad. I have explained to the [redacted] that there is no known cure for this condition, but we can easily improve the skin changes. For the moment I have prescribed 1% Hydrocortisone in White Soft Paraffin, and Polytar Shampoo, and 5% Salicylic Acid in Aqueous Cream for his scalp.

I have not arranged to see him again, but will do so if the rash flares up.

Yours sincerely

[redacted]

R D Ead MRCP
Senior Registrar

THIRD PARTY COPY

F.Med.7

MEDICAL—IN CONFIDENCE

No. of enclosure in F. Med. 4.....

OUT-PATIENT RECORD

1. Service No.	2. Rank/Rating	3. Surname
[redacted] OF: 372	SPR	GRATTON

4. Christian or Fore Name(s)	5. Regt. Corps./R.A.F. Command	6. Ship/Unit/R.A.F. Station
LEON	RE	8 CCCD

7. Branch/Trade	8. Total Full-Time Service	9. Married/Single Widow(er)	10. Type of Enlistment/Commission	11. Age last birthday
FAMS				14/12

T.O.C. [redacted] MED CTRE DUSSELDORF Hospital

M.O.I.C.....

The above-named is referred to you

for the purpose of.....

M.O.'s diagnosis .....

Hospital/Specialist diagnosis (if different) AT. ECZEMA.

Date	CLINICAL NOTES (These notes are to be signed by a Medical Officer as a true extract or copy of F.Med.6)
18.6.76	Leon had entirely responded to treatment and was completely free - however he relapsed recently. O/E Eczematous changes over face, trunk and limbs. ℞. ~~E.E.T~~ UREA Betamethasone Val 1:4 Phenergan elixir.

[redacted]

[redacted]

E J MIFSUD MAJOR RAMC
DERMATOLOGIST

[redacted]

THIRD PARTY COPY

benefits agency

Scotland Disability Benefits Centre {Glasgow Site}
Corunna House
29 Cadogan Street
Glasgow
G2 7BN

Sent 14/12/98

DISABILITY Living ALLOWANCE

DR. P. RANKIN
KILSYTH HEACTH CENTRE
BURNGREEN
KILSYTH
G65

If you get in touch with us please tell us this reference number [redacted]

If you need to ask us anything you can ring us on [redacted]

Monday - Thursday 9.00 am - 5.00 pm

Friday - 9.00 am - 4.30 pm

Date [redacted] 10/12/98

FACTUAL REPORT

Dear Doctor

Disability Living Allowance is a benefit for disabled people who need help with getting around or with personal care. We are considering entitlement to benefit for the person named on page 3 of this form who, we understand, is a patient of yours. We need more information before we can make a decision about the claim.

The claim has been made by one of these people -

- the person named on page 3.
- the parent or guardian of the person named on page 3 who is under 16. The law about Social Security requires the claim to be made by a parent or guardian when a person is under 16.
- the person empowered by a court to handle the affairs of the person named on page 3 who is incapable of looking after their own affairs.
- the person acting under a power of attorney for the person named on page 3.
- the person appointed by the Secretary of State to manage the Social Security affairs of the person named on page 3 who is unable to act for themselves. To protect their interests these appointments are only made after an interview with them. Medical evidence is sought in cases of doubt. The person appointed has also been interviewed by the Department and is considered to be suitable to act as an appointee.
- the person acting on behalf of the person named on page 3 who has not been told they are terminally ill. In these circumstances no consent has been given by the person who is terminally ill, but we trust that you will feel it in your patient's best interests to give us details of their condition.

THIRD PARTY COPY

Except in the cases when a person has not been told they are terminally ill - the person making the claim has given consent, on behalf of your patient, for you to disclose their medical records to the Department for the purpose of the claim.

• What we want you to do

Will you kindly supply a factual report on this form, based on your knowledge of the patient, and on their records. A special examination is not required.

If you decide to change an answer on this report, please cross it out and initial it. Then put your new answer next to your old one. Do not use correcting fluid on this report.

If a bodily function can only be carried out with considerable difficulty most of the time, it should be considered as unable to be performed.

Please include in your report any relevant information contained in letters or reports from hospitals or consultants. If you think it essential to send us originals or copies of any letters from consultants, **please obtain the author's consent and let me know whether they agree to the correspondence being used in connection with this claim.**

Important

If this patient has died or recently moved to another practice please still complete this report.

• Harmful information

We may have to send a copy of your report to the patient. We can only withhold information from the patient which would be harmful to their health. Will you please therefore put any such information on the final page of this form.

Please note we cannot withhold information on any other grounds.

• What to do next

As the patients entitlement to benefit is involved, it would help us if you can complete and return this report to us before 24/12/98. Please return your report in the envelope we have sent you. It does not need a stamp. I also enclose a form for you to claim a fee of £ 9:00.

Yours sincerely

[redacted]

DLA389A.SCH

THIRD PARTY COPY

ABOUT THE DISABLED PERSON

National Insurance No: [redacted]

Mr/~~Mrs/Miss/Ms~~ MR

Surname GRATTON

Other Names LEON

Address [redacted]

Date of birth 17/03/75

Important - If this patient has died or recently moved to another practice please still complete this report.

■ **Your report - For Social Security purposes only**

This is not a report to which the Access to Medical Reports Act 1988 applies. The Benefits Agency will show it to your patient in certain circumstances, but your patient does not have to see it before you return it to us.

I understand your patient suffers from Schizophrenia. I would be grateful for the following information.

1. a) What is the diagnosis and when was this first made?
   b) What is the prognosis? When was the patient last seen?

Acute Psychotic Episode
- 1993
Anxiety state + flash-backs
27/10/98 Intermittent, fairly mild, paranoid episodes
Prognosis = fair.

THIRD PARTY COPY

Report cont -

2. a) Please give details of treatment and frequency.

Trifluoperazine 5mg od)
Reviewed 4-6/52.
Reviewed by CPN.

b) What supervision arrangements are required to issue regular medication?

c) Please describe any other specific therapy (other than drug treatment) eg support agencies, group therapy, psychotherapy.

CPN input
Interested viewer by Psychiatric Nurse.

3. Have there been any hospital admission for mental health reasons in the last 2 years? YES/NO

If YES please give details (eg approximate duration and reason).

4. Is there currently a significant risk of suicide? YES/NO

If YES is substantial supervision required? Please give dates of attempts eg parasuicides.

THIRD PARTY COPY

[redacted]

Report cont -

5. (i) Does your patient overlook or forget the risks posed by:

a) Domestic appliances and common hazards in their familiar surroundings? YES/NO

If **YES** please give details.

b) Common hazards when outdoors? YES/NO

If **YES** please give details

(ii) Has the patient's confusion or agitation resulted in danger being caused to themselves or others? YES/NO

If **YES** please give details.

6. a) Does your patient lack the concentration necessary to safely complete the preparation of a cooked main meal? YES/NO

If **YES**, please give examples.

b) Does your patient need encouragement to get up and get dressed? YES/NO

If **YES**, please give examples.

c) Does your patient care about their appearance and living conditions? YES/NO

If **NO**, please give examples.

THIRD PARTY COPY

[redacted]

7. Is escorting required to enable the patient to get around safely in:

a) Known surroundings? YES/NO
b) Unknown surroundings? YES/NO

If **YES**, please give examples to illustrate the above.

8. Is the patient regularly disruptive to the extent that they require physical restraint in order to prevent personal injury, injury to others or damage to property

- by day?
- by night?

NO

If so

- what form does the disruptive behaviour take?
- how often does it occur?
- when did it last occur?
- what have been the effects of the disruptive behaviour?

THIRD PARTY COPY

[redacted]

Report cont -

Please add any further details you think might help your patient's claim

Thank you. Now please sign and date your report.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit.

Signature [redacted]

Name in capital letters [redacted]

Surgery Stamp

KILSYTH H.C
KILSYTH
G65 0SY

Date 14/12/98

THIRD PARTY COPY

benefits agency

An Executive Agency of the Department of Social Security.

Your reference is [redacted]
Please tell us this number if you get in touch with us

DR P RANKIN
THE HEALTH CENTRE
KILSYTH
G65 OHY

Cumbernauld BO
Fleming House
2 Tryst Road
Cumbernauld
Glasgow
G67 1JW

Phone [redacted]
TEXTPHONE for the deaf/hard of hearing ONLY [redacted]

Date 01/12/1998
FOR MR LEON JAMES GRATTON

INFORMATION ABOUT A PATIENT

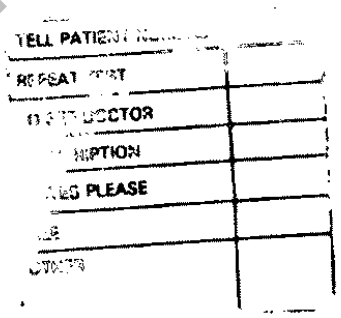
About the patient

Name MR LEON JAMES GRATTON

Address [redacted]

National Insurance Number [redacted]

Date of Birth 17/03/1975



Payment of benefit and the award of National Insurance credits due to incapacity for work are subject to an incapacity test. If a customer satisfies the test or is incapable of work, they no longer need to send us medical certificates.

0991/0488

Now go to the next page

THIRD PARTY COPY

01/12/1998 PAGE 02 OF 02

MR LEON JAMES GRATTON REF: [redacted]

The patient shown above has satisfied the incapacity test or is treated as incapable of work so we do not require further NHS medical certificates for this person's present claim for benefit. However, we may need to contact you for further information about your patient in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity.

The booklet 'A guide for registered medical practitioners' gives you more information. If you do not already have this booklet, you can get it from your local Family Health Authority or Health Board.

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.

Yours sincerely,

IB74

0991/0488

THIRD PARTY COPY

STOBHILL 14.01.98 1 1 9 1

Surgical

GRATTON
Leon James

[redacted] 17.03.75

[redacted] [redacted]

Dr. P.M. Rankin
Health Centre
KILSYTH.

MM I would be most grateful for your opinion ont he above gentleman, who has a past history of hidradenitis supppritiva, atopic eczema.

Unfortuantely, Leon has had recurrent abscesses in his natal cleft just posterior to the anus. I wonder whether there is any deeper source of the inflammation and would weloome surgical opinion.

Kind regards.

THIRD PARTY COPY

Sent 5/01/98

Disability Living Allowance
Werbreck House
Warbreck Hill
Blackpool FY2 0YE

DISABILITY
Living
ALLOWANCE

ops 21
B115.

DR P. RANKIN
HEALTH CENTRE
DUNGLOE
KILLYBEGS
CO DONEGAL

If you get in touch with us please tell us this reference number [redacted]
If you need to ask us anything you can ring us at the BT lo-call rate o[redacted]
Textphone numbe[redacted]
Monday - Friday 7.30am - 6.30pm
Date 13/1/98.

Factual Report

Dear Doctor

Disability Living Allowance is a benefit for disabled people who need help with getting around or with personal care. We are considering entitlement to benefit for the person named on page 3 of this form who, we understand, is a patient of yours. We need more information before we can make a decision about the claim.

The claim has been made by one of these people -

- the person named on page 3.
- the parent or guardian of the person named on page 3 who is under 16. The law about Social Security requires the claim to be made by a parent or guardian when a person is under 16.
- the person empowered by a court to handle the affairs of the person named on page 3 who is incapable of looking after their own affairs.
- the person acting under a power of attorney for the person named on page 3.
- the person appointed by the Secretary of State to manage the Social Security affairs of the person named on page 3 who is unable to act for themselves. To protect their interests these appointments are only made after an interview with them. Medical evidence is sought in cases of doubt. The person appointed has also been interviewed by the Department and is considered to be suitable to act as an appointee.
- the person acting on behalf of the person named on page 3 who has not been told they are terminally ill. In these circumstances no consent has been given by the person who is terminally ill, but we trust that you will feel it in your patient's best interests to give us details of their condition.

Except in the cases when a person has not been told they are terminally ill - the person making the claim has given consent, on behalf of your patient, for you to disclose their medical records to the Department for the purpose of the claim.

THIRD PARTY COPY

benefits agency

Please turn over>

■ What we want you to do

Will you kindly supply a factual report on this form, based on your knowled
the patient, and on their records. A special examination is not required.

If you decide to change an answer on this report please cross it out and initial it.
Then put your new answer next to your old one. Please do not use correcting fluid
on this report.

If a bodily function can only be carried out with considerable difficulty most of
the time, it should be considered as unable to be performed.

Please include in your report any relevant information contained in letters or
reports from hospitals or consultants. If you think it essential to send us originals
or copies of any letters from consultants, **please obtain the author's consent
and let me know whether they agree to the correspondence being used in
connection with this claim.**

Important

**If this patient has died or recently moved to another practice please still complete
this report.**

■ Harmful information

We may have to send a copy of your report to the patient. We can **only** withhold
information from the patient which would be harmful to their health. Will you
please therefore put any such information on page 6 of this form.

Please note we cannot withhold information on any other grounds.

■ WHAT TO DO NEXT

As the patients entitlement to benefit is involved, it would help us if you can
complete and return this report to us before 25/01/98 . Please return
your report in the envelope we have sent you. It does not need a stamp. I also
enclose a form for you to claim a fee of £17—.

Yours sincerely [redacted]

THIRD PARTY COPY

disabled person

Miss/Ms
MR

National Insurance No.
[redacted]

Name
SKELTON

Other names
ABDN JAMES

Address
[redacted]

Date of birth
17 10 3 175

Important - If this patient has died or recently moved to another practice please still complete this report.

Your report - For Social Security purposes only

This is not a report to which the Access to Medical Reports Act 1988 applies.
The Benefits Agency will show it to your patient in certain circumstances, but your patient does not have to see it before you return it to us.

THIRD PARTY COPY

Please turn over >

[redacted]

2/9/97 bipolar affective disorder
diagnosed + drug withdrawal together

I. When did you last see the patient and what was the diagnosis?

II. Please supply details of any other significant disability present.

III. Is the patient's condition/behaviour subject to fluctuations? If so, please provide details of nature, frequency and severity of relapses
* by day
* by night

stable at present

IV. Are any changes likely to occur if left unsupervised
* by day
* by night

yes to any known drugs — becomes anxious if left alone too long

If so, please give details - e.g. does the patient become physically and/or verbally abusive, is there a history of self-harm or dangers to others, is there an awareness of common dangers?

V. Is there a current risk of suicide or self-neglect? If so, please give details. no

VI. Is there a history of wandering
* by day? no
* by night?

VII. Please detail the help or supervision needed from someone else to enable the patient to get around in unfamiliar places.

THIRD PARTY COPY

any further details you think might help your patient's claim

[redacted]

Thank you. Now please sign and date your report.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit.

Signature [redacted]

Name in capital letters Dr A. Mahmood

Surgery stamp [illegible]

Date 1/11/18

[redacted]

THIRD PARTY COPY

LANARKSHIRE
HEALTHCARE
NHS TRUST

Community Mental Health Team,
Lennox House,
Lennox Road,
Seafar,
CUMBERNAULD.

Ref: EC/LH

[redacted]

9th October, 1997.

Dr. Rankin,
Kilsyth Health Centre,
Burngreen,
KILSYTH.

Dear Dr. Rankin,

re: Leon Gratton,
[redacted]

As you are aware, I have been seeing the above gentleman at the Health Centre. Mr. Gratton is very keen to pursue a grievance against the residential unit he has placed in by Social Services, in Edinburgh.

He describes "flashback" relating to this period in his life, which also presents as paranoid delusions.

With the Trusts' introduction of the pilot scheme for Community Mental Health Services, Mr. Gratton falls under the criteria of thge Core Team (C.M.H.T.) As I will not be part of this team, I am passing the case to [redacted] S.S.W., as it was decided she would be best placed to assist him in proceeding with his alleged complaint. I have put him in contact with Legal Services, who represent clients with mental health problems. Dr. Singh, Consultant Psychiatrist will also continue to review Mr. Gratton at outpatient's clinic.

If you require any further information, please do not hesitate to contact myself or [redacted] S.S.W. at the above number.

Yours sincerely,

[redacted]

Community Psychiatric Nurse.

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTES PLEASE	
FILE	✓
OTHER	

THIRD PARTY COPY

STOBHILL
NHS TRUST

OUT - PATIENT DEPARTMENT

Patient to attend on TUESDAY, THURSDAY, FRIDAY *by appointment only*

ALWAYS BRING THIS PAPER

Diseases of the Skin

Dr. R.S. CHAPMAN
Dr. REBECCA E.I. KERR
Dr. D.C. DICK

Date	Name	Age
	Joan Grafton.	

8.7.97 - Tetrahysal. T daily
6 month

Betadine Aqueous. Cream.
daily

[redacted]
(S. 9 A 03 MAY 97

THIRD PARTY COPY

CAT CODE 0181432

JMcC/920334

LANARKSHIRE
HEALTHCARE
NHS TRUST

Community Mental Health Team,
Lennox House,
Lennox Road,
Seafar,
CUMBERNAULD.

Tel. 01236 780087

16th July, 1997.

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTES PLEASE	
FILE	✓
OTHER	

Ref: EC/LH

Dr. Rankin,
Kilsyth Health Centre,
Burngreen,
KILSYTH.

Dear Dr. Rankin,

re: **Leon Gratton, D.O.B. 4.7.97**
32 Balcastle Gardens, Kilsyth.

Thank you for your referral for the above named gentleman who was assessed on 4th July, 1997.

PRESENTING PROBLEMS

Leon describes vivid dreams/flashbacks regarding his time spent in residential child care. He is unsure of what happened but suspects there may have been various types of abuse, which involved drugs.

BRIEF HISTORY

Leon was raised by his [redacted] Previously admitted to Royal Edinburgh Hospital with w drug induced psychosis. Denies any unprescribed drug use for the last 3 years. Prior to moving to Kilsyth area, Leon lived in Penumbra accommodation in Edinburgh. He is originally from Manchester area. When his parents separated he moves to Edinburgh with his [redacted]

SOCIAL CIRCUMSTANCES

Leon is presently living with his partner and her children in Kilsyth area, she is a full time student. Elizabeth appears very supportive towards Leon.

Continued.....

THIRD PARTY COPY

Leon Gratton, Continued. **16th July, 1997.**

LIVING PATTERNS

Previously did not leave house without [redacted] but they have now obtained a dog which he walks. This also provided the motivation to get out of bed in the morning. He does Karate twice weekly.

USUAL PERSONALITY

Difficult to assess due to past difficulties, but appears a man who now wishes to deal with his previous problems and the effects that it has had on him.

MENTAL STATE

Describes flashbacks as opposed to hallucinations. Expresses anger and resentment towards workers in children's home. Extremely anxious, panic attacks, period of low mood. Strongly denies any thoughts of self harm.

PHYSICAL STATE

Sleep pattern broken, describes physical symptoms of low mood. Has vivid dreams and nightmares.

MEDICATION

Stelazine 5mgs/10mgs nocte.

SUMMARY

I have arranged to see Leon at the Health Centre to discuss various issues which are causing him difficulties and allow him to vent his feelings. He has also agreed to attend our next Anxiety Management Group in Kilsyth commencing 12th August, 1997.

Leon has expressed a wish to see a Psychiatrist. I have spoken to Dr. Singh and he would be happy to review Leon at his out-patient clinic in Cumbernauld.

However, he does require a referral from yourself to the Psychiatric Unit at Monklands Hospital. I hope this meets with your approval, I will update you on Leon's progress on a regular basis.

Yours sincerely,

[redacted]

Community Psychiatric Nurse.

THIRD PARTY COPY

MONKLANDS HOSPITAL 15.07.97 1 1 9 1

PSYCHIATRICS Dr. Singh

GRATTON
LEON

[redacted] 17.03.75

Dr. P M Rankin
Health Centre
Kilsyth

MT I would be grateful for your opinion on the above gentleman who is a relatively new arrival here in Kilsyth. Leon has a past history of a psychotic episode in 1993. The diagnosis at that time was of atypical bi-polar disorder and drug induced psychosis.

Leon has been well until recently, when he reported to me an increase in anxiety levels accompanied with auditory hallucinations (not particularly persecutory), and some ideas of reference. However, his conscious level was normal and he had good insight. His mood seemed eurythmic at interview, but he does describe episodes of low mood. His sleep pattern had become poor again, but there was no obvious suicidal ideation. He was clean and well dressed with good eye contact and smiled and talked reasonably appropriately.

I would be most grateful for your specialist advice as to further management on the above gentleman.

He is currently on Trifluoperazine 5mgs b.d. with effect.

Yours sincerely

Dr. P M Rankin

THIRD PARTY COPY

STOBHILL
NHS TRUST

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
[redacted]

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR
[redacted]

SG/AMD

CLINIC: 8.7.97.
DICT: 8.7.97.
TYPED: 8.7.97.

Dr. Rankin,
Kilsyth Health Centre,
Burngreen,
Kilsyth,
G65 0HU.

Dear Dr. Rankin,

Re. Leon Gratton, D.o.B. 17.3.75. [redacted]

Many thanks for referring this 22 year old gentleman to Dr. Kerr's clinic. He presented with a one year history of abscesses affecting both axillae. You yourself have treated him with various courses of antibiotics and he had just completed a month's course of Oxytetracycline. On stopping this one week prior to being seen there has been further flare up with an abscess appearing in his right axilla.

The patient also has a history of hand dermatitis and has been seen by dermatologists in Edinburgh in the past and treated with topical steroids and occlusive dressings. He has also had acne in the past which is currently settled.

On examination there is evidence of a large abscess under his right axilla, his left axilla is currently clear.

Leon was seen by Dr. Kerr who agrees that this is most likely hidradentitis suppurativa and suggests a six month course of antibiotic such as Tetralycil 1 tablet daily. I also suggest using Betadine aqueous wash topically. We will review Leon again in four months time.

Yours sincerely,

[redacted]

Senior House Officer

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTES PLEASE	
FILE	✓
OTHER	

World Health Organization · European Pilot Hospital · Health Promoting Hospitals

THIRD PARTY COPY

LANARKSHIRE
HEALTHCARE
NHS TRUST

Community Mental Health Team,
Lennox House,
Lennox Road,
Seafar,
CUMBERNAULD.

Ref: LH

[redacted]

Date: 6th June, 1997.

Dr. P.M. Rankin,
Kilsyth Health Centre,
Burngreen,
KILSYTH.

Dear Dr. Rankin,

re: Leon Gratton, D.O.B. 17.3.75
[redacted]

Thank you for your referral in respect of the above named. We write to advise you that arrangements have been made to visit on Tuesday, 10th June, 1997.

We will advise you of our assessment outcomes in due course.

Yours sincerely,

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTED PLEASE	✓
FILE	
OTHER	

[redacted] Deputy Charge Nurse
Social Worker.

THIRD PARTY COPY

LANARKSHIRE
HEALTHCARE
NHS TRUST

Community Mental Health Team
Hennox House
Hennox Road.
Seafar 12/6/97

Dr Rankin
Kilsyth Health Centre

re : Mr Sean Gratton [redacted]

Dear Dr Rankin,

The above named was visited by myself and a colleague on 10th June but unfortunately he had been sent out the wrong appointment date and was therefore not in. He contacted myself later and informed me of a new address : [redacted]

Rather than arrange a further appointment he wishes to consult with yourself again. He informed me that whilst he had agreed with yourself to : "come back within the psychiatric network" he was not expecting a home visit from ourselves. Please recontact us to rearrange an assessment.

Yours Sincerely,

[redacted]
Social Worker | Mental Health Officer.

THIRD PARTY COPY

PMR/MT

29th May 1997

Community Psychiatric Nurses
Lennox House
Lennox Road
Seafar
Cumbernauld

Dear Sir/Madam

Re: Eeon Gratton, [redacted]
Date of Birth 17.03.75 URGENCY LEVEL ? WITHIN ONE WEEK IF POSSIBLE

I would be grateful for your opinion on the above gentleman who is a relatively new arrival here in Kilsyth. Leon has a past history of a psychotic episode in 1993. The diagnosis at that time was of atypical bi-polar disorder and drug induced psychosis.

Leon has been well until recently, when he reported to me an increase in anxiety levels accompanied with auditory hallucinations (not particularly persecutory), and some idease of reference. However, his conscious level was normal and he had good insight. His modd seemed hurythmic at interview, but he does describe episodes of low mood. His sleep pattern had become poor agáán, but there was no obvious suicidal ideation. He was clean and well dressed with good eye contact and smiled and talked reasonably appropriately.

I would be meet grateful for your specialsit advice as to further management on the above gentleman.

Kind regards.

Yours sincerely

Dr. P M Rankin

THIRD PARTY COPY

STOBHILL 19.03.97 1 1 9 1

DERMATOLOGY Dr. R Kerr

GRATTON
LEON
[redacted]

17.03.75

Dr. P M Rankin
Health Centre
Kilsyth

MT I would be meet grateful for yoou opinion on the above young man, who has recently moved to Kilsyth. He has a past history of a previous psychotic episode and is on intermittent major tranquillizer therapy.

I have seen him several times over the last few months with in both axilla, but mainly the right. These have been slow to respond to treatment despite a prolonged course of antibiotics. I would be most grateful therefore for specialist advice and review as to whether this represents hidradenitis suppurativa.

Many thanks for yoru attention.

Kind regards.

Yours sincerely

Dr. P M Rankin

THIRD PARTY COPY

Fax from : [redacted] C 30/10/96 06:21 Pg: 2

Adastra 2.06.3: Edinburgh Medical Services South & East

Date: 30-Oct-1996 02:13 Call Number: [redacted]
Co-operative cover

Name: Leon Gratton
Address: [redacted]

Sex: Male
Age: 17-Mar-1975 (Age: 21 years)
Tel. No: [redacted]
Urgency: Routine

Doctor: Sinclair A A
4076
Surgery: MacKenzie Med Cen 7038

Passed to: [redacted]
Operator:

Type: Treatment Centre
Origin: Same Address
Tel:

Time Call Received: 02:13
Time Call Passed : 02:50
Time Call Advised :

Time Call Arrived : 02.44
Time Call Completed: 02.48

Message | History:
Patient has had earache in the left ear for the past few days, tonight pain is worse and patient is unable to sleep.

2/7 ANOXY 1 UNIT PAIN (L) EAR 4/7
ON 15/7 STEAZINE od HAS RUN OUT OF THESE

Examination | Findings:
FEVERED NASAL OBSTRUCTION CONGESTED ++
LN +/-
THROAT RED & INFLAMED
PURULENT POST NASAL DISCHARGE
(R) DRUM CONGESTED (L) WAX ++ BUT SMALL PATCH OF DRUM SEEN = RED
NUCHA

Diagnosis:
(L) OTITIS MEDIA
+ RUN OUT OF REGULAR MEDICATION

Treatment:
AMOXYCILLIN 250MG TDS (6) 21/7
CHLORPHENIRAMINE 4mg STAT
STEAMINH
PARACETAMOL PR TRIFLUOPERAZINE 10mg BEDTIME (30)
PR TRIFLUOPERAZINE 15mg (30)

Action - Followup GP / Co-op AS REQ
Hospital Admission
Other

File

THIRD PARTY COPY

Fax from [redacted] C 30/10/96 06:21 Pg: 2

Adastra 2.06.3: Edinburgh Medical Services South & East

Date: 30-Oct-1996 02:13 Call Number: [redacted]
Co-operative cover

Name: Leon Gratton
Address: [redacted]

Doctor: Sinclair A A
4076
Surgery: MacKenzie Med Cen 7038

Passed to: [redacted] A V
Operator:

Sex: Male
Age: 17-Mar-1975 (Age: 21 years)
Tel. No: [redacted]
Urgency: Routine

Type: Treatment Centre
Origin: Same Address
Tel:

Time Call Received: 02:13
Time Call Passed : 02:50
Time Call Advised : ____

Time Call Arrived : 02:44
Time Call Completed: 02:48

Message | History:
Patient has had earache in the left ear for the past few days, tonight pain is worse and patient is unable to sleep.

2/7 UNWELL c UTI pain (L) ear 4/7
on BSM STEARINE o.d. HAS RUN OUT OF THESE

Examination | Findings:

FEVERED NASAL OBSTRUCTION CONGESTED ++
LN +1
THROAT RED & INFLAMED
PURULENT POST NASAL DISCHARGE

(R) DRUM CONGESTED (L) WAX ++ BUT SMALL PATCH OF DRUM SEEN = RED

Diagnosis:

(L) OTITIS MEDIA
+ RUN OUT OF REGULAR MEDICATION

Treatment:

AMOXYCILLIN 250MG TDS (6) 21 RX
CHLORPHENIRAMINE 4MG STAT
STEMETIL
PARACETAMOL PR TRIFLUOPERAZINE 10MG NOCTE (30)
PR TRIFLUOPERAZINE 15MG (30)

Action - Followup GP / Co-op AS REQ
Hospital Admission
Other

File

THIRD PARTY COPY

- 2 AUG 1996

DEPARTMENT OF CLINICAL BIOCHEMISTRY, ROYAL INFIRMARY OF EDINBURGH

PATIENT IDENTIFICATION (PID). Use this space for pre-printed medical records label. If this is not available, the following information is required:

Unique PID Number .....
Provision of this number is essential for generation of cumulative reports

Surname (block capitals) ..... GRATTON .....

Initials ..... Lear ..... Sex (ring one) Male / Female

Date of birth (if PID number not available) ..... 170375 .....

FOR LAB USE ONLY

5960 K

5960 K

REPORTING DETAILS (Use stamp if available)

Consultant/General Practitioner ..... R. Bolton .....

Report to be returned to: Doctor's name (if different from above) ..... Mackenzie Medical Centre

Hospital/GP address ..... 20 West Richmond Street Edinburgh EH8 9DX Tel: 031 667 2955

Ward/Department .....

1	2	3	4	5	6	7	8	9	10
ACTION									
APPT									
COMP									
FIX									
NORMAL									
NOTES									
FILE	✓								
?ADDR									
OTHER									

Patient category (ring if not NHS) Private

DETAILS OF SPECIMEN

Blood (ring one) venous / arterial

Specify other specimens (eg CSF, fluid) ..... Urine .....

Date of collection ..... 30 07 96 .....

Time of collection (use 24-hour clock) .....

Urine
Date of starting collection .....

Length of collection ..... Minutes/hours/days (ring one)

Volume (mL) .....

TEST REQUESTS : Request tests selectively, by ringing. Test groups below are for use with non-urgent blood specimens.

Renal/electrolyte group

Liver group

Glucose

Acid-base status & pO_2

Others:
Preliminary drug screen

CLINICAL DETAILS
Diagnosis Upset overnight.
? drink "spiked".

Please include the following information if appropriate:
Risk status: The laboratory handbook describes those specimens that require to be designated as high-risk. Details are needed if a patient is in a high-risk category. Also place high-risk sticker in the Details of Specimen section
For drug estimations, give details (eg date and time of last dose, other drug therapy)

EMERGENCY SERVICE Contact the Department (day-time ext 62724, out-of-hours contact Duty MLSO on pager 2221).

Enter **EMERGENCY TEST REQUESTS** below

LHB 785

PRELIMINARY DRUG SCREENING (see Drugs of Abuse Information Sheet)

Drug group	Threshold level	
Amphetamines	300 µg/L	[redacted] / negative
Benzodiazepines	200 µg/L	[redacted] / negative
Cannabinoids	100 µg/L	[redacted] / negative
Cocaine metabolite	300 µg/L	[redacted] / negative
Methadone	300 µg/L	[redacted] / negative
Opiates	300 µg/L	[redacted] / negative
BUPRENORPHINE (Temgesic)	1 µg/L	positive / negative

The above reports are unconfirmed analyses. Confirmatory tests are essential as a follow-up to positive results, if there is a possibility of serious implications for the patient.

Date of report: 1/8/96

Signature [redacted]

THIRD PARTY COPY

Edin Med Svcs Fax: [redacted] 1 Jun '96 5:29 P.06/06

Adastra 2.05.r3: Edinburgh Medical Services South & East

Date: 01-Jun-1996 02:22 Call Number: [redacted]
Co-operative cover

Name: Leon Gratton
Address: [redacted]

Own Doctor: Sinclair A A 4076
Surgery: MacKenzie Med Cen 7038

Passed to: [redacted]

Operator: [redacted]

Sex: Male
Age: 17-Mar-1975 (Age: 21 years)
Tel. No: [redacted]
Urgency: Routine

Origin: Same Address
Type: Advice

Time Call Received: 02:22
Time Call Passed : 02:22
Time Call Advised : 0223

Time Call Arrived :
Time Call Completed:

Directions:

Message | History:
vomiting, in pain, seen last night for lumps over body given coproxamol, flucloxicilin
Previous Home Visit #14351 on 31-May-1996 03:31

To f/w'd: [illegible]

Examination | Findings: [illegible]

Diagnosis: Abscesses.

Treatment: [illegible]

Action - Followup GP / Co-op
Hospital Admission
Other

THIRD PARTY COPY

Edin Med Svcs Fax: [redacted] 3 Jun '96 5:31 P.02/08

Adastra 2.05.r3: Edinburgh Medical Services South & East

Date: 02-Jun-1996 12:23 Call Number: [redacted]
Co-operative cover

Name: Leon Gratton
Address: [redacted]

Own Doctor: Sinclair A A 4076
Surgery: MacKenzie Med Cen 7038

Passed to: [redacted]

Sex: Male
Age: 17-Mar-1975 (Age: 21 years)
Tel. No: [redacted]
Urgency: Routine

Operator: [redacted]

Origin: Same Address
Type: Home Visit

Time Call Received: 12:23
Time Call Passed : 12:30
Time Call Advised : _____

Time Call Arrived : 1352
Time Call Completed: 1358

Directions:

Message | History:
patient has 2 boils 1 on base of spine and the other near his bottom, he has had antibiotics but never completed the course but the boils have got worse. Stopped antibiotics because of nausea. Boils are very painful. Unable to get out of bed. Home Visit.
Previous Advice #14393 on 01-Jun-1996 02:22

Examination | Findings:

Diagnosis:

Treatment:

Action - Followup (GP) / Co-op
Hospital Admission
Other _____

THIRD PARTY COPY

Edin Med Svcs Fax: [redacted] 31 May '96 4:27 P.01/01

aptra 2.05.r3: Edinburgh Medical Services South & East

Date: 31-May-1996 03:31 Call Number: [redacted]
Co-operative cover

Name: Leon Gratton
Address: [redacted]
Sex: Male
Age: 17-Mar-1975 (Age: 21 years)
Tel. No: [redacted]
Urgency: Routine

Own Doctor: Sinclair A A 4076
Surgery: MacKenzie Med Cen 7038
Passed to: [redacted]
Operator: [redacted]
Origin: Same Address
Type: Home Visit

Time Call Received: 03:31
Time Call Passed : 03:38
Time Call Advised : _____

Time Call Arrived : 0353
Time Call Completed: 0401

Directions:

Message | History:
have got lumps on the back of spine down at the bottom one between the legs, and one under the arm, the one between the legs looks as if its going to burst. The one on the base of spine is very painful.

Examination | Findings:
Fluctuant abscess (R) groin.
Abscess : cellulitis natal cleft.

Diagnosis:

Treatment: Flucloxacillin 500mg qds 28
[redacted]

Action - Followup (GP) / Co-op MAY require incision & drainage.
Hospital Admission
Other _____

File

THIRD PARTY COPY

YOUNG PEOPLE'S UNIT
Royal Edinburgh Hospital
Tipperlinn Road, Edinburgh, EH10 5HF
Tel: [redacted]

EDINBURGH HEALTHCARE
NHS TRUST

JM/jm
10 April 1996

Dr Thomson
Mackenzie Medical Centre
20 West Richmond Street
Edinburgh
EH8 9DX

Dear Dr Thomson

Leon Gratton (17.3.75) [redacted]

I reviewed Leon after he attended the Day Unit on 29 March. He has generally been managing quite well, but last week after an argument [redacted] he had become increasingly paranoid. He was having thoughts that he might be attacked on the street, and felt that [redacted] had asked people to "do him in". [redacted] however, does have a lot of links with rather violent people, so I feel that this may be a very real fear.

He is still being supported by Penumbra, and they have temporarily moved him to another supported flat, as he was the only occupant in [redacted]. They have also been giving him quite a lot of time and space to talk through his fears. This appears to have settled the situation, but I will keep him under close review. The main problem, however, is that Leon very rarely attends the Young People's Unit, but on the other hand knows where we are in times of crisis.

His current medication is Stelazine 25 mg at night. He did not reduce this after his last appointment, due to concerns that he might become unwell again. At present I feel he should continue on 25 mg at night, and I would be grateful if you could continue to prescribe this. However, once things are more settled I will again look into reducing his medication.

I will keep you informed of his progress.

Yours sincerely

[redacted]

Dr Jane Mackie
Staff Grade Psychiatrist

12 APR 1996

1	2	3	4	5	6	7	8	9	10
ACTION									
APPT									
COMP									
RX									
NORMAL									
NOTES									
FILE	✓								
? ADDR									
OTHER									

THIRD PARTY COPY

YOUNG PEOPLE'S UNIT
Royal Edinburgh Hospital
Tipperlinn Road, Edinburgh, EH10 5HF
Tel: [redacted]

EDINBURGH HEALTHCARE
NHS TRUST

06 MAR 1996

JM/jm
4 March 1996

1	2	3	4	5	6	7	8	9	10
ACTION									
APPT									
COMP									
RX									
NORMAL									
NOTES									
FILE ✓									
?ADDR									
OTHER									

Dr Thomson
Mackenzie Medical Centre
20 West Richmond Street
Edinburgh
EH8 9DX

Dear Dr Thomson

Leon Gratton (17.3.75) [redacted]

I am glad to say Leon attended the YPU on 23 January, and I managed to see him for review. He generally appears to be doing well with, as normal, slightly poor motivation but no particular problems. He does get occasional voices, but these are never overwhelming and are not really a problem for him at present. His main complaint is of getting frequent vivid nightmares, which he feels may be secondary to the Stelazine. There appears to be no recurring theme in the nightmares, and as far as I know Stelazine is not particularly associated with nightmares. He was therefore considering a change of medication, but as he is so settled on his Stelazine, I have advised against this at this point. However, as he is managing well at present, I feel it would be helpful to reduce his medication, and I have therefore decreased his dose to 20 mg daily. I would be grateful if you could continue to prescribe this.

Leon also has some worries about his general health, in particular axillary lymphadenopathy. He does have some plaques of psoriasis which may account for these but I have asked him to attend yourself for review.

I plan to review him again, hopefully in about two weeks' time when he re-attends the YPU. However, it may be longer than this before he manages to get back here again, from past experience.

I will keep you informed of his progress.

Yours sincerely

[redacted]

Dr Jane Mackie
Staff Grade Psychiatrist

THIRD PARTY COPY

YOUNG PEOPLE'S UNIT
Tipperlinn Road, Edinburgh, EH10 5HF
Tel: [redacted]

EDINBURGH HEALTHCARE
NHS TRUST

Dr Thomson
Mackenzie Medical Centre
20 West Richmond Street
Edinburgh EH8 9DX

16/11/95

JM/gvl

Dear Dr Thomason,

Leon Gratton (17.03.75) [redacted]

Since I last wrote, Leon has only occasionally attended the Day Unit and has not attended at all recently. We still remain in contact with him but mostly through home visits done by his keyworker, [redacted] We also remain in contact by Penumbra who also support him. I have tried to get him to attend the Young People's Unit to review him, however, he has cancelled on three occasions but I have talked to him on the 'phone. He generally appears to be doing well and getting on in certain areas of his life ie such as making a music video which is shown at the Filmhouse. However, he has also dropped out of College recently. On talking to him on the 'phone, he seems to remain well and ~~I~~ had actually reduced his Stelazine to 20mgs o.d as he had run out of 15mgs tablets and had not noticed any ill-effects. I have therefore encouraged him to remain at this dose but also strongly encouraged him to come and see me at the Unit. We plan to continue to work with him and I may visit him at home if there are any further problems.

I shall keep you informed as to his progress.

Yours sincerely,

[redacted]

Dr. Jane Mackie
Staff Grade Psychiatrist

21 NOV 1995

1	2	3	4	5	6	7	8	9	10
ACTION									
APPT									
COMP									
FIX									
NORMAL									
NOTES									
FILE ✓									
(?ADDR)	– RB said to change Drs..								
OTHER									

THIRD PARTY COPY

YOUNG PEOPLE'S UNIT
Tipperlinn Road,
Edinburgh, EH10 5HF
Tel: [redacted]

EDINBURGH HEALTHCARE
NHS TRUST

JM/jm
22 May 1995

Royal Edinburgh Hospital
Morningside Place, Edinburgh, EH10 5HF.
Tel:
Fax: [redacted]

Dr Thomson
McKenzie Medical Centre
20 West Richmond Street
EDINBURGH
EH8 9DX

Dear Dr Thomson

Leon Gratton (17.3.75), [redacted]

Leon continues to attend the Day Unit regularly, and is under continual review. I last saw him on Monday 15 May. He is currently staying in a Penumbra supported flat and attending the Day Unit, but is not really involved in any other activities. His previous flat mate, who he used to spend a lot of time with, has moved on to college, and Leon himself is feeling at a rather low ebb. He has been complaining of a lower mood over the last month and more recently over the last two weeks. He has started to hear a constant background conversation in his head, which he has at times of stress. He has not heard external voices, but does get paranoid spells when he delays taking his tablets.

He has had many external stresses in his life recently, ie his flat mate moving out, his long term key worker here moving on to a new job, and meeting up with a female friend from the past that he would like to have a relationship with, but she is now going out with somebody else.

Leon is now taking Stelazine 25 mg at night, and I do not think it would be appropriate to increase it further as most of the symptoms he describes are due to external difficulties rather than a recurrence of his illness. However, he is under a lot of stress at the moment and feels unable to do anything productive due to poor motivation. Therefore, I plan to see him on a regular basis, but also to get him more involved with his new key worker at the Day Unit, to look at some more practical help for his difficulties, ie a work placement or college course and to encourage him to re-integrate back into his full normal life.

I will keep you informed of his progress.

Yours sincerely

[redacted]

Dr Jane Mackie
Staff Grade Psychiatrist

1	2	3	4	5	6	7	8	9	10
ACTION									
APPT									
COMP									
FIX									
NORM									
NOTES									
FILE ✓									
?ADDR									
OTHER									

24 MAY 1995

THIRD PARTY COPY

EDINBURGH HEALTHCARE
NHS TRUST

DR. THOMSON
MACKENZIE MEDICAL CENTRE
20 WEST RICHMOND STREET
EDINBURGH EH8 9DX

Royal Edinburgh Hospital
Morningside Place, Edinburgh, EH10 5HF
[redacted]

Date 23/02/95

Dear Dr THOMSON

This letter is to inform you that your patient LEON GEATTON,
date of birth 17/03/75, was seen as an emergency ~~within hours~~ / outwith hours on
WEDNES day 22 FEB 1995, at MACKINNON HOUSE
by DR. DUNCAN.

24 FEB 1995

1	2	3	4	5	6	7	8	9	10
ACTION									
APPT									
CORR									
RX									
NORMAL									
NOTES									
FILE						✓			
?ADDR									
OTHER									

[redacted]
For the Medical Records Officer

Community health and services relating to mental health, rehabilitation, learning disabilities and care of the elderly

THIRD PARTY COPY

EDINBURGH HEALTHCARE
NHS TRUST

Your ref:
Our ref:ED/MB/78178
Date: 22.2.95

Dr. Thomson,
Mackenzie Medical Centre,
20 West Richmond Street,
Edinburgh EH8 9DX.

Dear Dr. Thomson,

re: Leon Grattan d.o.b. 17.3.75
[redacted]

Your patient who currently lives [redacted] referred himself to the out-patient service at the Royal Edinburgh Hospital this evening. The reason for this referral was that for the past three days he has not taken his usual dose of 25 mgms. Stelazine because he said he had run out of tablets. Consequently he had begun to notice disturbing symptoms such as ideas of reference, paranoid thoughts and hallucinations. On examination he was casually dressed, fairly relaxed and co-operative with normal speech and good insight into what was happening to him. Regarding his mood he felt worried and a bit depressed although he has no suicidal thoughts.

He was given a dose of Stelazine 25 mgms. to take tonight and both he and the support worker who accompanied him agreed that he was fit to return to the Penumbra Hostel as usual. He is due to attend the Young People's Unit tomorrow and will be seeing you shortly to obtain a further prescription of Stelazine. I have stressed to Leon the importance of avoiding breaks such as this in his medication and have asked him to contact yourself for repeat prescription in good time in future.

Yours sincerely,

[redacted]

Dr. Elaine Duncan
Senior House Officer

27 FEB 1995

1	2	3	4	5	6	7	8	9	10
ACTION	Dr for MB?								
APPT									
COMP									
RX									
NORMAL									
NOTES									
FILE									
?ADD'N									
OTHER									

Andrew Duncan Clinic, Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF
[redacted]

Community health and services relating to mental health, rehabilitation, learning disabilities and care of the elderly

THIRD PARTY COPY

THE ROYAL INFIRMARY OF EDINBURGH

NHS TRUST

THE ROYAL INFIRMARY OF EDINBURGH
Lauriston Place
Edinburgh EH3 9YW
[redacted]

Dr Thomson
20 West Richmond Street
Edinburgh

OMVS/LM/170375
12.9.94
DERMATOLOGY
4136/4261

Dear Dr Thomson

LEON GRATTON (170375)
[redacted]

This boys hand eczema is much improved and I have therefore asked him to continue with full strength Betnovate for 1 week and then reduce it to quarter strength Betnovate ointment.

I am seeing him again in 3 weeks time.

Yours sincerely

[redacted]

O V M SCHOFIELD
SENIOR REGISTRAR

23 SEP 1994

1	2	3	4	5	6	7	8	9	10
ACTION									
APPT									
COMP									
RX									
NORMAL									
NOTES									
FILE									
?ADDR									
OTHER									

CHIEF EXECUTIVE
John J Owens BSc, DMS, MBA

THIRD PARTY COPY

THE ROYAL INFIRMARY
OF EDINBURGH
NHS TRUST

THE
ROYAL
INFIRMARY
OF EDINBURGH

Lauriston Place
Edinburgh EH3 9YW
[redacted]

Dr. Thomson,
20 West Richmond Street,
EDINBURGH.

OVMS/MRM/170375
26th August, 1994
DERMATOLOGY
4136/4261

Dear Dr. Thomson,

LEON GRATTON - [redacted]

I saw this young man referred from Casualty who was known to be atopic since infancy but two months ago he developed hand eczema. He is using Elocon and Aqueous cream.

On examination he had severe fissured eczema on his hands and his face was dry. I have suggested that he uses emulsifying ointment to his face and we are treating him here at the Day Treatment Centre with topical steroids and 40% propylene glycol to his hands.

I am seeing him again in a weeks time.

Yours sincerely,

[redacted]

O. V. M. Schofield
Senior Registrar

THIRD PARTY COPY

CHIEF EXECUTIVE
John J Owens BSc, DMS, MBA

Accident And Emergency Dept. Consultants: Dr K Little
Royal Infirmary of Edinburgh Dr C E Robertson
[redacted] Dr D J Steedman

A&E Ref: 9457272

General Practitioner

THOMSON
DONALD
MACKENZIE MEDICAL CENTRE
20 WEST RICHMOND STREET
EDINURGH
EH8 9DX

Patient Information

Surname :GRATTON DOB.:17/ 3/1975
Forename:LEON
Address [redacted] Age :19
Sex :M
[redacted]
Occupational Status :

Date/Time Attendance
25/ 8/94 / 1600

Next of Kin
Surname [redacted]
Relationship :
Address [redacted]

Patient Type	Location
EXAM	PUB PLACE

Source	Arrival
SELF	WALKING

Telephone [redacted]

Notes

HISTORY: 19 year old student plus hayfever ?multiple allergies to oil based and steroid based creams i.e patient develops increasing pruritis and pain when applied, diagnosed as having eczema when young, never seen by Dermatolgist. No FH. Increasing pain both hands R > L, plus itch plus desquamation.

O[redacted] Desquamation and scaling over volar aspect R little, ring and index, L little and ring plus erythema. No vesicles. No infection.

Discussed with Dermatology Reg.

PLAN: Amulsifying ointment overnight, review in Dermatology Clinic tomorrow morning at 10.50am.

DR HOULIHAN/KM
1905HRS

29 AUG 1994

1	2	3	4	5	6	7	8	9	10
ACTION									
APPT									
COMP									
RX									
NORMAL									
NOTES									
FILE									
?ADDR									
OTHER									

?mention next visit ?

THIRD PARTY COPY

The Royal Infirmary of Edinburgh

Date 25/8/94

Re: Wm Grattan.

Dear Dr Thomson.

I saw your patient in the Out-Patient Clinic today. My clinical impression is: Hand eczema

I advise: Aphenton 250mg q.d.s. for 1/52
plus daily dressings to be done here.

I advise:

26 AUG 1994

	1	2	3	4	5	6	7	8	9	10
ACTION										
APPT										
COMP										
RX										
NORMAL										
NOTES										
FILE										
?ADDR										
OTHER										

A full letter will follow shortly.

Your sincerely,

[redacted]

Department of

SKIN OUTPATIENT DEPT.

THIRD PARTY COPY

EDINBURGH HEALTHCARE
NHS TRUST

Young People's Unit

Royal Edinburgh Hospital

Morningside Place. Edinburgh. EH10 5HF.

[redacted]

PM/jm
20 July 1994

Dr Doull
Whinpark Surgery
6 Saughton Road
EDINBURGH
EH11 3RA

Dear Dr Doull

Leon Gratton (17.3.75), [redacted]

I saw Leon on the 11 July 1994. He has been complaining of sleeplessness at night when he is troubled by auditory hallucinations, voices speaking to him though not of a persecutory nature. This has caused him to develop low mood, which is worse in the mornings. He pinpoints this relapse to the weekend he was away at the Glastonbury Festival (24 - 26 June). At that time he has felt stressed by the crowds and had noticed that other people's speech was becoming slurry.

A further stress has been the death of a friend of his who attended the day unit [redacted] from a drugs and drink overdose on Saturday 2 July. In view of these symptoms I have suggested to Leon that he increase his Stelazine temporarily from 15 mg a day to 20 mg daily, and that he take Procyclidine 5 mg as required up to 3 times daily for any extra-pyramidal side effects. I have agreed to review his medication in two weeks and if all symptoms have settled will then reduce his Stelazine back to 15 mg a day. Leon has readily agreed to this plan of action.

I also enclose a copy of the recent Day Unit review concerning Leon.

Yours sincerely

[redacted]

[redacted]
Registrar

THIRD PARTY COPY

YPU Day Unit

Review: Leon Gratton (17.3.75) Unit Number: 78178

Diagnosis: Schizophrenia

Differential Diagnosis: Atypical bipolar disorder
Drug induced psychosis

History

First referred in 1989, aged 14, with poor behaviour and outbursts of temper. He did not attend his appointment at the YPU.

Next psychiatric contact with CDPS in June 1992. Referred for Benzodiazepine addiction, but did not attend for an appointment until January 1993. At that point he denied dependence on drugs and was discharged from CDPS.

25 March 1993 admitted to Royal Infirmary, after being brought in by the Police intoxicated with alcohol, ? Methadone, ? LSD tablets. Referred back to CDPS for further assessment, but again did not attend for assessment.

Admitted to IPCU on 21 September 1993, in an acutely agitated suspicious state, with formal thought disorder, including neologisms, persecutory and grandiose delusions and question as to whether or not he was responding to auditory hallucinations.

Later in his admission he admitted to a two year history of auditory hallucinations of a [redacted] talking to him when he was by himself. This tended to occur when under the influence of illicit drugs. At time of admission his [redacted] gave a history of unpredictable and violent behaviour with inappropriate affect comprising facetious giggling and laughter. During his admission he also experienced somatic hallucinations of animals crawling through his clothing.

He was finally discharged on 26 January to Penumbra supported accommodation and is to be supported by the Day Unit at the YPU.

Current Medication: Trifluoperazine 15 mg daily

Social History

[redacted] when Leon was an infant. During most of his childhood [redacted] Leon had occasional contact [redacted] When Leon was 13 [redacted] which in part caused the disturbed behaviour for which he was referred to the YPU at the age of 14.

At the age of 16 he was taken into care by social services as his [redacted] felt no longer able to cope with him.

Trained as a roofer, but has not worked for more than two years.

During late adolescence has increasingly resorted to drug abuse (see above).

THIRD PARTY COPY

Since discharged from hospital has been living in Penumbra supported accommodation, but still has frequent contact with his [redacted] although their relationship at times is strained.

Mental state examination (17.2.94)

Clean and well presented, sitting calmly in the chair. Good eye contact, smiled and interacted appropriately. No evidence of negative symptoms of schizophrenia. Talk is appropriate with good intonation. No formal thought disorder, no hallucinations or delusions. Mood -Euthymic at interview but he does describe brief episodes of low mood at other times. Poor sleep pattern, but no thoughts of self-harm or suicide. No obsessions, compulsions or phobias, cognitively he is intact. Insight "I'm well at present".

Current drug use

Smokes Cannabis occasionally. Tends to drink to excess once or twice each week.

Prescribed Medication: Stelazine 15 mg once a day (good compliance to date)

Problems list

1. Mental state - diagnosis for regular review
2. Education/vocation to introduce to ACE project.
3. Accommodation - remain in contact with Penumbra workers to monitor how he is settling.
4. Relationship with [redacted] - give time for Leon to talk about this relationship and ventilate any difficult feelings he has.
5. Alcohol abuse - monitor and utilise motivational interviewing techniques if possible.

[redacted]
4 March 1994

cc Day Unit

Dr Ebmeier
Ward 5
ADC

THIRD PARTY COPY

EDINBURGH PRIORITY SERVICES UNIT



UNIT GENERAL MANAGER D. J. PIGOTT

Dr D. Doull
Whinpark Medical Centre
6 Saughton Road
EDINBURGH
EH11 3RA

Your Ref
Our Ref AD/AH/78178
Date 31 January 1994
Enquiries to
Ext. No.

Dear Dr Doull

Leon Gratton D.O.B. 17.3.75 [redacted]

Date of admission - 12.9.93
Date of discharge - 26.1.94
Diagnosis - Acute psychotic episode.

This young man was admitted to the Royal Edinburgh Hospital as an emergency and been brought to the hospital by [redacted] His behaviour had given cause for concern over the preceding few days, appearing frightened of people, making odd remarks, and increasing agitation. Mr Gratton was transferred to the IPCU where he was commenced on oral chlorpromazine. He generally improved. However his behaviour required that he remain in IPCU for some time. Mr Gratton's medication was changed to trifluoperazine and he was transferred to Ward 5 as his symptoms improved.

Mr Gratton has been discharged to Penumbra supported accommodation which was arranged during his stay in the hospital and has been referred for follow-up to the Young Peoples Unit.

Medication on discharge

Trifluoperazine 10mg at night, plus 5mg at midday.

Yours sincerely

[redacted]

SHO to Dr Ebmeier

THIRD PARTY COPY

The Andrew Duncan Clinic
The Royal Edinburgh Hospital Morningside Terrace Edinburgh EH10 5HF
[redacted]

LOTHIAN HEALTH BOARD

IN CONFIDENCE

IMMEDIATE DISCHARGE LETTER

Lothian Health Board

NAME & ADDRESS OF GENERAL PRACTITIONER:	Please use BLOCK LETTERS
Dr Doull Within Park Medical Centre 6 Saughton Rd. Edinburgh	Mr. / ~~Mrs.~~ / ~~Miss~~ SURNAME: GRATTON FIRST NAME(S): LEON ADDRESS: UNIT No. DATE OF BIRTH:

HOSPITAL: REH | WARD/DEPT.: 5 | CONSULTANT: Ebmeier

DISCHARGE:

Your Patient { Attended / Was admitted } on 12/9/93 and was discharged { Home / To } _____ On 26/1/94

PRINCIPAL DIAGNOSIS/OPERATION:	DIAGNOSIS DISCUSSED	
Acute Psychotic Episode	G.P.	●
TREATMENT/COMMENTS:	Patient	
	Next of Kin	

FOLLOW-UP

HOSPITAL: YPU Day Unit

Further Review: Place _____ Date _____ Time _____

Further Investigations Pending:

G.P.
Further Treatment Advised:

To attend G.P. Surgery	
Unable to attend Surgery	
Follow-up not required	

DOMICILIARY SUPPORT

Arranged by Hospital:

Recommended:

MEDICATION ON DISCHARGE

DRUGS	Form of Preparation e.g. Tabs.	Strength	Dose	TIMES OF ADMINISTRATION					Anticipated Length of Course	Quantity of Drugs Requested from Pharmacy
Triludan	Tabs		60mg	As Req'd		max	Q.I.D			28
Eczema Cream	Cream			✓			✓			30g
Betnovate 1 in 4	Cream		Appln	✓			✓			100g
1% Hydrocortisone	Cream		Appln	✓			✓			30g
Trifluoperazine	Tabs		10mg				✓			28 x 5mg
Trifluoperazine	Tabs		5mg		✓					

DRUG SENSITIVITY:

A DISCHARGE LETTER WILL ~~WILL NOT~~ FOLLOW

[redacted] Medical Officer.

CHILD-PROOF CONTAINER YES/NO

PHARMACY: A 7 (number) day course has been dispensed. Special Formulation of Medicine { ~~Yes~~ / No } see att. details

Date Dispensed 26/1/94 Authorised Signature [redacted]

NOTE. If drugs are required, all three copies should be sent to Pharmacy for completion.

2/4/94.

WHITE COPY – Given to Patient for Delivery to G.P. PINK COPY – TO BE RETAINED IN CASE NOTES. BLUE COPY – TO BE RETAINED BY PHARMACY.

THIRD PARTY COPY

[redacted]

DHD/bmp November 24, 1993

TO WHOM IT MAY CONCERN

RE: LEON GRATTON
[redacted]

D.O.B: 17.03.75.

I would support this man's application for a transfer of house. I can verify that he is currently in the Royal Edinburgh Hospital after a lengthy admission. Part of his problems result from bullying and harrassment that he receives from neighbouring youths. I would fear that if he was put back into the same environment, he might relapse and I would support his application for a transfer of housing to another area.

DR. DONALD H. DOULL

THIRD PARTY COPY

LOTHIAN HEALTH BOARD MENTAL HEALTH UNIT

R[illegible]l Edinburgh Hospital

[illegible]gside Terrace Edinburgh EH10 5HF Telephone [redacted] THE ANDREW DUNCAN CLINIC

Ext:

ACUTE PSYCHIATRIC SERVICE

Your Ref
Our Ref
Date
Enquiries to
Ext. No.

Dr Doull
Whinpark Surgery
6 Saughton Road
Edinburgh

[redacted]

Dear Dr Doull

Patients Name: Leon Gratton Dob: 17.03.75

Address [redacted] Unit No [redacted]

This person was admitted to Ward 5, Royal Edinburgh Hospital on (d) 04 (mth) 10 (yr) 93 and has given permission for you to be contacted.

To help us be more sensitive to the patient's situation we would be glad to see you any time you are able to come up to the ward. So that we can take your views into account it would be helpful if you could be here in the next few days. Alternatively please phone the duty room of the ward, and ask for the nurse in charge.

Yours sincerely

[redacted]

Name [redacted]
Position STAFF NURSE

C/Rel

PN103

THIRD PARTY COPY

LOTHIAN PSYCHIATRIC CASE REGISTER

03 AFTER HOURS (ALL 3 PARTS OF THE FORM TO BE RETURNED TO MEDICAL RECORDS DEPT.)

DATE: 12/4/93 UNIT NO.: [redacted] SURNAME: [redacted]

FORENAME: [redacted] MAIDEN NAME: SEX: MR MRS MISS M F

ADDRESS: [redacted] D.W. POST CODE: [redacted]

DATE OF BIRTH: [redacted] SOURCE OF REFERRAL: [redacted] SECTOR:

MARITAL STATUS: WHERE SEEN:

PREVIOUS PSYCHIATRIC CONTACT WITHIN LOTHIAN? YES/NO

CURRENT DIAGNOSES: (see over) 1. 04 2. DISPOSAL: (see over) 01

NAME AND ADDRESS OF G.P.:

REASON FOR REFERRAL: Brought up [redacted] for assessment.

HISTORY: [redacted]

Self harming - talking about demons all the time very concerned - washing streets - blisters on feet as a result of all this

Trying to get him - concerned re: these people ? who - organisation Nazis ? reason. because he's 3rd heir to throw.

Ian Bottles - Adolf Hitler - string of names

Cobi Range - SS leader - ~~wonder~~ weapon man.

Boot boys - neologism? hitler boys outto get him

Sees messages concerning the organisation daily in newspapers - The Sun.

Also receives messages from T.V. States that ~~Dorter~~ Tumble dryer also implicated in the conspiracy.

PHYSICAL EXAMINATION: Past Hx drug abuse. ? recent abuse.

MENTAL STATE: Agitated - suspicious - getting up and checking doors and outside ~~people~~.

Mood - perplexed

Speech - Rate + quantity

Delusion - grandiose Paranoid delusion of reference

Thought disordered - incoherent speech on occasion.

PROVISIONAL DIAGNOSIS: 1. ? Schizophrenia 2. ? Drug induced Psychosis.

PROPOSED IMMEDIATE MANAGEMENT: Admit to W2 - Currently no beds on W5. Mother given permission for detention if necessary.

DISPOSAL:

IF ADMITTED — REASON FOR ADMISSION: Requires assessment.

DUTY DOCTOR'S SIGNATURE: [redacted] DATE: 12/9/93

DUTY DOCTOR'S NAME (Block Letters) DNMANDERS

LPCR 12A Revised: 8/89

THIRD PARTY COPY

Accident And Emergency Dept. Consultants: Dr K Little
Royal Infirmary of Edinburgh Dr C E Robertson
[redacted] Dr D J Steedman

A&E Ref: 9339295

General Practitioner

DOULL
DONALD
WHINPARK MEDICAL PRACTIC
6 SAUGHTON ROAD
EDINBURGH
EH11 4AU

Patient Information

Surname :GRATTAN DOB.:17/ 3/1975
Forename:LEON
Address [redacted] Age :18
Sex :M
Telephone :0
Occupational Status :

Date/Time Attendance
11/ 9/93 / 2232

Next of Kin
Surname :
Relationship :
Address :

Patient Type	Location
EXAM	OTHER

Source	Arrival
SELF	WALKING

Telephone
Home :

Notes

HISTORY: This 18 year old boy was walking home last night in the rain and may have slipped a few times but denies any specific injury. R foot is now painful, fully WB.

O.E: Erythema over the medial aspect of the foot between the MT heads and base of MTs. Approx 2cm x 6cm long with some blistering superiorly and blistering on the heels.
There is little callus on the heels.
Distal NV structures intact.
ROM foot, toes and ankle.

No bony tenderness - not xrayed.

IMPRESSION: Foot blistering with ?early cellulitis.

MANAGEMENT: Foot hygiene, Augmentin 1 tabs tds ?4-6 hourly as required.

DR A DODDS/KM

THIRD PARTY COPY

Has a final statement been issued? *Yes/No

If so, date of issue

If a final statement has not been issued could you please give me a report on the following matters:

1. **Diagnosis** CHAOTIC DRUG ABUSER

2. **History, Treatment and Progress**

Please refer to previous report of 11.1.93. Mr. Gratton continues to abuse LSD and cannabis. He has had intermittent attachments to the Community Drug Problem Service but his totally chaotic lifestyle seems to be making headway impossible.

3. **Future Management**

4. Ability to perform some form of work, either now or in the near future.

Is your patient fit to attend by public transport? *Yes/No

If no, please give reason

Do you wish to be present at the examination? *Yes/No

IN CERTAIN CIRCUMSTANCES, THIS REPORT WILL BE RELEASED TO YOUR PATIENT OR HIS LEGAL REPRESENTATIVE OR AN APPEAL TRIBUNAL.

Signature (Dr. Donald H. Doull) Date August 20, 1993

**Delete as approporiate*

[redacted]

THIRD PARTY COPY

LOTHIAN HEALTH BOARD DISCHARGE SUMMARY : COPY FOR GENERAL PRACTITIONER

F

Hospital : ROYAL INFIRMARY OF EDINBURGH

To: Dr DOULL
WHINPARK MEDICAL PRAC.
6 SAUGHTON ROAD
EDINBURGH

Date of admission: 04/06/93
Date of discharge: 04/06/93
Ward: AMAU
Consultant: PROF PRESCOTT

Surname: GRATTON
Forenames: LEON
Number: 1703751431

Address: [redacted]
Date of Birth: 17/03/75

Principal Diagnosis: overdose	Principal Operation:
Other Conditions	Date of Operation: / /
	Other Operations
External cause of injury	
PM / no PM — Tumour Type	Histological Verification of Tumour — Verified/not Verified

Dear

This patient was admitted after taking an overdose of

1.

2. LSD and CAnnabis

3.

4.

He/She was not severely poisoned and recovered uneventfully. He/She was discharged to after psychiatric assessment.

Recommendations:

Yours sincerely, [redacted]

Senior House Office/Registrar
typed 9 6 93

LHB/318

THIRD PARTY COPY

LOTHIAN HEALTH BOARD

Royal Infirmary of Edinburgh *and Associated Hospitals*

1 Lauriston Place Edinburgh EH3 9YW
[redacted]

ACUTE MEDICAL ADMISSIONS UNIT
UNIT 22
Administrative Physicians
Dr A.T. Proudfoot
Prof. L.F. Prescott
Psychiatrist
Dr C. Masterton

Dr Doull
Whinpark Medical Prac.
6 Saughton Road
Edinburgh

Your Ref
Our Ref MU/AMQ/1703751431
Date 9 June 1993
[redacted]

Dear Dr Doull

LEON GRATTON. [redacted] (DOB 17/03/75)

I assessed this 18 year old single unemployed young man who was admitted last night for observations for LSD induced flash backs and "bad trips".

Leon had no plans to harm himself, he just wanted to have some fun 3 days ago and had 2 LSD capsules after having smoked about half a gram of Cannabis. Over the past 3 days he has been rather unfortunate having flash backs and bad trips all the time. Yesterday he was very fearful, shaky and had blurred vision. He felt he was going to die once his body explodes as he felt his body was swelling up like a balloon.

This morning he felt sore all over his body and was still very tired. He described smoking Cannabis on a regular basis and frequent use of LSD.

He lives alone in a Council house and supports himself with social security benefits. There was no evidence suggestive of a suicidal intent or depressive illness in his case this time. However he was admitted before with deliberate self harm.

He felt that this experience was a good lesson for him to decide against the use of LSD and Cannabis in future. After education counselling, I have discharged him from this department.

Yours sincerely,

[redacted]

Mahendra Upadhyaya
Registrar in Psychiatry

PN499

THIRD PARTY COPY

ACCIDENT AND EMERGENCY DEPARTMENT
ROYAL INFIRMARY OF EDINBURGH

Consultants: Dr K Little
Dr C E Robertson
Mr D J Steedman

A&E No.
A&E Ref: 931510/4

General Practitioner: Name and Address	PATIENT INFORMATION
MR DR DOYLE SIGHTHILL H C, EDINBURGH EH11 4AU	Surname GRATTAN — Unit No. Forename(s) LEON — Date of Birth 17/03/75 Address [redacted] — Age 18 — Sex M Post code Occupation — Telephone Next of Kin [redacted] — Relations [redacted] Addre[redacted]cort Telephone (Home) — Triage (Work)

Date and Time of Attendance	Date and Time of Incident
24/06/93 01:02	/ /
Type of Incident	**Location of Incident**
FEELS UNWELL	CALDER ROAD
Source of Referral	**Mode of Arrival**
	AMBULANCE

History: Took on tab LSD 3 days ago also large amount of hash two days before that. Tonight c/o of racing heart, pains all over body and swollen veins. Has taken acid on two previous occasions. has taken 2-3 pints alcohol tonight. c/o panic attacks and flash-backs.

PMH: eczema.
Meds. Triladan
Allergies: Penicillin
SH: U2E, lives alone

O/E. P80 reg, BP120/70, HS 1 + 2 + 0 chest clear.
PERL, dilated GCS15

IMP: residual effects of LSD although more recent drug use cannot be excluded.

Admit ??
For obs and psyche review mane

Dr Hutchison/yb

THIRD PARTY COPY

LOTHIAN HEALTH BOARD MENTAL HEALTH UNIT

The Royal Edinburgh Hospital

Mackinnon House Morningside Place Edinburgh EH10 5HF
[redacted]

Your Ref
Our Ref DT/SW/
Date 12 May 1993
Enquiries to
Ext. No. 4570

Dr Doull
Sighthill Health Centre
Calder Road
EDINBURGH
EH11 4AU

Dear Dr Doull

Re: Leon Gratton, [redacted] d.o.b. 17.3.75

I have not seen Leon since the 5th of November 1992. Several attempts have been made to see him. We had a phone call from WEST sometime in March and Leon promised to come and see me that very afternoon but he failed to turn up. It is obvious that Leon does not, at the moment, want to do anything with his life or perhaps, is not ready to do so. I am therefore discharging him from my caseload.

Yours sincerely

[redacted]

Dr David Tong
Clinical Assistant
Community Drug Problem Service

PN216

THIRD PARTY COPY

JM.

LOTHIAN HEALTH BOARD DISCHARGE SUMMARY : COPY FOR GENERAL PRACTITIONER

Hospital : ROYAL INFIRMARY OF EDINBURGH	Date of admission: 24/03/93
To: Dr. Doull, Sighthill Health Centre, Calder Road, Edinburgh	Date of discharge: 25/03/93
	Ward: 22
	Consultant: DR. PROUDFOOT

Surname:	Forenames:	Number:
GRATTON	LEON	170375

Address: [redacted]

Date of Birth: 17/03/75

Principal Diagnosis: OVERDOSE	Principal Operation
Other Conditions	Date of Operation / /
	Other Operations
External cause of injury	
PM / no PM Tumour Type	Histological Verification of Tumour Verified/not Verified

Dear

This patient was admitted after taking an overdose of

1. Lysergic acid + methadone.
2.
3.
4.

He/~~She~~ was not severley poisoned and recovered uneventfully. He/~~She~~ was discharged to home after psychiatric assessment.

Recommendations: to attend CDPS

Yours sincerely, [redacted]

Senior House Officer/Registrar.
typed 26 3 93

LHB/318

THIRD PARTY COPY

LOTHIAN HEALTH BOARD

Royal Infirmary of Edinburgh *and Associated Hospitals*

1 Lauriston Place Edinburgh EH3 9YW
[redacted]

ACUTE MEDICAL ADMISSIONS UNIT
UNIT 22
Administrative Physicians
Dr A.T. Proudfoot
Prof. L.F. Prescott
Psychiatrist
Dr C. Masterton

Dr. Doull
Sighthill Health Centre
Calder Road
Edinburgh
EH11 4AU

Your Ref
Our Ref MU/AMQ/170375
Date 26 March 1993
Enquiries to dict 25 3 93
Ext. No. 3159

Dear Dr. Doull

LEON GRATTON, [redacted] (DOB 17/03/75)

I assessed this 18 year old single man this morning. He was admitted last night through A. & E. after comsumption of LSD tablets, alcohol and ? Methadone tablets.

Mr. Gratton was brought by the Police from a patrol station in Westerhailes where he was shouting, swearing and disturbing the peace.

Leon just wanted to have some fun with LSD. He denied having taken Methadone tablets. He had no plans to harm himself or kill himself. This morning he felt ashamed of his behaviour last night and had patchy memories of his behaviour. He thought he should speak to [redacted] and Police about the problems last night and sort out if he did anything terrible. I gather that he currently stays at the above address in a rented one bedroom Council flat. He is unemployed and has no activities for himself except alcohol and drugs. He has been in trouble with the law on many occasions and currently has no Social Worker since last year.

I could not find any definite evidence of mental illness in Mr. Gratton's case though I felt that he would benifit from the appointment with CDPS if he keeps it. He saw Dr. Tong at CDPS about two months ago but later on he defaulted. This time he has agreed to see Dr. Tong again.

I have not made any arrangements for him at this department. Thanking you.

Yours sincerely,

[redacted]
Mahendra Upadhyaya
Registrar in Psychiatry

cc. Dr. Tong, CDPS, [redacted]

PN499

THIRD PARTY COPY

LOTHIAN HEALTH BOARD MENTAL HEALTH UNIT

The Royal Edinburgh Hospital

Mackinnon House Morningside Place Edinburgh EH10 5HF
[redacted]

Your Ref
Our Ref DT/KJH
Date 14th January 1993
Enquiries to [redacted]

Dr D H Doull
Sighthill Health Centre
Calder Road
Edinburgh
EH11 4AU

Dear Dr Doull

Re: Leon Gratton, [redacted] d.o.b 17.3.75

Thank you for your letter of 8th December 1992. I saw Leon for the first time on the 29th of October 1992 with [redacted] and [redacted] Social Worker at WEST. There are certainly considerable difficulties between Leon and [redacted] and things are at such a pitch that the two really have no means of communicating without screaming at one and other. Mrs Gratton is receiving full support from [redacted] and I agreed to see Leon on a regular basis, however he only turned up once on the 5th of November and failed to turn up on the 12th, 19th and the 26th of November and the 3rd of December 1992. At the point when I saw Leon he was drug free and certainly do not see his drug problem as being a primary one, it is only secondary to the very fraught family conditions at home. However there is nothing I can do for this boy unless he decides to do something for himself. Should I not hear from him by the end of March I shall be discharging him.

Yours sincerely

[redacted]

pp Dr David Tong
Clinical Assistant
Community Drug Problem Service

THIRD PARTY COPY

PN216

LOTHIAN HEALTH BOARD

Royal Infirmary of Edinburgh and Associated Hospitals

1 Lauriston Place Edinburgh EH3 9YW
[redacted]

ACUTE MEDICAL ADMISSIONS UNIT
UNIT 22

Administrative Physicians
Dr A.T. Proudfoot
Prof. L.F. Prescott
Psychiatrist
Dr G. Masterton

Date: 31.12.92

Patient's Name: Leon GRATTON

Patient's Address: [redacted]

Date of Birth: 17-3-75

Dear Dr Donll

I have reviewed your patient named above on Ward 22 at the Royal Infirmary, admitted following

✓ drugs overdose
-- other harm

Details Swallowed mixed drugs in his 'cave' as he thought the police were chasing him.

This is ✓ 1st presentation
-- [ ] presentation

The attempt was ✓ Deliberate self harm/ accidental/ recreational
-- under influence of alcohol

Psychiatric diagnosis
1. Drug abuse
2.

I have discharged the patient because:
✓ There is no evidence of psychiatric illness
✓ Low current suicidal intent
-- Crisis has resolved

and regarding follow up
✓ There are other professionals involved — DR. TONG CDPS January 7th
-- There are other voluntary agencies involved
-- I have made an appointment to follow-up at RIE/REH
-- No follow up

Further comment/details: Leon appears to have longstanding drug abuse problems, and is currently making half-hearted attempts to deal with them. His mother is at the end of her tether as to how to cope with matters, I spent some time talking to her. I also encouraged Leon to continue to attend CDPS. No doubt problems will continue. Signed [redacted] Psychiatry SHO

PN499

THIRD PARTY COPY

LOTHIAN HEALTH BOARD

Royal Infirmary of Edinburgh and Associated Hospitals

1 Lauriston Place Edinburgh EH3 9YW
[redacted]

ACUTE MEDICAL ADMISSIONS UNIT
UNIT 22
Administrative Physicians
Dr A.T. Proudfoot
Prof. L.F. Prescott
Psychiatrist
Dr G. Masterton

Dr Doull
Sighthill Health Centre
Calder Road
Edinburgh
EH11 4AU

Your Ref
Our Ref HG/AMQ/1703751431
Date 6 January 1993
[redacted]

Dear Dr Doull

LEON GRATTON, [redacted] (DOB 17/03/75)

Leon Gratton is a 17 year old man who is unemployed and stays between his own flat in Calder and [redacted] He was admitted to ward 22 RIE on 30th December, 1992 having taken an overdose of approximately 2 grms. of Cocaine along with some Cannabis.

He gave a history that he had the drugs in his care and tried a small amount of them and that he had become paranoid and thought the Police were chasing him. He then swallowed the drugs which were wrapped in cling film. He was given salty water to drink [redacted] and vomited a number of times. He was then brought to hospital.

As you are now doubt aware, Leon has a history of drug abuse mainly Speed, LSD and Cannabis. He told me that he has been taking less drugs in the last few months and has had contact with Dr. Tong at the CDPS. However, it appears that he sees Dr. Tong infrequently and his attempts dealing with his drug problems are half hearted.

On examination there was no evidence of psychiatric illness or suicidal intent.

Leon's [redacted] was keen to speak with me. [redacted] at the end of her tether regarding how to cope [redacted] and I spent quite some time talking to her and letting her express her feelings. I explained to her the difficulties of trying to help people who have drug problems. I also spoke further with Leon who appeared to be partly aware of the way his behaviour is affecting [redacted] I encouraged him to continue attending the CDPS. However I would not be surprised is there continued to be problems with this young man.

Yours sincerely,

[redacted]

SHO to Dr. Masterton

cc. Dr. Tong, CDPS, Royal Edinburgh Hospital

PN499

THIRD PARTY COPY

A. *If a "CLOSED" STATEMENT has been issued.*

I issued a "Closed" Statement to this patient on .....

Signature ..... Date .....

0009087

B. *If a "CLOSED" STATEMENT has NOT been issued.*

HISTORY, PRESENT CONDITION and TREATMENT
(with any relevant reports from consultants).

In pregnancy cases state expected date of confinement .....

This young man has had a very disturbed upbringing. He is a single child who lived with [redacted] though had occasional stays [redacted]. He is a very immature youth who is evidently abusing drugs. I will not supply him with drugs but have referred him to the CDPS where he is currently receiving assessment.

On 30/12/92 he was being chased by the police and swallowed several packets of cocaine wrapped in cling film. He was admitted to the Infirmary and has been discharged with follow up tby CDPS.

THIRD PARTY COPY

C. *FITNESS TO ATTEND AT A MEDICAL EXAMINATION CENTRE*

In my opinion the patient is ..... fit to attend
(Insert NOT, if the patient is unfit to attend)
If you consider your patient to be unfit to attend or that examination is unnecessary please give reasons:

If you wish to be present at the examination

please initial here .....

Signature DR DONALD H. DOULL

Date 11/1/93

R.M.2A (S.B.)(SCOTLAND)
RP(53791)

LOTHIAN HEALTH BOARD DISCHARGE SUMMARY : COPY FOR GENERAL PRACTITIONER

Hospital : ROYAL INFIRMARY OF EDINBURGH

To:
Dr Doull
Sighthill Health Centre
Calder Road
Edinburgh

Date of admission: 30/12/92
Date of discharge: 31/12/92
Ward: AMAU
Consultant: PROF BOUCHIER

F

Surname:	Forenames:	Number:
GRATTON	LEON	1703751431

Address: [redacted]

Date of Birth: 17/03/75

Principal Diagnosis: OVERDOSE	Principal Operation
Other Conditions	Date of Operation / /
	Other Operations
External cause of injury	
PM / no PM Tumour Type	Histological Verification of Tumour Verified/not Verified

Dear

This patient was admitted after taking an overdose of

1. Cannabis and Cocaine
2.
3.
4.

He/~~She~~ was not severley poisoned and recovered uneventfully. He/~~She~~ was discharged to after psychiatric assessment.

Recommendations:

Nil Fwow Up.

Yours sincerely,

[redacted]

Senior House Officer/Registrar
typed 6 1 93

LHB/318

THIRD PARTY COPY

General Practitioner: Name and Address

Dr Doull
Sighthill Health Centre
Calder Road
Edinburgh
EH11 4AU

PATIENT INFORMATION

Surname GRATTON | Unit No. 1703751431
Forename(s) LEON | Date of Birth 17/03/75
Address [redacted] | Age 18 | Sex M
Post cod [redacted]
Occupation | Telephone
Next of [redacted] | Relationship [redacted]
Address [redacted] | Escort
Telephone (Home) | Triage
(Work)

Date and Time of Attendance	Date and Time of Incident
24/03/93 21:21	30/12/92
Type of Incident	**Location of Incident**
OD	
Source of Referral	**Mode of Arrival**
S	SA

HISTORY; 18 year old man brought to A&E by police. They had been called to a service station in Westerhailes where the patient had been creating a disturbance. Long history of polydrug use and contact with CDPS, though not currently attending. Difficult to get a clear history, but tells me that at some point today he took a large quantity (he cannot specify how large) of Methadone and 10 "tabs" of LSD. ? history of ingestion of other substances also.

O/E; Suspicious, aggressive, appears fearful - still handcuffed. Will not tollerate physical examination.
Given 20mg Diazepam iv which has calmed him slightly.

PLAN; Admit Ward 22 for overnight obs.
Please give 20mg Droperidol orally (none in A&E) further sedation as required.
DR. MACLEOD/EG 2205HRS

THIRD PARTY COPY

General Practitioner: Name and Address

Dr Doull
Sighthill Health Centre
Calder Road
Edinburgh
EH11 4AU

PATIENT INFORMATION

Surname: GRATTON
Forename(s): LEON
Address: [redacted]
Post code: [redacted]
Occupation:
Unit No.: 1703751431
Date of Birth: 17/03/75
Age: 17
Sex: M
Telephone:

Date and Time of Attendance	Date and Time of Incident
30/12/92 18:47	/ /
Type of Incident	Location of Incident
Source of Referral	Mode of Arrival
	C

Next of Ki: [redacted]
Address:
Relationship: [redacted]
Escort:
Triage:
Telephone (Home)
(Work)

History: 17 yr old who has OD with 2 gms (approx) of cocaine. Swallowed on the run from the police and apparently wrapped in cling film. Occured roughly 1400 hours. Also took Cannabis. Denies IVDU (apart from x 1 5 yrs ago) and other tablets.

Given 2 pints of salty water by [redacted] and has vomited roughly 12 times since. Last vomit contained 1/2 cupfull fresh blood.

PMH: regular abuser of amphetimines.

O/E: GCS 15. Agitated. Pupils large, reacting slowly to light.
CVS: pulse 100 regular, BP 130/70, HS I+II.
Chest clear.
Abdo: soft, minimal epigastric tenderness.
BS present.
CNS: nil focal at present.

Imp: 1 cocaine OD
2 ?mallory-weiss tear

Admit ward 22.

For SWO.

Please group and save as refuses further venopuncture. Venflon in situ.

DR HAYDON/AD 1930

THIRD PARTY COPY

LOTHIAN HEALTH BOARD MENTAL HEALTH UNIT

Royal Edinburgh Hospital

Morningside Terrace Edinburgh EH10 5HF Telephon[redacted]
Ext:

THE ANDREW DUNCAN CLINIC

Your Ref
Our Ref AH/KJH
Date 22nd July 1992
Enquiries to
Ext. No. 4570

Dr N Wallace
Sighthill Health Centre
Calder Road
Edinburgh
EH11 4AU

[redacted]

Dear Dr Wallace

Re: Leon Gratton, [redacted] d.o.b 17.3.75

Unfortunately this gentleman has on two occasions now failed to attend his appointment with myself at the CDPS. I am not proposing to send a further appointment but would be happy to offer to see him should you think it appropriate.

Yorus sincerely

[redacted]

Dr Alistair Hay
Senior Registrar
Community Drug Problem Service

PN103

THIRD PARTY COPY

DHD/LS

23rd June 1992

Community Drugs Problem Services
40 Colinton Road
EDINBURGH EH10 5BT

Dear Doctor

Leon Gratton c/o [redacted]

I would be grateful for your assessment of this 17 year old boy who alleges he is taking 100mgs of Diazepam daily supplemented with 20mgs of Temazepam. He also has a tendency to take herbal cigarettes. He is a trainee Roofer.

He has had a very disturbed upbringing. He is a single child who lived with his [redacted] and her [redacted] though having occasional contact with the [redacted]. Leon as a child had very nasty eczema.

In the last two years he has stayed with his [redacted] before coming back to Edinburgh where he was in the care of the Social Work Department for three months before going back with [redacted]

He is a very immeture youth and I wonder if the extent of his alleged Benzodiazepine consumption is exaggerated. He is attending West and at the moment I would be unhappy at supplying him. I would be grateful for your assessment.

Yours sincerely

DR DONALD H. DOULL

THIRD PARTY COPY

ROYAL INFIRMARY OF EDINBURGH
ACCIDENT & EMERGENCY DEPARTMENT
M105

LOTHIAN HEALTH BOARD

A/E Number C 025951

Surname	Title	First Names	Sex	Marital Status	Date of Birth	Age
GRAYSON		LEON			17 03 [illegible]	

Address [redacted] Telephone: Home / Work

Occupation | Religion

General Practitioner: Name & Address

Stockbridge Medical Centre
Cailtor Road
Edinburgh

Referred by GP YES/NO

Brought in by Ambulance YES/NO

Overseas Visitor
Non Liable/For Stage 2

Day & Time of Arrival
25 06 03 [illegible]

Place of Incident
Work/School/Home/Road/Other (Specify)

Police No.

Next of Kin: Relationship & Name | Telephone (Home) | Telephone (Work)

Address

History
This young man was running along tonight and fell down some stairs. He hit his head and his mouth, he had no LOC, he did, however, lose a tooth.
He is complaining only of pain in the tongue and the forehead and has no other injuries.
He is taking Ibfluden twice a day. He denies alcohol or any form of drug abuse tonight.

[illegible]

Alert and oriented, pupils equal reactive.
There is a small [illegible] above the left eye with a graze where he is missing his [illegible]
No other tenderness and no other obvious injuries.

[illegible]

Discharged to mother's care. He is to stay with his grandmother tonight and I have discharged him with ID instruction sheet.

Doctors Name	
Doctors Signature	
Final Disposal	

THIRD PARTY COPY

Hospital use Only | Clinic | Day Date | Time | Hospital No. | GP112B

AMBULANCE TRANSPORT REQUIRED: Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION

Hospital . ROYAL EDINBURGH HOSPITAL . Date....9.8.89.

Urgent Appointment Required YES/NO

Please arrange for this patient to attend the . YOUNG PEOPLE'S UNIT ..... clinic of Dr/Mr.....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname .... GRATTON

First Names .... Leon

Address ..... [redacted]

Postal Code ..... Telephone Number .....

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital .....

Year of Attendance ..... Hospital No .....

If the patient's name and/or address has/have changed since then please give details:

.....

.....

.....

.....

.....

Maiden Surname .....

Single/Married/Widowed/Other

Date of Birth .....17.3.75.....

Patient's Occupation .....

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Dr. Norman W. Wallace
DR. DONALD DOULL & PARTNERS
SIGHTHILL HEALTH CENTRE
Calder Road,
Edinburgh
EH11 4AU

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor:

I should be grateful to have your Unit's assessment and help in the management of the above 14 year old child. He presents quite a difficult problem. Over the past few months his behaviour has deteriorated considerably and he has frequent violent outbursts of temper.

He is a single child who lives with [redacted] who has cohabited with a [redacted] for the past eight years. Leon has occasional contact with [redacted]

There has been considerable friction within the extended family recently. This has been due to [redacted] alleging that [redacted] She discovered that [redacted] had had similar experiences. When she shared this with [redacted] she has found that the family have closed ranks and have sought to make her and [redacted] an outcast.

She decided, perhaps unwisely, to share all this information with Leon who clearly cannot cope with this information and describes himself as being obsessed with evil thoughts regarding [redacted]

I have advised [redacted] to seek further help from an [redacted] but Leon is clearly greatly disturbed and I am sure would benefit from counselling.

With many thanks.

Yours sincerely,

DR. NORMAN W. WALLACE

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (If known) .....

Signature .....

HMSO Dd.8126584 7/88 C18 GP.246 CCN13161

THIRD PARTY COPY

Royal Infirmary of Edinburgh

Chalmers Street
Edinburgh EH3 9HA
[redacted]
Appointments [redacted]
Secretaries [redacted]

PRINCESS ALEXANDRA EYE PAVILION

CONSULTANT: DR. J HUGHES

Dr. Digby Thomas
Sighthill Health Centre
Calder Road
Edinburgh EH11 4AU

Your Ref
Our Ref 170375 1431/PK/DY
Date 26th April 1988

Dear Digby

LEON GRATTON, [redacted]

I saw this young lad on 25th April 1988 at the Eye Clinic. His visual acuity was fine at 6/4 in either eye without correction and there was only a very slight exophoria with good recovery. He had no manifest squint. Ocular movements were full but he seemed to have a failure of convergence. I think his symptoms of headaches are related to his straining to converge. Ocular examination was otherwise unremarkable. Our orthoptist gave him some convergence exercises to do and we will follow him up every few months to see how he is doing. This I hope will improve things, but should the problem persist it would be possible to give him prisms to help with close work.

With kind regards

Yours sincerely

[redacted]

SHO

PN29

THIRD PARTY COPY

ROYAL INFIRMARY OF EDINBURGH
ACCIDENT & EMERGENCY DEPARTMENT

LOTHIAN HEALTH BOARD

A/E Number G 37313

MH5

Surname	Title	First Names	Sex	Marital Status	Date of Birth	Age
[illegible]	[illegible]	[illegible]	M	S	17.3.25.	12

Address [redacted] Telephone: Home / Work

Occupation

Religion

General Practitioner: Name & Address

Dr Orull
Slaverton
Golden Road
Edinburgh

Referred by GP YES/NO

Brought in by Ambulance YES/NO

Overseas Visitor Non Liable/For Stage 2

Day & Time of Arrival 2.3.05. 1725

Place of Incident: Work/School/Home/Road/Other (Specify) .....

Police No.

Next of Kin: Relationship & Name

Telephone (Home)

Telephone (Work)

Address

MH5 Mrs Margaret Fenwick last night injured right thumb.
To ortho consult.

PMH: Has always been thumb but no fracture.

O/E: Reasonably swelling, bruised right thumb.
Pain medial aspect MCP, minor very slight subungual haematoma.
Can only extend to touching tissue, flexion is also difficult.

[illegible]
Given [illegible] Fracture Clinic [illegible] 4.3.05. 77 RHP

Dr T Orull 7/7

ALD 10.00
RIGHT THUMB
3.3.5.
20/20

HAND CLINIC [illegible] the patient of the right thumb.

[redacted]

THIRD PARTY COPY

RIE 29.2.88.

Eye Pavilion

GRATTON

Leon

[redacted] 17.3.75.

Dr. Digby Thomas

Dear Doctor:

Thank you for seeing this 12 year old lad who seems to have a latent strabismus on the left side.

I saw him recently with left-sided frontal headaches which he described as being behind the left eye and indeed they sounded migrainous to me. I have asked [redacted] to arrange a formal eye test.

However, I wonder whether any ocular motor component in overcoming a latent squint may be contributing to this headache and I would be grateful for your opinion.

With kind regards,
Yours sincerely,

DR. DIGBY THOMAS

THIRD PARTY COPY

ROYAL HOSPITAL FOR SICK CHILDREN

[redacted]

SCIENNES ROAD EDINBURGH,

EH9 1LF

26th January, 1981

GWB/LT/231346

Dr. Doull,
Sighthill Health Centre,
Calder Road,
Edinburgh.

Dear Dr. Doull,

Leon Gratton, D.O.B. - 17.3.75
[redacted]

I saw this boy at the Allergy Clinic at the Sick Children's Hospital on 21.1.81. As you know he has quite a marked atopic tendency and was, during December, in Ward 2 with infected excema. [redacted] and has a reasonable understanding of the condition, but I think is quite harassed at times since [redacted] The child has been sleeping very badly and even a heavy dose of Vallergan did not sedate him adequately and more recently Dr. Fraser started him on Atarax at quite a large dose. He did seem calmer on this and I have suggested he now reduces to Atarax 10 mg. twice daily, to try and give her sleep mainly at night and sedate him, I have suggested she tries him on Tavegil elixir 5 or 10 mls. as necessary.

At the present time his skin is fairly well controlled. He has quite a marked tendency to ichthyosis and should continue with Oilatum in the bath and Emulsifying Ointment B.P. as an emollient. For the chronic areas he should continue on Betnovate ointment 1 part diluted with 5 parts white soft paraffin. There are some infected areas around his nose and ears and for these I have suggested she uses Fucidin-H ointment. I hope with these measures the condition will remain controlled, however, since I think she will need a fair amount of encouragement, I have given her an appointment for review in 1 month.

Yours sincerely,

[redacted]

Consultant Dermatologist.

THIRD PARTY COPY

RHSC/98

ROYAL HOSPITAL FOR SICK CHILDREN **Ward 2 Discharge**

Physician: Professor James Farquhar
Dr. D.G.D. Barr

Your Ref.

Unit No. 231346

Patient's particulars Leon GRATTON, [redacted] D.O.B. 17-3-75

Admitted: 15-12-80 Discharged: 23-12-80 Disposal: HOME

Diagnosis 1. Eczema

2.

3.

Summary: Leon was admitted with an exacerbation of his long standing eczema, which had become infected. He improved on the medication described, which mother will continue at home.

Diagnosis given to parents as 1

Prognosis given to parents fair

Further Treatment

Bed rest days/~~weeks~~

Mobilisation ~~days~~/weeks

Return to school ~~days~~/weeks

School doctor informed yes/no

Medication
℞ TRIMEPRAZINE 30mg B.D.
TRIMEPRAZINE 90mg nocte
℞ ZINC PASTE + ICHTHAMOL BANDAGES to arms and legs ODS.
UNG. MERCK to affected areas ODS.
℞ 1% HYDROCORTISONE OINTMENT to face. ODS.

Remove stitches days

Change dressings days

Diet or Bottle Feed

Weight

R.H.S.C. Home Care Team ~~yes~~/no

Health Visitor informed ~~yes~~/no

Therapist ( ) involved ~~yes~~/no

Social Work Dept. informed ~~yes~~/no

Follow-up by G.P. advised ~~yes~~/no

Follow-up by Hospital advised yes/~~no~~

Clinic Dr Berenelga, Allergy

Appointment date 6-1-81

Detailed summary follows ~~yes~~/no

Further comment and signature [redacted]

THIRD PARTY COPY

[redacted]

Physicians

Dr. J.McC. MURDOCH.
Dr. G. SANGSTER.
Dr. J.A. GRAY.

INFECTIOUS DISEASES UNIT,
CITY HOSPITAL,
GREENBANK DRIVE,
EDINBURGH EH10 5SB.

JAG/CH/87074

26th August, 1980

Dr. Martin,
Sighthill Health Centre,
EDINBURGH.

Dear Dr. Martin,

LEON GRATTON
[redacted]
DATE OF BIRTH 17.3.75

This boy who had been on holiday in Armadale developed Chicken Pox and was admitted here on 14.8.80. He has had persisting infantile eczema treated with Betnovate and Hydrocortisone locally and Vallergan syrup. The Chicken Pox had developed to the pustular stage and although there did not appear to be any evidence of secondary infection his temperature was 38°C and haemolytic streptococci were isolated from his blood culture. He was treated with Erythromycin from the start of admission and made an entirely satisfactory recovery. He was discharged home, well, on 21.8.80.

Yours sincerely,

[redacted]

J. A. GRAY
Consultant Physician

THIRD PARTY COPY

PSDCare Patient Details

File 2 already sent Valerie

Operator F002A

NHS Scotland

Tuesday, 01/10/2013

PSD WebCHI Patient Details

⚠ **Last Updated 10/09/2013**

CHI Number:	1703751191 On: E	UPI Number:	1703751191 On: E	UPI Status:	CURRENT OWNER Namesake: None

Surname:	GRATTON	Forename:	LEON	Conc Code:	
Birth Surname:		2nd Fname:	JAMES	Immig:	
Prev. Surname:	GRATTON	Alt. Fname:		Inst:	
Surname Changed:	09/09/2013 By F002A	Initials:		Hosp Rec:	0000
Title:		Sex:	Male	Comm Rec:	0004
DOB:	17/03/1975 (UNCONFIRMED)	NHS Number:	XNCLN/16	Dispense:	No
Marital Status:	Not Known			Gone Away:	
				Temp Res:	

Current Address:

P.Code: [redacted]

Previous Address:

P.Code: [redacted]

Address Changed 09/09/2013 By F002A

Road Miles: Rst?
Foot Path Miles:
Water Miles:

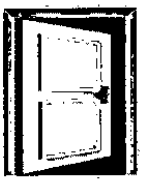
Area of Res:	F	Prac Ref:	F2041(3)	Old Area:	L
GP Ref:	[redacted]	Date Prac:	06/09/2013	Prev GP:	F9054(9)
Trans Reason:	A	Phone:	[redacted]	Prev GP Date Acc:	23/10/2001
Date Acc:	06/09/2013	Prac Name:	BANK STREET MEDICAL GROUP	Reason Reg:	T
GP Name:	Dr. KATHRYN J MACLAREN			New Area:	

[redacted]

THIRD PARTY COPY

Fife Primary Care

NHS Fife



West Fife Community Outreach Team.
Haldane House
71 Priory Lane
DUNFERMLINE
KY12 7DT
[redacted]

RECEIVED
24 DEC 2004

Date: Monday 20th December 2004
Our Ref: GL/GW/ F5153833
CHI Number 1703751191
Enquiries to [redacted]
Email

Dr Garmany
Friary Court
Inverkeithing

Dear Dr Garmany

Leon Gratton [redacted] ***17.3.75***

I saw the above gentleman at his home on 14th December with [redacted] from the Community Outreach Team.

In terms of psychotic symptoms Leon appears to be doing quite well. He feels that things have improved since the dose of his depot was increased. He does occasionally take Haloperidol 5mgs tablets as required but this is never more than once per day.

Leon's main complaint at the moment is that he is having some difficulty establishing a regular sleep pattern again. This has been for the past two weeks and he does seem to be sleeping a great deal of the day and not really sleeping terribly well at night.

[redacted] and I talked to Leon about establishing a sleep pattern and Leon is keen to try again with going to the gym regularly. I will see Leon again at his next CPA in February and aim to review him again after that at some point.

Kind regards
Yours sincerely

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist
c.c John Hamilton COT
c.c Dr Paul Cavanagh COT
c.c QMH notes

DOCTOR
NURSE
COMPUTER
24 DEC 2004
FILE
INITIAL

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

jobcentreplus

Your reference is JC496564A
Please tell us this number
if you get in touch with us

DR GARMARY
THE MEDICAL PRACTICE
5 FRIARY COURT
INVERKEITHING
FIFE
KY11 1NU

24 DEC 2004

Dunfermline
Merchiston House
Foundry Street
Dunfermline
Fife
KY12 9DF

[redacted]

Date 21/12/2004
FOR MR LEON JAMES GRATTON

DOCTOR
NURSE
COMPUTER
24 DEC 2004
FILE
INITIAL

INFORMATION ABOUT YOUR PATIENT

Name MR LEON JAMES GRATTON

Address [redacted]

Payment of Incapacity Benefits and the award of National Insurance credits are subject to an incapacity assessment. If a person meets, or is treated as meeting, the threshold of incapacity, medical certificates are no longer needed to support their claim.

As the patient shown above meets or is treated as meeting the threshold of incapacity under the Personal Capability Assessment you no longer need to issue NHS medical certificates for this person's claim for benefit. However, we may need to contact you for further information about your patient's incapacity in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity. The booklet IB204 'A guide for registered medical practitioners' gives more information. If you do not have this booklet, you can get it from your local Jobcentre Plus/social security office. It is also published on the DSS website at www.dwp.gov.uk/hq/pubs/medical

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.
IB74

1828/0215 Page 01 of 01

THIRD PARTY COPY

COPY

DEPARTMENT OF
CLINICAL PSYCHOLOGY
Rowan House, Whyteman's Brae
28 – 32 Willow Drive
KIRKCALDY KY1 2LF

[redacted]

Private & Confidential
MR. LEON GRATTON
[redacted]

Date 13 December 2004
Your Ref
Our Ref AH/GM/MT

Enquiries to psychology secretary
[redacted]

Dear MR GRATTON

An appointment has been arranged for you to see [redacted] Trainee Clinical Psychologist at the

Psychology Out-Patients' Department, Carnegie Clinic, Inglis Street, Dunfermline on Thursday 06th January 2005 at 3pm.

If this appointment is not convenient, please contact the Psychology Secretary and another arrangement will be made.

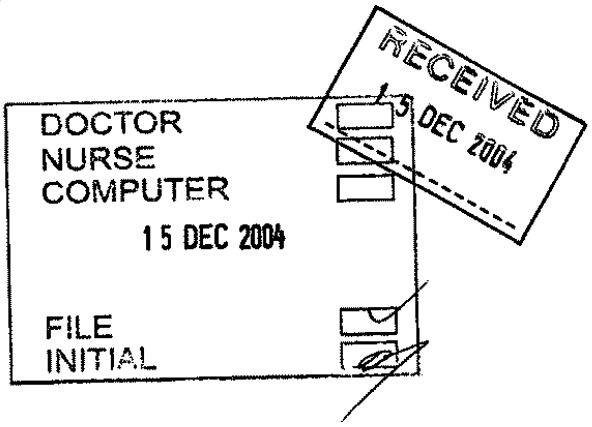
Directions: Inglis Street is opposite the side of B & Q Superstore. The clinic entrance is next to McCreadie Glass Co.

Yours sincerely

pp Clinical Psychology Secretary

Adult Psychology Department
Stratheden Hospital

Cc Dr D Garmany
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
Fife KY11 1NU



THIRD PARTY COPY

Sent 1/12/04 KM

IB113 (SS) 01/04

RECEIVED
30 NOV 2004

Office stamp
SOCIAL SECURITY
Part of the Jobcentre Plus network
26 Victoria Gardens
Kirkcaldy
Fife KY1 1EA

Incapacity for work

DR GARMANY
MEDICAL PRACTICE
5 FRIARY COURT
INVERKEITHING
KY11 1NU

Our phone number is [redacted]

If you have textphone, you can call on

Code | Number

If you get in touch with us, tell us this reference number [redacted]

Date 29 / 11 / 2004

About your patient

Surname: GRATTON
Other names: LEON JAMES
NI number: [redacted]
Date of birth: 17/03/1975
Address: [redacted]
Postcode

Dear Doctor,

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the Personal Capability Assessment procedures. People with certain severe medical conditions can be accepted as meeting the threshold of incapacity for benefit purposes without undergoing the Personal Capability Assessment or, if the assessment has to be applied, without undergoing a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to the medical officer, it appears that this may be such a case. In order to advise the decision maker in accordance with the law, the medical officer requires further factual information. We would be obliged if you would answer the medical officer's questions overleaf clearly indicating on a separate sheet, any medical evidence that you think would be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness.

Your patient has given written consent on their claim form to allow us to approach you for this information.

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 as amended March 1998 and equivalent regulations in Scotland, and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a medical officer. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide will be much appreciated. Unfortunately, we will be unable to pay you for it.

A reply within 7 days will be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the medical officer at your local Medical Services Centre, see **IB204** *Guide for Registered Medical Practitioners* [available at www.dwp.gov.uk/medical].

Thank you for your help.

Yours sincerely

[redacted]

On behalf of the Manager
For the Medical Officer

Social Security Office
Part of the Jobcentre Plus network,
Department for Work and Pensions

For official use	
DO	Ref type
2311	CM,
First day of incapacity	
26 / 10 / 2000	

THIRD PARTY COPY

About your patient – continued LEON JAMES GRATTON [redacted]

Your reply

Please answer the following questions from the information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

25/10/04

2 Diagnosis of all relevant conditions and date(s) of onset.

~~Psychosis~~
Schizophrenia - 1st episode 1993

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

On Clopixol + haloperidol,
under psychiatrist.
Still hallucinates.

DO: 2311

THIRD PARTY COPY

About your patient – continued LEON JAMES GRATTON [redacted]

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

Unsure

5 **Any other information.**
- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

/

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

Nil recent.

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature [redacted]

Name Dr GARVAN

Date 1 1 12 1 06

Doctor's stamp

INVERKEITHING MEDICAL GROUP
5 FRIARY COURT
INVERKEITHING
KY11 1NU

DO: 2311

THIRD PARTY COPY

Fife Primary Care
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

27 October 2004

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] and will take place on **Tuesday 9th November 2004 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]
Care Programme Approach Secretary

RECEIVED
1 - NOV 2004

Distribution: Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing ✓
Dr P Cavanagh, Consultant Psychiatrist, QMH
[redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Penumbra , 89 New Row, Dunfermline
[redacted] Support Worker, Penumbra, 89 New Row, Dunfermline
[redacted] Penumbra, 89 New Row, Dunfermline
[redacted] Fife Advocacy, Unit 2, Cowdenbeath Business Centre, 318 High Street, Cowdenbeath

DOCTOR
NURSE
COMPUTER
01 NOV 2004
FILE
INITIAL

POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

THIRD PARTY COPY

Fife Primary Care

NHS Fife

West Fife Community Outreach Team.
Haldane House
71 Priory Lane
DUNFERMLINE
KY12 7DT
[redacted]

Date: Monday 11th October 2004.
Our Ref: GL/GW/F515833
CHI Number 1703751191
Enquiries to [redacted]
Email

RECEIVED 15 OCT 2004

NURSE
COMPUTER
15 OCT 2004

Dr Garmany
5 Friary Court
INVERKEITHING

FILE
INITIAL

Dear Dr Garmany

Leon Gratton [redacted] 17.3.75

I saw the above gentleman at his home with [redacted] from the Community Outreach Team.

Leon felt that his hallucinations had greatly improved with the increased dose of Clopixol and he is now only taking Haloperidol 5mgs as required, which tends to be only once a day. The other change in the last month is that the acute difficulties Leon was having in his relationship with [redacted] have settled down. He is not seeing a great deal of [redacted] but the animosity seems to have died down somewhat.

The main issue with Leon at the moment is that he is spending most of his days in his flat. He is using his time constructively and is continuing to write a great deal, he also is having some of his work appraised for him. He talks enthusiastically about how he is going to try and get his work published.

Leon appeared quite settled and there was no evidence of any psychotic symptoms when I saw him. His mood was quite good and there was no evidence of any side effects from medication.

I suggested to Leon that we should keep the dose of Depot as it is at the moment and he should continue to take the Haloperidol only as required. I said that I was hopeful that over the next few weeks he may have less need for the as required Haloperidol. If he does continue to need a small amount of Haloperidol it may be worth increasing his depot a little, but we can wait and see how things go for that.

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

I will aim to see Leon again in a couple of months time and will advise you of any progress.

Kind regards
Yours sincerely.

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist

c.c John Hamilton, Community Outreach Team
c.c Dr Paul Cavanagh, Consultant Psychiatrist, QMH

THIRD PARTY COPY

Fife Council

Care Programme Approch - CARE PLAN (CPA1)

NHS Fife

Unit Number	CHI No	SW Case No	CP No 194

Date of Care Plan Meeting:- 7.9.04

Name LEON GRATTON Address: [redacted] Tel: DOB 17.3.75	Next of Kin/Carers/Partners: Name [redacted] Address: [redacted] Tel: Does service user agree with the sharing of this information with Carer / Next of Kin Yes/No	GP Name DR GARMANY Address: Inverkeithing Medical Practice 5 Friary Court INVERKEITHING Tel: 01383 413234
Name Psychiatrist/Consultant DR PAUL CAVANAGH / DR LEHANY Address Psychiatry Department QUEEN MARGARET HOSPITAL Tel: [redacted] RMO: Yes/No	Designated Community Nurse [redacted] Address: COT, Haldane House, 71 Priory Lane DUNFERMLINE Tel: [redacted]	Social Worker Name N/A Address: Tel:
[redacted]	MHA Status: INFORMAL Changed Yes/No Date of Section(of change of Section) Date of Discharge from Section: Does the Adults with Incapacity Act Apply; Yes ☐ No ☐ Date of next MHO Review: Date Leave of Absence Commenced:	CRISIS AND OUT OF HOURS ARRANGEMENTS: [redacted] Monday-Friday – 9.00am - 9.00pm Saturday/ Sunday – 9.00am - 5.00pm GP - [redacted] Ward 2, QMH – [redacted]
Care Co-ordinator Changed Yes/No Name [redacted] Address: COT, Haldane House 71 Priory Lane DUNFERMLINE Designation Clinical Care Manager Tel: 01383 432721	Next Review: Date TUESDAY 9TH NOVEMBER 2004 Time 4.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE	Admission to/Discharge From Hospital Since Last Review Dates

RECEIVED 21 SEP 2004

DOCTOR NURSE COMPUTER 21 SEP 2004

Signed ..... [redacted] ..... Care Co-ordinator (Key Worker/Named Nurse) Date .....

CPA1 Nov 03

Fife Council

Care Programme Approch - CARE PLAN (CPA1)

NHS Fife

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	**3 monthly reviews as an out-patient with Dr Cavanagh**	**Leon / Dr Cavanagh**	
	Dr Lehany ad hoc home visits	**Dr Lehany / Leon**	
	Weekly visits by [redacted]	**[redacted]**	**John to use weekly programme to give structure and occupy time throughout day.**
PHYSICAL HEALTH	**Sleep pattern disturbed**	**Leon**	
	Raised lumpy area on left hip	**Leon**	**Examined by Dr Cavanagh – abscess Prescribed antibiotics**
MEDICATION	**Dr Cavanagh [redacted] – weekly**	**Leon / Dr Cavanagh / [redacted]**	
HOME ENVIRONMENT	**Referral made to Richmond Fellowship**	**[redacted]**	
SOCIALISATION	**Leon to attend social groups using bus pass.**	**Leon / [redacted]**	
	To attend football	**Leon**	
	To try attendance at Core Club	**Leon / Core Club staff**	
	SAMH's Pantry	**John to refer**	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed [redacted] ..... Patient/Client Date .....

If not signed by the patient, please give relationship and reason

CPA1 Nov 03

THIRD PARTY COPY

Fife

Care Programme Approch - CARE PLAN (CPA1)

NHS Fife

Patient/Client Name.....LEON GRATTON..... Unit No ..... Action Plan No .....

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
SOCIALISATION CONT.	Intermittently attends 5-a-side football on Wednesdays with COT	Leon / COT staff	
	Golf when not playing football	Leon / [redacted]	
BUDGETING	Richmond Fellowship	Richmond Fellowship staff	
CRISIS PLAN	See front sheet of Care Plan		

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed [redacted].....LEON GRATTON... Patient/Client Date .....

If not signed by the patient, please give relationship and reason

(CPA Care Plan no 2)

CPA1 Nov 03

THIRD PARTY COPY

Fife Primary Care

NHS Fife

West Fife Community Outreach Team.
Haldane House
71 Priory Lane
DUNFERMLINE
KY12 7DT
[redacted]

01 SEP 2004

Date: Wednesday 25th August 2004
Our Ref: GL/GW/ F5153833
CHI Number 1703751191
Enquiries to
Email [redacted]

Dr Garmany
Friary Court
Inverkeithing

Dear Dr Garmany

Leon Gratton [redacted] ***17.3.75***

I saw the above gentleman at his home on 24th August 2004 with [redacted] from the Community Outreach Team.

Leon told me that he was feeling much better than he had been when I saw him a couple of weeks ago and that he is much less troubled by hallucinations now. He has been taking the Haloperidol 5mgs up to twice daily and finds this helpful. I reviewed his medication and in view of compliance difficulties in the past I don't think oral medication is a particularly good idea at this time, Leon actually agreed with this. I don't think changing his depot is likely to be particularly helpful either, but I think a higher dose might well be more helpful to him. Given that the Haloperidol orally improves his symptoms this also suggest that he is perhaps not on quite enough anti psychotic in his depot.

Leon was agreeable to trying an increased dose of depot therefore, I have changed his prescription to 300mgs of Clopixol every week. For the time being he will continue on Haloperidol 5mgs bd and also on Orphenadrine 50mgs up to three times daily. I will aim to tail off the Haloperidol in due course and possibly the dose of Clopixol will need to increase further.

I will see Leon again with [redacted] in 4-6 weeks time and we will advise you of any progress.

Kind regards
Yours sincerely

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist
c.c [redacted]
c.c Dr Paul Cavanagh COT

DOCTOR
NURSE
COM[illegible]
1 SEP 2004
FILE
INITIAL

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

Fife Primary Care
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

RECEIVED 25 AUG 2004

23 August 2004

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

Unfortunately Leon's Care Plan meeting due to take place on Friday 27th August has had to be rescheduled. A new review date has now been set for **Tuesday 7th September 2004 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]
Care Programme Approach Secretary

DOCTOR
NURSE
COMPUTER
25 AUG 2004
FILE
INITIAL

Distribution: Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing
Dr P Cavanagh, Consultant Psychiatrist, QMH
Mr [redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Penumbra , 89 New Row, Dunfermline
[redacted] Support Worker, Penumbra, 89 New Row, Dunfermline
[redacted] e, Penumbra, 89 New Row, Dunfermline
[redacted] Fife Advocacy, Unit 2, Cowdenbeath Business Centre, 318 High Street, Cowdenbeath

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

Fife Primary Care
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

20 AUG 2004
18 August 2004

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update Leon's Care Plan has been called by his Care Co-ordinator, [redacted] and will be held on **Friday 27th August 2004 at 3.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]
Care Programme Approach Secretary

DOCTOR
NURSE
COM...
20 AUG 2004
FILE

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing
Dr P Cavanagh, Consultant Psychiatrist, QMH
Mr [redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Penumbra , 89 New Row, Dunfermline
[redacted] Support Worker, Penumbra, 89 New Row, Dunfermline
[redacted] Penumbra, 89 New Row, Dunfermline

THIRD PARTY COPY

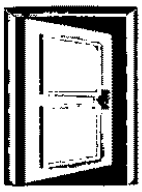
POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

M5460

Fife Primary Care

Mental Health Directorate



WEST FIFE COMMUNITY OUTREACH TEAM
Haldane House
71 Priory Lane
DUNFERMLINE
KY12 7DT
[redacted]

NHS Fife

Your Ref:

20 AUG 2004

DOCTOR
NURSE
CC...
20 AUG 2004
FILE
INITIAL

13 August 2004

Dr Garmany
Inverkeithing Medical Practice
5 Friary Court
INVERKEITHING

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.3.75

I saw the above gentleman at his home with [redacted] Support Worker from the Community Outreach Team. There had been an incident a week ago where Leon had had a fight with [redacted] This seems to have resulted from Leon losing his temper after a verbal exchange between Leon, [redacted] This incident does not seem to have been in any way delusionally driven and Leon is now very remorseful regarding it. Charges are apparently not going to be pressed, although Leon does seem to have significantly injured [redacted] and during the incident [redacted] when a door was slammed.

With regards to his psychotic illness Leon describes worsening of his auditory hallucinations over the past 3 or 4 weeks. He said that these are worse in the evenings. He mainly experiences indistinct auditory hallucinations, he describes these as being voices, but he is unable to make out what they are saying. He also describes sometimes hearing voices of relatives talking to him, usually in a derogatory fashion. He describes these persistent auditory hallucinations being present for the last couple of years, but he feels that they have been much worse for the past 3 or 4 weeks. His sleep pattern has improved and he told me that he now goes to bed at about 9 o'clock in the evening and sleeps through until about 6 o'clock in the morning.

Leon describes having had some ideas of self harm over the past month or so. These seem to have been a result of frustration at continued auditory hallucinations and side effects from the depot. He has scratched his wrist and scratched his throat, but does not appear to have made any attempt to kill himself. He was not suicidal at the time we saw him and he was talking enthusiastically about the Creative Writing Course he hopes to do with the Open University and also about his involvement with the Community Outreach Team with regards to going to the Golf Driving Range and playing snooker.

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

2

13 August 2004

Dr Garmany

Leon describes significant extra pyramidal side effects, and these were clearly visible at times during the interview. He has had Procyclidine in the past but has found that they made him agitated.

Leon has had a supply of "as required" Haloperidol for the past week which has now run out. For the next week I have supplied him with further Haloperidol to be taken 5mg at night and also 5mg once daily if required. He continues on Clopixol 250mg weekly. I have also prescribed Orphenadrine 50mgs to be taken 3 times daily and we can assess how this goes for him.

I do feel that Leon probably needs an increase in his depot, but Leon is reluctant as he feels that he is already over-sedated on his medication. I will get hold of his notes from the Queen Margaret Hospital and review his medication to see whether there is anything further we can do with this to improve his symptoms. In the meantime he will continue to be monitored by the Community Outreach Team and I will arrange to see him again in a week or so's time.

Yours sincerely

[redacted]

DR GORDON LEHANY
STAFF GRADE PSYCHIATRIST

THIRD PARTY COPY

15 July, 2004

Mr Leon Gratton

[redacted]

Dear Leon

I have received a letter from Dr Cavanagh and have now referred you to the Clinical Psychology Department that works in our practice. You should receive an appointment sometime in the next few months.

Yours sincerely

Dr D Garmany

THIRD PARTY COPY

REFERRAL FROM
INVERKEITHING MEDICAL GROUP
5 FRIARY COURT, INVERKEITHING, KY11 1NU.
PRACTICE NO: 20752

[redacted]

15 July, 2004

REFERRAL TO CLINICAL PSYCHOLOGY

[redacted]
Clinical Psychologists
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
KY12 0SU

Dear Sue or Gill

RE: LEON GRATTON, [redacted]
DOB: 17.03.75 (1191) - [redacted]

I would be grateful if you could see this man who is under Dr Cavanagh, Consultant Psychiatrist, who feels he probably has a mixture of a personality disorder and schizophrenia.

You will see from his letter that Leon and [redacted] wish for Leon to see you with a view to previous trauma he has experienced, but also that Dr Cavanagh feels that neuropsychological testing would be helpful. I am not sure if you have any experience in this sort of work, but if it is possible (and appropriate), it would be helpful if Leon could undergo this as well.

He takes Clopixol 250mgs depo weekly. Thank you for your help.

Yours sincerely

Dr D Garmany

THIRD PARTY COPY

15 July, 2004

Dr Paul Cavanagh
Consultant Psychiatrist
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
KY12 0SU

Dear Dr Cavanagh

RE: LEON GRATTON [redacted]
DOB: 17.03.75 (1192) [redacted]

Thank you for your letter of the 16th of June. I did in fact write to you on 5th of March (copy enclosed) but I assume from your letter, that you never received this.

I will now refer Leon to one of our two Clinical Psychologists that work in the practice with a view to helping him with his previous trauma. I will also copy your letter to them and ask if they have any experience in neuropsychological testing.

Yours sincerely

Dr D Garmany

THIRD PARTY COPY

Fife Primary Care

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr David Garmany
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date 16th June 2004
Your Ref
Our Ref PC/LA/F5218691

Enquiries to
Extension
Direct Line [redacted]

Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75 [redacted]

I understand from Leon's [redacted] that you are due to write to me about psychology referral for Leon. The issue is that as you may know, we no longer have psychology services for patients with mental illness or rehabilitation needs. Previously we had a 0.5 full time equivalent, however that was withdrawn about 18 months ago. Over that time there has been some investment in Primary Care Psychology Services. In Leon's case there remains some diagnostic uncertainty. Psychiatric services in Airdrie conducted a thorough review and formulated these difficulties as consequent upon borderline personality disorder.

Since Leon has moved through to Fife he has shown clear evidence of functional psychosis. Whilst this could occur in borderline personality disorder, it tends to be brief and self-limiting which is not the pattern that Leon has displayed. I think it likely that he has both personality disorder and schizophrenia, however he is someone in whom neuropsychological testing would have been very helpful in clarifying some of the diagnostic uncertainty, however as I have said, we have been told that there is no psychology service available to us.

In terms of his and [redacted] request for psychological therapy, this is around a different area and to do with his experiences of trauma and they wish to come to terms with those. This is what was behind I think [redacted] Leon meeting with you to request a psychology referral within Primary Care.

I understand [redacted] that you are not willing to refer Leon to psychology but felt that any referral should come from myself. I certainly feel that it would be better if Leon was seen by a psychologist who has experience in working with people with serious mental illness and able to carry out IRI psychological testing; however since that is not possible, I wonder if you could reconsider your position. I would be happy to discuss his case further should you wish.

Yours sincerely
pp [redacted]
Dr Paul Cavanagh
Consultant Psychiatrist

DOCTOR
NURSE
COMPUTER
- 6 JUL 2004
FILE
INITIAL

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

Fife Primary Care

West Fife Community Outreach Team.
Haldane House
71 Priory Lane
DUNFERMLINE
KY12 7DT
[redacted]

NHS Fife

RECEIVED 28 JUN 2004

14th June 2004.

Dr Garmany
5 Friary Court
INVERKEITHING

Dear Dr Garmany

Leon Gratton [redacted] ***17.3.75***

I saw the above gentleman at his home with his Clinical Care Manager [redacted] from the Community Outreach Team. He continues to feel he is reasonably well although he continues to describe occasional auditory and olfactory hallucinations. His main concern at the moment remains as his complaints of poor sleep. On questioning however he seems to spend a large amount of the day physically inactive and at times sleeping. He then goes to bed relatively early, 8 or 9pm, and has difficulty initiating sleep. A great deal of effort has been made by the Community Outreach Team to engage Leon in daytime activities and in encouraging him to structure his time but without any great success. In the past night sedation has been tried as part of a programme to establish a better sleep pattern but this was unsuccessful also. [redacted] continues to visit regularly and has been successful in engaging Leon in some activities such as going to a golf driving range.

Leon has over the past few weeks made some sexually inappropriate comments to some members of staff and this has been a cause of some concern. At the moment we are keeping an eye on things and generally two people are visiting together.

At interview Leon appeared well and there was no evidence of any psychotic symptoms. He continues on Clopixol 250mgs weekly.

I have not made any changes to Leon's management and he will continue to be reviewed as part of the Community Outreach team. He also remains on the Care Programme Approach.

Kind regards
Yours sincerely

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist

DOCTOR
NURSE
CO...
28 JUN 2004
FILE
INITIAL

c.c Paul Cavanagh, Consultant Psychiatrist, QMH
c.c [redacted] Clinical Care Manager COT.

POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

THIRD PARTY COPY

Fife Primary Care

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated	5th May 2004
Date Typed	12th May 2004
Our Ref	PC/MS/F5153833
CHI Number	170375-1191
Enquiries to	[redacted]
Extension	
Email	

Dear Dr Garmany,

LEON GRATTON, [redacted] (DOB: 17 03 1975)

I reviewed Leon in the out-patient clinic. He feels he has been reasonably well. He describes continued sleep difficulties and hypnogogic hallucinations which may be olfactory or auditory but other than that little in the way of symptoms although his sleep is probably the key issue in parts prolonged insomnia followed by hypersomnia. I asked about his writing which has occasioned us some concern in the past as he writes horror stories that are really very violent. He was clearly however able to distinguish between fantasy and reality and he told me that his writing was supervised by a professional writer who gave him feedback on his work and the novel that he is working on will be finished before too long. Accordingly I am not particularly concerned that it reflects any change in his risk to others. In view of his hypersomnia and hypnogogic hallucinations I think it would be prudent for an EEG and I will do that. I think it may at some stage be sensible for myself and [redacted] to meet with Leon and [redacted] as their relationship continues to be characterised by conflict. He continues to receive his psychotropic medication by depot injection and this is appropriate for him for his needs.

RECEIVED
18 MAY 2004

Yours sincerely,

[redacted]

DR PAUL CAVANAGH
CONSULTANT PSYCHIATRIST

Copied to:
[redacted]
Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
KY12 7DT

DOCTOR
NURSE
CO...
18 MAY 2004
FILE
INITIAL

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Fife Primary Care
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

11 May 2004

AS PER DISTRIBUTION

RECEIVED
12 MAY 2004

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update Leon's Care Plan has been called by his Care Co-ordinator, [redacted] and will be held on **Tuesday 1st June 2004 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]
Care Programme Approach Secretary

DOCT
NURSE
CONSULT
13 MAY 2004
FILE

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing ✓
Dr P Cavanagh, Consultant Psychiatrist, QMH
Mr [redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted], Penumbra , 89 New Row, Dunfermline
[redacted] Support Worker, Penumbra, 89 New Row, Dunfermline
[redacted] Penumbra, 89 New Row, Dunfermline

POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

THIRD PARTY COPY

Fife

Care Programme Approch - CARE PLAN (CPA1)

NHS Fife

RECEIVED - 2 APR 2004

Unit Number	CHI No	SW Case No	CP No

Date of Care Plan Meeting:-2.3.04

Name LEON GRATTON Address: [redacted] Tel: DOB 17.3.75	Next of Kin/Carers/Partners: Name [redacted] Address: [redacted] Tel: Does service user agree with the sharing of this information with Carer / Next of Kin Yes/No	GP Name DR GARMANY Address: Inverkeithing Medical Practice 5 Friary Court INVERKEITHING Tel: 01383 413234
Name Psychiatrist/Consultant DR PAUL CAVANAGH Address Psychiatry Department QUEEN MARGARET HOSPITAL Tel: [redacted] RMO: Yes/No	Designated Community Nurse [redacted] Address: COT, Haldane House, 71 Priory Lane DUNFERMLINE Tel: [redacted]	Social Worker Name N/A Address: Tel:
[redacted]	MHA Status: INFORMAL Changed Yes/No Date of Section(of change of Section) Date of Discharge from Section: Does the Adults with Incapacity Act Apply; Yes ☐ No ☐ Date of next MHO Review: Date Leave of Absence Commenced:	CRISIS AND OUT OF HOURS ARRANGEMENTS: Haldane House – [redacted] Monday-Friday – 9.00am - 9.00pm Saturday/ Sunday – 9.00am – 5.00pm [redacted] Ward 2, QMH – [redacted]
Care Co-ordinator Changed Yes/No Name [redacted] Address: COT, Haldane House 71 Priory Lane DUNFERMLINE Designation Clinical Care Manager Tel: 01383 432725	Next Review: Date TUESDAY 1ST JUNE 2004 Time 4.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE.	Admission to/Discharge From Hospital Since Last Review Dates

DOCTOR NURSE COMPUTER

2 - APR 2004

FILE INITIAL

Signed .....JOHN HAMILTON..... Care Co-ordinator (Key Worker/Named Nurse) Date .....

[redacted]

CPA1 Nov 03

THIRD PARTY COPY

Fife

Care Programme Approch - CARE PLAN (CPA1)

NHS Fife

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	3 monthly reviews as an out-patient with Dr Cavanagh Weekly visits by [redacted]	Leon / Dr Cavanagh [redacted]	Mrs Gratton to be informed of next appointment to assist in prompting attendance.
PHYSICAL HEALTH	Sleep pattern disturbed	Leon	[redacted] to use weekly programme to give structure and occupy time throughout day.
MEDICATION	Dr Cavanagh [redacted] weekly	Leon / Dr Cavanagh / [redacted]	
HOME ENVIRONMENT	Penumbra assisting with household • Housework Thursday 1.30 – [redacted] • Shopping Monday 11.30 – [redacted] • [redacted] to continue to do weekly shop on Wednesday or Thursday	[redacted] Support Workers [redacted]	
RE-SOCIALISATION	Leon to attend social groups using bus pass. To try attendance at Core Club	Leon / [redacted] Leon / Core Club staff / Penumbra staff	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4
I have read this Care Plan and have had the opportunity of discussing it

Signed [redacted] **..... Patient/Client** **Date .....**
If not signed by the patient, please give relationship and reason

CPA1 Nov 03

Care Programme Approch - CARE PLAN (CPA1)

Patient/Client Name.....LEON GRATTON..... Unit No ..... Action Plan No .....

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
RE-SOCIALISATION	Attends 5-a-side football on Wednesdays with COT	Leon / COT	
	Golf when not playing football	Leon / [redacted]	
BUDGETING	Lorna to continue with help re budgeting	[redacted]	
PSYCHOLOGY	Referral made to Psychology but no service available for enduring needs in West Fife.	Dr Cavanagh / [redacted]	[redacted]o formally complain to NHS Fife. Also to try to access via GP
ANGER MANAGEMENT / DEVELOPMENT COPING STRATEGIES	Leon to attend Haldane House for anger management.	Leon [redacted]	
CRISIS PLAN	See front sheet		

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed ..... Patient/Client Date .....
If not signed by the patient, please give relationship and reason

CPA1 Nov 03

THIRD PARTY COPY

Fife Primary Care

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 5th March 2004
Date Typed 17th March 2004
Our Ref PC/MS/G5153833
CHI Number 170375-1191

Enquiries to [redacted]
Extension
Email

Dear Dr Garmany,

LEON GRATTON, [redacted] **(DOB: 17 03 1975)**

Leon was reviewed during his care programme approach meeting having failed to attend his out-patient appointment with me the previous week. There have been concerns about his behaviour and his relationship with [redacted] although there doesn't seem to be any evidence of a deterioration in his mental state. His sleep is poor and he appears to have reversed his day and night pattern again. **There are no changes to his medication.**

Yours sincerely,

[redacted]

DR PAUL CAVANAGH
CONSULTANT PSYCHIATRIST

Copied to:
Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
KY12 7DT

DOCTOR
NURSE
COMPUTER
25 MAR 2004
FILE
INITIAL

THIRD PARTY COPY

Positive About Disabled People

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

5 March 2004

Dr. P. Cavanagh
Con. Psychiatrist
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
KY12 0SU

Dear Dr. Cavanagh

Leon Gratton, [redacted] **DOB 17.03.75**
[redacted] **Tel No.**

I understand that you know Leon well. [redacted] came to me today saying that you had referred him to a clinical psychologist at the end of last year but the psychologist had 'refused' to see him as apparently Leon was having such intensive psychiatric review and follow-up. Leon's [redacted] was wondering whether I could refer him to either of the clinical psychologists that we have working in the practice [redacted]

I would be happy to do so if you wish but thought it best to write to you first to clarify if this was appropriate or if there was in fact a reason other than psychology resources that psychology department 'refused' to see him.

Please let me know and I can refer him if you wish. Thank you for your help.

Yours sincerely

[redacted]

Dr D Garmany

THIRD PARTY COPY

Fife Primary Care
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

RECEIVED
11 FEB 2004

6 February 2004

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update Leon's Care Plan has been called by his Care Co-ordinator, [redacted] and will be held on **Tuesday 2nd March 2004 at 2.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

Care Programme Approach Secretary

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing
Dr P Cavanagh, Consultant Psychiatrist, QMH
Mr [redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted], Penumbra , 89 New Row, Dunfermline
[redacted] Support Worker, Penumbra, 89 New Row, Dunfermline
DOCTOR [redacted] Penumbra, 89 New Row, Dunfermline

DOCTOR
NURSE
COMPUTER
11 FEB 2004
FILE
INITIAL

POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

THIRD PARTY COPY

Fife Primary Care NHS Trust

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

[redacted]
20th January 2004

DISCHARGE SUMMARY

GP Details:
Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

RECEIVED
27 JAN 2004

Patient Details:
Leon Gratton
[redacted]

Date of Birth: 17 03 1975
CHI No: 170375-1191

Admitted: 27th November 2003

Discharged: 22nd November 2003

MHA Status on Discharge: Informal

Diagnosis: Schizophrenia

Consultant: Dr Paul Cavanagh
Locus of Care: Ward 2

Medication on Discharge:
Haloperidol 2mg qid
Zopiclone 15mg nocte
Zuclopenthixol Decanoate Depot 250mg weekly

Medication subject to treatment plan under MHA - Yes/No

Responsible Consultant following Discharge: Dr Paul Cavanagh

Follow-up Arrangements:
Results Awaited:

Diagnostic Summary:

Signed .....
Dr Hilda Ho, SHO to Dr Cavanagh

Consultant's Comments:

[redacted]

Signed .....
Dr Paul Cavanagh, Consultant Psychiatrist

DOCTOR
NURSE
COMPL
27 JAN 2004
FILE
INIT

POSITIVE ABOUT DISABLED PEOPLE

M5460

THIRD PARTY COPY

Dear Dr Garmany,

Leon was referred to the Ward by the Community Outreach Team with a worsening of his mood over the previous few weeks. He also had difficulty sleeping often waking up due to auditory hallucinations. His appetite was poor, and he had had suicidal thoughts, being unable to cope with the auditory hallucinations. The night prior to admission he had impulsively taken a handful of Melatonin tablets to help him sleep and possibly to die. When he attended the Ward he regretted this action, and denied any on-going plans to self-harm. He also stated that he had worries that people may have access to his thoughts and that TV programmes were trying to send him messages. He had also been unable to leave his house much, because he was worried that he would be assaulted.

Past Psychiatric History
You will be aware that Leon has had a long psychiatric history, first presenting to the child & adolescent services. He was then given a diagnosis of multiple drug use, and borderline personality disorder. However in the last 1 or 2 years he has responded well to Clopixol Depot, and his diagnosis has been that of schizophrenia.

Progress on the Ward
Leon requested an increase in his Clopixol Depot, thus it was changed from 200mg to 250mg 2 weekly. He stated that Clopixol had worked to a degree in the past, however did not feel that he was on enough medication. He also stated that he was fed-up of not being able to have a good sleep. In addition he admitted to having taken Cannabis in the previous week, which had made him feel even more paranoid and agitated. In addition he had had an argument with [redacted] before admission when they had argued about long-standing issues in their past.

He responded well to Haloperidol 5mg as required. He also requested a change in his night station as Melatonin was having little effect.

[redacted] came to visit him regularly on the Ward, and although there was evidence of friction between them, on the whole he was reasonably appropriate in manner when [redacted] arrived. However there does continue to be on-going feelings of anger towards [redacted] We also discussed his possession of Samurai swords and various other weapons in his home which he has collected. However he reassured me that he had no intention of using these weapons to hurt anybody and they were just collected as a hobby. Apparently they are easily bought through catalogues.

Leon settled after a few weeks on the Ward, and towards the end of his admission his mood and affect improved.

He was discharged after several successful overnight passes, and continues to be followed-up by the Outreach Team.

Yours sincerely,

[redacted]

DR HILDA HO
SHO in PSYCHIATRY

Copied to:
Community Outreach Team, Haldane House, 71 Priory Lane, DUNFERMLINE KY12 7DT

DOCTOR
NURSE
COMM
27 JAN 2004
FILE
IN

THIRD PARTY COPY

INTERIM DISCHARGE AND PRESCRIPTION FORM

Queen Margaret Hospital

Whitefield Road, Dunfermline, Fife, KY12 0SU

DATE OF ADMISSION 27/11/07
DATE OF DISCHARGE 22/12/07

C.R.N.

Dear Doctor

Your Patient Lea Grattan

Address (including Post Code) [redacted]

Date of Birth 17-3-75

was admitted to hospital under the care of ..... in ward 2.

and is now being discharged/transferred to .....

Reason for Admission Relapse of psychotic illness

Principal Diagnosis / Main Condition Schizophrenia

Other Conditions and/or complications - to include external causes
1.
2.
3.
4.
5.

Operations/ Procedures
1.
2.

A discharge letter will follow

Comments mental state improved. F.U. WFCOT

Arrangements for review Depot ul (average dose 200mg 2 weekly)

The following medicines are recommended:-

MEDICINE FORM AND STRENGTH	DOSE	DIRECTIONS FOR ADMINISTRATION	RECOMMENDED DURATION OF TREATMENT	QUANTITY SUPPLIED
Zopiclone	15mg	nocte		28 x 7.5mg
Haloperidol	2mg	t.i.d.		56 x 500mg
				56 x 1.5mg

Yours sincerely... [redacted] Date: 22-12-07

Name in Capitals CRAIG ANDREW

Designation Consultant ☑ Clinical Assistant ☐ Registrar ☐
Senior House Officer ☐ House Officer ☐

All Copies should be sent to Pharmacy Department and separated on return to Ward/Department.

Dispensed By: MMS
Pharmacist: [redacted]
Date: 22nd Dec 07

1st White Copy - General Practitioner
2nd Pink Copy - Pharmacy
3rd Yellow Copy - Patient's Records

MS501/12/95

THIRD PARTY COPY

Fife Primary Care NHS Trust
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

RECEIVED
19 NOV 2003

17 November 2003

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update Leon's Care Plan has been called by his Care Co-ordinator, [redacted] and will be held on **Thursday 27th November 2003 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted] **(Mrs)**
Care Programme Approach Secretary

DOCTOR
NURSE
COMPUTER
19 NOV 2003
FILE
INITIAL

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing
Dr P Cavanagh, Consultant Psychiatrist, QMH
Mr [redacted] Clinical Care Manager, CCTT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, CCTT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Penumbra , 89 New Row, Dunfermline
[redacted] Support Worker, Penumbra, 89 New Row, Dunfermline
[redacted] Penumbra, 89 New Row, Dunfermline

POSITIVE ABOUT DISABLED PEOPLE

Awarded for excellence to Nutrition and Dietetic Department

MS460

THIRD PARTY COPY

CARE PROGRAMME APPROACH CONFIDENTIAL

(All sections MUST be completed) Date of Care Plan Meeting: 28.8.03 Review No. 3

Unit Number	CHI No	SW Case No	CP No

Name LEON GRATTON Address: [redacted] Tel: DOB 17.3.75	Next of Kin/Carers/Partners: Name [redacted] Address: Tel: Relationship [redacted]	GP Name DR GARMANY Address: Inverkeithing Medical Practice 5 Friary Court INVERKEITHING Tel: 01383 413234
Psychiatrist Name DR PAUL CAVANAGH Address Queen Margaret Hospital Whitefield Road DUNFERMLINE Tel: [redacted] RMO: Yes/No	CPN Name [redacted] Address: Community Outreach Team Haldane House 71 Priory Lane DUNFERMLINE Tel: [redacted]	Social Worker Name n/a Address: Tel:
[redacted]	MHA Status: INFORMAL Changed Yes/No Date of Section(of change of Section) Date of Discharge from Section: Date of next MHO Review: Date Leave of Absence Commenced:	Type of Accommodation: COUNCIL FLAT Living With: SELF If in hospital – date discharged planned
Care Co-ordinator Changed Yes/No Name [redacted] Address: Community Outreach Team Haldane House, 71 Priory Lane DUNFERMLINE Designation CLINICAL CARE MANAGER Tel: [redacted]	Next Review: Date Time Place	Admission to/Discharge From Hospital Since Last Review Dates

Signed ..... [redacted] ..... Care Co-ordinator (Key Worker) Date .....

CPA Care Plan no1

CARE PROGRAMME APPROACH CONFIDENTIAL

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	3 monthly reviews as an out-patient with Dr Cavanagh	Leon / Dr Cavanagh	
	Weekly visits by [redacted]	[redacted]	
PHYSICAL HEALTH	Sleep pattern disturbed To try Melatonin as night sedation	Leon / Dr Cavanagh	
MEDICATION	Dr Cavanagh [redacted] weekly	Leon / Dr Cavanagh / [redacted]	
HOME ENVIRONMENT	Penumbra assisting with household chores though request for more regular visits to be carried out and planner to be drawn up. New Support Worker, [redacted] to help out • Housework Thursday 1.30 – [redacted] • Shopping Monday 11.30 – [redacted] to continue to do fortnightly shop on Wednesday	[redacted] Support Workers (Penumbra) [redacted]	
RE-SOCIALISATION	Leon to attend social groups using bus pass.	Leon / [redacted]	
	To try attendance at Core Club Attends 5-a-side football on Wednesdays with COT	Leon / Core Club staff Leon / COT	
	Golf when not playing football Referral to Spirals to go ahead	Leon / [redacted]	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed [redacted] .....LEON GRATTON..... Patient/Client Date .....

THIRD PARTY COPY

CARE PROGRAMME APPROACH CONFIDENTIAL

Patient/Client Name.....LEON GRATTON..... Unit No ..... Action Plan No .....

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
BUDGETING	Lorna to continue with help re budgeting.	[redacted]	
PSYCHOLOGY	To refer Leon to Psychology	Dr Cavanagh	
CRISIS PLAN	**Haldane House** [redacted] Mon-Frid - 9.00am-9.00pm Sat/Sun – 9.00am-5.00pm **GP –** [redacted] **Ward**		

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed [redacted] ..... Patient/Client Date .....

If not signed by the patient, please give relationship and reason

THIRD PARTY COPY

Fife Primary Care NHS Trust
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: Barbara Beattie
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

RECEIVED
- 7 AUG 2003

7 August 2003

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update Leon's Care Plan has been called by his Care Co-ordinator, [redacted] and will be held on **Thursday 28th August 2003 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

ACTION
COMPUTER
- 7 AUG 2003
FILE
INITIAL

Yours sincerely

[redacted]

[redacted] **(Mrs)**
Care Programme Approach Secretary

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing
Dr P Cavanagh, Consultant Psychiatrist, QMH
Mr [redacted] Clinical Care Manager, CCTT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, CCTT, Haldane House, 71 Priory Lane, Dunfermline
[redacted], Penumbra, Wymet House, 87 New Row, Dunfermline

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Awarded for excellence to Nutrition and Dietetic Department

Awarded for excellence to Fife Community Dental Service

[redacted]

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS
GARMANY,D
INVERKEITHING MEDICAL CENTRE
5 FRIARY COURT

INVERKEITHING
KY11 1NU [redacted]

PATIENT DATA

D.O.B. 17-MAR-75 Unit No. DC659366L
Surname GRATTON
Forename(s) LEON
Address [redacted]
Occupation
Phone No.
Consultant
Next of Kin [redacted]
Home Phone
Work Phone

RECEIVED [illegible] 2003

Date and Time of Attendance	Date and Time of Accident
14/07/03 22:33	14/07/03 16:00

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
SELF POISONING

LOCATION	SOURCE OF REFERRAL
	EMERGENCY SERVI

ALLERGIES - Penicillin
OTHER - *(Specify)* No.

ALERT

T. 36.9 P. 135 R. B.P. 135/72

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS Betablockers
OTHER - *(Specify)* On med.

PROVISIONAL DIAGNOSIS
OD.

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 2330 YOUNG

Prescription Issued:

HISTORY/CLINICAL DETAILS

LEON GRATTON DOB: 17.03.1975

Presenting Complaint: Overdose - this gentleman, who suffers from Schizophrenia took 7.5mgs of Zopiclone tablets tonight and smoked a joint. He began to feel his heart racing and felt a bit unwell with it. He was not trying to kill himself but just wanted a sleep.

On Examination: Observations - stable. CVS - heart sounds I + II + 0. RS - clear. GI - soft and non tender. Bowel sounds present.

ECG: Sinus tachycardia. Nil acute.

Impression: Tachycardia secondary to Cannabis.

Observe - pulse re-checked 80bpm. Patient feeling well.

ACTION COMPUTER 22 JUL 2003 FILE INITIAL

DR C YOUNG
SHO IN A&E
CY/SG 17.07.2003

Signature [redacted]

A. & E. I.
MS 137

PLEASE USE BALLPOINT PEN

THIRD PARTY COPY

RECEIVED 16 JUN 2003

CARE PROGRAMME APPROACH CONFIDENTIAL

(All sections MUST be completed) Date of Care Plan Meeting: 8.5.03 Review No. 2

Unit Number	CHI No	SW Case No	CP No

Name LEON GRATTON
Address: [redacted]
Tel:
DOB 17.3.75

Next of Kin/Carers/Partners:
Name [redacted]
Address:
Tel:
Relationship

GP
Name DR GARMANY
Address: Inverkeithing Medical Practice
5 Friary Court
INVERKEITHING
Tel: 01383 413234

Psychiatrist Name DR PAUL CAVANAGH
Address Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Tel: [redacted]
RMO: Yes/No

CPN Name
Address: Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Tel: [redacted]

Social Worker Name n/a
Address:
Tel:

Others – Name Designation
1
71
2
H
3
4
[redacted]

MHA Status: INFORMAL Changed Yes/No
Date of Section(of change of Section)
Date of Discharge from Section:
Date of next MHO Review:
Date Leave of Absence Commences:

Type of Accommodation: COUNCIL FLAT
Living With: SELF
If in hospital – date discharged planned

Care Co-ordinator Changed Yes/No
Name [redacted]
Address: Community Outreach Team
Haldane House, 71 Priory Lane
DUNFERMLINE
Designation CLINICAL CARE MANAGER
Tel:

Next Review:
Date THURSDAY 28TH AUGUST 2003
Time 4.00PM
Place HALDANE HOUSE, 71 PRIORY LANE
DUNFERMLINE

Admission to/Discharge From Hospital Since Last Review
Date

FILE INITIAL ACTION COMPUTER 16 JUN 2003

Signed [redacted].....JOHN HAMILTON..... Care Co-ordinator (Key Worker) Date .....10.2.03.....
CPA Care Plan no1

THIRD PARTY COPY

CARE PROGRAMME APPROACH CONFIDENTIAL

Patient/Client Name.....LEON GRATTON..... Unit No ...194..... Action Plan No ...1.....

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	3 monthly reviews as an out-patient with Dr Cavanagh Weekly visits by [redacted]	Leon / Dr Cavanagh [redacted]	
MEDICATION	Dr Cavanagh [redacted] - weekly	Leon / Dr Cavanagh / [redacted]	
HOME ENVIRONMENT	Penumbra to help with household chores, decorating, gardening.	[redacted] / Leon	John to phone [redacted] at Penumbra re situation at home.
RE-SOCIALISATION	Leon to attend social groups using bus pass. Refer to Spirals 2 x per week ? FEAT – 12 week programme	Leon / [redacted]	
BUDGETING	Lorna to continue with help re budgeting.	[redacted]	
CRISIS PLAN	Haldane House - [redacted] Mon-Frid - 9.00am-9.00pm Sat/Sun – 9.00am-5.00pm [redacted]	Leon	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it
Signed [redacted].....LEON GRATTON..... Patient/Client Date .....

Fife Primary Care NHS Trust

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

RECEIVED
27 MAY 2003

Dr David Garmany
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date	14th May 2003
Your Ref	
Our Ref	PC/LA/SO65370
CHI	170375—
Enquiries to	[redacted]
Extension	
Venue	Carnegie Clinic

Dear Dr Garmany

RE; LEON GRATTON, D.O.B. 17.3.75
[redacted]

I reviewed Leon in the clinic today. He has been doing very well recently. I had his Care Programme Meeting on Thursday 8th May and general satisfaction was expressed with regard to his affect and behaviour. He experiences some shakes which may be attributable to side effects of the depot as he is now on a higher dose. Accordingly I have agreed that he can have a trial of Procyclidine and take it if required in the first instance and to see what effect that has. He is complaining of excessive sleep and I spoke to him about basic measures that he can take to try and improve his time structure. He now has supervised access to his [redacted]

I will see him for review in due course.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

ACTION
COMPUTER
27 MAY 2003
FILE
INITIAL

cc
[redacted]
West Fife Community Outreach Team
Haldane House
71 Priory Lane
Dunfermline
KY12 7DT

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Awarded for excellence to Nutrition and Dietetic Department

MS460

jobcentreplus

RECEIVED
2 . MAY 2003

Your reference is JC496564A
Please tell us this number
if you get in touch with us

DR GARMARY
THE MEDICAL PRACTICE
5 FRIARY COURT
INVERKEITHING
FIFE
KY11 1NU

Dunfermline
Merchiston House
Foundry Street
Dunfermline
Fife
KY12 9DF

[redacted]

Date 15/05/2003
FOR MR LEON JAMES GRATTON

INFORMATION ABOUT YOUR PATIENT

ACTION
COMPUTFF
20 MAY 2003
FILE
INITIAL

Name MR LEON JAMES GRATTON

Address [redacted]

Payment of Incapacity Benefits and the award of National Insurance credits are subject to an incapacity assessment. If a person meets, or is treated as meeting, the threshold of incapacity, medical certificates are no longer needed to support their claim.

As the patient shown above meets or is treated as meeting the threshold of incapacity under the Personal Capability Assessment you no longer need to issue NHS medical certificates for this person's claim for benefit. However, we may need to contact you for further information about your patient's incapacity in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity. The booklet IB204 'A guide for registered medical practitioners' gives more information. If you do not have this booklet, you can get it from your local Jobcentre Plus/social security office. It is also published on the DSS website at www.dwp.gov.uk/hq/pubs/medical

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.
IB74

[redacted]

Page 01 of 01

THIRD PARTY COPY

Sent 7/5/03

IB113-DLS

RECEIVED
-1 MAY 2003

SOCIAL SECURITY OFFICE
Pathfinder Plus Network
Merchiston House
Foundry Street
Dunfermline
KY12 9DF

[redacted]

Incapacity for work

DR GARMANY
The Medical Practice
5 Friary Court
INVERKEITHING
Fife
KY11 1NU
01383 413234

Our phone number is [redacted]
Code Number

If you get in touch with us, tell us this reference number
STB [redacted]

Date
29/4/03

About your patient

Surname GRATTON
Other names LEON
NI number [redacted]
Date of birth 17-3-75

Address [redacted]
Postcode

Dear Doctor,

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the Personal Capability Assessment procedures. People with certain severe medical conditions can be accepted as meeting the threshold of incapacity for benefit purposes without undergoing the Personal Capability Assessment or, if the assessment has to be applied, without undergoing a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to the medical officer, it appears that this may be such a case. In order to advise the Benefits Agency decision maker in accordance with the law, the medical officer requires further factual information. We would be obliged if you would answer the medical officer's questions overleaf clearly indicating on a separate sheet, any medical evidence that you think would be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness.

Your patient has given written consent on their claim form to allow us to approach you for this information.

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 as amended March 1998 and equivalent regulations in Scotland, and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a medical officer. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide will be much appreciated. Unfortunately, we will be unable to pay you for it.

A reply within 7 days will be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the medical officer at your local Medical Services Centre, see leaflet **IB204** *Guide for Registered Medical Practitioners*.

Thank you for your help.

Yours sincerely

[redacted]

On behalf of the Manager
For the Medical Officer

benefits agency
An Executive Agency of the Department of Social Security

For official use	
DO	Ref type
19 11	CM
First day of incapacity	
26 10 00	

THIRD PARTY COPY

About your patient – continued

Your reply to the Medical Services doctor

Please answer the following questions from the information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

9/5/02

2 Diagnosis of all relevant conditions and date(s) of onset.

Personality disorder + some features of functional psychosis. (prev since adolescence).

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

Now improved on regular depot antipsychotic from psychiatric team.

THIRD PARTY COPY

About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

None

5 Any other information.

- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

Nil known

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision made by the Benefits Agency, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature [redacted]

Name Dr GARNHAM

Date 7 / 5 / 08

Doctor's stamp
INVERKEITHING MEDICAL GROUP
5 Friary Court
Inverkeithing KY11 1NU

THIRD PARTY COPY

Fife Primary Care NHS Trust
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

RECEIVED
14 APR 2003

17 April 2003

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update Leon's Care Plan has been called by his Care Co-ordinator, [redacted] and will be held on **Thursday 8th May 2003 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted] **(Mrs)**
Care Programme Approach Secretary

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing ✓
Dr P Cavanagh, Consultant Psychiatrist, QMH
Mr [redacted] Clinical Care Manager, CCTT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, CCTT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Penumbra, Wymet House, 87 New Row, Dunfermline

ACTION
COMPUTER
14 APR 2003
FILE
INITIAL

Chairman: Dr James Gallacher
Chief Executive: George J. Brechin

POSITIVE ABOUT DISABLED PEOPLE

Awarded for excellence in Nutrition and Dietetic Department

Awarded for excellence in Fife Community Dental Service

THIRD PARTY COPY

Fife Primary Care NHS Trust
Mental Health Directorate

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr David Garmany
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date 25th February 2003
Your Ref
Our Ref [redacted]
Enquiries to [redacted]
Extension
Direct Line

Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75 [redacted]

Leon was reviewed during his Care Programme Meeting on 6th February 2003. General reports are that he has been better since the increase in his depot, he feels more focused and less distracted and his concentration is better. There have been no incidents of impulsive behaviour. This improvement is corroborated by [redacted] who also feels that he is less paranoid.

The evidence from his response to treatment would lead us to rethink his diagnosis from personality disorder to functional psychosis. He does not however fit the diagnosis criteria for schizophrenia. Obviously the approach that we have been taking has been one driven by need rather than by diagnosis in the first place, however in terms of prognosis and the long term treatment plan, it would be very helpful if diagnostic uncertainty could be resolved. My view remains however that the passage of time will lead us to greater clarity. [redacted] is aware of the diagnostic difficulties but is not overly concerned himself. In the meantime, his care plan is to continue with considerable input from his Care Manager, [redacted] out patient reviews with myself and the main stay of his drug treatment is his depot neuroleptic.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

cc [redacted]
CCTT

RECEIVED 17 MAR 2003 FIFE

ACTION COMPLETE 17 MAR 2003 INITIAL

POSITIVE ABOUT DISABLED PEOPLE

Awarded for excellence to Nutrition and Dietetic Department

Awarded for excellence to Fife Community Dental Service

Chairman: Dr James Gallacher
Chief Executive: George J Brechin

THIRD PARTY COPY

CARE PROGRAMME APPROACH CONFIDENTIAL

(All sections MUST be completed) Date of Care Plan Meeting: 6.2.03 Review No. 1

Unit Number	CHI No	SW Case No	CP No

Name LEON GRATTON Address: [redacted] Tel: DOB 17.3.75	Next of Kin/Carers/Partners: Name [redacted] Address: Tel: Relationship	GP Name DR GARMANY Address: Inverkeithing Medical Practice 5 Friary Court INVERKEITHING Tel: 01383 413234
Psychiatrist Name DR PAUL CAVANAGH Address Queen Margaret Hospital Whitefield Road DUNFERMLINE Tel: [redacted] RMO: Yes/No	CPN Name [redacted] Address: Community Outreach Team Haldane House 71 Priory Lane DUNFERMLINE Tel: [redacted]	Social Worker Name n/a Address: Tel:
Others – Name Designation [redacted] 3 4	MHA Status: INFORMAL Changed Yes/No Date of Section(of change of Section) Date of Discharge from Section: Date of next MHO Review: Date Leave of Absence Commenced:	Type of Accommodation: COUNCIL FLAT Living With: SELF If in hospital – date discharged planned
Care Co-ordinator Changed Yes/No Name [redacted] Address: Community Outreach Team Haldane House, 71 Priory Lane DUNFERMLINE Designation CLINICAL CARE MANAGER Tel: 01383 432725	Next Review: Date THURSDAY 8TH MAY 2003 Time 4.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE	Admission to/Discharge From Hospital Since Last Review Dates

Signed [redacted] ..... Care Co-ordinator (Key Worker) Date .....10.2.03.....

CPA Care Plan no1

ACTION COMPLETED 04 MAR 2003 FILE INITIAL
DUNFERMLINE 4 MAR 2003

CARE PROGRAMME APPROACH CONFIDENTIAL

Patient/Client Name.....LEON GRATTON..... Unit No ...194..... Action Plan No ...1.....

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	3 monthly reviews as an out-patient with Dr Cavanagh Weekly visits by [redacted]	Leon / Dr Cavanagh [redacted]	
MEDICATION	Dr Cavanagh [redacted] - weekly	Leon / Dr Cavanagh / [redacted]	
HOME ENVIRONMENT	Penumbra to help with household chores, decoration, gardening.	[redacted] Leon	
RE-SOCIALISATION	Leon to attend social groups using bus pass. Refer to Spirals 2 x per week ? FEAT – 12 week programme	Leon / [redacted]	
BUDGETING	[redacted] to continue with help re budgeting.	[redacted]	
CRISIS PLAN	Haldane House – [redacted] Mon-Frid - 9.00am-9.00pm Sat/Sun – 9.00am-5.00pm GP – [redacted] Ward	Leon	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed [redacted] .....LEON GRATTON..... Patient/Client Date 10/2/03

THIRD PARTY COPY

ACCIDENT AND EMERGENCY DEPARTMENT

Queen Margaret Hospital — **Whitefield Road, Dunfermline KY12 0SU**

GP's NAME AND ADDRESS

GARMANY,D
INVERKEITHING MEDICAL CENTRE
5 FRIARY COURT

INVERKEITHING
KY11 1NU

PATIENT DATA

D.O.B. 17-MAR-75 Unit No. DC659366L
Surname GRATTON
Forename(s) LEON
Address [redacted]
Occupation
Phone No.
Consultant
Next of Kin
Home Phone
Work Phone

Date and Time of Attendance	Date and Time of Accident
22/02/03 13:07	22/02/03 00:01

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
NOT SPECIFIED

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)* /

ALERT

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS Betablockers YES
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS
TOOTHACHE

TREATMENT - *(Please tick)*
Dressing Bandage/Splint E.O.P.
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR

Prescription Issued:

HISTORY/CLINICAL DETAILS

27♂

PC - Toothache.

HOPC - pain in Upper molar
in last few days
- unable to sleep last night
because of pain.
- pain radiating to Ear.
- given dentist appt for 4/3/03.
- feels unable to wait any longer

O/E - ant^R aspect of Upper molar grey/black - rotten.
- gum slightly erythematous
- no cervical lymphadenopathy.

plan - analgesia
- given emergency dentist's phone no.

ACTION
INITIAL
Signature [redacted]
STONE SHO.

A. & E. I.
MS 137

PLEASE USE BALLPOINT PEN

THIRD PARTY COPY

Fife Primary Care NHS Trust
Mental Health Directorate

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr David Garmany
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date 6 February 2003
Your Ref
Our Ref [redacted]

Enquiries to
Extension
Direct Line

RECEIVED
19 FEB 2003

Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75 [redacted]

Leon was reviewed during the course of his Care Programme Approach Meeting. Things continue to function reasonably well. He does not experience particularly positive psychotic symptoms, his time structure is much better as is his self care and his personality generally. Both he, his Care Manager and [redacted] report a substantial improvement since receiving his depot on a weekly basis. He is receiving support from Penumbra directed at budgeting and other aspects of maintaining his tenancy. We discussed ways of reviewing his activity levels.

In view of his excellent response to medication and in the context of previous diagnostic difficulties, it is looking increasingly likely that the correct diagnosis is schizophrenia rather than personality disorder. I have discussed with Mr Gratton previously the diagnostic possibilities and implications but we propose to discuss them further with him as this year progresses.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

cc
CCTT

ACTION
19 FEB 2003
INITIAL

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Chairman: Dr James Gallacher
Chief Executive: George J Brechin

Fife Primary Care NHS Trust
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: Barbara Beattie
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

24 January 2003

AS PER DISTRIBUTION

RECEIVED 29 JAN 2003

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

Following the cancellation of Care Plan meeting on 28th January, Leon has been identified as being a suitable client to be entered onto the Care Programme Approach. In order to ensure all the necessary support he may require is implemented, a Care Planning meeting has been re-arranged for **Thursday 6th February 2003 at 4.00pm**. This will be held at Haldane House, 71 Priory Lane, Dunfermline.

I would be grateful if you could please attend this meeting. If you are unable to atend, please arrange for a deputy/colleague to attend on your behalf.

Yours sincerely

ACTION
COMPUTER
29 JAN 2003
FILE
INITIAL

[redacted] (Mrs)
Care Programme Approach Secretary

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing ✓
Dr P Cavanagh, Consultant Psychiatrist, QMH
Mr [redacted] Clinical Care Manager, CCTT, Haldane House, 71 Priory Lane, Dunfermline
M[redacted], Support Worker, CCTT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Penumbra, Wymet House, 87 New Row, Dunfermline

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Awarded for excellence in Nutrition and Dietetic Department

Awarded for excellence in Fife Community Dental Service

Chairman: Dr James Gallacher
Chief Executive: George J Brechin

Fife Primary Care NHS Trust
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

14 January 2003

Date
Your Ref
Our Ref

RECEIVED 16 JAN 2003

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

Leon has been identified as being a suitable client to be entered onto the Care Programme Approach. In order to ensure all the necessary support he may require is implemented, a Care Planning meeting has been arranged for **Tuesday 28th January 2003 at 2.00pm**. This will be held at Haldane House, 71 Priory Lane, Dunfermline.

I would be grateful if you could please attend this meeting. If you are unable to atend, please arrange for a deputy/colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted] **(Mrs)**
Care Programme Approach Secretary

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing ✓
Dr P Cavanagh, Consultant Psychiatrist, QMH
Mr [redacted] Clinical Care Manager, CCTT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, CCTT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Penumbra, Wymet House, 87 New Row, Dunfermline

ACTION
COMPUTER
16 JAN 2003
INITIAL

Chairman: Dr James Gallacher
Chief Executive: George J Brechin

THIRD PARTY COPY

Fife Primary Care NHS Trust
Mental Health Directorate

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr David Garmany
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date 12 December 2002
Your Ref
Our Ref [redacted]
Enquiries to
Extension
Direct Line



Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75 [redacted]

I reviewed Leon in the out patient clinic today. He is doing reasonably good. He experiences some auditory hallucinations at night time which probably represent pseudo-hallucinations. Other than that he is doing well.

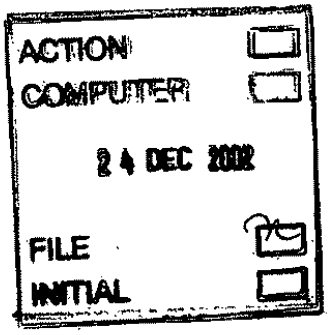
He feels that there has definitely been a beneficial thing for him and he is quite happy with his current dose. He has not been able to sleep recently and I have agreed to him having a prescription for Zopiclone 7.5 mgs daily with the intention that it will be short lived.

I will see him again in the New Year.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist



THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Awarded for excellence to Nutrition and Dietetic Department

Awarded for excellence to Fife Community Dental Service

Chairman: Dr James Gallacher
Chief Executive: George J Brechin

Fife Primary Care NHS Trust
Mental Health Directorate

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

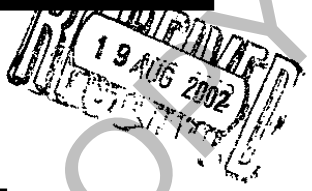
Dr David Garmany
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

FAX
DR FOR ACTION
19 AUG 2002
FILE
DRS INITIALS

Date
Your Ref
Our Ref
Enquiries to
Extension
Direct Line

Thursday 1 August 2002

[redacted]



Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75 [redacted]

I met with Mr Gratton for the first time in the clinic this afternoon. He was passed on to me by Dr Edwards, at the same time as he was referred to the CCTT. I reviewed his psychiatric notes before seeing him. It appears that his first contact with the services was in adolescence and coincided with a wider family disturbance following [redacted] relevation that [redacted] He spent time in a children's home and used drugs fairly haphazardly. He had an admission to the Royal Edinburgh Hospital when he was 17 or 18 with a psychotic episode attributed then to LSD use. There was a consideration that he may be suffering from a functional psychosis then and he was in fact in hospital for quite a long period of time. He moved to Lanarkshire in 1996 from Edinburgh and presented to the psychiatric services there in 1999 and had a period of 2 years of difficulty in management and diagnostic uncertainty including 2 admissions which proceeded to in patient care. He had treatment with neuroleptic medication and antidepressants. His psychopathology was eclectic but included quite disturbed affect and behaviour, pseudohallucinations and preoccupations which may have been delusional in intensity, particularly [redacted] He appears to have had frequent presentations to emergency services through which he attracted a variety of diagnoses but it appears that his clinical team, after careful consideration, considered him to be suffering from a personality disorder rather than a functional psychosis.

The care plan involved fairly intensive support by the Community Psychiatric Nursing service and psychotropic medication including antidepressant, and antipsychotic drugs. He moved to Fife in October 2001 and in April 2002 was admitted to Ward 2 for a period of about 6 weeks. Whilst his initial presentation had been in an agitated and confused state, complaining of auditory hallucinations, nevertheless the form of his symptoms and pattern of his recovery remained consistent with a borderline personality disorder complicated by psychotic episodes.

PTO

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Chairman: Dr James Gallacher
Chief Executive: George J Brechin

NHS
Fife

He was commenced on Zuclopenthixol Decanoate depot and referred to the CCTT.

He was assessed by the team and allocated to a higher level of care. His Care Manager is [redacted] and Support Worker is [redacted]

At interview today, Mr Gratton's principal concerns actually relate to access to his [redacted], however there was also an incident last week when he hit [redacted] was arrested and charged and received a deferred sentence. He tells me that the argument arose because [redacted] had annoyed him by challenging him about memories that he has of past events - an episode when he was abused when he was 13, and about his memories of [redacted] Mr Gratton also told me that he believes he was raped at some stage when he was 18. This coincided with his admission to the Royal Edinburgh Hospital and he describes flashbacks to the smell, taste and feeling of being raped although has no memory of the actual event. He is socially fairly isolated. He has fairly persistent auditory pseudohallucinations which are worse when he is tired or scared. He also experiences what he describes as a shake most nights which on closer enquiry turn out to be irregular palpitations. He told me he would like some medication to calm him down, especially in the evenings.

Diagnostically my impression of Leon Gratton is consistent with that of previous psychiatric assessments ie personality disorder although there are some features of his symptoms more consistent with functional psychosis.

We will proceed with the current care plan which depends upon regular low dose antipsychotic depot medication and at least in the first instant, fairly intensive efforts to engage and build up a therapeutic alliance.

I will not prescribe further presently but think it would be prudent to rule out an episodic arrhythmia and will therefore arrange ECG and 24 hour ECG. I will see him again in due course.

Yours sincerely

[redacted]

cc [redacted] CCTT

Dr Paul Cavanagh
Consultant Psychiatrist

FAX
DR FOR ACTION
19 AUG 2002
FILE
DRS INITIALS

THIRD PARTY COPY

Fife Primary Care NHS Trust

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Practice
5 Friary Court
INVERKEITHING
Fife

Date 10 July 2002
Your Ref
Our Ref RLC/LT

Enquiries to [redacted]
Extension
Email

Dear Dr Garmany

RE: LEON GRATTON, [redacted] – DOB 17.03.75

Following assessment by my colleagues within the Continuous Community Treatment Team, Leon's care will now be co-ordinated by [redacted] Clinical Care Manager and [redacted] Support Worker within the team.

The Continuous Community Treatment Team are based at Haldane House and can be contacted on [redacted] If you require any further information regarding Leon's present care then please do not hesitate to contact them.

Yours sincerely

[redacted]
Lead Nurse
Community Mental Health

RECEIVED 12 JUL 2002

ACTION
COMPUTER
12 JUL 2002
FILE
INITIAL

THIRD PARTY COPY

POSITIVE ABOUT DISABLED PEOPLE

Awarded for excellence to Nutrition and Dietetic Department

Awarded for excellence to Fife Community Dental Service

Chairman Dr James B Gallacher
Chief Executive George J Brechin

MS460

INTERIM DISCHARGE AND PRESCRIPTION FORM

Queen Margaret Hospital

Whitefield Road, Dunfermline, Fife, KY12 0SU

DATE OF ADMISSION / /
DATE OF DISCHARGE / /
C.R.N.

Dear Doctor Dr. Gormley
Your Patient Leon Scott
Address (including Post Code) [redacted]
Date of Birth 17-3-75

was admitted to hospital under the care of Dr. Edwood in ward 2
and is now being discharged/~~transferred~~ to home

Reason for Admission [redacted]

Principal Diagnosis Main Condition: Borderline personality disfunction + tendency to psychotic decompensation

Other Conditions and/or complications - to include external causes:
1.
2.
3.
4.
5.

Operations/ Procedures:
1. Tube
2.

A discharge letter will follow ✓
Comments .....

Arrangements for review Day hospital + F.U. by C.M.H.T
The following medicines are recommended:-

MEDICINE FORM AND STRENGTH	DOSE	DIRECTIONS FOR ADMINISTRATION	RECOMMENDED DURATION OF TREATMENT	QUANTITY SUPPLIED
Sertraline	50 mg	orally in A.M.	1/7	7
Clopixol Decanoate	200 mg	I.M. 2 weekly		

Yours sincerely [redacted] Date: 18-4-02
Name in Capitals [redacted]
Designation Consultant ☐ Clinical Assistant ☐ Registrar ☐
Senior House Officer ☑ House Officer ☐

Dispensed By: [redacted]
Pharmacist: [redacted]
Date: 18.4.02

All Copies should be sent to Pharmacy Department and separated on return to Ward/Department.

1st White Copy - General Practitioner
2nd Pink Copy - Pharmacy
3rd Yellow Copy - Patient's Records

MS501/12/95

THIRD PARTY COPY

Fife Primary Care NHS Trust
Mental Health Directorate

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

RECEIVED 18 MAR 2002

Dr David Garmany
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date 13 March 2002
Your Ref
Our Ref [redacted]
Enquiries to
Extension
Email

Dear Dr Garmany

Mr Leon GRATTON [redacted] **Dob: 17 03 1975**

This is to let you know that I saw Mr Gratton at the Queen Margaret Hospital on the 6 March 2002 for a routine out patient assessment. I saw him along with [redacted] CPN, and also had the opportunity to speak to [redacted] who works [redacted] When he was seen initially he was quite hyper-aroused, having apparently written threatening letters to the Social Work Department where [redacted] He seemed to be fizzing with anger at her, feeling very disempowered. There was no evidence of psychosis though he did seem to be jumping to a conclusion in a rather paranoid way and he did describe experiences in the past, such as when he was taken off from a difficult situation in a taxi, when he heard a voice on the taxi CB radio which he was sure was that of [redacted] saying that he should be done-in, etc.

I gather that he lives on his own, [redacted] From what I hear from [redacted] is does not do very much at home however.

[redacted] description when she was seen on her own was of someone with borderline personality functioning, prone to dissociative reactive states and paranoid ideation, much as described by Dr Griffin, Consultant Psychiatrist, in Lanarkshire in a letter dated 05 07 1999 at the bottom of page two of that letter. I did not get the sense of someone with a formal schizophrenic type psychotic disorder, more someone highly anxious with a history of abuse who tends to dissociate.

We looked at the way forward; it seems there may be forensic consequences of his threatening telephone calls and letters, etc.

pto/...

ACTION
CC
18 MAR 2002
FILE
[redacted]

Chairman: Dr James Gallacher
Chief Executive: George J Brechin

THIRD PARTY COPY

NHS Fife

[redacted] has introduced him to Hillview Day Hospital for support, socialisation, etc. I believe he is to be linking in with [redacted] Staff Nurse, there, who could act as a positive role model for him as positive male role models seem to be missing in his life. Otherwise there is management of his symptoms, and helping him to structure his life - as I put it to him, he needs to centre and ground himself, rather than to be fizzing and acting-out in all directions. I gather that he is on Lustral in the morning for OCD, depressive/anxiety symptoms, as well as Olanzapine 10 mgs at night. I contacted you and suggested that this be increased to 15 mgs at night.

The key issue that I pointed to him was how to deal with frustration, anger, etc., without harming himself or others and I did wonder about there being a possible role for intramuscular neuroleptics anon?

So, someone with complex needs, somewhat volatile, unstable personality, with a history of abuse, both sexually when he was 12 years old and also emotionally and someone who has abused drugs in the past which have clearly not helped his mental state. The key issues seem to be helping him to manage his chaotic feelings, providing a point of attachment and help with appropriate socialisation.

Yours sincerely

[redacted]

Consultant Psychiatrist

copied to:

[redacted]
Lead Nurse - CPN Service
Phase One
Queen Margaret Hospital

[redacted]
Staff Nurse
Hillview Day Hospital

THIRD PARTY COPY

To: 9,01383427527 From: Adastra 18/03/02 07:54 Pg 01/29

Surgery: Inverkeithing Health Centre

The following calls have been acted upon on behalf of your surgery:

Call Number: 75036 Time Call Received 01:48

Date: 17-Mar-2002 Time Passed 01:48

Urgency:Routine Initially advised at 01:48

Type: Advice Patient Seen at __:__

LIAM GRATTEN [redacted] Own GP: [redacted] Inverkeithing Health Centre

Passed to: [redacted]

Male

17-Mar-1975 (Age: 27 years) Origin: Same Address

Tel: [redacted] └ Tel: -

Reported Condition with any special notes lodged by the patient's GP:
CONFUSED

Consultation Notes:

BROUGHT IN BY POLICE,BEEN CALLING FIRE BRIGADE GAS BOARD AND POLICE SAYING
THAT THERE IS A GAS LEAK AND THE PLACE IS GOING TO BLOW UP,GAS BOARD CAME
AND TURNED GAS OFF-BUT NO LEAK
ATTEND DAY HOSPITAL,NO HISTORY OF DRUG OR ALCOHOL ABUSE
VERY AGITATED,CONFUSED,DISORIENTATED
IMP PARANOIDPHYCOSIS
[redacted]

Call outcome was: Advice

Follow-up Action:

Name: Dr Yousaf, Tahir

THIRD PARTY COPY

To: 9,01383427527 From: Adastra 06/03/02 19:01 Pg 01/15

Surgery: Inverkeithing Health Centre

The following calls have been acted upon on behalf of your surgery:

Call Number: 74584 Time Call Received 18:10

Date: 04-Mar-2002 Time Passed 18:10

Urgency:Routine Initially advised at 19:10

Type: Advice Patient Seen at —:—

Leon Gratton [redacted]

Own GP: [redacted] Inverkeithing Health Centre

Passed to: [redacted]

Male

[redacted]-Mar-1975 (Age: 26 years) Origin: Same Address

Tel: └ Tel: -

Reported Condition with any special notes lodged by the patient's GP:
mental health problems.

Consultation Notes:

[redacted] CONCERNED - BOMB THREAT TO SOCIAL WORK DEPT AND THREATENING LETTERS, LONG TERM PROBLEMS. PH OF PARANOID REACTION TO DRUGS. CONTACT WITH CPN SERVICES ON REGULAR BASIS. TALKED TO PATIENT - CONFIRMED DETAILS. PLAN - DISCUSSED WITH CCT TEAM. WILL PASS INFORMATION TO CPN FOR REVIEW.

Call outcome was: Advice

Follow-up Action:

follow up message (No Further Action)

Name: Dr Stuart, Forbes

THIRD PARTY COPY

Fife Primary Care NHS Trust
Mental Health Directorate

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS
Fife

RECEIVED
27 DEC 2001

Dr D Garmany
Medical Group Practice
5 Friary Court
Inverkeithing
KY11 1NU

Date: 24 December 2001
Your Ref:
Our Ref: [redacted]

Enquiries to:
Extension:

Dear Dr Garmany

RE: LEON GRATTON (DoB 17.03.75) [redacted]

Leon was brought up to the Queen Margaret Hospital by [redacted] his CPN, on 11th December 2001. He has recently moved to Fife from Lanarkshire and I believe [redacted] has arranged for him to see Dr Edwards.

He is thought to have borderline personality disorder and complains of difficulty getting to sleep. He complains of thoughts coming into his head, particularly memories of his childhood, which were mostly happy. He also remembers scenes from television programmes and tends to laugh out loud, to the extent that it disturbs people in the surrounding flats. He also complains of recurrent memories of unpleasant scenes, particularly from the news. These have been present for a few months, but have been worse since he moved to Inverkeithing.

He describes himself as anxious during the day and also "paranoid". He thinks that strangers will attack him or break into his house. He has had no recent suicidal thoughts and no thoughts of harming others. He is requesting help to relax and control his thoughts.

He takes Olanzapine 10 mg once a day and Lustril 50 mg once a day.

On mental state examination he was casually dressed and appropriate with good eye contact. His mood was subjectively and objectively euthymic and his affect was reactive. His speech was normal in form and content. His cognition was grossly intact and he had no suicidal thoughts or plans. His insight was maintained.

He was allowed home with a short course of Diazepam 2 mg to try to control his anxiety and Lesley Tweedie will arrange for him to be seen by Dr Edwards at his out-patient clinic. I have not arranged any other follow up.

Yours /

[redacted]

POSITIVE ABOUT DISABLED PEOPLE

Awarded for excellence to Nutrition and Dietetic Department

Awarded for excellence to Fife Community Dental Service

Chairman: Dr James Gallacher
Chief Executive: George J Brechin

THIRD PARTY COPY

NHS Fife

Yours sincerely

[redacted]

DR RICHARD BROWN
SHO TO DR WEST

c. Dr Edwards, Consultant Psychiatrist, QMH
[redacted] Lead Nurse, CPNS, QMH

THIRD PARTY COPY

24 October, 2001

Dr P Edwards
Consultant Psychiatrist
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife
KY12 0SU

Dear Dr Edwards

RE: LEON GRATTON, [redacted]
DOB: 17.3.75 (0)

I am just writing to check that this man has indeed been referred by Dr Griffin, Consultant Pyschiatrist at Monklands Hospital. He tells me that Dr Griffin was going to write to a psychiatrist in Dunfermline to take over treatment. Mr Gratton tells me that he had an episode of drug induced psychosis about seven years ago but was more or less OK since and he says that he has now stopped taking drugs completely. However, last year he was admitted for a six month period under Dr Griffin – he tells me he was never given a diagnosis but he is now on Olanzapine 10 mg at night and he is also meant to be taking Trazodone, but has not done so in recent weeks and feels no different without it. He also uses Zopiclone 7.5 mg occasionally at night.

He was also seeing a CPN through Monklands and I would be grateful if you could arrange to see him if you have not already done so following Dr Griffin's letter.

Yours sincerely

[redacted]

DR DAVID GARMANY

THIRD PARTY COPY

NP FOLDER MADE OUT 19 10 01

INVERKEITHING MEDICAL GROUP
5 Friary Court, Inverkeithing, KY11 1NU
Regents Way, Dalgety Bay, KY11 9UY
[redacted]

NEW PATIENT INFORMATION FORM (NP1)

DATE :

WELCOME TO OUR PRACTICE

In line with Government recommendations, it is our practice to perform a health check on all new patients. This gives us an opportunity to find out about your past and present health. **Please telephone the surgery to make an appointment with our Nurse for a NEW PATIENT HEALTH CHECK.** (This is only necessary for patients over 5 years old).
To help us with this please answer the following questions. If you don't know an answer don't worry - this is not a test!
Thank you for your help.

Dr's Ritchie, Taylor, Cochrane, Phillips, Allan, Duncan, Lapraik, Jalil, Lee & Garmany

PERSONAL DETAILS

Name LEON GRATTON
Address [redacted]
Post Cod
Telephon

Date of Birth 17/3/1975
Marital Status SINGLE
Mr/Mrs/Ms/Miss MR.
Occupation
Previous GP DR. ZAHMAN
Previous GP Phone No
Previous Health Board LANARKSHIRE

Previous Surname
Previous Address [redacted]

MEDICAL DETAILS

Current Medication OLANZAPINE, LUSTRAL, ZOPICLONE

WOMEN ONLY

Have you had a cervical smear test?
Date of your last cervical smear test?
Result of test?
When is next test due?
Have you had a hysterectomy?
If so, when?

CHILDREN ONLY

Immunisations - Please tick doses given (with dates if known)

Diphtheria/Tetanus/Whooping Cough/Hib			
Men C/Polio	1st	2nd	3rd
Measles/Mumps/Rubella (MMR)	Date		
Pre-School booster	Date		
Meningitis C	Date		

This form should be passed to office for action when completed

THIRD PARTY COPY

LINKLINE TO BETTER HEALTHCARE [redacted]

LANARKSHIRE
PRIMARY CARE NHS TRUST

[redacted]

Received for typing 8/10/01
12 October 2001

Dr Zaman
5 Aitken Street
Airdrie

Dear Dr Zaman,

Re: Leon Gratton, Dob- 17/3/75, [redacted]

I saw Leon for review at the clinic this afternoon (8/10/01). He was in good form, had no complaints, and was looking forward to moving in 2 weeks time to his new tenancy in Inverkeithing, Fife. I presume he will be registering with a new GP in the near future. Contact with the local psychiatric services there has already arranged and I have sent Dr Peter Edwards, Consultant Psychiatrist, based at Queen Margaret Hospital in Dunfermline some relevant information about him.

I suggest no immediate change in his medication which stands at Olanzapine 10mg daily and Sertraline 100mg daily.

I have not made any arrangements to see him again and am now discharging him from my clinic.

Yours sincerely,

[redacted]

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

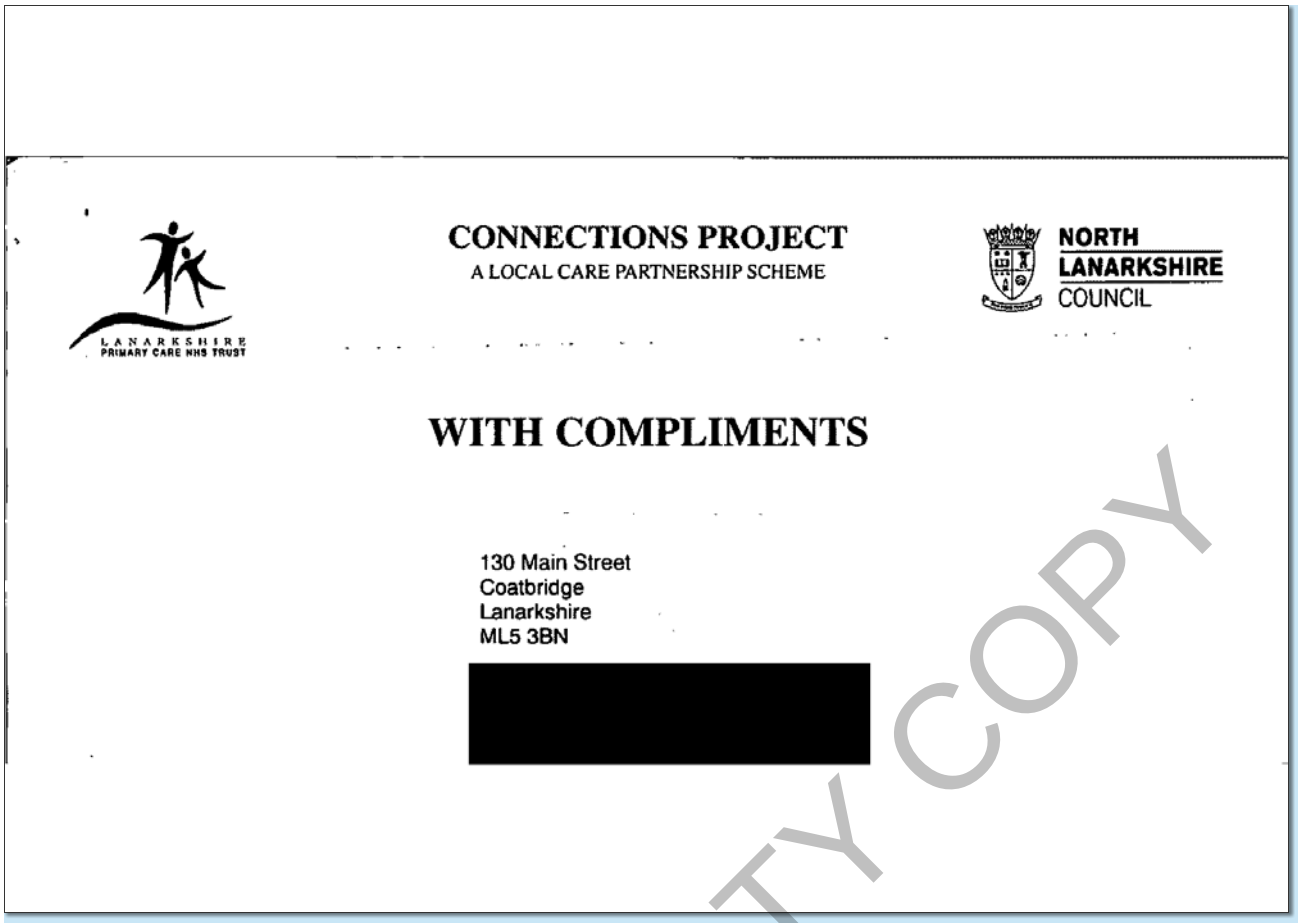
Cc [redacted] Connections Project
Dr Peter Edwards, Consultant Psychiatrist, Queen Margaret Hospital, Dunfermline, Fife

[redacted]
16/10/01

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
AIRDRIE, ML6 0JS

[redacted]

THIRD PARTY COPY



LANARKSHIRE PRIMARY CARE NHS TRUST

CONNECTIONS PROJECT
A LOCAL CARE PARTNERSHIP SCHEME

NORTH LANARKSHIRE COUNCIL

WITH COMPLIMENTS

130 Main Street
Coatbridge
Lanarkshire
ML5 3BN

[redacted]

THIRD PARTY COPY

CONNECTIONS PROJECT REVIEW FORM

NORTH LANARKSHIRE COUNCIL SOCIAL WORK DEPARTMENT & LANARKSHIRE PRIMARY CARE NHS TRUST
COMMUNITY CARE REVIEW FORM

UNIT CODE:	REF. NO.: 52	NAT. INS. NO.: [redacted]
NAME LEON GRATTON		DATE OF BIRTH 17/03/75
HOME ADDRESS [redacted]		PRESENT ADDRESS As across
DATE OF PRESENT REVIEW 14/06/01		DATE OF CARE PLAN/PREVIOUS REVIEW Not applicable

1. PERSONS CONSULTED Name(s) Designation/Relationship to client	HOW CONSULTED PHONE	LETTER	INDIVID. MEETING	REVIEW MEETING
Leon Gratton – Client [redacted]				✓ ✓ ✓ ✓ ✓ ✓
Dr. Griffen – Consultant Psychiatrist	✓			
Dr. Zahman - GP		✓		

2. OUTLINE EFFECTIVENESS OF EXISTING CARE PLAN IN MEETING NEED
IDENTIFIED IN ORIGINAL ASSESSMENT/LAST REVIEW

Since referral to the Project, Leon has had an unsettled and at times difficult time. He wishes to be housed in Inverkeithing close to [redacted] Referral has been made to Fife Council but no definite response has been provided. Leon receives a visit from [redacted] weekly however [redacted] has not managed to engage Leon in meaningful activity. Connections Project visit weekly. His compliance with prescribed medication is erratic and at times Leon's behaviour can cause unrest between himself and family members. He stays at [redacted] 2 days per week and has access to [redacted]

[redacted]
11.10.01

THIRD PARTY COPY

3. LIST SIGNIFICANT CHANGES TO CIRCUMSTANCES/NEEDS SINCE IMPLEMENTATION OR CARE PLAN/LAST REVIEW	
COMMUNICATION	Leon is able to express his needs. However at times Leon does not inform workers of important material facts which can make acting in his interests difficult.
FINANCE	Leon is in receipt of the appropriate benefits. His DLA is administered by [redacted] Leon always seems to spend his money impulsively and his benefit never seems to last him.
PERSONAL CARE	For the most part Leon attends well to his personal care although there are times when this area can have a slight deficit.
FOOD PREPARATION	Leon states that he can cook meals for himself and he buys the appropriate provisions. However, they too never seem to last. At other times, he can go days without eating.
RELATIONSHIPS	Leon is in regular contact with his [redacted] who offers him support. Both parties acknowledge their relationship is difficult at times. Leon has a tendency to phone his [redacted] and [redacted] a lot, often resulting in heated arguments.
HOUSING REQUIREMENTS	Leon wishes to be housed in Fife. Referral has been made to Fife Council and in process of referral to Kingdom Housing Association. He is unhappy in his present accommodation suggesting he is being harassed by other residents.
EMPLOYMENT, EDUCATION, RECREATION	Leon lacks structure to his day. He spends long periods during the day sleeping then being awake at night. [redacted] has been trying to engage Leon in CMHT activities going to the gym and libraries to no avail.
MANAGING HOUSE	Leon seems to have difficulty keeping his room tidy and this has been discussed with him. The evidence would suggest he would need assistance managing household affairs.
PHYSICAL HEALTH	Keeps well physically but has described experiencing palpitations recently and feels this is due to his medication.
MENTAL HEALTH	Leon's mood is variable. At times he is apathetic and flat and on other occasions animated and sometimes volatile, particularly towards family members. His sleep pattern is variable and compliance with prescribed medication is erratic. He tends to focus on events from his past.

THIRD PARTY COPY

4. IDENTIFY PARTICULAR VIEWS EXPRESSED BY CLIENT

Leon feels he is receiving enough support, however he is frustrated at the lack of progress in getting a house in Fife.

5. IDENTIFY PARTICULAR VIEWS EXPRESSED BY CARER/FAMILY

Leon's [redacted] commented that [redacted] is willing to support Leon, however [redacted] finds this very tiring and demanding. [redacted] described how [redacted] Leon have frequent rows and [redacted] believes he will need more support when he moves than what Leon asks for. Leon disagrees with his [redacted] point of view.

6. VIEWS OF OTHERS (eg service providers, domiciliary, day care staff, medical personnel)

[redacted] – commented how Leon has had his room moved through Leon being possibly harassed but also as a result of complaints from his flatmates.
[redacted] – has been having problems engaging in meaningful activity with Leon. He is willing to persevere for a little further.

7. SUMMARY (highlight areas of consensus or disagreement)

Leon has proved to be quite challenging. All present feel that he needs additional support with managing everyday household affairs. However Leon disagrees with this assessment.

LIST OF DECISIONS/AGREEMENTS	ACTION BY
1. Referral to Kingdom Housing Association. 2. Liaison with Fife Council Housing. 3. Monitoring of mental health and efficacy of medication. 4. Pursuit of leisure and recreational pursuits.	[redacted] Dr. Griffen/Dr. Zahman [redacted]

Date/Time of Next Review TO BE ARRANGED

Venue

REVIEW CO-ORDINATOR	[redacted]	**LINE MANAGER**	[redacted]
SIGNATURE		**SIGNATURE**	
DATE		**DATE**	

THIRD PARTY COPY

LINKLINE TO BETTER HEALTHCARE [redacted]

LANARKSHIRE
PRIMARY CARE NHS TRUST

[redacted]

Received for typing 3/9/01
5 September 2001

Dr Zaman
5 Aitken Street
Airdrie

Dear Zaman,

Re: Leon Gratton, Dob- 17/3/75, [redacted]

I saw Leon for review this afternoon (3/9/01) with his Connections Project Key Worker, [redacted] CPN. He was his usual self and there was no evidence of psychotic phenomena. There are plans afoot for him to move closer to [redacted] and I understand this is going ahead within the next couple of months. Meantime, as per my handwritten note, there are a few issues requiring attention:-

a) He complains of irregularity of heart rhythm particularly noticeable at night with missed beats. His pulse at the wrist was indeed irregular today although I am not certain whether this represent Sinus Arrhythmia or a more pathological irregularity. Certainly, his ECG of mid January this year was reported as "Normal Sinus Rhythm". I would be grateful if you could arrange for him to have an ECG as soon as possible to exclude any more important pathology. It is possible that this is an adverse effect of Trazodone.

b) I suggest gradual discontinuation of his Trazodone over a 2 week period followed by the introduction of Sertraline after a further one week. I suggest commencing Sertraline 50mg and increasing it to 100mg as tolerated.

c) He still complains bitterly of poor sleep but this is really more a case of displacement of sleep pattern with staying up late and sleeping late the following morning. I suggest a short 2-week course of Zopiclone 7.5mg nocte in the hope of restoring his sleep pattern to normal. I have discussed this fully with him.

I am seeing him again on 8/10/01 and will write to you again then.

Yours sincerely,

[redacted]

[redacted]
07.09.01

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

[redacted] Connections Project
Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
AIRDRIE, ML6 0JS
[redacted]

[redacted]

THIRD PARTY COPY

LANARKSHIRE PRIMARY CARE NHS TRUST

DR SHAY GRIFFIN

LANARKSHIRE PRIMARY CARE TRUST
MONKSCOURT AVENUE
AIRDRIE ML6 0JS

OUR REF.
YOUR REF.

[redacted]

If telephoning, ask for:

Re LEON GRATTON (17/3/75)

3/7/2001

Dear Doctor ZAMAN

Your patient LEON GRATTON

came to my Clinic today. He/she is suffering from:

He's complaining of an irregular heartbeat which is confirmed on palpation - I suggest a check ECG (normal tracing on 16/1/01).

and I would suggest AZ50

Please change Meds. as follows:

1) Discontinue Trazodone over 2 weeks, then allow 1 week washout period and re-introduce Sertraline 50mg daily increasing to 100mg daily as tolerated

2) Introduce Zopiclone 7.5mg nocte for 2 weeks

Yours sincerely,

[redacted]

THIRD PARTY COPY

MONKLANDS & BELLSHILL
HOSPITALS NHS TRUST
MONKLANDS HOSPITAL
A/E DEPARTMENT

CONSULTANTS IN ACCIDENT AND EMERGENCY MEDICINE
DR I McLAREN AND DR M T BROOKES

25/ 6/01 407

DR ZAMAN
5 AITKEN STREET

AIRDRIE
ML6 6LS

Dear DR ZAMAN

RE: LEON GRATTON DOB: 17/ 3/75
[redacted]

This patient attended the A/E Department on 24/ 6/01 at 1949 with the initial complaint PALPATATIONS

A/E Number	:	21031958
Diagnosis	:	PALPITATIONS & CHEST PAIN
Diagnosis Two	:	
X-Ray Result	:	
Treatment	:	ECG, BIOCHEM, OBS, ADVICE
Prescription	:	
Disposal	:	GP
Tetanus Status	:	
Certification	:	

If you have any enquiries regarding this attendance or require further details, please contact the A/E Department on [redacted] quoting the A/E number of the patient.

Yours Sincerely

[redacted]
27.06.01

PP DR I. McLAREN / DR M.T. BROOKES

THIRD PARTY COPY

LINKLINE TO BETTER HEALTHCARE [redacted]

LANARKSHIRE
PRIMARY CARE NHS TRUST

[redacted]

Received for typing 23/5/01

18 June 2001

Dr Zaman
5 Aitken Street
Airdrie

Dear Dr Zaman,

Re: Leon Gratton, Dob- 17/3/75, [redacted]

I reviewed Leon at 17.55hrs on 21/5/01 at Monklands A&E Department. He was brought up by his CPN [redacted] He had apparently been non compliant with his usual medications of Olanzapine and Trazodone, was possibly experiencing paranoid delusions, and was causing a disturbance from a behavioural point of view at his homeless accommodation.

On review of Mr Gratton he stated to me " I am having horrible fuckin' nightmares". He stated that when he was 18 years old, all sorts of things were happening to him and he elaborated on these events from his past. He was not sure whether these things were made up or real but he now stated that he was now having distressing memories of things that had happened to him at aged 18 and that he was having very distressing nightmares about these events. He further stated to me "I am scared of going anywhere, I feel I am the scurge of the planet"./

[redacted] 22.06.01

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
AIRDRIE, ML6 0JS
[redacted]

[redacted]

THIRD PARTY COPY

Leon Gratton 18/6/01
Dob- 17/3/75

Mr Gratton admitted to some vague paranoid thoughts in which he felt that former associates, with whom he had had previous illicit drug dealings with, might possibly be after him. He was not able to offer any evidence to this effect. He also complained of also not being able to sleep for the past 5 days because of these distressing thoughts. He had ceased taking his medication, Olanzapine and Trazodone about 2-3 weeks prior to his assessment, giving the reason that he was unable to get to his GP. His CPN was able to tell me that he had dropped Mr Gratton off at his GP on 3 occasions over the past 3 weeks but that he had failed to collect his medications or be reviewed.

Mr Gratton admitted to having had half a bottle of White Lightening Cider about 3 days ago. He denied other current illicit drug use.

I asked him about other things that might be distressing him and he specifically spoke to me about having split up from his partner about 6 months ago and that he still thinks about her. He said he was also upset about not going to Spain [redacted]

I felt the issue currently was his behavioural disturbance and lack of sleep. This was in the context of his not complying with his medications over the past 3 weeks. He was also demonstrating some degree of behavioural disturbance at his accommodation. I could find no evidence of a psychotic disorder in his presentation today. My plan is as follows:-

1. Recommence his usual medications.
2. Commence short term Diazepam 10mg nocte for the next 3 nights until he is reviewed by his GP.
3. A CPN will closely observe Mr Gratton and will inform Dr Griffin or myself of his clinical status if it deteriorates or fails to improve.

Mr Gratton is due to see his GP this Thursday and I have supplied him with a hospital script for 1 weeks supply of Olanzapine and Trazodone and 2 further nights of Diazepam 10mg.

Yours sincerely,

[redacted]

DR K LAMBERT
SHO IN PSYCHIATRY TO DR GRIFFIN

Cc [redacted] CPN, Connections Project, Coatbridge

THIRD PARTY COPY

CONNECTIONS PROJECT

A LOCAL CARE PARTNERSHIP SCHEME

NORTH LANARKSHIRE COUNCIL

Our Ref: AD/EB

6 June 2001

Dr. Zahman
5 Aitken Street
Airdrie
ML6 6LS

Dear Dr. Zahman

Re: Leon Gratton, [redacted]
D.O.B.: 17/03/75

I write to advise that a Community Care Review for the above named gentleman has been scheduled for Thursday 14th June 2001 at 10.30am at Thrashbush Quadrant.

I would be grateful if you would let me know whether or not you are able to attend.

Yours sincerely

[redacted]

[redacted]
Senior Charge Nurse

07.6.01

THIRD PARTY COPY

LANARKSHIRE PRIMARY CARE NHS TRUST

130 Main Street
Coatbridge
Lanarkshire
ML5 3BN

[redacted]

LANARKSHIRE HEALTH BOARD

MONKLANDS & BELLSHILL
HOSPITALS NHS TRUST
MONKLANDS HOSPITAL
A/E DEPARTMENT

CONSULTANTS IN ACCIDENT AND EMERGENCY MEDICINE
DR I McLAREN AND DR M T BROOKES

22/ 5/01 823

DR ZAMAN
5 AITKEN STREET

AIRDRIE
ML6 6LS

[redacted]

Dear DR ZAMAN

RE: LEON GRATTON DOB: 17/ 3/75

[redacted]

This patient attended the A/E Department on 21/ 5/01 at 1734 with the initial complaint PSYCH REF

A/E Number	: 21024958
Diagnosis	: PSYCHIATRIC PROBLEM
Diagnosis Two	:
X-Ray Result	:
Treatment	:
Prescription	:
Disposal	: GP
Tetanus Status	:
Certification	:

If you have any enquiries regarding this attendance or require further details, please contact the A/E Department on [redacted] quoting the A/E number of the patient.

Yours Sincerely

[redacted]

24-05-01

PP DR I. McLAREN / DR M.T. BROOKES

THIRD PARTY COPY

practitioner services

for the National Health Service in Scotland

Our Ref: [redacted]

Your Ref:

If calling please ask for [redacted]

Dr B M Zaman
5 Aitken Street
AIRDRIE
ML6 6LS

24 April 2001

Dear Dr Zaman

ASSIGNMENT OF PERSONS TO DOCTORS

I have to advise you that, under the powers given to Practitioner Services in terms of Regulation 20 Paragraph (1) of the National Health Service (General Medical and Pharmaceutical Services) (Scotland) Regulations 1995, the undernoted patients have been assigned to your list with effect from **24 April 2001.**

Yours sincerely

[redacted]

PATIENT REGISTRATION OFFICER

Name **Leon Grattan**

Address [redacted]

Date of Birth 17.03.75

CHI No. 1191

[redacted] 26.04.01

THIRD PARTY COPY

LINKLINE TO BETTER HEALTHCARE

[redacted]

LANARKSHIRE
PRIMARY CARE NHS TRUST

Received 23rd April 2001
Typed 26th April 2001

Dr Rankin
The Health Centre
KILSYTH
G65 OHU

Dear Dr Rankin

Leon Gratton – DoB 17/03/75
[redacted]

I reviewed Mr Gratton as an emergency referral via his CPN – [redacted] on the 20th April 2001. Mr Gratton came to the department in the company of his [redacted] and stated that he hadn't been complying with his medication because "he ran out of tablets". He said that he had not taken Olanzapine for three days and Lustral for two weeks. He mentioned that he was scared of Olanzapine because "it takes his thoughts away and he also feels that he won't wake up again". He was very ambivalent about his need for taking medication and although denied being fearful about his food being poisoned he stated that "he was living on tins". He said that he hadn't been able to sleep properly for a month but his [redacted] said that this has been brought about by the fact that his room had been broken into twice about five weeks ago when he wasn't there and that he started to be scared of sleeping in case somebody would get him. Leon denied abusing alcohol or drugs, denied low mood and stated that although he had variable concentration his memory was "brilliant, I can remember things when I was two years old". He also denied phoning [redacted] constantly and said that although he doesn't go out on his own he socialises with fellow residents in the homeless unit, playing pool and watching TV with them. His mother also mentioned that he had been over exercising at night and that he wasn't complying with medication mentioning that he would laugh for no reason when having a conversation with him.

I advised him on his need to comply with his medication. His [redacted] agreed with that stating that his compliance was very poor and that he should pay attention to the fact that he should comply with his tablets. I also organised a two-week hospital prescription for Trazodone 150mgs nocte and Olanzapine 10mgs nocte to be collected by his CPN – [redacted] is finding it increasingly difficult to go to [redacted] As she said that they got an emergency Olanzapine script in Thrashbush I gave him a supply of Trazodone 150mgs nocte for four days and I will organise with Dr Griffin for his appointment to be brought forward.

Yours sincerely,

[redacted]

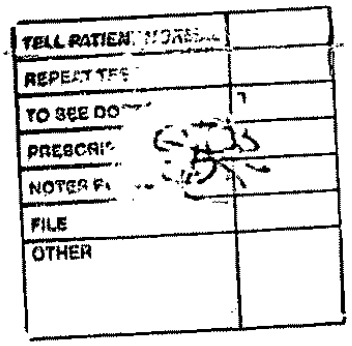
Dr A Lopez
Staff Grade to Dr Clark

Cc CPN – [redacted] Connections Project, 130 Main Street, Coatbridge, ML5 3BN
Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
AIRDRIE, ML6 0JS
[redacted]

[redacted]

THIRD PARTY COPY





THIRD PARTY COPY

LINKLINE TO BETTER HEALTHCARE [redacted]

LANARKSHIRE
PRIMARY CARE NHS TRUST

[redacted]

Received for typing 20/4/01
20 April 2001

CHECK
I THINK THIS
MARRIAGE HAS
RECENTLY
BREAKDOWN

[redacted]

Dr P Rankin
Kilsyth Health Centre
[redacted]
Burngreen Park
Kilsyth

Dear Dr Rankin,

Re: Leon Gratton, Dob- 17/3/75, [redacted]

I am unsure whether you are still Leon's GP and when I saw him this afternoon (12/4/01), I neglected to ask him if he had registered with another practice. At any rate, I will write to you and if appropriate you could pass the letter on.

When I saw him at the clinic today, he seemed much more settled than at any stage since before his admission to the ward. Things seem to have taken on an element of stability. He now has no contact [redacted] and shows no indication of wishing to resurrect their relationship. He is awaiting a tenancy near his [redacted] and says he is "priority" on the housing list there. He has 2 day access per week to [redacted] which is negotiated with [redacted] and they spend that time [redacted]

Today, his only complaint was of a chaotic sleep pattern involving an average of 3 hours sleep per night and sleeping most of the day every 3 days or so. He says that he "hates" Sertraline and would rather not take it anymore.

He said he would like a change of anti-depressant. Although I do not think that anti-depressants have played a major part in his management, I see no reason to refuse his request and have agreed to substitute his Sertraline with Trazodone. I suggested to him decreasing the Sertraline over 2-3 weeks and starting Trazodone 150mg at night increasing to 300mg at night as tolerated. He remains on Olanzapine 10mg at night also.

Impression

I must say that his presentation today would tend to substantiate our formulation of his case. He even said in regard [redacted] "perhaps we were not meant for each other"./

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
AIRDRIE, ML6 0JS
[redacted]

[redacted]

THIRD PARTY COPY

Leon Gratton
Dob- 17/3/75

20/4/01

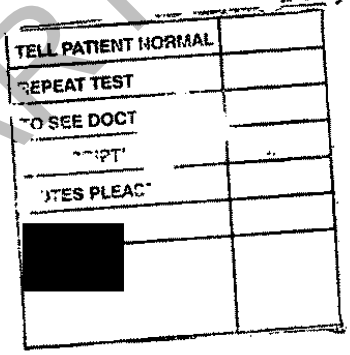
At any rate, I am seeing him again on 21/6/01 and will keep you informed.

Yours sincerely,

[redacted]

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

THIRD PARTY COPY



THIRD PARTY COPY

DOCUMENT STAMPED TO ENSURE DETECTION BY SCANNER

LINKLINE TO BETTER HEALTHCARE
[redacted]

LANARKSHIRE
PRIMARY CARE NHS TRUST

[redacted]

Received for typing 21/3/01
22 March 2001

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTES PLEASE	
FILE	✓
OTHER	

Leon Gratton
[redacted]

Dear Leon,

I note that you did not turn up for your appointment with me today (19/3/01). I can offer you another appointment to see me on Thursday 12/4/01 at 11am at Monklands Hospital. I look forward to seeing you then.

Yours sincerely
[redacted]

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

cc Dr Rankine, Kilsyth Health Centre, Kilsyth
[redacted] Support Worker, Community Mental Health Team, Airdrie

THIRD PARTY COPY

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
AIRDRIE, ML6 0JS
[redacted]

[redacted]

LINKLINE TO BETTER HEALTHCARE
01698 85 55 88

LANARKSHIRE
PRIMARY CARE NHS TRUST

[redacted]

TELL PATIENT HOSPITAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTES PLEASE	✓
FILE	
OTHER	

Received for typing 28/2/01

28 February 2001

Dr P Rankin
Kilsyth

Dear Dr Rankin,

Re: Leon Gratton, Dob-17/3/75, [redacted]

I saw Leon for review at the clinic on 19/2/01. As you know, Leon was an inpatient for more than 2 1/2 months in Ward 25 recently being discharged in late January. I have touched on some aspects of his complicated personal and domestic history in my letter to you of early July 1999. At that time, I felt on the balance of probability that his morbid jealousy was probably non psychotic in nature and based in personality disorder with impaired emotional development. Of the two main informants about his background, his [redacted] tended to be in agreement with this formulation, but [redacted] was very concerned that he might be suffering from Paranoid Schizophrenia.

Because of this diagnostic uncertainty, following his re-presentation and admission to Ward 25 in November last, we decided to take the opportunity to do a more comprehensive ward based assessment.

Progress on the ward

The picture remained rather mixed. The main consistent symptom was his morbid suspiciousness about [redacted] presumed (indiscriminate) infidelity. A number of other symptoms were evident from time to time which might have been of psychotic significance. These were mostly elaborations of the underlying morbid jealousy (saying he was being persecuted by [redacted] who was apparently [redacted] expressing the view on one occasion that [redacted] had been trying to poison him prior to his admission, reporting on occasion that when speaking to [redacted] on the telephone he could hear a man's voice in the background whom he assumed to be her [redacted] (although she denied there was anyone there). He would report hallucinatory or pseudo hallucinatory experience from time to time (mainly a voice or voices whispering one word - "beg") but these were not present with any constancy and we were not convinced that he was having true hallucinatory experience. His jealousy however, was always present and sometimes expressed with extreme vehemence and conviction. Despite this, we did not have the impression that he posed a serious threat to [redacted] When asked, he would usually say that he loved her and would do nothing to harm her. As far as I am aware, there is no history of assault on [redacted] up to this point./

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
AIRDRIE, ML6 0JS
[redacted]

[redacted]

THIRD PARTY COPY

Leon Gratton
Dob-17/2/75

28/2/01

In personality, he was noted to be quite histrionic at times and tended to compete for the attention of staff. We saw the conflicted family relationships in a bit more detail. He tended to oscillate between affiliation with his [redacted] and with [redacted] ([redacted] do not enjoy a good relationship and have in the past been somewhat competitive in relation to him). There was sometimes the impression (although of course this is completely speculative) that he would embellish or manufacture symptoms when with [redacted] (who is a [redacted] with some knowledge in mental health) in order to collude with her assumption about his diagnosis.

Diagnosis

The diagnosis was of histrionic personality disorder and morbid jealousy state. We saw little evidence to suggest a diagnosis of Paranoid Schizophrenia. Regarding his morbid jealousy, one could argue that this is delusional in the sense that it is a fixed belief of which he appears to be entirely convinced, though can provide little compelling evidence to back his suspicions. In that sense, it could be described as a delusional disorder.

Regarding risk, there are no indications of a high level of risk to [redacted] at present. To my knowledge he has no previous history of assaultive behaviour towards her. Since discharge from hospital, he seems to have made no attempts to seek her out or even to contact her.

Management

I have arranged to see him again in a month's time. I have arranged for the CPN service to monitor the situation meantime. I suggest increasing his Olanzapine to 10mg at night on an empirical basis.

Yours sincerely

[redacted]

DR SHAY GRIFFIN
CONSULTANT PSYCHIATRIST

THIRD PARTY COPY

LINKLINE TO BETTER HEALTHCARE [redacted]

LANARKSHIRE
PRIMARY CARE NHS TRUST

[redacted]

Received: 2/2/01
Typed: 8/2/01

DR P RANKIN
KILSYTH HEALTH CENTRE
BURNGREEN PARK
KILSYTH

TELL PATIENT NORMAL
REPEAT TEST
TO SEE DOCTOR
PRESCRIPTION
NOTES PLEASE
FILE
OTHER

Dear Dr Rankin,

DISCHARGE SUMMARY

CONSULTANT	**DR GRIFFIN**	**Leon James Gratton**
SHO	**DR MIESCH**	[redacted]
ADMITTED	**1/11/00**	
DISCHARGED	**19/1/01**	**DoB - 17/3/75**

TYPE OF ADMISSION - INFORMAL
DIAGNOSIS - MORBID JEALOUSY, HISTRIONIC PERSONALITY
DISCHARGE MEDICATION: Lustral 50mg/od, Olanzapine Velotab 5mg/nocté.

On admission he was feeling very paranoid about the fidelity of [redacted] and he was feeling low in mood. He felt that people were out to get him. He was hearing a voice talking to him.

Relevant Background History

Apparently he has been out of work for the last two years, since then he had a recurrence of paranoid thoughts and feeling low in mood. He then felt that a group of seven people were after him and that [redacted] was having an affair and trying to poison him. He also felt that his [redacted] hates him. His sleep has been bad, he was very distressed. He lost his appetite. He lost three stones in weight. For the last four months prior to admission he felt hopeless and very worthless. Sometimes he had fleeting suicidal thoughts. According to his [redacted] he had some disturbance of his behaviour from his mid teens. At times he was abusing drugs and beaten up once by dealers. In 1994 he suffered a drug induced psychosis and was treated in the Royal Edinburgh Hospital.

THIRD PARTY COPY

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
AIRDRIE, ML6 0JS
[redacted]

Progress in the Ward

Leon was very upset about being in the ward. It became obvious that he had a very difficult and rocky relationship [redacted] On the other hand his [redacted] was interfering very much into their relationship. He felt that [redacted] was having an affair. It was quite evident that he was very jealous about [redacted]

We spent a long time on assessing his mental state. Dr Griffin was having frequent meetings [redacted] Leon and [redacted] It became quite clear to the nursing team and myself that Leon found it difficult to deal with the demands of [redacted] being in a [redacted] and his [redacted] After long assessment there was no evidence of a psychotic illness.

Impression

Leon Gratton is a twenty five year old male with a personality disorder who presented with low mood and paranoid thoughts when he had a lot of stress with [redacted] His personality was quite vulnerable since his early teens. At times he was using drugs. On one occasion he suffered a drug induced psychosis in 1994. In the ward he settled slowly and after long discussions with the family it was much easier for us to understand Leon's behaviour.

The diagnosis of histrionic personality disorder and morbid jealousy state could be established.

Plan

He decided for himself to live in his own accommodation to be away from his main stressors. For the future he will require CPN follow up to keep him stable in the community and he will be seen again in Dr Griffin's outpatient clinic.

Thank you very much.

Yours sincerely,

[redacted]

DR M MIESCH
SHO IN PSYCHIATRY TO DR S GRIFFIN

RD PART COPY

LINKLINE TO BETTER HEALTHCARE
[redacted]

LANARKSHIRE
PRIMARY CARE NHS TRUST

[redacted]

Received: 2/2/01
Typed: 8/2/01

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE [illegible]	
PRESCRIPTION	
NOTE	
FILE	
OTHER	

CPN Services
Community Mental Health Team
Adam Avenue
Airdrie

Dear Team,

Leon Gratton : DoB 17/3/75
[redacted]

I would appreciate if you could see this gentleman with a very vulnerable personality who has been exposed to a lot of stress within his relationship and from [redacted] side. It would be beneficial for this young man to talk about his feelings and his problems or having a chance to cope better with his disturbed life.

Thank you very much.

Yours sincerely,

DR M MIESCH
SHO IN PSYCHIATRY TO DR S GRIFFIN

cc - Dr Rankin, Kilsyth Health Centre, Burngreen Park, Kilsyth ✓
[redacted] Connections Project, 130 Main Street, Coatbridge ML5 3BN

THIRD PARTY COPY

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
AIRDRIE, ML6 0JS
[redacted]

[redacted]

MONKLANDS & BELLSHILL
HOSPITALS NHS TRUST
MONKLANDS HOSPITAL
A/E DEPARTMENT

CONSULTANTS IN ACCIDENT AND EMERGENCY MEDICINE
DR I McLAREN AND DR M T BROOKES

8/ 2/01 723

DR RANKIN
THE HEALTH CENTRE

KILSYTH
G65 OHY

[redacted]

Dear DR RANKIN

RE: LEON GRATTON DOB: 17/ 3/75
[redacted]

This patient attended the A/E Department on 7/ 2/01 at 2337 with the initial complaint ASSAULT

A/E Number : 21005865
Diagnosis : ASSAULT - BROKEN TEETH
Diagnosis Two :
X-Ray Result : REPORT MAY FOLLOW
Treatment : ADVICE
Prescription :
Disposal : GP
Tetanus Status :
Certification :

If you have any enquiries regarding this attendance or require further details, please contact the A/E Department on [redacted] quoting the A/E number of the patient.

Yours Sincerely

PP DR I. McLAREN / DR M.T. BROOKES

TELL PATIENT
REPEAT TEST
TO SEE DOCTOR
PRESCRIPTION
NOTES PLEASE
FILE
OTHER

THIRD PARTY COPY

LANARKSHIRE PRIMARY CARE NHS TRUST
Hospital Interim Discharge Document

GP DETAILS:	Hosp:	PATIENT DETAILS:
Name:	Consultant:	Name: Mr/Mrs/Ms
	Ward:	Address:
Address:	Type of Admission	
	Date of Admission	
	Date of Discharge	Date of Birth:
Tel. No.	CHI Number	Unit No.

PRINCIPAL DIAGNOSIS : Code:	DISCUSSED WITH
OTHER	PATIENT Yes / No / NA
	CARER/ADVOCATE Yes / No / NA
IMMEDIATE TREATMENT AIMS / COMMENTS	Follow Up Appt: Yes / No / To be sent
	Appt with ..... Date / /
	Venue ..... Time .....

CARE MANAGEMENT PLAN

DISCHARGE	Planned	Against Medical Advice	Leave of Absence
DISCHARGED TO	Home	Supported Accommodation	Other/Hosp/ Specify:
CARE PROG. APPROACH	Yes	No	
SUPPORT SERVICES ARRANGED	Yes	No	Not Applicable

CONTACT PERSON / AGENCY & TEL NO. (MUST SPECIFY)

DRUG ALLERGIES	Yes / No	If Yes Specify:
MEDICATION EXPLAINED TO PT	Yes / No	

DRUGS ON DISCHARGE (To be printed in BLOCK CAPITALS) *PHARMACY USE ONLY*

Medicine Name	Dose	Route	Times of Administration 0800 1000	1200 1400	1600 1800	2000 2200	Duration of Treatment (L=Longterm)	Strength	No	Brand Name

PHARMACY Date / / Comments

Signatures .....

COMPLETED BY:

Doctor Status Signed [redacted] Date

WHITE COPY TO BE RETAINED IN PHARMACY
BLUE COPY TO BE RETAINED IN CASENOTES
PINK COPY TO BE SE
GREEN COPY TO BE GIVEN TO PATIENT

THIRD PARTY COPY

Department of Housing & Property Services

Kilsyth Area Office
Parkfoot Street
Kilsyth G65 9AA

NORTH LANARKSHIRE COUNCIL

Our Ref: DD/RG/DD
Your Ref:
Date: 16 January 2001

Contact: [redacted]
Telephone:
Fax:

Area Manager
[redacted]

Dr Rankin
Kilsyth Health Centre
Burngreen
Kilsyth

RECEIVED 16/1/01
??
WHAT PREVIOUS LETTER?

Dear Dr Rankin

Mr Leon Gratton – Date of Birth 17/3/75
[redacted]

I refer to the above and to my previous letter dated 15th January 2001.

I had omitted to attach the signed declaration by Mr Gratton. I have now attached this and apologise for any inconvenience.

Yours sincerely

[redacted]

Housing Officer

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTES PLEASE	
FILE	
OTHER	

[redacted]

HEADING

THIRD PARTY COPY

Department of Housing and Property Services

Kilsyth Area Office
Parkfoot Street
Kilsyth G65 9AA

NORTH LANARKSHIRE COUNCIL

Our Ref: RG/CS
Your Ref:
Date: 15 January 2001

Contact: [redacted]
Telephone:
Fax:

Area Manager
[redacted]

Sent 19/01/01

Dr Rankin
Kilsyth Health Centre
Burngreen
Kilsyth
G65

[redacted]
HOUSING OFFICER

Dear Dr Rankin

Mr Leon Gratton – Date of Birth – 17.3.75
[redacted]

I refer to the above and would advise you that Mr Gratton is at present in Monklands Hospital, ward 25.

He has applied to this department under the Housing (Scotland) Act 1987 – Part 11 – Homeless Persons. In order to make a decision on this case. I would be obliged if you could supply me with a full medical report.

Yours sincerely

[redacted]
Housing Officer

MEDICAL HISTORY
PERSONALITY DISTURBANCE FROM MID TEENS
ACUTE PSYCHOTIC ILLNESS WITH HOSPITAL ADMISSION 1993
EMERGENCY PSYCHIATRIC ADMISSION 1/11/00
AS FAR AS I KNOW HE IS STILL AN IN-PATIENT — NO DETAILS AVAILABLE
SUGGEST YOU CONTACT: DR GRIFFEN
CONSULTANT PSYCHIATRIST
MONKLANDS HOSP
AIRDRIE

HEADKILS

Awarded for excellence

THIRD PARTY COPY

Send 23/01/21

SOCIAL SECURITY

Disability Living Allowance and Attendance Allowance

Claim for a medical report fee

About the person with the illness or disability

Surname Gratton

Other names Leon

NINO [redacted]

Declaration

Please tell us your FAMIS number [ ] (this is your payee reference number)

To claim £ 1-00 payable for

[✓] one report. [ ] two reports.

Please return this form to us in the envelope we have sent you. It does not need a stamp.

Please complete all these boxes in full.

[✓] I am claiming the fee for completing [✓] one report. [ ] two reports.

[ ] I am not claiming the fee for completing the report.

Signature [redacted] Date 22/1/21

Surname [redacted]

Other names [redacted]

What is your **surgery** address, postcode and phone number? (please use your surgery stamp ensuring all details are clearly shown).

KILSYTH HEALTH CENTRE

KILSYTH, G65 9BY

Name of a person we can contact in case we have a query with this claim.

Telephone number (if this is not your surgery phone number).

If you work from more than one surgery please tick this box [ ]

Please turn over >

benefits agency — An Executive Agency of

12/99 DBD36

THIRD PARTY COPY

ABOUT THE DISABLED PERSON

National Insurance No:	[redacted]
Mr/Mrs/Miss/Ms	MR
Surname	GRATTON
Other Names	LEON JAMES
Address	[redacted]
Date of Birth	17 03 75

Important - if this patient has died or recently moved to another practice please still complete this report.

The Report - For Social Security purposes only

This is not a report to which the Access to Medical Reports Act 1988 applies. The Benefits Agency will show it to your patient in certain circumstances, but your patient does not have to see it before you return it to us.

I understand your patient suffers from psychotic illness. I would be grateful for the following information:-

Please:

- list all significantly disabling, ongoing conditions present.
- say when was the patient last seen.

PERSONALITY DISTURBANCE FROM MH TEAMS

PARANOID ILLNESS

(POSSIBLY PSYCHOTIC — CURRENTLY AN IN-PATIENT IN CHINGFORD - HOUSE ARREST)

Please give the frequency and duration of exacerbations of the patient's condition.

FIXED PARANOID DELUSIONS - LAST YEAR

DBD391(GP)

THIRD PARTY COPY

Is the patient still in hospital?

- Yes
- No – please give the date of discharge.

Please detail the help or supervision needed from someone else to enable the patient to get around in:

- familiar places. NIL KNOWN — CONTACT HOSPITAL
- unfamiliar places.

[redacted]

THIRD PARTY COPY

■ **Please add any further details you think might help your patient's claim**

THIRD PARTY COPY

Thank you. Now please sign and date your report.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit.

Signature [redacted]

Name in capital letters [redacted]

Surgery Stamp

[illegible]
[illegible]
GGS

Date 22/11/01

88me1701std

DBD391(GP)

North Lanarkshire Council

Housing (Scotland) Act 1987 Part II - Homeless Persons

Please read the undernoted declaration carefully and sign this document before making application for assistance under Part II of the Housing (Scotland) Act 1987.

1. If any person with intent to induce a Housing Authority, in connection with the exercise of their functions under the Act, to believe that he or any other person:
   a) is homeless or threatened with homelessness, or
   b) has a priority need or
   c) did not become homeless or threatened with homelessness intentionally,
   knowingly or recklessly makes a statement which is false in a material particular, or knowingly withholds information which the Authority have reasonably required to give in connection with the exercise of their functions under the Act, he shall be guilty of an offence.

2. A person who has applied to a Housing Authority for accommodation or assistance in obtaining accommodation shall notify, to the Authority as soon as possible, any change of facts material to his case which occurs before he receives notification of the Authority's decision on it.

3. A person found guilty of an offence under the terms of the Act, shall be liable on summary conviction to a fine not exceeding £2,000.

I acknowledge that the above provision of the Housing (Scotland) Act 1987, Part II has been explained to me and I understand the implications of not only giving false information but also any failure to supply relevant information. I further understand that it is the intention of North Lanarkshire Council to invoke, where necessary, the provision of this section and request the Procurator Fiscal to initiate a prosecution.

I authorise North Lanarkshire Council to make such enquiries of such persons, organisations, Local Authorities or other bodies as the Council in its sole discretion deems necessary.

I am aware that should information be discovered that proves that I have been given accommodation as a result of false material particulars submitted or my knowingly withholding information, the Council shall take legal action to have me removed from the subjects.

Date : 13/12/00 Signature of Applicant [redacted]

Signature of Applicant _____

THIRD PARTY COPY

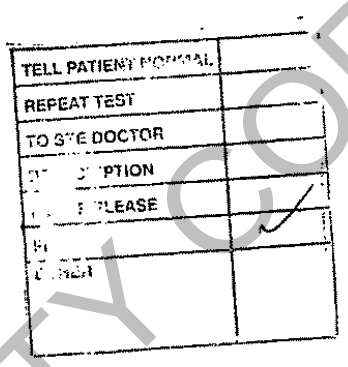
MONKLANDS & BELLSHILL
HOSPITALS NHS TRUST
MONKLANDS HOSPITAL
A/E DEPARTMENT

CONSULTANTS IN ACCIDENT AND EMERGENCY MEDICINE
DR I McLAREN AND DR M T BROOKES

2/11/00 255

DR RANKIN
THE HEALTH CENTRE

KILSYTH
G65 OHY



Dear DR RANKIN

RE: LEON GRATTAN DOB: 17/ 3/75
[redacted]

This patient attended the A/E Department on 1/11/00 at 1952 with the initial complaint PSYCHIATRIC COMPLAINT .

A/E Number	: 20055331
Diagnosis	: PSYCHIATRIC ILLNESS
Diagnosis Two	:
X-Ray Result	:
Treatment	:
Prescription	:
Disposal	: ADMIT WD 24 MH
Tetanus Status	:
Certification	:

If you have any enquiries regarding this attendance or require further details, please contact the A/E Department on [redacted] quoting the A/E number of the patient.

Yours Sincerely

PP DR I. McLAREN / DR M.T. BROOKES

THIRD PARTY COPY

KILSYTH MEDICAL PARTNERSHIP

Telephones: [redacted]

Fax No: [redacted]

Health Centre
Burngreen
Kilsyth
G65 0HU

SB/CC

COPY

16TH August 2000

Dr. S Griffen
Consultant Psychiatrist
Monklands Hospital
Monkscourt Avenue
Airdrie
ML6 OJS

Dear Dr. Griffen

Re: **Leon Gratton,** [redacted]
D.O.B. 17.03.75

You last saw the above named gentleman in August '99. Leon tells me that over the past year he has once again been experiencing paranoid symptoms about [redacted] He feels tha[redacted] is cheating on him, and as he puts it, "running of with other people", even although he knows there is no truth in these ideas. He is not really experiencing any psychotic symptoms and once again I feel in agreement with your comment that these are more to do with his own insecurities than actual true paranoid ideas.

In the meantime I have increased his steralzine to 15mg daily, but I feel he would probably benefit from further psychiatric input.

Thank you for your continuing help with this gentleman.

Yours sincerely

.....
Dr. S Brown

THIRD PARTY COPY

benefits agency

Department of Social Security
2 The Pavilions
Riversway
Preston PR2 2GN
[redacted]
Monday to Friday 8.30 am-4.45 pm

Sent 11/11/99

Disability Working Allowance

DR P RANKIN
HEALTH CENTRE
BURNGREEN
KILSYTH
GLASGOW

Your reference number is [redacted]

Please tell us this number if you write to us or phone us

Date 8 November 1999

For office use [redacted]
81
02
03

Factual Report

Name of patient: MR LEON JAMES GRATTON

Address: [redacted]

Date of birth: 17 03 75

[illegible] REPLY BY [illegible] OR [illegible] SHOULD BE RECEIVED

Dear DR RANKIN

Your patient, named above, has claimed Disability Working Allowance and has told us that his capacity for work is affected by an illness or disability.

We have your patient's signed agreement to ask you for this information.

On the next page, we have copied the statement your patient has given. After referring to your notes about this patient, would you please tick one of the boxes against each statement. More details can be given on pages 4 and 5. **A special examination is not necessary.**

In certain circumstances, the report you give will be released to your patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. However, certain information may be withheld if it appears to the adjudication authority that its disclosure would be harmful. **Please enter any information which you think would be harmful in the box provided on the final page.**

People who claim Disability Working Allowance do so because they have a low income. Because of this, it is important that we establish entitlement within ten days. **Please help us to do this by returning the report by fax or return post.**

THIRD PARTY COPY

Name: LEON JAMES GRATTON
NINO: [redacted]

A fee of £9.60 will be paid to you for the report. Please complete the enclosed Report Fee claim form and return it with the report.

Thank you for your help.

Yours sincerely

[redacted]
Adjudication Officer

THIRD PARTY COPY

Name: LEON JAMES GRATTON
NINO: [redacted]

This is not a report to which the Access to Medical Reports Act 1988 applies.
The Benefits Agency will show it to your patient in certain circumstances, but your patient does not have to see it before you return it to us.

Of the qualifying conditions for Disability Working Allowance your patient has said that the following statements apply to him.

Only one condition needs to be satisfied.

Can you confirm whether, in your opinion, this is consistent with your knowledge and notes of your patient?

He is undergoing a course of therapy or treatment, from someone such as his doctor or psychiatrist or community nurse, for

(a) clinical depression or anxiety — YES ☑ NO ☐

(b) mental illness, phobias, panics or other nervous or emotional problem — YES ☑ NO ☐

Because of a mental disability he is often forgetful — YES ☐ NO ☐ (Not recorded)

Because of a mental disability, he finds it difficult or stressful getting on with people and is unable to form normal social relationships — YES ☑ NO ☐

THIRD PARTY COPY

FOR SOCIAL SECURITY AND WAR PENSION PURPOSES ONLY

An Executive Agency of the Department of Social Security

DWA/DL11MA

Name: LEON JAMES GRATTON
NINO: [redacted]

If you cannot confirm any statement given above, please give a brief explanation. Please include brief clinical details, eg diagnosis, date last seen.

If there is anything else which you consider relevant, please give a brief explanation.
PLEASE ENTER ANY INFORMATION WHICH YOU THINK WOULD BE HARMFUL IN THE BOX PROVIDED ON THE NEXT PAGE

A Copy of the completed report may be sent to your patient.
We can only withhold information that would be harmful to his health if disclosed.

I understand that, in certain circumstances, this report will be released to my patient, his legal representative and any authority deciding an appeal in relation to his entitlement to benefit.

Name [redacted]

Signature

Date 10/12/09

Telephone No [redacted]

Official Stamp

KILSYTH [illegible]
KILSY[illegible]
KILS[illegible]
TEL: 01236 [illegible]
FAX: [illegible]

FOR SOCIAL SECURITY AND WAR PENSION PURPOSES ONLY

An Executive Agency of the Department of Social Security

DWA/DL11MA

THIRD PARTY COPY

LANARKSHIRE
PRIMARY CARE NHS TRUST

[redacted]

TELL PATIENT NORMAL
REPEAT TEST
TO SEE DOCTOR
PRESCRIPTION
NOTES PLEASE
FILE
OTHER

Received for typing 31/8/99

31 August 1999

Leon James Gratton

[redacted]

Dear Leon,

Thank you for your message explaining that you could not keep your last appointment with me as you have started a job and could not get time off. This sounds like good news, and I was quite happy for you to miss your appointment for that reason.

Your [redacted] said that you would contact me for another appointment when you were able to get time off work. Rather than leaving your case open indefinitely, what I suggest is that I leave it open for a month from the date on this letter, and if I have not heard from you by then, I will discharge you from the clinic. Of course, in those circumstances, I will be quite willing to see you again on re-referral from your GP. Otherwise, I look forward to hearing from you.

Yours sincerely

[redacted]

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

cc Dr P Rankine, Kilsyth Health Centre

THIRD PARTY COPY

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue, Airdrie ML6 0JS
[redacted]

LANARKSHIRE
PRIMARY CARE NHS TRUST

[redacted]

Received for typing 6/8/99

9 August 1999

Dr P Rankin
Kilsyth Health Centre
Burngreen Park
Kilsyth

Dear Dr Rankin,

Re: Leon James Gratton, Dob-17/3/75, [redacted]

Just a note to let you know that I reviewed Leon along with [redacted] this afternoon (5/8/99). I am continuing to treat him, not as a psychotic illness, but as rather a "Walter Mitty" type personality with a vivid imagination that he sometimes finds frightening.

We had a candid discussion this afternoon about the whole issue of diagnosis and the choices that he must make, admittedly difficult, if he is to put his emotional life and particularly [redacted] on a more adult footing.

I am seeing the couple again in 3 weeks time and will write to you again then. Meanwhile, I suggest no change in his medication for now, though would envisage discontinuing his Stelazine sometime fairly soon.

Yours since[redacted]

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTES PLEASE	
FILE	✓
OTHER	

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
[redacted]

[redacted]

THIRD PARTY COPY

LANARKSHIRE
HEALTHCARE
Primary Care
NHS TRUST

OUR REF:

YOUR REF: [redacted] Monklands Hospital

IF TELEPHONING ASK FOR: [redacted]

Received for typing 30/6/99

5 July 1999

Dr P Rankin
Kilsyth Health Centre
Burngreen Park
Kilsyth

TELL PATIENT NORMAL
REPEAT TEST
TO SEE DOCTOR
PRESCRIPTION
NOTES PLEASE ✓
FILE
OTHER

Dear Dr Rankin,

Re: Leon James Gratton, Dob-17/3/75, [redacted]

Further to my last letter to you on 24/6/99, I saw the above at the clinic this morning to complete his assessment. He came with [redacted]

Presenting Symptoms

As you say in your letter, he presents with a recent history of irrational fears (e.g that [redacted] may be kidnapped), paranoid ideas (e.g. people talking about him and laughing at him in the streets, calling his [redacted] "a whore" and accusing her of sleeping around and referring to him as "an eejit" because of this - the man who runs the local ice cream van indulging in double entendre about hi[redacted] and as you say, "amnesiac episodes" where he wanders the area, sometimes at night, with reduced awareness of his surroundings or why he is wandering.

Past Psychiatric History

There was considerable disturbance in his mid teens. He was referred to the Young Persons Unit in Edinburgh with behaviour disturbance and temper tantrums at aged 14 and again at 16 when he had started taking drugs as well, but he and his [redacted] did not keep the appointments.

He was admitted to the Royal Edinburgh Hospital in September 1993 and was an inpatient for 4 1/2 months with what appears to have been an acute psychotic episode which appears to have been precipitated by a bad LSD trip 2 or 3 weeks prior to his admission. This was regarded as a possible schizophrenic illness but the diagnosis was not conclusively made.

After his discharge, a tenancy was arranged in Penumbra Accomodation and he attended the YPU Day Unit until April 1996. He remained free of the psychotic symptoms during that time and in 1996 moved to Lanarkshire./

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue, Airdrie ML6 0JS
[redacted]

THIRD PARTY COPY

Leon Gratton 5/7/99
Dob-17/3/75

He has continued to take Stelazine since then but tried stopping the drug 2 1/2 years ago. He felt very well for 2 months but then experienced an episode of paranoid ideas and began "seeing snakes" and started taking medication again.

Background

His [redacted] when he was 3 years old. His childhood was uneventful up until aged 13 when his [redacted] This disclosure caused a family row, with [redacted] and [redacted] being ostracised from the rest of the family. She shared the full details of her allegation with Leon who subsequently became very disturbed and preoccupied with the whole issue. He spent from the age of 15 to 16 in care in children's homes and left school at 15 with no qualifications and poor exam results. At that time he was taking drugs a lot, and "doing everything I could to annoy my [redacted] From aged 16-18, he used a lot of LSD, Amphetamines, and Cannabis but had virtually stopped using drugs in the month prior to being admitted to the Royal Edinburgh Hospital. He then had a bad acid trip as a one off, became increasingly disturbed and paranoid, and required admission.

He has a patchy employment record. He held several jobs after leaving school the longest being for 4 months. He moved round the country a bit, taking seasonal work. He has not worked since moving to Lanarkshire.

He has been with [redacted] who is considerably older than he is, for 3 1/2 years. [redacted]

Impression

I am not sure whether Leon has an underlying psychotic illness or not. He certainly had frank psychotic symptoms in 1993 but these seemed to settle after a couple of weeks and the length of his admission may have been more related to difficulties in his relationship with his [redacted] and the need to find him independent accomodation. His period of disturbance 2 1/2 years ago after stopping medication for 2 months lends some credence to a psychotic diagnosis but in his case, is far from conclusive.

It is clear that there has been profound personality disturbance from his mid teens which has been maintained and exacerbated by a continuing over heated relationship with his [redacted] She is still in the picture [redacted] and phones and visits frequently. Both Leon and [redacted] agree that [redacted] but at the same time, grossly infantalises Leon.

The symptoms he currently describes do not have a psychotic flavour. The "paranoia" he mentions seems more a reflection of his exaggerated fears and feelings of insecurity vis-a-vis [redacted] who, being older and from the local area, and [redacted] is bound to have "a past" as he puts it. The episodes of wandering are more in keeping with some kind of dissociative state. They are usually preceded by an upset of some kind (perhaps within the relationship) which then leads on to a tantrum on his part where he might "stamp around the house in a rage" before storming off, at times seeming oblivious to inclement weather. He describes diminished, but not absent awareness of his surroundings during these episodes which could easily be accounted for by heightened emotional arousal./

THIRD PARTY COPY

Leon Gratton
Dob-17/3/75

5/7/99

[redacted] appears to be a calm and well grounded individual and he is probably to an extent putting her somewhat in the maternal role.

Plan

I suggest no dramatic changes in his management at the moment. Leon ([redacted] rather surprisingly) seem keen on a trial discontinuation of his Stelazine. I talked to them at length today about the diagnostic uncertainties in his case so they fully understand what stopping medication might imply. I have suggested that they wait until things settle a bit and then I will be willing to cautiously withdraw medication keeping him under psychiatric supervision to monitor his response.

In the meantime, I have offered him 3 further sessions as a couple to discuss the personality and relationship side of things, the influence of his [redacted] on his life, etc. etc.. I will drop you a note after his next appointment to keep you in the picture.

Yours sincere[redacted]

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

THIRD PARTY COPY

LANARKSHIRE
HEALTHCARE
Primary Care
NHS TRUST
Monklands Hospital

OUR REF: [redacted]

YOUR REF:

IF TELEPHONING ASK FOR:

Received for typing 21/6/99

24 June 1999

Dr P Rankin
Kilsyth Health Centre
Burngreen Park
Kilsyth

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTES PLEASE	
FILE	✓
OTHER	

Dear Dr Rankin,

Re: Leon James Gratton, Dob-17/3/75, [redacted]

Thank you for referring the above who came for his assessment appointment with me at Kilsyth Health Centre on 15/6/99. He came accompanied [redacted] who had to leave after a short time. I have offered the couple another appointment for 1/7/99 to complete the assessment. In the meantime, I am requesting his Royal Edinburgh notes from 1993, when he was admitted with a (?drug induced) psychotic illness, and I will also hopefully have more time to talk [redacted]

In the meantime, I recommend no change of medication although I must say that what I know so far does not suggest a psychotic illness. I will write to you again following his next appointment.

Yours sincerely [redacted]

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

THIRD PARTY COPY

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue, Airdrie ML6 0JS
[redacted]

STOBHILL

NHS TRUST

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
[redacted]

DEPARTMENT OF DERMATOLOGY

DR. R.S. CHAPMAN
DR. REBECCA E.I. KERR

[redacted]

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTES PLEASE	✓
FILE	
OTHER	

OUTPATIENT DEPARTMENT

Dear Doctor, Walker.

PATIENT'S NAME.....
UNIT NO..... 543923 M/N
GRATTON LEON
PATIENT'S ADDRESS..... [redacted]
[redacted] 17/03/1975

DATE OF APPOINTMENT..... 19.5.99

CLINIC..... SKIN

The above named patient failed to attend his/her appointment at the General Outpatient Department.

No further appointment will be issued to the patient unless specifically requested by yourself.

Yours faithfully,

[redacted]

Consultant Dermatologist

World Health Organization | European Pilot Hospital | Health Promoting Hospitals

THIRD PARTY COPY

Hospital use Only	Clinic	Day Date	Time	Hospital No.

REQUEST FOR OUT-PATIENT CONSULTATION

Appointment Category Routine

Date: 13-May-99

CHI No.: 1 1 9 1

Hospital: **MONKLANDS**

Please arrange for this patient to attend :-

Clinic : **PSYCHIATRIC**

Patient's Surname: **GRATTON**

of Dr/Mr : **GRIFFEN**

First Names: **LEON JAMES**

Maiden Surname:

Address1: [redacted]

Marital Status: not known

Address2:

Date of Birth: 17. 03. 75

Post Code:

Occupation:

Has the patient attended hospital before ?

Contact phone no.:

If yes:- Name of Hospital

Year of attendance Hosp.No.

Patient's previous name/address:

Patient can attend at short notice:

NAME/ADDRESS OF MEDICAL PRACTITIONER

GP Name: P.Rankin

Practice number 61502

Practice Address Kilsyth Health Centre
Burngreen Park
Kilsyth G65 0HU

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs follows:

I would be grateful for your opinion on the above pleasant 25 year old man.

Leon is originally from the Manchester area, and has recently moved into Kilsyth via Edinburgh. I understand he has a past history of acute psychosis with hospital admission in Edinburgh. This was thought to be drug induced.

Leon has consistently denied any further drug abuse since being in Kilsyth. I can confirm there is no evidence of any problem in that regard at present. Since he came here he has had some problems with flashbacks and vivid dreams regarding his time spent in Residential Child Care. He had been maintained quite successfully on Stelazine 5mgs daily until the last few weeks.

Over the last few weeks he has developed some increased paranoid ideas, with the feeling that people are against him. There has also been some amnesic episodes where he "comes to himself" at the end of a walk or even in one of the surrounding Towns, with no memory of how he got there. When he comes to he feels disorientated, confused and anxious. There are also rare auditory hallucinations where he is able to hear some background noise, which sounds to him like people speaking, but he is unable to make out what they are saying.

Leon himself increased his Stelazine to 10mgs daily, and feels this has helped a little bit. However, it is also making him drowsy throughout the day and as he is in a relationship, and takes his turn at childcare, he finds this difficult. During this morning's consultation I did not pick up any acute psychotic thoughts, and indeed we were able to have a normal conversation. However, Leon is obviously worried about a recurrence of the abovementioned symptoms, and is actively seeking help. I would be most grateful for your opinion.

Kind regards.

THIRD PARTY COPY

Patient Registration Form

Pass To Co-op Doctor

Routine

Patient Reference: [redacted]

Date and Time of Call: 08/05/99 18:07

Caller Requested: Surgery

Patient Details EP

Name: **GRATTEN**
Leon

DOB/Age: 17/03/75 (24 Years)

Sex M

Address: [redacted]

Telephone: [redacted]

Remarks:

Invoicing Details

Dr to Invoice: WAL

Patients Surgery: WAL Patients Dr: PMR

Cipher

Despatched At: EP 18:12:02

Duty Doctor: AJ Call Sign: ( )

Dr Arrived At: 19:42:23

Visit Type: S Doctor Rate:

Hospitalised? No Died? No

Hospital: ( ) Dept: ( )

Follow Up? SGP Complete? Yes

Resulted At: MP 08/05/99 19:54:00

Special / Vis Pat 0

Pats GP: ( ) Home:

Contact details

1.
2.
3.
4.
5.
Special Numbers

Symptoms:

Has mental health problems, last few days has been behaving ..... irrationally. Today was found on route to Falkirk, walking in a daze without knowledge of his behaviour or surroundings. [redacted] phoned quite distressed at [redacted] condition.

Diagnosis

SCHIZOPHRENIC

Treatment

HAS BEEN WANDERING,CONFUSED OVER THE LAST FEW DYS,HAS INCREASED STELAZINE TO 5MG BD YESTERDAY,ON MAINTENANCE OF STELAZINE 5 MG DAILY NORMALLY ADVISED TO PERSEVERE WITH

Previous Calls

4779	15/06/98 18:48:00	[redacted]	~~06/03/64~~	A	No
cystitis					
12695	13/12/98 14:37:00	[redacted]	11/09/98	S	No
URTI					
18808	02/04/99 20:08:00	[redacted]	30/03/92	A	No
headache					
19851	24/04/99 16:48:00	[redacted]	11/09/98	S	No
URTI -> chest Scattered moist sounds at R ant chest Abdo-ok Ears=ok Throat=ok No rash/meningism					
20247	02/05/99 10:18:00	[redacted]	11/09/98	~~AC~~	No
Advice: highest sun block possible & keep shded from the sun.					

THIRD PARTY COPY

STOBHILL
NHS TRUST

DIRECTORATE OF GENERAL SURGERY
SURGICAL/VASCULAR CLINIC

[redacted]

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
[redacted]

16 March 1999

TELL PATIENT NORMAL	
REPEAT TEST	
TO SEE DOCTOR	
PRESCRIPTION	
NOTES PLEASE	✓
FILE	
OTHER	

Dr P M Rankin
Health Centre
Burngreen
Kilsyth
GLASGOW G65 0HU

Dear Dr Rankin

LEON GRATTON DOB 17 3 75 UNIT NO 543923
[redacted]

I saw this man at the clinic today on behalf of [redacted] Mr Gratton has a history suggestive of the presence of a pilonidal sinus. He has on several occasions developed an abscess in the sacral area which on two occasions has required incision and drainage by his [redacted]

On examination today he has an area of eczematous change over the sacrum. Examination of the natal cleft revealed that there was no active infection at present. There were some small pits visible but no actual sinus detectable.

This man certainly sounds as if he has had recurrent pilonidal abscesses. I have explained to him what a pilonidal sinus is and the rationale behind their excision. In view of the fact that the problem is entirely quiescent at the moment and there is no actual sinus visible, I have suggested that we withhold surgical intervention at present.

Should the problem recur we will have to consider a more definitive approach to this problem. I have not organised further follow up but should further concerns or difficulties arise please refer him back.

Yours sincerely

[redacted]

Senior House Officer

THIRD PARTY COPY

World Health Organization · Accredited by the King's Fund Organisational Audit · European Pilot Hospital · Health Promoting Hospitals

STOBHILL 11.01.99 1 1 9 1

DERMATOLOGY Dr. R Kerr

GRATTON

LEON James [redacted]

17.03.75

Dr. A B Walker
Health Centre
Kilsyth G65

MT Past history : Psychological problems with flash-backs, and occasional paranoid delusions. He is doing well from this point of view, and he remains on Trifluoperazine 5mgs b.d.

Past history dermatological problems : He was a long, long, history of dermatitis and eczema, and has in fact been seen at Dermatology, Stobhill in July 1997, but the main problem at that time was abscesses in both axillae, hidradentitis suppurativa which is much improved. There was a comment about hand dermatitis.

The patient has had a severe flare-up of dermatitis/eczema over the body, which we are currently treating with Nerisone Oily Cream. The patient wanted skin testing, and particularly was keen to find out if a gluten free diet would have anything to offer him. I am happy to concur with this request for referral to determine this, and also any other appropriate advice.

Many thanks.

Yours sincerely

Dr. A B Walker

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf Hist1.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

2075.A1. 9054

```
]TCITEMPSEEPC                                  NO INFORMATION ON COMMENTS SCRE
 LOCAL RECORD FOUND - UPI CURRENT NUMBER/CC 1703751191 E
                                                DATE OF LAST UPDATE 29/10/01

CHI DISPLAY OF PATIENT DETAILS (CHI No 170375 1191)   ORIGIN F002A  CONSORTIUM
  surname:    GRATTON                      1st fnme:   LEON
  2nd fnme:   JAMES                        O. inits:
  bth snme:                                prv snme:
  Alt fnme:                                Title:
       sex:   MALE     m/s: NOT KNOWN      DOB:   17 03 1975  UNCONFIRMED
  address 1:  [redacted]
          2:
          3:                               postcode:  [redacted]
  NHS No:     XNCLN/16                     GP:  F9054 9       (D H GARMANY
  date acc:   231001   date into practice 231001        Disp. Dr:
  Mileage:
  area res:   F    Conc code:              Immig.        Inst.      reas. reg.
  new area:       reason for transfer T    old area L    MRE DATA EXISTS
  Hosp. recs: 00   Comm. recs: 00       prev. GP ref.:          date acc
  prev.    1:
  address  2:
           3:                              prev. postcode:
  NEXT SCREEN:  [S]  X=M.CARD A=AMND D=DTH J=LINK K=NAMESAKE V=PEPP W=CONT U=M
P=CH.SURV Q=R.CLAIM F=CHI G=PREP.No B=DOB N=NAME L = LIST,
```

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

PSDCare Patient Details File 1 to follow. Valerie Page 1 of 1

Operator F002A

NHS Scotland

Monday, 23/09/2013

PSD WebCHI Patient Details

⚠ Last Updated 10/09/2013

CHI Number: 1703751191 On: E | UPI Number: 1703751191 On: E | UPI Status: CURRENT OWNER | Namesake: None

Surname:	GRATTON	Forename:	LEON	Conc Code:	
Birth Surname:		2nd Fname:	JAMES	Immig:	
Prev. Surname:	GRATTON	Alt. Fname:		Inst:	
Surname Changed:	09/09/2013 By F002A	Initials:		Hosp Rec:	0000
Title:		Sex:	Male	Comm Rec:	0004
DOB:	17/03/1975 (UNCONFIRMED)	NHS Number:	XNCLN/16	Dispense:	No
Marital Status:	Not Known			Gone Away:	
				Temp Res:	

Current Address: [redacted] P.Code: [redacted]

Previous Address: [redacted] P.Code: [redacted]

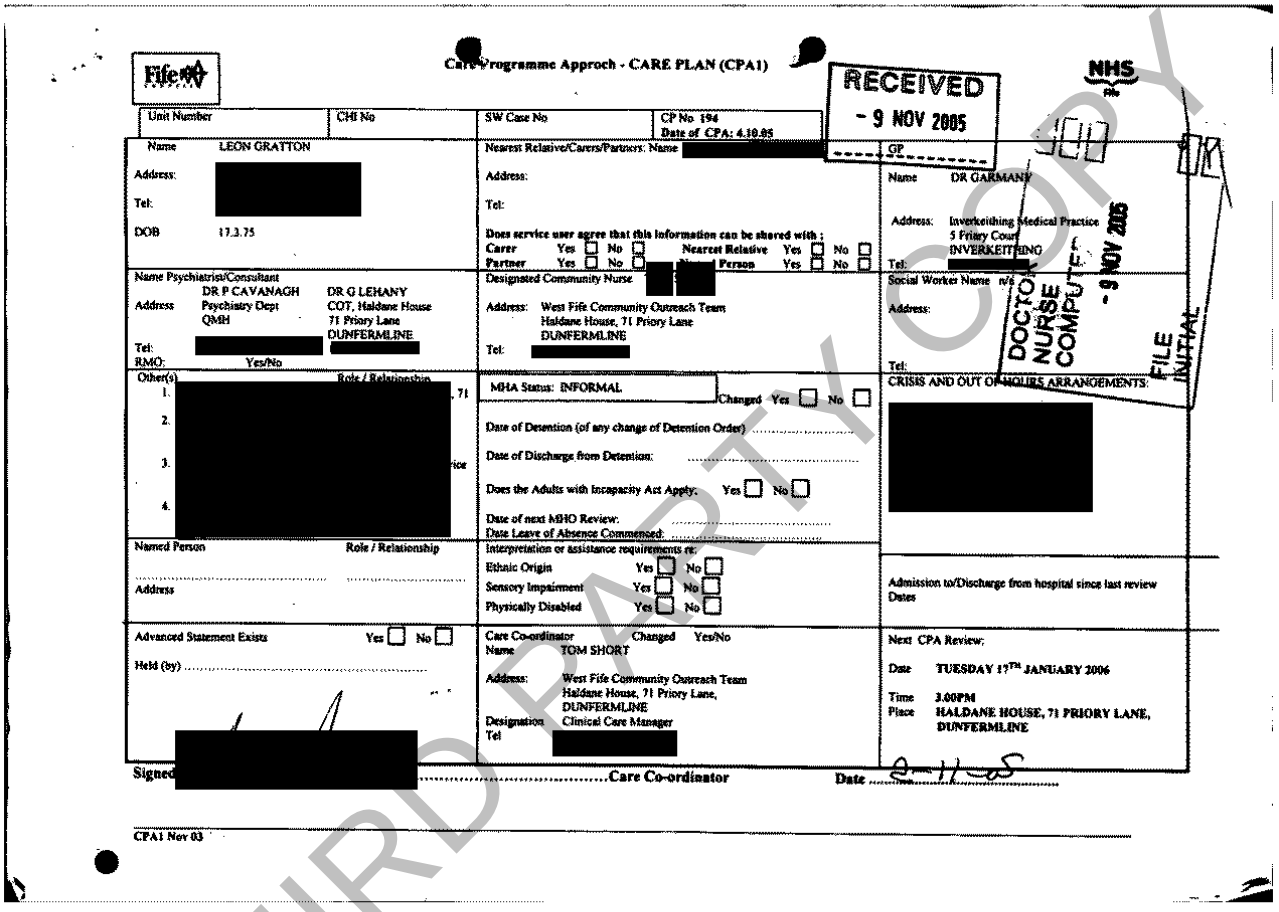
Address Changed 09/09/2013 By F002A

Road Miles: Rst?
Foot Path Miles:
Water Miles:

Area of Res:	F	Prac Ref:	F2041(3)	Old Area:	L
GP Ref:	F9236(3)	Date Prac:	06/09/2013	Prev GP:	F9054(9)
Trans Reason:	A	Phone:	01334 651201	Prev GP Date Acc:	23/10/2001
Date Acc:	06/09/2013	Prac Name:	BANK STREET MEDICAL GROUP	Reason Reg:	T
GP Name:	Dr. KATHRYN J. MACLAREN			New Area:	

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



Care Programme Approch - CARE PLAN (CPA1)

RECEIVED - 9 NOV 2005

NHS

Fife

Unit Number	CHI No	SW Case No	CP No 194 Date of CPA: 4.10.05

Name LEON GRATTON
Address: [redacted]
Tel:
DOB 17.3.75

Nearest Relative/Carers/Partners: Name [redacted]
Address:
Tel:
Does service user agree that this information can be shared with ;
Carer Yes No Nearest Relative Yes No
Partner Yes No [redacted] Person Yes No

GP
Name DR GARMANY
Address: Inverkeithing Medical Practice 5 Priory Court INVERKEITHING
Tel: [redacted]

DOCTOR NURSE COMPUTER - 9 NOV 2005 FILE INITIAL

Name Psychiatrist/Consultant
DR P CAVANAGH DR G LEHANY
Address Psychiatry Dept COT, Haldane House
QMH 71 Priory Lane
DUNFERMLINE
Tel: [redacted]
RMO: Yes/No

Designated Community Nurse [redacted]
Address: West Fife Community Outreach Team
Haldane House, 71 Priory Lane
DUNFERMLINE
Tel: [redacted]

Social Worker Name n/a
Address:
Tel:

Other(s) Role / Relationship
1. [redacted] 71
2.
3. ice
4.

MHA Status: INFORMAL Changed Yes No
Date of Detention (of any change of Detention Order)
Date of Discharge from Detention:
Does the Adults with Incapacity Act Apply: Yes No
Date of next MHO Review:
Date Leave of Absence Commenced:

CRISIS AND OUT OF HOURS ARRANGEMENTS: [redacted]

Named Person Role / Relationship
Address

Interpretation or assistance requirements re:
Ethnic Origin Yes No
Sensory Impairment Yes No
Physically Disabled Yes No

Admission to/Discharge from hospital since last review Dates

Advanced Statement Exists Yes No
Held (by)

Care Co-ordinator Changed Yes/No
Name TOM SHORT
Address: West Fife Community Outreach Team
Haldane House, 71 Priory Lane,
DUNFERMLINE
Designation Clinical Care Manager
Tel [redacted]

Next CPA Review:
Date TUESDAY 17TH JANUARY 2006
Time 3.00PM
Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE

Signed [redacted] Care Co-ordinator Date

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Care Programme Approch - CARE PLAN (CPA1)

NHS

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH AND MEDICATION	• Out-patient appointment 3 monthly • Ad hoc home visits • COT weekly home visits • Attends Carnegie Clinic for depot	Leon / Dr Cavanagh Dr Lehany [redacted] Leon / [redacted]	
PHYSICAL HEALTH	• Visits gym at Carnegie Centre	Leon / [redacted]	
OT INPUT	• Discuss dietary intake / set realistic goals	Leon / [redacted]	
SOCIAL NEEDS	• Explore community facilities, ie gym, cinema, fishing • Obtain bus pass	Leon / [redacted] Leon / [redacted]	
FURTHER SOCIAL INPUT	• Apply for social fund input for increased Richmond Fellowship involvement.	Richmond / COT	
HOUSING SUPPORT	• Support re keeping house tidy, budgeting.	Leon / Richmond	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed [redacted] Patient/Client Date .....

If not signed by the patient, please give relationship and reason

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Care Programme Approch - CARE PLAN (CPA1)

NHS Fife

Patient/Client Name.....LEON GRATTON..... Unit No ..... Action Plan No .....

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
ACCESS VISITS	• Ongoing regular contact • Leon considering visiting a Solicitor re these issues	Leon / [redacted] Leon	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed ..... [redacted] .....LEON GRATTON... Patient/Client Date .....

If not signed by the patient, please give relationship and reason

(CPA Care Plan no 2)

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Care Programme Approch - CARE PLAN (CPA1)

NHS

Patient/Client Name ..... *Unit No*.....

PROGRESS SINCE LAST REVIEW	ISSUES ARISING	AREAS OF CONCERN
Leon less prone to emotional outbursts Leon is more able to talk issues over with other service providers. Leon is attending the Depot Clinic at Carnegie.	Unresolved issues re access level to Leon's [redacted] Leon to visit a solicitor re above.	• Sleep pattern continues to be erratic • Leon's reaction to [redacted] following access visits [redacted] • Leon's budgeting skills remain a cause for concern, in particular when ordering CD's, DVD's by mail order.

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care

NHS Fife

DEPARTMENT OF
CLINICAL PSYCHOLOGY
Stratheden Hospital
CUPAR
Fife KY15 5RR
[redacted]

Private & Confidential

Date 29 September 2005

Your Ref [redacted]

[redacted]
Clinical Care Manager
West Fife Community Outreach Team
Haldane House
DUNFERMLINE
KY12 7DT

RECEIVED
20 OCT 2005

Dear Tom

Leon Gratton, [redacted] d.o.b. 17.3.75) 1191

Further to my previous letter dated 19th May 2005, I have subsequently seen Leon at Carnegie Clinic on a further 5 occasions. Unfortunately since May his attendance has been much more inconsistent and he has also failed to attend on 5 occasions and cancelled another 2 appointments. This pattern of attendance has made it difficult to ensure that Leon has had a good experience of therapy and more crucially of the process of ending therapy, which I considered to be very important in his particular case. Leon reported that continuing difficulties with his sleep pattern were having a detrimental affect on his ability to attend, although often appointments were in the mid to late afternoon and I suspect that some degree of his non-attendance was due to ambivalence about addressing issues around his relationships and past experiences. I have now concluded my input with Leon.

Leon reports having found our sessions useful in two key respects; having a space to explore and express difficult emotions and also helping him to gain some more clarity in his thinking. My main aims in the sessions I had arranged with Leon (subsequent to completing the neuropsychological assessment) were 1) to help Leon develop a clearer shared psychological formulation of how his past experiences had contributed to particular beliefs and his style of relating to others and help Leon make more use of these links and 2) to work on introducing flexibility into some of Leon's beliefs where these were causing him distress or leading to difficulties in interpersonal relationships. Leon has been quite varied in terms of his ability to engage with this process, at times being open and at others being very defensive and expressing differing views, especially regarding his relationship with his [redacted] Nonetheless, I do feel that Leon has done his best to make use of this opportunity to reflect on his personal style of relating to others and the experiences which have shaped this style.

We have also devoted some time to considering his periodic abusive phone calls to his [redacted] which Leon recognises as unhelpful and is causing him greater difficulties. There seems to be a high level of conflicting emotions for Leon involved in their relationship which he finds very confusing and difficult to tolerate. A particular flashpoint for Leon's phone calls to his [redacted] seems to be his frustration at what he considers to be inadequate contact with his [redacted] in terms of which his [redacted] acts as something of a gatekeeper.

POSITIVE ABOUT DISABLED PEOPLE

20 OCT 2005

DOCTO[illegible]

20 OCT 2005

FILE

Divisional Manager: Irene Soutar
Fife Primary Care Is An Operating Division Within NHS Fife

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS
Fife

Leon Gratton - 2

and therefore is a target for Leon's frustrations. However, the situation doesn't seem open to much change or negotiation and Leon does not wish to press for more contact for fear of ending up with less. We have discussed alternative ways of addressing his concerns and channelling his frustrations. I have also encouraged Leon to make use of strategies to help him avoid making phone calls to [redacted] when he is particularly distressed, such as reminders left next to his telephone not to call her when he is distressed, using the strategy of writing down his frustrations either creatively or as a means of having clear points to discuss with his [redacted] when calm. I have also encouraged Leon to develop alternative opportunities outside our session for him to express difficult emotions in an appropriate way, either by writing about them or speaking to others, particularly in his meetings with yourself. However, Leon seems to find it very difficult to inhibit his tendency to behave somewhat inappropriately when he is agitated. Perhaps with further assistance and prompting this may increase the likelihood of his using some of the more appropriate strategies outlined above.

It may well prove to be helpful for Leon to return to psychological therapy in the future but it is my impression that at this time further sessions would have little additional benefit for him. Therefore I am discharging Leon from our service at this time.

Yours sincerely

[redacted]

Trainee Clinical Psychologist **Chartered Clinical Psychologist**

Dr. Cavanagh
Consultant Psychiatrist
Queen Margaret Hospital
DUNFERMLINE

Dr. Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

DOCTOR
NURSE
CC...
20 OCT 2005
FILE
INITIAL

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

RECEIVED
20 OCT 2005

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 8th October 2005
Date Typed 18th October 2005
Our Ref [redacted]
CHI Number [redacted]

Enquiries to
Extension
Email

Dear Dr Garmany,

LEON GRATTON, [redacted]
(DOB: 17 03 1975)

I assessed this 30 year old gentleman on 8th October 2005 at the A&E department of Queen Margaret Hospital. Mr Gratton self-presented with an overdose of 5 x Zaleplon sleeping tablets and 1 Mirtazapine tablet.

History of Presenting Complaint
He stated that earlier today everything had been fine but then he had started getting feelings that people had been sleeping in his bed, breaking into his house and moving things, "this has been going on for ages". He then took an overdose of the 5 sleeping tablets and 1 antidepressant stating that he had just "wanted to fall asleep and never wake up again". Following taking the tablets he phoned the Samaritans who suggested that he contact the Ward. Ward 2 advised Leon to phone the A&E department. He then phoned for an ambulance.

He stated that the trigger for his overdose was "just agitation". He described agitation as "just sheer anger about everything I have been through and everything that is happening to me now". He further went on to expand this saying that it was "the way my [redacted] treats me and me being alone".

Previous Deliberate Self-Harm
The last overdose was last year. Admits to previous self-cutting behaviours. Nil current.

Past Psychiatric History
Well known to Dr Cavanagh's team. Last admission was last year. Denies having a diagnosis. He has had 3 or 4 admissions to psychiatric hospitals including the Royal Edinburgh, Monklands and Queen Margaret Hospital. Extensive community support under ?Dr Lehany. CPN contact at least weekly for a depot injection. Due to see support worker tomorrow.

20 OCT 2005

POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Current Medication
Clopixol 200mg weekly, Mirtazapine 15mg per day, Zaleplon at night and Haloperidol 5mg as required.

Family & Social History
He stays on his own in Inverkeithing. His [redacted] He has [redacted]

Forensic History
Past convictions include breach of the peace and assault. Nil outstanding charges.

Drugs & Alcohol 20 OCT 2015
Denies illicit drug or alcohol use.

Personal History
[redacted] he described his early childhood as fine. He describes being bullied a lot at primary school and drinking a lot of alcohol at secondary school which he left at 16 years of age. Both primary and secondary school were in Edinburgh. He went to work in Aberdeen for 6 months but left because he had nowhere to stay. He came back to Fife and stayed with his [redacted]

Mental State Examination
Large gentleman with a ring piercing in his lower lip. He appeared relatively sedated throughout interview but established a good rapport albeit with inconsistent eye contact. No abnormal movements or tremor. His speech was slow and monotonous. Objectively his mood was possibly low, ?secondary to excessive sedation, and subjectively he felt depressed and angry. He stated that "I just feel everybody knows what I am going to do before I do it". Unclear whether true thought interference. Denies thought echo, thought insertion or withdrawal. Denies any thought broadcasting. No indication of any odd ideas. There was no evidence of any thought disorder. Mr Gratton did however state that on some nights he was unable to sleep and this is because "I think people are going to be on top of me, raping me". I asked if he had ever experienced anything like this in his real life previously and he stated "I think so but I am not sure". Mr Gratton described seeing flashes of seeing people in his bed. He described them as all kinds of different people. He said they had the consistency of a real form in external space and that he believed them to be real. This had happened this evening and as many times in the past. He also described a notion of things being moved around his house and the conviction that somebody was firing pellets at his window because "I can hear it cracking off the window". He also described hearing earlier this evening cheering, screaming and fighting all in external space. Insight was good. Cognitively he was orientated to time, place and person. He had suicidal ideation. He also stated impulsive overdose following ?possible argument with [redacted] No clear concrete plans.

Conclusion
I was unfortunately unable to obtain Mr Gratton's previous notes due to a computer failure. From his presentation I was unsure as to whether this man suffered from a psychotic disorder such as schizophrenia or whether his symptomatology was possibly secondary to childhood abuse/neglect and its resultant influences upon mental function. I discussed the case with Dr Brown, on-call for the Fife area. We decided that given the apparent intensive package in place for Mr Gratton and the likely impulsive nature of his current presentation that a hospital admission would be in appropriate.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

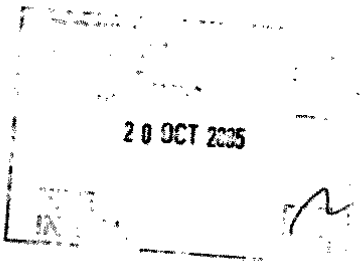
I discussed this plan with Mr Gratton explaining that I would be in contact with his team the following morning to arrange further follow-up. Although disappointed (he had wanted a hospital admission) he accepted this line of thinking and agreed that he would return home.

Plan
Discharge home, contact Dr Cavanagh the next morning and then follow-up by the team.

Yours sincerely,

[redacted]

DR SAM DOPPING-HEPENSTAL
SHO in PSYCHIATRY



THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS
DR GARNANY
INVERKEITHING
FRYERY COURT

PATIENT DATA
D.O.B. 17.3.75 Unit No.
Surname GRATTON
Forename(s) LEON
Address [redacted]

Date and Time of Attendance: 7.10.05 02.45
Date and Time of Accident: 7.10.05 1-2AM.

Occupation UNE Religion NONE
Phone No. [redacted]
Consultant
Next of Kin [redacted]
Home Phone
Work Phone

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
01

LOCATION: HOME.
SOURCE OF REFERRAL: 999 call.

ALLERGIES - Penicillin
OTHER - *(Specify)*
NK KNOWN.
ALERT ✓

T. P. 79 R. 18 B.P. 124/76

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS
OD

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics 12 OCT ATS 2005

TIME FIRST SEEN BY DOCTOR 03.20

Prescription Issued:

HISTORY/CLINICAL DETAILS

30 ♂. known psychiatric patient - depression.
was fed up with his mother - took 5 tablets of Zaleplon and
1-mirtazapine tonight at round 01.00 hrs. He wants to
kill himself. Says he can't handle these problems anymore.

O/E: NAD conscious, oriented, depressed
PR - 79/min BP - 124/76 mmHg
RS - s,s,2 ⊘ ⊘ chest - clear Abd - soft, NAD, BS ⊘
Neurologically intact

Impl. ? OD Dosage // Depression & Risk of Self Harm

Plan: Referred to Psychiatry

Signature [redacted] DR GARNANY (SHO - A&E)

A. & E. 1.
MS 137

PLEASE USE BALLPOINT PEN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

05:26:57. 07 October 200

Adastra Call #: 54630 Received NHS24: 07-Oct-2005 01:59
Full cover

Patient's Name: Leon Gratton
Date of birth: 17-Mar-1975 (Age: 30 years) Sex: Male
Home Address: [redacted]
Current Address:
Tel No: ()
Urgency: Within 4 Hours
Consulted by:
Origin: Other
Type: NHS24 Advice
Own Doctor: Garmany, D

Received PCES: 02:14
Passed : --:--
Advised : --:--
Arrived : --:--
Departed : --:--

Message received:
OVERDOSE.

NHS24 Ref. no.: 2453726

NHS24 Triage Begin 07-Oct-2005 02:06 NHS24 Triage End 07-Oct-2005 02:07
NHS24 Triaged by : Triage Nurse

NHS24 Clinical Summary:
Clinical summary created: 07-Oct-2005
TONIGHT, @ 01:00HRS, TAKEN ZALEPLON X5 & MIRTAZAPINE X1. HAS BEEN HEARING VOICES, WANTS TO KILL HIMSELF. ATTEND DUNFERMLINE A&E, 1 HOUR AMBULANCE ORGANISED.

NHS24 Outcome: Pt advised to go to A&E - Coop to forward to Practice

Advised : 02:06 Advised by : Triage Nurse

Time of Visit/Base 02:06 Consulting Doctor

Outcome:

Followups:

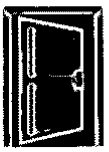
TRANSMISSION COMPLETE

DO

07 OCT 2005

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY9 7DT
[redacted]

NHS Fife

Dr Garmany
5 Friary Court
INVERKEITHING

RECEIVED
27 SEP 2005

Date Dictated	20th September 2005
Date Typed	21st September 2005
Your Ref	
Our Ref	GL/GW/F5153833
CHI Number	170375-1191
Enquiries to	[redacted]
Email	

Dear Dr Garmany

Leon Gratton [redacted] ***17.3.75***

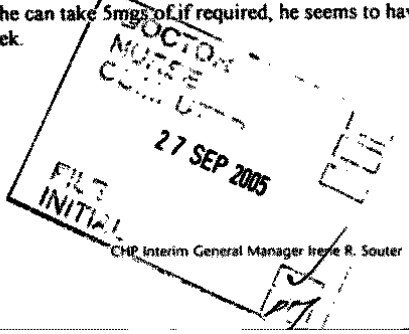
I saw the above gentleman at his home with [redacted] from the Community Outreach Team on 14th September 2005.

Leon reported that over the past three or four weeks he has not been doing as well as he had been doing. In particular he was complaining of a poor sleep pattern again.

On closer questioning though Leon actually appears to be doing really quite well. He gets input most days from various agencies including the Community Outreach Team from Haldane House. He initially told me that the Mirtazapine prescribed in May had had no effect, but he admitted that his mood was brighter than it had been at that time. The support worker who works with Leon from the Community Outreach Team has been away for three weeks and as a result the activities, which Leon normally does with [redacted] had not happened. Leon seems to have missed this and is looking forward to going back to the gym regularly.

When we arrived Leon told us that things were "really terrible" but by the end of the visit Leon agreed that things were not perhaps quite as bad as his initial impression had suggested and that in many ways things were gradually progressing.

Leon continues on his depot Zuclopenthixol and he also continues to take Mirtazapine. Leon has a supply of Haloperidol tablets which he can take 5mgs of if required, he seems to have been needing this probably two or three times a week.



POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

MS469

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

I advised Leon that he could take the Haloperidol as required and that I would arrange to see him again in about six weeks.

Kind Regards
Yours sincerely

[redacted]

Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Paul Cavanagh Consultant Psychiatrist QMH
c.c QMH notes
c.c [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS
Fife

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT

[redacted]

RECEIVED
13 SEP 2005

13 September 2005

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] and will take place on **Tuesday 4th October 2005 at 3.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted] **(Mrs)**
Care Programme Approach Secretary

DOC
NUR
CC
13 SEP 2005
FILE
INITIAL

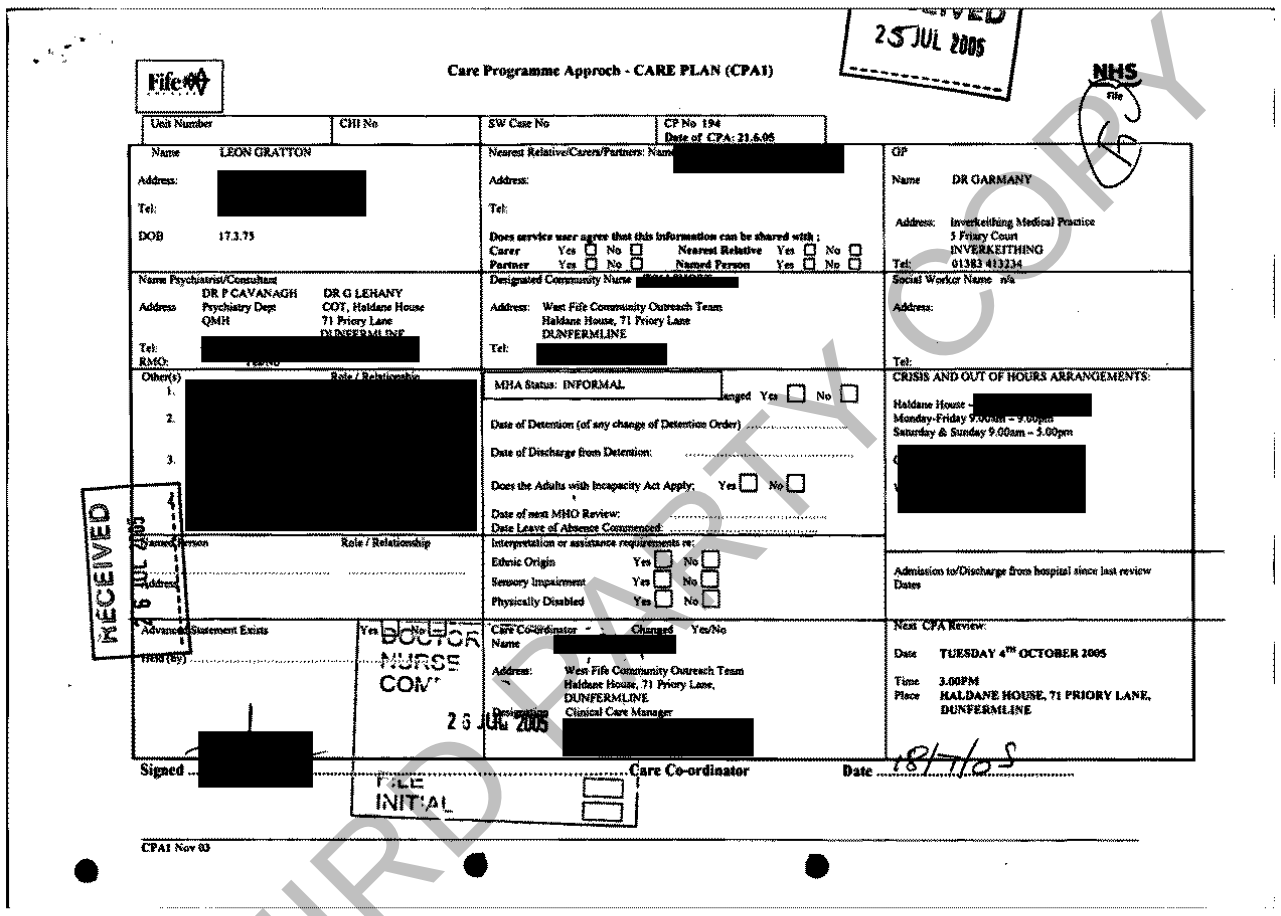
Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing ✓
Dr P Cavanagh, Consultant Psychiatrist, QMH
Dr G Lehany, Staff Grade Psychiatrist, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Trainee Clinical Psychologist, Department of Clinical Psychology, Stratheden Hospital, Cupar
Mr [redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Fife Advocacy, Unit 2, Cowdenbeath Business Centre, 318 High Street, Cowdenbeath
[redacted], Richmond Fellowship, Dickson House, Dickson Street, Dunfermline

CHP Interim General Manager [redacted]

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



Care Programme Approch - CARE PLAN (CPA1)

RECEIVED 25 JUL 2005

RECEIVED 26 JUL 2005

DOCTOR NURSE COM 25 JUL 2005

FILE INITIAL

Unit Number	CHI No	SW Case No	CP No 194 Date of CPA: 21.6.05

Name LEON GRATTON
Address: [redacted]
Tel:
DOB 17.3.75

Nearest Relative/Carers/Partners: Name [redacted]
Address:
Tel:
Does service user agree that this information can be shared with :
Carer Yes ☐ No ☐ Nearest Relative Yes ☐ No ☐
Partner Yes ☐ No ☐ Named Person Yes ☐ No ☐

GP
Name DR GARMANY
Address: Inverkeithing Medical Practice, 5 Priory Court, INVERKEITHING
Tel: 01383 413234

Name Psychiatrist/Consultant
DR P CAVANAGH, Psychiatry Dept, QMH
DR G LEHANY, COT, Haldane House, 71 Priory Lane, DUNFERMLINE
Address
Tel:
RMO:

Designated Community Nurse [redacted]
Address: West Fife Community Outreach Team, Haldane House, 71 Priory Lane, DUNFERMLINE
Tel: [redacted]

Social Worker Name n/a
Address:
Tel:

Other(s) Role / Relationship
1. [redacted]
2.
3.

MHA Status: INFORMAL
Changed Yes ☐ No ☐
Date of Detention (of any change of Detention Order)
Date of Discharge from Detention:
Does the Adults with Incapacity Act Apply: Yes ☐ No ☐
Date of next MHO Review:
Date Leave of Absence Commenced:

CRISIS AND OUT OF HOURS ARRANGEMENTS:
Haldane House - [redacted]
Monday-Friday 9.00am – 9.00pm
Saturday & Sunday 9.00am – 5.00pm
[redacted]

Named Person Role / Relationship
Address

Interpretation or assistance requirements re:
Ethnic Origin Yes ☐ No ☐
Sensory Impairment Yes ☐ No ☐
Physically Disabled Yes ☐ No ☐

Admission to/Discharge from hospital since last review Dates

Advance Statement Exists Yes ☐ No ☐
Held (By)

Care Co-ordinator Changed Yes/No
Name [redacted]
Address: West Fife Community Outreach Team, Haldane House, 71 Priory Lane, DUNFERMLINE
Designation Clinical Care Manager

Next CPA Review:
Date TUESDAY 4TH OCTOBER 2005
Time 3.00PM
Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE

Signed [redacted] Care Co-ordinator Date 18/7/05

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Care Programme Approch - CARE PLAN (CPA1)

NHS Fife

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH AND MEDICATION	• Out-patient appointment 3 monthly • Ad hoc home visits • COT weekly home visits	Leon / Dr Cavanagh Dr Lehany [redacted]	
PHYSICAL HEALTH	• Visits gym at Carnegie Centre	Leon / [redacted]	
OT INPUT	• Discuss dietary intake / set realistic goals	Leon / [redacted]	
SOCIAL NEEDS	• Explore community facilities, ie gym, cinema, fishing • Obtain bus pass	Leon [redacted] Leon / [redacted]	
FURTHER SOCIAL INPUT	• Apply for social fund input for increased Richmond Fellowship involvement.	Richmond / COT	
HOUSING SUPPORT	• Support re keeping house tidy, budgeting.	Leon / Richmond	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed [redacted] ..... Patient/Client Date 18/7/05

If not signed by the patient, please give relationship and reason

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Care Programme Approch - CARE PLAN (CPA1)

Patient/Client Name.....LEON GRATTON..... Unit No ..... Action Plan No .....

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
PSYCHOLOGY	• Regular sessions	Leon / [redacted]	
ACCESS VISITS	• Ongoing regular contact	Leon / [redacted]	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed [redacted].....LEON GRATTON... Patient/Client Date 18/7/05

If not signed by the patient, please give relationship and reason

(CPA Care Plan no 2)

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Care Programme Approch - CARE PLAN (CPA1)

Patient/Client Name ..... *Unit No*.....

PROGRESS SINCE LAST REVIEW	ISSUES ARISING	AREAS OF CONCERN
		• Sleep pattern continues to be erratic

(CPA Care Plan no 3)

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care

Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT

NHS Fife

[redacted]

RECEIVED
- 2 JUN 2005

31 May 2005

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator and will take place on **Tuesday 21st June 2005 at 3.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted] (Mrs)
Care Programme Approach Secretary

DOCTOR
NURSE
CO...
- 2 JUN 2005
FILE
INITIAL

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing ✓
Dr P Cavanagh, Consultant Psychiatrist, QMH
Dr G Lehany, Staff Grade Psychiatrist, COT, Haldane House, 71 Priory Lane, Dunfermline
, Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
Mr [redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Fife Advocacy, Unit 2, Cowdenbeath Business Centre, 318 High Street, Cowdenbeath
[redacted] Richmond Fellowship, Dickson House, Dickson Street, Dunfermline
[redacted] Service Manager, Richmond Fellowship,

POSITIVE ABOUT DISABLED PEOPLE

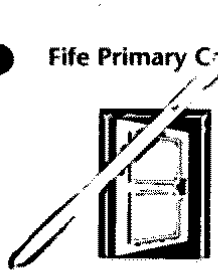
Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care



NHS Fife

West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
KY12 7DT
[redacted]

27 May 2005

RECEIVED
31 MAY 2005

Dr Garmany
Inverkeithing Medical Practice
5 Friary Court
INVERKEITHING
KY11 1NU

Dear Dr Garmany

Re: Leon Gratton [redacted] ***DOB 17.3.75***

Recently [redacted] Clinical Care Manager referred Leon to the Community Outreach Team's Occupational Therapy Service. The reason for the referral was primarily to explore and develop Leon's motivation, and to carryout a skills assessment.

Following my initial contact with Leon, several areas were identified whereby support could be offered. Leon has prioritised his lack of motivation, poor concentration and poor diet as areas which he would like to address. Consequently, I am currently working with Leon to prioritise and establish realistic and manageable short-term goals based on his longterm goals which I have noted below:-

- Routinely participate in own Creative Writing
- To eat a more balanced and healthy diet

I will write again periodically to keep you informed of our progress. Should you require any further information or clarification with regards to my input do not hesitate to contact me at the number above.

Yours sincerely

[redacted]

SENIOR 1 OCCUPATIONAL THERAPIST
COMMUNITY OUTREACH TEAM

DOCTOR
NURSE
COMMUNITY
31 MAY 2005
FILE
INITIAL

CC [redacted] Clinical Care Manager, COT, Haldane House
Dr Paul Cavanagh, Consultant Psychiatrist, QMH

POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

M5460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

RECEIVED
19 MAY 2005

Date Dictated 11th May 2005
Date Typed 17th May 2005
Our Ref PC/MS/F5153833
CHI Number 170375-1191

[redacted]

Dear Dr Garmany,

LEON GRATTON, [redacted] **(DOB: 17 03 1975)**

I was asked to see Leon as he was complaining of depressive symptoms. It appears he has not been taking his antidepressants because he is unable to manage the daily dispensing. His sleep/wake cycle is poor as ever. However reports from the Outreach Team are that he don't feel he is particularly depressed and that his mental state seems reasonable. **I agreed to prescribe Mirtazapine 15mg at night and Zaleplon 10mg at night.** I would be obliged if these prescriptions could be carried through. **In the meantime he continues to have extrapyramidal side effects and so I will reduce his depot by 15mg.**

Yours sincerely,

[redacted]

DR PAUL CAVANAGH
CONSULTANT PSYCHIATRIST

DOCTOR
NURSE
COM
19 MAY 2005
FILE
INITIAL

POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

From: FIFE - PCS To: 01383427527 Page 7 of 7 05:24:59, 06 May 2005

Call #: 23261 Received NHS24: 06-May-2005 00:55
Full cover

Patient's Name: Leon Gratton
Date of birth: 17-Mar-1975 (Age: 30 years) Sex: Male
Home Address: [redacted]
Current Address:
Tel No: () [redacted] Origin: Other
Urgency: Within 4 Hours Type: NHS24 Advice
Consulted by: Own Doctor: Garmany, D

Received PCES: 01:13
Passed : __:__
Advised : __:__
Arrived : __:__
Departed : __:__

Message received:
THINK EPILEPTIC FIT

NHS24 Triage Begin 06-May-2005 00:57 NHS24 Triage End 06-May-2005 01:10
NHS24 Triaged by : Triage Nurse

NHS24 Clinical Summary:
Clinical summary created: 06-May-2005
MUSCLES TWITCHING ALL OVER. ONSET WEEKS AGO & GP AWARE. GAVE ORPHENADRINE WHICH PT STATES HAS NO EFFECT. THOUGHT WAS HAVING EPILEPTIC FIT. REASSURED AND ADVISED TO CONTACT GP ROUTINELY.

NHS24 Outcome: Pt advised to contact practice - Coop to forward to Practice

Advised : 00:57 Advised by : Triage Nurse

Time of Visit/Base 00:57 Consulting Doctor

Outcome:

Folowups:

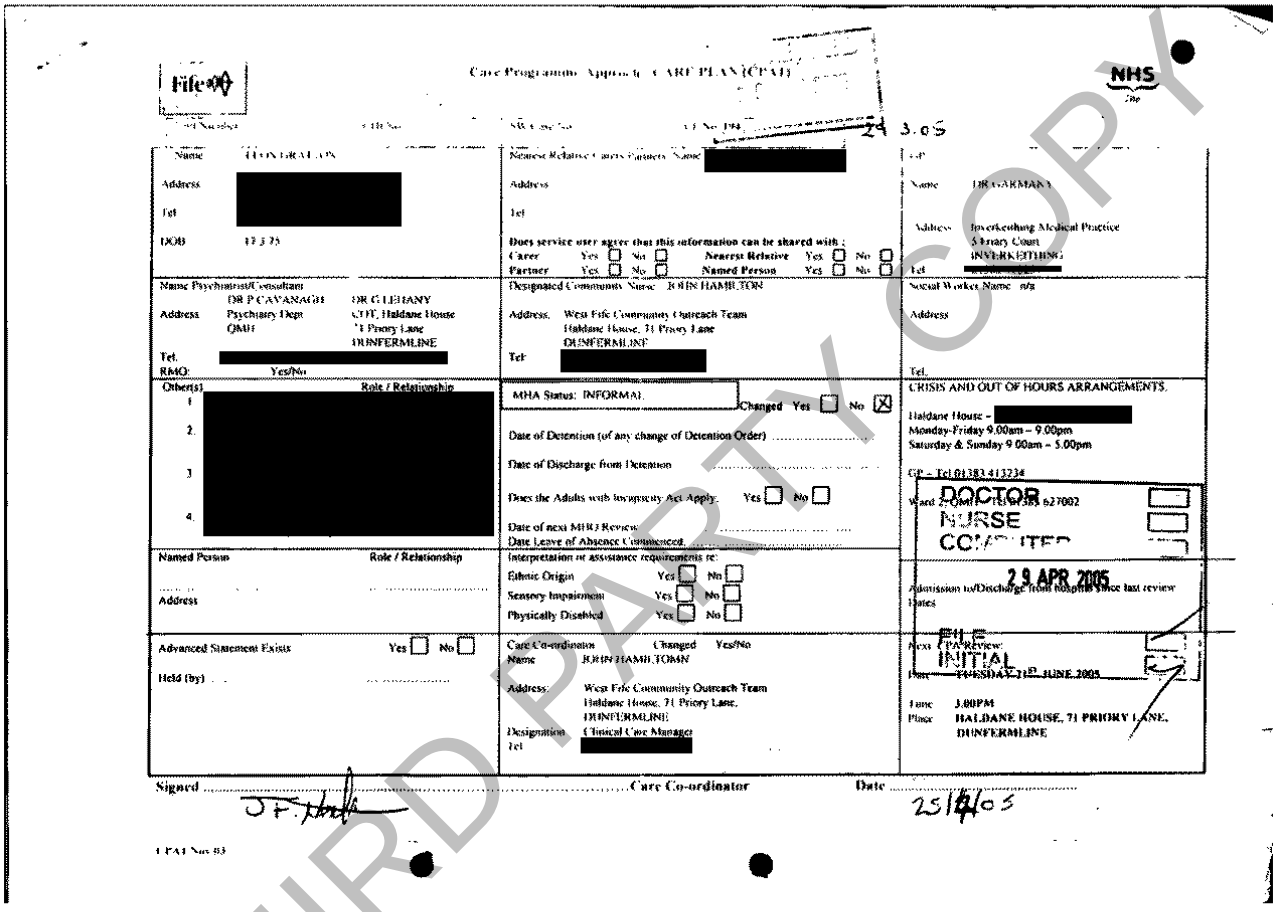
TRANSMISSION COMPLETE

CMR [redacted]
MODIFIED FIRST
DR INITIALS

DOCTOR
NURSE
COMPUTER
- 6 MAY 2005
FILE
INITIAL

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



Fife

Care Programme Approach CARE PLAN (CPA)

NHS

29.3.05

Name [redacted]
Address [redacted]
Tel
DOB 17.3.75

Nearest Relative / Carer's Partner's Name [redacted]
Address
Tel
Does service user agree that this information can be shared with :
Carer Yes ☐ No ☐ Nearest Relative Yes ☐ No ☐
Partner Yes ☐ No ☐ Named Person Yes ☐ No ☐

GP
Name DR GARMAN
Address Inverkeithing Medical Practice
5 Friary Court
INVERKEITHING
Tel [redacted]

Name Psychiatrist/Consultant DR P CAVANAGH DR G LEHANY
Address Psychiatry Dept CTF, Haldane House
QMH 71 Priory Lane
DUNFERMLINE
Tel. [redacted]
RMO: Yes/No

Designated Community Nurse ROBB HAMILTON
Address West Fife Community Outreach Team
Haldane House, 71 Priory Lane
DUNFERMLINE
Tel [redacted]

Social Worker Name n/a
Address
Tel

Other(s) Role / Relationship
1 [redacted]
2.
3
4

MHA Status: INFORMAL Changed Yes ☐ No ☒
Date of Detention (of any change of Detention Order)
Date of Discharge from Detention
Does the Adults with Incapacity Act Apply: Yes ☐ No ☐
Date of next MHO Review
Date Leave of Absence Commenced

CRISES AND OUT OF HOURS ARRANGEMENTS.
Haldane House – [redacted]
Monday-Friday 9.00am – 9.00pm
Saturday & Sunday 9.00am – 5.00pm
GP – Tel 01383 413234
Ward 2 CMHT – Tel 01383 627002

DOCTOR
NURSE
COMPUTER

Named Person Role / Relationship
Address

Interpretation or assistance requirements re:
Ethnic Origin Yes ☐ No ☐
Sensory Impairment Yes ☐ No ☐
Physically Disabled Yes ☐ No ☐

29 APR 2005

Admission to/Discharge from hospital since last review Dates

Advanced Statement Exists Yes ☐ No ☐
Held (by)

Care Co-ordinator Changed Yes/No
Name ROBB HAMILTON
Address West Fife Community Outreach Team
Haldane House, 71 Priory Lane,
DUNFERMLINE
Designation Clinical Care Manager
Tel [redacted]

FILE
INITIAL

Next CPA Review:
Date TUESDAY 21ST JUNE 2005
Time 3.00PM
Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE

Signed J F Hamilton Care Co-ordinator Date 25/4/05

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Care Programme Approach - CARE PLAN (CPA1)

NHS Fife

NEEDS IDENTIFIED - INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	3 monthly reviews as an out-patient with Dr Cavanagh Dr Lehany ad hoc home visits Weekly visits by [redacted]	Leon / Dr Cavanagh Dr Lehany / Leon [redacted]	John to use weekly programme to give structure and occupy time throughout day.
PHYSICAL HEALTH	Sleep pattern disturbed	Leon	
MEDICATION	Dr Cavanagh [redacted] weekly	Leon / Dr Cavanagh / [redacted]	
HOME ENVIRONMENT	Richmond Fellowship now providing care.	Leon / Richmond Fellowship staff	
SOCIALISATION	Leon to attend social groups using bus pass. [redacted] to assist with bus pass Attending gym with [redacted] To try attendance at Core Club John to apply for extra funding for social support direct payments	Leon [redacted] [redacted] / Leon Leon [redacted] Leon / Core Club staff / Richmond [redacted]	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed [redacted] **Patient/Client** **Date** 25/4/05

If not signed by the patient, please give relationship and reason

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Care Programme Approach - CARE PLAN (CPA1)

NHS Fife

Patient/Client Name.....LEON GRATTON..... Unit No ..... Action Plan No .....

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
SOCIALISATION Continued	Golf when not playing football	Leon / [redacted]	
BUDGETING	Richmond Fellowship	Richmond Fellowship staff	
ACCESS VISITS WITH DARREN	Leon to have regular contact with his [redacted] Darren – co-ordinated by Lorna	Leon / [redacted]	
CRISIS PLAN	See front sheet of Care Plan		

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed .....LEON GRATTON... Patient/Client Date .....

If not signed by the patient, please give relationship and reason

(CPA Care Plan no 2)

Patient/Client Name ..... *Unit No*.....

CPA1 Nov 03

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Call #: 21064 Received NHS24: 27-Apr-2005 03:21
Full cover

Patient's Name: Leon Gratton
Date of birth: 17-Mar-1975 (Age: 30 years) Sex: Male
Home Address: [redacted]
Current Address:
Tel No: [redacted] Origin: Other
Urgency: Within 4 Hours Type: NHS24 Advice
Consulted by: Own Doctor: Garmany, D

Received PCES: 03:34
Passed : __:__
Advised : __:__
Arrived : __:__
Departed : __:__

Message received:
SEVERE HEADACHE

NHS24 Triage Begin 27-Apr-2005 03:24 NHS24 Triage End 27-Apr-2005 03:26
NHS24 Triaged by : Triage Nurse Fiona Bing

NHS24 Clinical Summary:
Clinical summary created: 27-Apr-2005
SEVERE HEADACHE 2 DAYS -BLURRED VISION - LIKE PREVIOUS MIGRAINES BUT LONGER - RUN OUT PARACETAMOL - LOCAL SHOP OPEN AT 06:00 WILL GET MORE THEN - H/O SCHIZOPHRENIA - CONTACT GP WITHIN 36 HRS

NHS24 Outcome: Pt advised to contact practice within 36 Hrs - Coop to forward to P

Advised : 03:24 Advised by : Triage Nurse [redacted]

Time of Visit/Base 03:24 Consulting Doctor

Outcome:

Folowups:

TRANSMISSION COMPLETE

CMR
Y
MORBIDITY
MODIFIER FIRST RECURRENCE
DR INITIALS

DOCTOR
NURSE
COMPUTER
27 APR 2005
FILE
INITIAL

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care

NHS Fife

Dr Garmany
Inverkeithing Medical Practice
5 Friary Court
DUNFERMLINE

DEPARTMENT OF
CLINICAL PSYCHOLOGY
Stratheden Hospital
CUPAR
Fife KY15 5RR
[redacted]

RECEIVED
29 APR 2005

Private & Confidential

Date: 18th April 2005

Dear Dr Garmany,

Re: Leon Gratton (17.3.75) CHI - 1191

I am writing to inform you that the above named individual has participated in a research study administered by myself. The research is investigating emotion regulation strategies amongst individuals with psychoses and examining whether there are any significant differences, in terms of these variables, between those individuals who use alcohol or substances problematically and those who do not.

The above named individual was approached as they are a client of the Community Outreach Team and met the inclusion criteria for the study. Participating in the research involves primarily completing 4 questionnaire measures at an appointment with myself. A small sub-group have also completed a semi-structured interview about their experiences.

The above-named individual participated in the following elements of the study (to be deleted as appropriate):

Questionnaire study ~~and the~~ ~~**Interview study.**~~

The study has been approved by the Fife Research Ethics Committee ([redacted]) Should you have any further questions about the study or the above individual's involvement then please do not hesitate to contact me. However, the information that was provided as part of the study does, of course, remain confidential.

Yours sincerely,

[redacted]
Trainee Clinical Psychologist

Supervised by [redacted]
Chartered Clinical Psychologist

DOCTOR
NURSE
COMMENT
20 APR 2005
FILE
INITIAL

POSITIVE ABOUT DISABLED PEOPLE

GP Info 1.0 14/11/04

Interim Chief Executive: Dr. Frances M. Elliot
Fife Primary Care Is An Operating Division Within NHS Fife

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
[redacted]

NHS Fife

Dr David Garmany
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date 13th April 2005
Your Ref
Our Ref PC/LA/F5218691

Enquiries to [redacted]
Extension
Direct Line
Email address

Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75 [redacted]

Leon was seen in the out patient clinic today following concerns expressed by his [redacted] at his CPA yesterday. The key issues were low mood, lack of sleep, possible extra pyramidal side effects including tremor and dystonia and aggression, in particular verbal aggression directed at his [redacted] Leon tends to phone his [redacted] in the small hours of the night in the context of irritation and frustrations he has with her and these telephone calls can be abusive and threatening. It is clear that he is not responding to hallucinatory phenomena or acting on delusional ideas when he does this but rather it represents his general ambivalence towards his [redacted] This applies to previous arguments he has had with his [redacted] whereby he reacts by becoming angry and calling her during the night in order to let off steam. We discussed alternative ways that he might deal with these feelings.

In view of his low mood and sleep difficulties, I have commenced him on Mirtazepine, initially 15 mgs nocte.

Yours sincerely

[redacted]

Dr Paul Cavanagh
Consultant Psychiatrist

RECEIVED
18 APR 2005
DOCTOR
NURSE
COMPUTER
18 APR 2005
FILE
INITIAL

POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care

Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: Barbara Beattie
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

17 March 2005

RECEIVED 22 MAR 2005

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] and will take place on **Tuesday 29th March 2005 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted] **(Mrs)**
Care Programme Approach Secretary

DOCTOR
NURSE
COMF
22 MAR 2005
FILE
INITIAL

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing ✓
Dr P Cavanagh, Consultant Psychiatrist, QMH
Dr G Lehany, Staff Grade Psychiatrist, COT, Haldane House, 71 Priory Lane, Dunfermline
Mr [redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Fife Advocacy, Unit 2, Cowdenbeath Business Centre, 318 High Street, Cowdenbeath
[redacted], Richmond Fellowship, Dickson House, Dickson Street, Dunfermline
[redacted] Service Manager, Richmond Fellowship, Dickson House, Dickson Street, Dunfermline

POSITIVE ABOUT DISABLED PEOPLE

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care

Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

31 January 2005

RECEIVED
03 FEB 2005

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

Further to my letter to you dated 18th January unfortunately Leon's Care Plan meeting scheduled to take place on Tuesday 8th February has been cancelled due to Dr Cavanagh being away on that day.

I apologise for any inconvenience. I will be in touch regarding a new date in the near future.

Yours sincerely

[redacted]

[redacted] (Mrs)
Care Programme Approach Secretary

DOCTOR
[redacted]
- 3 FEB 2005
FILE
INITIAL

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing
Dr P Cavanagh, Consultant Psychiatrist, QMH
Dr G Lehany, Staff Grade Psychiatrist, COT, Haldane House, 71 Priory Lane, Dunfermline
Mr [redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Fife Advocacy, Unit 2, Cowdenbeath Business Centre, 318 High Street, Cowdenbeath
[redacted] Richmond Fellowship, Dickson House, Dickson Street, Dunfermline
[redacted] Service Manager, Richmond Fellowship, Dickson House, Dickson Street, Dunfermline

Interim Chief Executive Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care
Mental Health Directorate

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

18 January 2005

RECEIVED
20 JAN 2005

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] and will take place on **Tuesday 8th February 2005 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting; or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted] **(Mrs)**
Care Programme Approach Secretary

DOCTOR
NURSE
COM
20 JAN 2005
FILE
INITIAL

Distribution: [redacted]
Dr Garmany, Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing ✓
Dr P Cavanagh, Consultant Psychiatrist, QMH
Dr G Lehany, Staff Grade Psychiatrist, COT, Haldane House, 71 Priory Lane, Dunfermline
Mr [redacted] Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline
[redacted] Fife Advocacy, Unit 2, Cowdenbeath Business Centre, 318 High Street, Cowdenbeath
[redacted] Richmond Fellowship, Dickson House, Dickson Street, Dunfermline
[redacted] Service Manager, Richmond Fellowship, Dickson House, Dickson Street, Dunfermline

POSITIVE ABOUT DISABLED PEOPLE

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Primary Care

NHS Fife

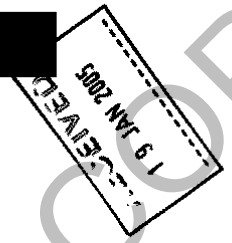
DEPARTMENT OF
CLINICAL PSYCHOLOGY
Stratheden Hospital
CUPAR
Fife KY15 5RR
[redacted]

Private & Confidential

[redacted]
Clinical Care Manager
West Fife Community Outreach Team
Haldane Lane
71 Priory Lane
DUNFERMLINE, KY12 7DT

Date 11 January 2005
Your Ref
Our Ref AH/SP/32763

[redacted]



Dear John

Re: Leon Gratton, [redacted] - (d.o.b. 17.03.1975) 1191

Following your referral of Leon dated 7th December 2004 to myself, I picked up his case from the waiting list for the Adult Clinical Psychology Service and met with him for an initial assessment appointment at Carnegie Clinic on Wednesday 6th January 2005.

Presenting Problems

Leon was keen for psychological input to help him manage feelings of anger and aggression with which he currently considers himself to struggle. Leon described a few incidents where he had been aggressive towards and sometimes has hit family or friends, including his [redacted] and [redacted], and his difficulty controlling his temper when 'wound up' by triggers such as criticism.

Leon also acknowledged ongoing difficulties with residual positive psychotic symptoms. He described experiencing hearing voices of people known to him on and off throughout most nights. The content of these auditory hallucinations is a mixture of positive and negative comments. This has a detrimental effect on Leon's sleep routine and therefore on his general functioning. Leon reports finding the experience of hearing voices very distressing in itself, regardless of the content. He accepted the voices as 'figments of my imagination' but expressed considerable confusion about why he has such experiences. Leon also described visual hallucinations which involve seeing familiar people who appear and disappear and otherwise demonstrate no visual qualitative differences form people who are really present. Leon was reluctant to elaborate on these experiences but indicated that these visual hallucinations are sometimes part of or are incorporated into fantasies and therefore may not always be a negative experience for Leon.

Leon/

POSITIVE ABOUT DISABLED PEOPLE

[redacted]
Interim Chief Executive, Dr. Frances M. Elliot
Fife Primary Care is an operating division within NHS Fife

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS
Fife

Leon Gratton (cont)

Leon reported that in the past he had used illicit benzodiazipines as a way of coping with some of his symptoms by inducing sleep, although he reports having stopped this approximately 4 years ago. He accepted that it may be useful to look at alternative coping strategies in our sessions, although this will not be our initial focus. Leon described being dissatisfied with taking medications at all, he is unhappy about needing to do so and finds that they often make him drowsy. However, he seemed to accept the need to take medication to help reduce his positive symptoms although he was ambivalent about this.

Leon also identified as problematic a long-term difficulty with forming and maintaining relationships. This is a source of considerable distress and frustration for him. Leon seemed to acknowledge that he bears a degree of responsibility for these difficulties and expressed a willingness to look at these problems further.

Leon was quick to raise the issue of an incident where he was molested by a local man which he recalls happening around the age of 12. Although Leon was rather vague about the details and sequence of event this is obviously still very distressing and salient for him and seems to be largely unresolved. Leon considers the experience relevant to his current difficulties and we may devote time in our sessions to exploring the incident further in an attempt to help Leon resolve some of his feelings about the experience and understand the role it may have played in some of his interpersonal difficulties.

Leon reported periodic low mood and considerable stress regarding financial concerns but did express some optimism about his future. He admitted occasional suicidal thinking but no current plans.

Initial Plans For Involvement

Leon himself has prioritised his need for some input to address difficulties coping with anger and aggression and I have agreed to this initial focus as it seems to be a pressing concern for him. Initially we have agreed to meet for 4 sessions followed by a review. I will take a largely cognitive-behavioural approach to working with Leon and anticipate that issues concerning relationship difficulties and his childhood experience of molestation will inevitably be interwoven with this work.

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS
Fife

Leon Gratton (cont)

Leon was also agreeable to Dr Cavanagh's request for some neuropsychological assessment, the focus of which I would like to discuss further with yourself and Dr Cavanagh prior to undertaking the assessment to ensure relevant areas of functioning are covered. Our initial focus though will be Leon's difficulty coping with anger.

Yours sincerely

[redacted]
Trainee Clinical Psychologist

[redacted]
Chartered Clinical Psychologist

cc. Dr P Cavanagh,
Consultant Psychiatrist,
Queen Margaret Hospital
DUNFERMLINE

cc. Dr Garmany,
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf Labs3.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Fife Area Laboratory — CLINICAL BIOCHEMISTRY

Surname: **GRATTON** Forename: **Leon** D.o.B.: 17 Mar 1975 Sex: M Case No: 1703751191
Address: [redacted] Post code: KY11 1DZ CHI: 1703751191
Cons/GP: Dr D SOMERVILLE Source: Inverkeithing Medical Centre

Current clin. details: CVD RISK

	Date	19/02/10	24/12/09
	Time	10:10	21:00
	Labno.	C4337117Q	C9417485D
Sodium		140	135
(134-144 mmol/L)			
Potassium		4.6	4.3
(3.6-5.4 mmol/L)			
Bicarbonate			28
(22-32 mmol/L)			
Urea		3.8	4.2
(3.0-8.5 mmol/L)			
Creatinine		80	97
(50-120 umol/L)			
eGFR		> 60	> 60
(mL/min)			
Glucose		4.1	
(3.3-6.1 mmol/L)			
Albumin		46	
(38-50 g/L)			
Protein (Total)		80	
(60-80 g/L)			
Alkaline phosphatase		75	
(35-115 U/L)			
Gamma-Glutamyltransfera		115H	
(7-50 U/L)			
Alanine transaminase		46H	
(0-40 U/L)			
Bilirubin (Total)		5	
(2-20 umol/L)			
Cholesterol		7.4H	
(3.3-6.5 mmol/L)			
Triglyceride		1.2	
(0.85-2.0 mmol/L)			
HDL Cholesterol		1.43	
(0.8-1.8 mmol/L)			
LDL Cholesterol		5.4H	
(1.0-4.2 mmol/L)			
Cholesterol/HDL ratio		5.2	

C4337117Q 19/02/10 LDL calculation is only valid if patient is fasting.

DOCTOR
NURSE
COUNSELLOR
23 FEB 2010
FILE
INITIAL

ALL RESULTS APPLY TO SERUM/PLASMA UNLESS OTHERWISE INDICATED
Current Items Reported : EL LF GL CHDL TG SARC
Current Items Requested: EL LF GL CHDL TG SARC
Current Spec. Rec'd: 16:33 19 Feb 2010 Printed: 19 Feb 2010 Authorised by:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dept of MEDICAL MICROBIOLOGY and INFECTION CONTROL

Fife Area Laboratory, Hayfield Road, Kirkcaldy Direct [redacted]

Surname : ***GRATTON*** D.o.B. :17 Mar 1975 Sex : M
Forename : **Leon** Case No:***1703751191*** [redacted] CHI No :1703751191
Address :
Post Code : [redacted]

Report to : ***Dr L.E. DUNCAN*** Origin:Inverkeithing Medical Centre
: Inverkeithing Medical Centre
:

Clin. det.: YELLOW SPUTUM
:
:

Lab Number: ***M3111721H*** Specimen:***Sputum*** Date taken:***05 Feb 2010***
Time taken:

Culture.
Commensal organisms

DOCTOR
NURSE
09 FEB 2010
FILE
INITIAL

Reported: ***08 Feb 2010*** Auth :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dept of MEDICAL MICROBIOLOGY and INFECTION CONTROL

Fife Area Laboratory, Hayfield Road, Kirkcaldy Direct Tel: [redacted]

Surname : ***GRATTON*** D.o.B. :17 Mar 1975 Sex : M
Forename : **Leon** Case No:***1703751191*** CHI No :1703751191
Address : [redacted]
Post Code : [redacted]

Report to : ***Dr D SOMERVILLE*** Origin:Inverkeithing Medical Centre
: Inverkeithing Medical Centre
:

Clin. det.: AXILLA PUS SWAB
: BECOMING CHRONIC PROBLEM
: CO-AMOXICLAV STARTED TODAY

Lab Number: ***M1822398N*** Specimen:***Axilla swab*** Date taken: ***06 Aug 2007***

Culture
No significant growth

DOCTOR
NURSE
CODE
- 9 AUG 2007
FILE
INITIAL [redacted]

Received : 07 Aug 2007 Reported: 09 Aug 2007 Auth :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dept of MEDICAL MICROBIOLOGY and INFECTION CONTROL

Fife Area Laboratory, Hayfield Road, Kirkcaldy Direct [redacted]

Surname : **GRATTON** D.o.B. :17 Mar 1975 Sex : M
Forename : **Leon** Case No:**1703751191** CHI No :1703751191
Address : [redacted]
Post Code : [redacted]

Report to : **Dr D SOMERVILLE** Origin:Inverkeithing Medical Centre
: Inverkeithing Medical Centre
:

Clin. det.: Dysuria
:
:

Lab Number: **M1932099Y** Specimen:**Urine** Date taken: **27 Jun 2007**

[redacted]
(letter sent)

Repeat in white container, 1st sample in a.m.

DOCTOR
NURSE
COMPUTER
- 2 JUL 2007
FILE
INITIAL

Chlamydia PCR Not tested
Containers for PCR investigations must be free from preservatives. Please use a clear polystyrene universal container.
No date on form. Failure to supply the date and time when sample was taken can make the interpretation of the results difficult.
First void urine must be sent when Chlamydia is requested as other types of urine may compromise the test results.

Received : 27 Jun 2007 Reported: 29 Jun 2007 Auth : [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Area Laboratory — CLINICAL BIOCHEMISTRY

Surname: GRATTON Forename: Leon D.o.B.: 17 Mar 1975 Sex: M Case No: 1703751191
Address: [redacted] Post code: [redacted] CHI: 1703751191
Cons/GP: Dr D SOMERVILLE Source: Inverkeithing Medical Centre

Current clin. details: FASTED

	Date	27/06/07	11/03/07	27/11/03
	Time	AM		
	Labno.	C2971420A	C9246346H	C9036426V
Sodium (134-144 mmol/L)			138	142
Potassium (3.6-5.4 mmol/L)			3.9	4.2
Bicarbonate (mmol/L)			26	
Urea (3.0-8.5 mmol/L)			3.7	3.8
Creatinine (50-120 umol/L)			87	98
eGFR (mL/min/1.73m2)			> 60	
Glucose (3.3-6.1 mmol/L)		4.2		
Albumin (38-50 g/L)			46	44
Protein (Total) (60 80 g/L)			73	73
Alkaline phosphatase (35-115 U/L)			81	82
Gamma-Glutamyltransfera (7-50 U/L)			58H	59H
Alanine transaminase (0-40 U/L)			25	38
Bilirubin (Total) (2-20 umol/L)			4	18
TSH (0.5-3.9 mU/L)				1.61
Free Thyroxine (10-19 pmol/L)				17
Bicarbonate (22-32 mmol/L)				27

C9036426V 27/11/03 EL.PA SA Phoned to SN ROGERSON Q2 at 14:26 27/11/03 by Q

DOCTOR
NURSE
COMPLETE
29 JUN 2007
FILE
INITIAL

Current Items Reported : GL
Current Items Requested: GL
Current Spec. Rec'd: 16:27 27 Jun 2007 Printed: 27 Jun 2007 Authorised by: [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dept of MEDICAL MICROBIOLOGY and INFECTION CONTROL

PIFE AREA LABORATORY, HAYFIELD RD, KIRKCALDY Direct [redacted]

Surname : **GRATTON** D.o.B. :17 Mar 1975 Sex : M
Forename : **Leon** Case No:*1703751191* CHI No :1703751191
Address : [redacted]
Post Code : [redacted]

Report to : ***Dr D SOMERVILLE*** Origin:Inverkeithing Medical Centre
: Inverkeithing Medical Centre
:

Clin. det.: Dysuria
:
:

Lab Number: ***M1248870B*** Specimen:***Mid stream urine*** Date taken: ***27 Jun 2007***

Polymorphs.....:	***0.90 /uL***	(	***0-82)***
Bacteria.....:	822.80 /uL	(	0-8250)
RBC'S (Non-haemolysed)...	2.10 /uL	(	0-44)
	Review with caution. Accurate count not possible.		
Epithelial cells.....:	3.00 /uL	(	0-55)

DOCTOR
NURSE
CC...
28 JUN 2007
FILE
INITIAL
[redacted]

No date on form - the date on the specimen has been transferred to the form and will be assumed to be the date the specimen was taken.
Only specimens with flagged WBC and/or BACTERIAL COUNT are cultured.

Copy to :

Received : 27 Jun 2007 Reported : 27 Jun 2007 Auth :

THIRD PARTY COPY

NHS Confidential. Personal data should be protected

Dept of MEDICAL MICROBIOLOGY and INFECTION CONTROL

Fife Area Laboratory, Hayfield Road, Kirkcaldy Direct [redacted]

Surname : ***GRATTON*** D.o.B. :17 Mar 1975 Sex : M
Forename : **Leon** Case No: [redacted]
Address : [redacted]
Post Code :

Report to : ***Dr D SOMERVILLE*** Origin:Inverkeithing Medical Centre
: Inverkeithing Medical Centre
:

Clin. det.: ?THRUSH PENIS
: ON ON FLUCONAZOLE/CLOTRIMAZOLE
:

Lab Number: ***M1745254X*** Specimen:***Penile swab*** Date taken: ***15 Mar 2006***

Culture
Heavy growth of coliforms - doubtful significance.

DOCTOR
INVERKEITHING
CSW
20 MAR 2006
FILE
INITIAL

Microscopy----------: Nil seen

Copy to :

[redacted]

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf Labs2.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Result Details

SCI Store - Patient Result Report

Report ID: CA0621617

Sample Collected: 21/06/2022 11:25:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
[redacted]	(WEST) Western General Hospital	[redacted]	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	21/06/2022 11:25:00	21/06/2022 15:37:00	21/06/2022 16:54:25	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	143	133 - 146	mmol/L	
Potassium	4.0	3.5 - 5.3	mmol/L	
Urea	6.4	2.5 - 7.8	mmol/L	
Creatinine	83	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	43	35 - 50	g/L	
Alkaline phosphatase	102	40 - 129	U/L	
Alanine transaminase	**70**	**5 - 55**	**U/L**	**HI**
Bilirubin (Total)	6	0 - 21	umol/L	

Cholesterol/HDL ratio

Description	Value	Range	Unit	Normalcy Notes
Cholesterol	**3.1**	**3.3 - 6.5**	**mmol/L**	**LO**
HDL Cholesterol	0.99	0.8 - 1.8	mmol/L	
Cholesterol/HDL ratio	3.1			

Triglyceride

Description	Value	Range	Unit	Normalcy Notes
Triglyceride	1.28	0.85 - 2.0	mmol/L	
LDL Cholesterol	1.53	1.0 - 4.2	mmol/L	

AKI

AKI	Not detected

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Sample Comments
LDL calculation is only valid if patient is fasting.

Requestor Comments
CLOZAPINE

Printed By: [redacted] on 28/06/2022 08:48:46

THIRD PARTY COPY

[redacted]

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SD.

SCI Store - Patient Result Report

Report ID: CA0621617

Sample Collected: 21/06/2022 11:25:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
[redacted]	(WEST) Western General Hospital	CA0621617	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	21/06/2022 11:25:00	21/06/2022 15:37:00	21/06/2022 16:54:25	Active

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	9.5	3.3 - 6.1	mmol/L	HI

Requestor Comments

CLOZAPINE

Printed By [redacted] on 28/06/2022 08:50:32

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

SCI Store - Patient Result Report

Report ID: HA0607813

Sample Collected: 26/04/2022 12:00:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WES) Weston Day Hospital	HA0607813	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	26/04/2022 12:00:00	26/04/2022 17:17:00	26/04/2022 17:36:46	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	8.5	4 - 10	x10-9/l	
RBC	4.93	4.5 - 5.5	x10-12/l	
HGB	145.0	130 - 170	g/l	
Hct	46.1	40 - 50	%	
MCV	93.5	83 - 101	fl	
MCH	29.4	27 - 32	pg	
MCHC	315.0	315 - 345	g/l	
PLT	250	150 - 410	x10-9/l	
RDW	**15.3**	**11.6 - 14.0**		**HI**
Neut	4.78	2.0 - 7.0	x10-9/l	
Lymp	2.34	1.0 - 3.0	x10-9/l	
Mono	0.73	0.2 - 1.0	x10-9/l	
Eos	**0.62**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.05	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments

CLOZAPINE THERAPY

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	29/04/2022 22:44:41

Printed By: [redacted] on 25/05/2022 11:23:20

[redacted]

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

FAO. SD Page 1 of 1

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	46	MACLAREN, KATHRYN	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	8.9	4 - 10	x10-9/l	
RBC	**4.45**	**4.5 - 5.5**	**x10-12/l**	**LO**
HGB	**129.0**	**130 - 170**	**g/l**	**LO**
Hct	42.4	40 - 50	%	
MCV	95.3	83 - 101	fl	
MCH	29.0	27 - 32	pg	
MCHC	**304.0**	**315 - 345**	**g/l**	**LO**
PLT	216	150 - 410	x10-9/l	
RDW	**16.2**	**11.6 - 14.0**		**HI**
Neut	4.98	2.0 - 7.0	x10-9/l	
Lymp	2.28	1.0 - 3.0	x10-9/l	
Mono	0.80	0.2 - 1.0	x10-9/l	
Eos	**0.79**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.05	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments
CLOZAPINE MONITORING

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	18/01/2022 23:09:37
ChemoCare ADT Interface	syscode		12/01/2022 14:48:49
Keryn Brown	Fife NHS	SCI Store	12/01/2022 09:03:19

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SD.

SCI Store - Patient Result Report

Report ID: HA0590325 **Sample Collected:** 07/12/2021 11:40:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	46	MACLAREN, KATHRYN	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
[redacted]	(WES) Weston Day Hospital	HA0590325	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	07/12/2021 11:40:00	07/12/2021 15:46:00	07/12/2021 16:20:19	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	9.7	4 - 10	x10-9/l	
RBC	4.89	4.5 - 5.5	x10-12/l	
HGB	135.0	130 - 170	g/l	
Hct	43.1	40 - 50	%	
MCV	88.1	83 - 101	fl	
MCH	27.6	27 - 32	pg	
MCHC	**313.0**	**315 - 345**	**g/l**	**LO**
PLT	276	150 - 410	x10-9/l	
RDW	**15,9**	**11.6 - 14.0**		**HI**
Neut	6.27	2.0 - 7.0	x10-9/l	
Lymp	2.06	1.0 - 3.0	x10-9/l	
Mono	0.68	0.2 - 1.0	x10-9/l	
Eos	**0.68**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.04	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments

CLOZAPINE MONITORING

Last 3 users to access this result

Name	System	Location	Time
ChemoCare ADT Interface	syscode		13/12/2021 16:54:22
HIC NW Lab	HIC_NWLab	HIC	10/12/2021 22:45:26
Keryn Brown	Fife NHS	SCI Store	08/12/2021 09:51:28

Printed By: [redacted] on 11/01/2022 10:04:08

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SD

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	46	MACLAREN, KATHRYN	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report

Cholesterol/HDL ratio

Description	Value	Range	Unit	Normalcy Notes
Cholesterol	**2.7**	**3.3 - 6.5**	**mmol/L**	**LO**
HDL Cholesterol	0.89	0.8 - 1.8	mmol/L	
Cholesterol/HDL ratio	3.0			

Triglyceride

Description	Value	Range	Unit	Normalcy Notes
Triglyceride	1.19	0.85 - 2.0	mmol/L	
LDL Cholesterol	1.27	1.0 - 4.2	mmol/L	

Requestor Comments
CLOZAPINE MONITORING

Last 3 users to access this result

Name	System	Location	Time
ChemoCare ADT Interface	syscode		13/12/2021 16:55:05
HIC NW Lab	HIC_NWLab	HIC	12/12/2021 22:30:39
[redacted]	Fife NHS	SCI Store	08/12/2021 09:51:18

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

PAD
SD.

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	46	MACLAREN, KATHRYN	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	5.9	3.3 - 6.1	mmol/L	

Sample Comments

LDL calculation is only valid if patient is fasting.

Requestor Comments

CLOZAPINE MONITORING

Last 3 users to access this result

Name	System	Location	Time
ChemoCare ADT Interface	syscode		13/12/2021 16:55:05
NIC NW Lab	HIC_NWLab	HIC	12/12/2021 22:30:39
[redacted]	Fife NHS	SCI Store	08/12/2021 09:51:08

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

SP

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	46	MACLAREN, KATHRYN	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	143	133 - 146	mmol/L	
Potassium	4.0	3.5 - 5.3	mmol/L	
Urea	5.8	2.5 - 7.8	mmol/L	
Creatinine	84	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	43	35 - 50	g/L	
Alkaline phosphatase	99	40 - 129	U/L	
Alanine transaminase	48	5 - 55	U/L	
Bilirubin (Total)	5	0 - 21	umol/L	

TSH

Description	Value	Range	Unit	Normalcy Notes
TSH	1.62	0.27 - 4.2	mU/L	

AKI

AKI	Not detected

Requestor Comments
On Methotrexate

Last 3 users to access this result

Name	System	Location	Time
ChemoCare ADT Interface	syscode		24/11/2021 14:30:43
Dr Chris Olley	Fife NHS	SCI Store	23/11/2021 15:26:03
HIC NW Lab	HIC_NWLab	HIC	15/11/2021 22:21:41

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	46	MACLAREN, KATHRYN	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**10.7**	**4 - 10**	**x10-9/l**	**HI**
RBC	4.61	4.5 - 5.5	x10-12/l	
HGB	132.0	130 - 170	g/l	
Hct	42.8	40 - 50	%	
MCV	92.8	83 - 101	fl	
MCH	28.6	27 - 32	pg	
MCHC	**308.0**	**315 - 345**	**g/l**	**LO**
PLT	307	150 - 410	x10-9/l	
RDW	**15.9**	**11.6 - 14.0**		**HI**
Neut	6.96	2.0 - 7.0	x10-9/l	
Lymp	1.78	1.0 - 3.0	x10-9/l	
Mono	0.84	0.2 - 1.0	x10-9/l	
Eos	**1.08**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.05	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments
On Methotrexate

Last 4 users to access this result

Name	System	Location	Time
ChemoCare ADT Interface	syscode		24/11/2021 14:27:27
Dr Chris Olley	Fife NHS	SCI Store	23/11/2021 15:26:11
Clinical Portal	Orion CP	Location	16/11/2021 13:51:20
HIC NW Lab	HIC_NWLab	HIC	12/11/2021 22:44:15

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

NF to SD

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON	1703751191	17/03/1975	46	MacLaren, Kathryn	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Name Changed

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**10.7**	**4 - 10**	**x10-9/l**	**HI**
RBC	4.61	4.5 - 5.5	x10-12/l	
HGB	132.0	130 - 170	g/l	
Hct	42.8	40 - 50	%	
MCV	92.8	83 - 101	fl	
MCH	28.6	27 - 32	pg	
MCHC	**308.0**	**315 - 345**	**g/l**	**LO**
PLT	307	150 - 410	x10-9/l	
RDW	**15.9**	**11.6 - 14.0**		**HI**
Neut	6.96	2.0 - 7.0	x10-9/l	
Lymp	1.78	1.0 - 3.0	x10-9/l	
Mono	0.84	0.2 - 1.0	x10-9/l	
Eos	**1.08**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.05	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments
On Methotrexate

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

NC TO SD.

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON	1703751191	17/03/1975	46	MacLaren, Kathryn	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Name Changed

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	143	133 - 146	mmol/L	
Potassium	4.0	3.5 - 5.3	mmol/L	
Urea	5.8	2.5 - 7.8	mmol/L	
Creatinine	84	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	43	35 - 50	g/L	
Alkaline phosphatase	99	40 - 129	U/L	
Alanine transaminase	48	5 - 55	U/L	
Bilirubin (Total)	5	0 - 21	umol/L	

TSH

Description	Value	Range	Unit	Normalcy Notes
TSH	1.62	0.27 - 4.2	mU/L	

AKI

AKI	Not detected

Requestor Comments

On Methotrexate

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	46	MacLaren, Kathryn	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**10.1**	**4 - 10**	**x10-9/l**	**HI**
RBC	4.55	4.5 - 5.5	x10-12/l	
HGB	**128.0**	**130 - 170**	**g/l**	**LO**
Hct	42.4	40 - 50	%	
MCV	93.2	83 - 101	fl	
MCH	28.1	27 - 32	pg	
MCHC	**302.0**	**315 - 345**	**g/l**	**LO**
PLT	280	150 - 410	x10-9/l	
RDW	**15.5**	**11.6 - 14.0**		**HI**
Neut	6.10	2.0 - 7.0	x10-9/l	
Lymp	1.98	1.0 - 3.0	x10-9/l	
Mono	0.77	0.2 - 1.0	x10-9/l	
Eos	**1.24**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.05	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments
physical health monitoring

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	46	MacLaren, Kathryn	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	42	35 - 50	g/L	
Alkaline phosphatase	96	40 - 129	U/L	
Alanine transaminase	46	5 - 55	U/L	
Bilirubin (Total)	7	0 - 21	umol/L	

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	145	133 - 146	mmol/L	
Potassium	4.2	3.5 - 5.3	mmol/L	
Urea	4.0	2.5 - 7.8	mmol/L	
Creatinine	81	50 - 120	umol/L	
eGFR	> 60			

AKI

AKI	Not detected

Requestor Comments
physical health monitoring

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Scan to file.

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	46	MACLAREN, KATHRYN	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
W8C	8.9	4 - 10	x10-9/l	
RBC	4.60	4.5 - 5.5	x10-12/l	
HGB	**127.0**	**130 - 170**	**g/l**	**LO**
Hct	43.9	40 - 50	%	
MCV	95.4	83 - 101	fl	
MCH	27.6	27 - 32	pg	
MCHC	**289.0**	**315 - 345**	**g/l**	**LO**
PLT	255	150 - 410	x10-9/l	
RDW	**15.9**	**11.6 - 14.0**		**HI**
Neut	5.04	2.0 - 7.0	x10-9/l	
Lymp	2.25	1.0 - 3.0	x10-9/l	
Mono	0.61	0.2 - 1.0	x10-9/l	
Eos	**0.97**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.06	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments
ON METHOTREXATE
DR K. MCCLAREN

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	17/09/2021 22:43:33

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

SCI Store - Patient Result Report

Report ID: CA0588534

Sample Collected: 14/09/2021 09:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	1703751191	17/03/1975	46	MACLAREN, KATHRYN	Bank Street Medical Group	[redacted]	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WES) Weston Day Hospital	CA0588534	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	14/09/2021 09:30:00	14/09/2021 15:47:00	14/09/2021 16:24:26	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	142	133 - 146	mmol/L	
Potassium	3.8	3.5 - 5.3	mmol/L	
Urea	5.5	2.5 - 7.8	mmol/L	
Creatinine	82	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	40	35 - 50	g/L	
Alkaline phosphatase	89	40 - 129	U/L	
Alanine transaminase	34	5 - 55	U/L	
Bilirubin (Total)	6	0 - 21	umol/L	

Iron

Description	Value	Range	Unit	Normalcy Notes
Iron	**7.3**	**14 - 32**	**umol/L**	**LO**

AKI

AKI	Not detected

Requestor Comments

ON METHOTREXATE

DR K. MCCLAREN

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	19/09/2021 22:20:50

Printed By: [redacted] on 21/09/2021 11:19:21

THIRD PARTY COPY

[redacted]

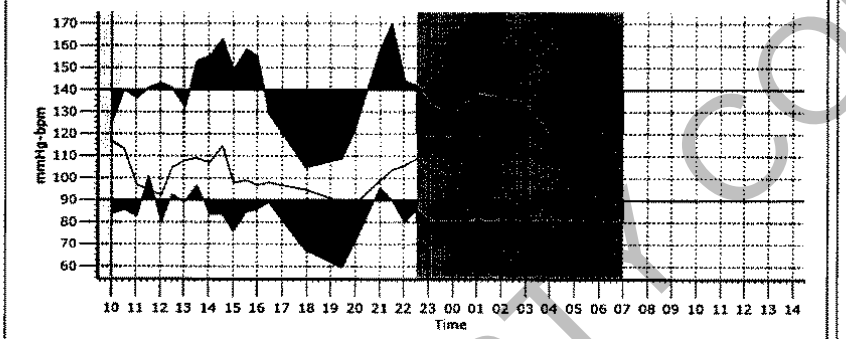
SunTech®

Ambulatory Blood Pressure Report

For filing only

Patient Name :	Ggratton Leon	**Test Date:**	08/11/2019
Patient ID :	[redacted]	**Date of Birth :**	**Gender :** Female

Interpretive Summary



Brachial BP Results

Period	Time	Samples	Mean SYS mmHg (+/- Std.Dev)	Mean DIA mmHg (+/- Std.Dev)	Mean HR BPM (+/- Std.Dev)	BP Load Sys (%)	BP Load Dia (%)
Overall	09:24-14:30 (29:06)	25	139 (+/-16.1)	82 (+/-10.5)	100 (+/-8.6)	65	23
[redacted]							
Asleep Period	22:30-07:00	6	132 (+/-8.1)	75 (+/-8.9)	96 (+/-9.7)	83	33
[redacted]							
Max			125	84	117		
Mean			125	84	117		
Asleep Dip:	SYS = 6.4% DIA =10.7%						

Referring physician Dr. _____

Signature _____ Date _____

Interpreting physician Dr. _____

Signature _____ Date _____

 Copyright © 1998 - 2017 SunTech Medical, Inc.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SunTech®

Ambulatory Blood Pressure Report

Patient Name :	Ggratton Leon	**Test Date:**	08/11/2019
Patient ID :	[redacted]	**Date of Birth :**	**Gender :** Female

Central BP Results

Period	Time	Samples	cSYS	cDIA	cAix	cAix@75	cAP	cPP	cMAP
Overall	09:24-14:30 (29:06)		--	--	--	--	--	--	--
[redacted]									
Asleep Period	22:30-07:00		--	--	--	--	--	--	--
[redacted]									
Max			--	--	--	--	--	--	--
Mean			--	--	--	--	--	--	--

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SunTech®

Ambulatory Blood Pressure Report

Patient Name :	Ggratton Leon	**Test Date:**	08/11/2019
Patient ID :	[redacted]	**Date of Birth :**	**Gender :** Female

Patient Information

Weight : **Height :** **Race :**

Telephone :

Address :

Patient History

Current Medication

Physician Interpretation

Reason for Test

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SunTech®

Ambulatory Blood Pressure Report

Patient Name :	Ggratton Leon	**Test Date:**	08/11/2019
Patient ID :	[redacted]	**Date of Birth :**	**Gender :** Female

ABPM Statistics

Overall Period: Time: 09:24 - 14:30 Duration: 29:06 Samples: 26 of 76 (34%)

	Mean	Std. Dev.	Max (time)	Min (time)	Above Threshold	CV
SYS (mmHg)	139	+/-16.1	170 (21:28)	105 (17:57)		11.6%
DIA (mmHg)	82	+/-10.5	101 (11:31)	59 (19:27)		12.8%
HR (bpm)	100	+/-8.8	117 (09:58)	85 (03:58)		8.8%
MAP (mmHg)	101	+/-11.2	117 (20:59)	76 (19:27)		11.1%
PP (mmHg)	57	+/-12.1	80 (21:28)	38 (17:57)		21.2%
cSYS (mmHg)	--	--	-- (--:--)	-- (--:--)		--
cDIA (mmHg)	--	--	-- (--:--)	-- (--:--)		--
cAIx (%)	--	--	-- (--:--)	-- (--:--)	--	--
cAIx@75 (%)	--	--	-- (--:--)	-- (--:--)	--	--
cAP (mmHg)	--	--	-- (--:--)	-- (--:--)	--	--
cPP (mmHg)	--	--	-- (--:--)	-- (--:--)	--	--
cMAP (mmHg)	--	--	-- (--:--)	-- (--:--)		--

BP Load : 65% of SYS readings > 140 mmHg awake and > 120 mmHg asleep
23% of DIA readings > 90 mmHg awake and > 80 mmHg asleep

Asleep Dip: 6.4% SYS and 10.7% DIA reductions during sleep

AASI: 0.57

Morning Surge: Insufficient data to calculate

Smoothness Index:

Awake Period: Time: 07:00 - 22:30 Samples: 20 of 64 (31%)

	Mean	Std. Dev.	Max (time)	Min (time)	Above Threshold	CV
SYS (mmHg)	141	+/-17.4	170 (21:28)	105 (17:57)		12.3%
DIA (mmHg)	84	+/-10.2	101 (11:31)	59 (19:27)		12.1%
HR (bpm)	102	+/-8.3	117 (09:58)	88 (19:58)		8.1%
MAP (mmHg)	103	+/-11.3	117 (20:59)	76 (19:27)		11.0%
PP (mmHg)	57	+/-13.7	80 (21:28)	38 (17:57)		24.0%
cSYS (mmHg)	--	--	-- (--:--)	-- (--:--)		--
cDIA (mmHg)	--	--	-- (--:--)	-- (--:--)		--
cAIx (%)	--	--	-- (--:--)	-- (--:--)	--	--
cAIx@75 (%)	--	--	-- (--:--)	-- (--:--)	--	--
cAP (mmHg)	--	--	-- (--:--)	-- (--:--)	--	--
cPP (mmHg)	--	--	-- (--:--)	-- (--:--)	--	--
cMAP (mmHg)	--	--	-- (--:--)	-- (--:--)		--

BP Load : 60% of SYS readings > 140 mmHg
20% of DIA readings > 90 mmHg

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SunTech®

Ambulatory Blood Pressure Report

Patient Name :	Ggratton Leon	**Test Date:**	08/11/2019
Patient ID :	[redacted] **Date of Birth :**	**Gender :**	Female

Asleep Period: Time: 22:30 - 07:00 Samples: 6 of 12 (50%)

	Mean	Std. Dev.	Max (time)	Min (time)	Above Threshold	CV
SYS (mmHg)	132	+/-8.1	142 (22:30)	119 (03:58)		6.1%
DIA (mmHg)	75	+/-8.9	86 (22:30)	65 (00:00)		11.9%
HR (bpm)	96	+/-9.7	109 (22:30)	85 (03:58)		10.1%
MAP (mmHg)	94	+/-8.4	105 (22:30)	84 (03:58)		8.9%
PP (mmHg)	57	+/-4.6	63 (00:00)	53 (23:02)		8.1%
cSYS (mmHg)	--	--	-- (--:--)	-- (--:--)		--
cDIA (mmHg)	--	--	-- (--:--)	-- (--:--)		--
cAIx (%)	--	--	-- (--:--)	-- (--:--)	--	--
cAIx@75 (%)	--	--	-- (--:--)	-- (--:--)	--	--
cAP (mmHg)	--	--	-- (--:--)	-- (--:--)	--	--
cPP (mmHg)	--	--	-- (--:--)	-- (--:--)	--	--
cMAP (mmHg)	--	--	-- (--:--)	-- (--:--)		--

BP Load : 83% of SYS readings > 120 mmHg
33% of DIA readings > 80 mmHg

White Coat Period: Time: 09:24 - 10:23 Samples: 1 of 3 (33%)

	Mean	Std. Dev.	Max (time)	Min (time)	Above Threshold	CV
SYS (mmHg)	125	--	125 (09:58)	125 (09:58)		--
DIA (mmHg)	84	--	84 (09:58)	84 (09:58)		--
HR (bpm)	117	--	117 (09:58)	117 (09:58)		--
MAP (mmHg)	98	--	98 (09:58)	98 (09:58)		--
PP (mmHg)	41	--	41 (09:58)	41 (09:58)		--
cSYS (mmHg)	--	--	-- (--:--)	-- (--:--)		--
cDIA (mmHg)	--	--	-- (--:--)	-- (--:--)		--
cAIx (%)	--	--	-- (--:--)	-- (--:--)	--	--
cAIx@75 (%)	--	--	-- (--:--)	-- (--:--)	--	--
cAP (mmHg)	--	--	-- (--:--)	-- (--:--)	--	--
cPP (mmHg)	--	--	-- (--:--)	-- (--:--)	--	--
cMAP (mmHg)	--	--	-- (--:--)	-- (--:--)		--

BP Load : 0% of SYS readings > 140 mmHg
0% of DIA readings > 90 mmHg

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SunTech®

Ambulatory Blood Pressure Report

Patient Name :	Ggratton Leon	**Test Date:**	08/11/2019
Patient ID :	[redacted]	**Date of Birth :**	**Gender :** Female

Reviewed ABP Data

#	Time	SYS/DIA (mmHg)	HR (BPM)	MAP (mmHg)	cSYS/cDIA (mmHg)	cAIx (%)	cAIx@75 (%)	cAP (mmHg)	cPP (mmHg)	Comment
3	09:58	125/84	117	96						
4	10:32	140/86	113	104						
5	11:02	136/83	97	101						
6	11:31	141/101 >	95	114						
8	12:04	143/80 >	92	101						
9	12:30	141/93 >	105	109						
10	13:01	132/89	108	103						
11	13:29	153/97 >	109	116						
12	14:01	155/84 >	107	108						
13	14:34	163/84 >	115	110						
14	15:01	149/76 >	98	100						
15	15:33	158/85 >	99	109						
16	15:58	155/86 >	97	109						
17	16:28	129/89	98	102						
22	17:57	105/67	95	80						
27	19:27	109/59	89	76						
28	19:58	121/70	88	87						
31	20:59	158/96 >	99	117						
32	21:28	170/90 >	104	117						
33	22:03	144/80 >	106	101						
[redacted]		142/86 >	109	105						
		133/80 >	104	98						
		128/65 >	93	86						
		138/82 >	99	101						
		134/71 >	86	92						
		119/66	85	84						
	14:31									Event marked
	15:11									Event marked

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SunTech®

Ambulatory Blood Pressure Report

Patient Name :	Ggration Leon	**Test Date:**	08/11/2019
Patient ID :	[redacted]	**Date of Birth :**	**Gender :** Female

Omitted ABP Data

#	Time	SYS/DIA (mmHg)	HR (BPM)	MAP (mmHg)	cSYS/cDIA (mmHg)	cAIx (%)	cAIx@75 (%)	cAP (mmHg)	cPP (mmHg)	EC
1	09:24	123/76	119	92						2
2	09:26	--/-- >	--	--	--/--	--	--	--	--	4
7	12:03	--/--	--	--	--/--	--	--	--	--	85
18	17:03	--/--	--	--	--/--	--	--	--	--	85
19	17:04	--/--	--	--	--/--	--	--	--	--	85
20	17:28	--/--	--	--	--/--	--	--	--	--	4
21	17:31	--/--	--	--	--/--	--	--	--	--	6
23	18:34	--/--	--	--	--/--	--	--	--	--	85
24	18:34	--/--	--	--	--/--	--	--	--	--	85
25	18:57	125/66	89	86						2
26	18:59	--/--	--	--	--/--	--	--	--	--	2
29	20:29	111/69	94	83						2
30	20:32	144/81 >	94	102						2
[redacted]										
46	07:00	--/--	--	--	--/--	--	--	--	--	2
47	07:02	--/--	--	--	--/--	--	--	--	--	2
48	07:31	--/--	--	--	--/--	--	--	--	--	2
49	07:34	--/--	--	--	--/--	--	--	--	--	2
50	07:57	--/--	--	--	--/--	--	--	--	--	2
51	08:00	--/--	--	--	--/--	--	--	--	--	2
52	08:31	--/--	--	--	--/--	--	--	--	--	2
53	08:33	--/--	--	--	--/--	--	--	--	--	2
54	09:01	--/--	--	--	--/--	--	--	--	--	87
55	09:02	--/--	--	--	--/--	--	--	--	--	2
56	09:28	--/--	--	--	--/--	--	--	--	--	2
57	09:31	--/--	--	--	--/--	--	--	--	--	2
58	10:03	--/--	--	--	--/--	--	--	--	--	2
59	10:05	--/--	--	--	--/--	--	--	--	--	2
60	10:32	--/--	--	--	--/--	--	--	--	--	2
61	10:35	--/--	--	--	--/--	--	--	--	--	2
62	10:59	--/--	--	--	--/--	--	--	--	--	2

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SunTech®

Ambulatory Blood Pressure Report

Patient Name :	Ggratton Leon	**Test Date:**	08/11/2019
Patient ID :	[redacted]	**Date of Birth :**	**Gender :** Female

#	Time	SYS/DIA (mmHg)	HR (BPM)	MAP (mmHg)	cSYS/cDIA (mmHg)	cAIx (%)	cAIx@75 (%)	cAP (mmHg)	cPP (mmHg)	EC
63	11:01	--/--	--	--	--/--	--	--	--	--	2
64	11:29	--/--	--	--	--/--	--	--	--	--	2
65	11:32	--/--	--	--	--/--	--	--	--	--	2
66	12:03	--/--	--	--	--/--	--	--	--	--	2
67	12:06	--/--	--	--	--/--	--	--	--	--	2
68	12:33	--/--	--	--	--/--	--	--	--	--	2
69	12:36	--/--	--	--	--/--	--	--	--	--	2
70	12:58	--/--	--	--	--/--	--	--	--	--	2
71	13:01	--/--	--	--	--/--	--	--	--	--	2
72	13:29	--/--	--	--	--/--	--	--	--	--	2
73	13:32	--/--	--	--	--/--	--	--	--	--	86
74	13:59	--/--	--	--	--/--	--	--	--	--	2
75	14:01	--/--	--	--	--/--	--	--	--	--	2
76	14:30	--/--	--	--	--/--	--	--	--	--	86

Events Marked

#	Time	Event Code	Comment
1	14:31	106	Monitor turned off
2	15:11	107	Study End

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SunTech®

Ambulatory Blood Pressure Report

Patient Name :	Ggration Leon	**Test Date:**	08/11/2019
Patient ID :	[redacted]	**Date of Birth :**	**Gender :** Female

Monitor System Configuration

Device Model :	Oscar2 M250	Serial Number :	00100040
Firmware Version BP :	022731	Firmware Version CBP :	
Firmware Version UI :	UI3506	AccuWin Pro Version :	4.0.1.79
Start Study in 5 Min :	OFF	Max Pressure :	220
Intervals :	Standard	Minimum time between readings :	1
Retry Attempts :	ON	Manual Readings :	OFF
Brachial BP Only :	OFF	Brachial BP w/ Central BP :	OFF
Audible Alerts :	ON	Event Markings :	OFF
Display Results :	OFF	Day / Night button :	ON

Number of time periods : ;

#	Start Time	End Time	Brachial BP interval (min)	Central BP interval (min)

Dose response sequences (configured) :

#	Name	Time	Duration	Samples

Quality Control

QC Review Period Start :	QC Review Period End :
Scheduled Readings Captured :	Readings Captured Per Hour :
Hours Containing Readings :	

Error Code Definitions (EC)	
1 = No signal	95 = Mosfet failure
2 = Artifact/Erratic signal	96 = Calibration error
3 = Retries exceeded	97 = Transducer failed
4 = Time limit exceeded	98 = ADC failure
5 = Out of range	99 = CRC failure
6 = BP not allowed	100 = Study event marker
50 = BP not allowed	101 =
85 = Blocked valve	102 =
86 = User abort	103 =
87 = Air leak	104 =
88 = Safety timeout	105 = Study start
89 = Cuff overpressure	106 = Monitor turned off
90 = Low batteries	107 = Study End
91 = Auto-zero failed	108 = Start dose response
92 = BP comm error	109 = End dose response
93 =	111 = Change to night

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SunTech®

Ambulatory Blood Pressure Report

Patient Name :	Ggratton Leon	**Test Date:**	08/11/2019
Patient ID :	[redacted] **Date of Birth :**	**Gender :**	Female

94 = Low battery 112 = Change to day

See Operations Manual for AccuWin Pro for further details on code description

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted] WESTON DAY HOSPITAL 0002/0002

From Magna_Laboratories Thu Sep 15 00:24:20 2016 Page 1 of 1

Magna Laboratories Ltd
Unit 5 Chase Industrial Estate
Alton Road
Ross-on-Wye
HR9 5WA

Bloodresults

Consultant:

Dr G Howson
Stratheden
Cupar
KY15 5RR

[redacted]

Firstname:	Leon	Date of Birth:	17-Mar-1975
Surname:	Gratton	PIN:	[redacted]
Gender:	MALE	NHS Number:	#N/A

Haematology

	Result	Normal Range	Units
WBC	14.9 *	[3.5 - 11.0]	10^9/L
RBC	3.8 *	[4.5 - 6.5]	10^12/L
Haemoglobin	120 *	[136 - 176]	g/L
Haematocrit	0.41	[0.40 - 0.50]	L/L
MCV	108 *	[80 - 97]	fL
MCH	32	[27 - 32]	pg
MCHC	298 *	[300 - 360]	g/L
Platelets	432 *	[150 - 400]	10^9/L
Neutrophils	11.4 *	[2.0 - 7.5]	10^9/L
Lymphocytes	1.3 *	[1.5 - 4.0]	10^9/L
Monocytes	0.7	[0.0 - 1.0]	10^9/L
Eosinophils	1.4 *	[0.0 - 0.6]	10^9/L
Basophils	0.1	[0.0 - 0.2]	10^9/L

RECEIVED [redacted] 2016

DERMATITIS
+? SKIN INFECTION
— UNDER F/U OF GP — WILL FEEDBACK FROM RESULTS.
+ PRIMARY F/U SOON ONCE MORE
→ INFORM GP - BX FOR -

Sample Type: EDTA
Sample Date: 13-Sep-2016
Analysis Method: By Automated Blood Count Analyser
Analysis Date: 14-Sep-2016
Reporting Date: 14-Sep-2016

This page displays the patient's FBC result. Result values that fall outside the normal range are highlighted and marked with an asterix. The result has been validated appropriately by trained laboratory personnel.

If you receive this report in error please notify the sender as soon as possible [redacted]. Treat this as personal data and destroy appropriately.

Page 1 of 1

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : [redacted]
Filed By User : [redacted]
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : () Leon GRATTON DOB : 17/03/1975 CHI : [redacted] SEX : M
ADR : [redacted]

** ABNORMAL **

Report Text :
-RECURRENT RAISED WCC AND RAISED NEUT, REAISED LFT'S
-?INFECTION ? BLOOD DISORDER

SPECIMEN : Serum

	Abn	Value	Units	Range	Status
R C-reactive protein	Y				
C-reactive protein	HI	6.6	mg/L	(0-5 U)	NK
R Urea and electrolytes					
Sodium		139	mmol/L	(133-146 U)	NK
Potassium		4.8	mmol/L	(3.5-5.3 U)	NK
Creatinine		92	umol/L	(50-120 U)	NK
eGFR		> 60			NK
R Liver function test	Y				
Albumin		46	g/L	(35-50 U)	NK
Protein (Total)		71	g/L	(60-80 U)	NK
Alkaline phosphatase		117	U/L	(30-130 U)	NK
Gamma-Glutamyltransferase	HI	178	U/L	(7-50 U)	NK
Alanine transaminase	HI	63	U/L	(5-55 U)	NK
Bilirubin (Total)		9	umol/L	(0-20 U)	NK

Sample Collected Date : 19/12/2014 11:40:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 19/12/2014 15:55:00
Received Date : 19/12/2014 19:01:29
Requestor : [redacted]
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : [redacted]
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : () Leon GRATTON DOB : 17/03/1975 CHI : [redacted] SEX : M
ADR : [redacted]

** ABNORMAL **

Report Text :
-RECURRENT RAISED WCC AND RAISED NEUT, REAISED LFT'S
-?INFECTION ? BLOOD DISORDER

SPECIMEN : Serum

	Abn	Value	Units	Range	Status
R C-reactive protein	Y				
C-reactive protein	HI	6.6	mg/L	(0-5 U)	NK
R Urea and electrolytes					
Sodium		139	mmol/L	(133-146 U)	NK
Potassium		4.8	mmol/L	(3.5-5.3 U)	NK
Creatinine		92	umol/L	(50-120 U)	NK
eGFR		> 60			NK
R Liver function test	Y				
Albumin		46	g/L	(35-50 U)	NK
Protein (Total)		71	g/L	(60-80 U)	NK
Alkaline phosphatase		117	U/L	(30-130 U)	NK
Gamma-Glutamyltransferase	HI	178	U/L	(7-50 U)	NK
Alanine transaminase	HI	63	U/L	(5-55 U)	NK
Bilirubin (Total)		9	umol/L	(0-20 U)	NK

Sample Collected Date : 19/12/2014 11:40:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 19/12/2014 15:55:00
Received Date : 19/12/2014 19:01:29
Requestor : [redacted]
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : [redacted]
Filed By User :
Assigned to :

Coding Status : Part Read Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : () Leon GRATTON DOB : 17/03/1975 CHI : [redacted] SEX : M
ADR : [redacted]

** ABNORMAL **

Report Text :
-RECURRENT RAISED WCC AND RAISED NEUT, REAISED LFT'S
-?INFECTION ? BLOOD DISORDER

SPECIMEN : Serum

	Abn	Value	Units	Range	Status
R C-reactive protein	Y				
C-reactive protein	HI	6.6	mg/L	(0-5 U)	NK
R Urea and electrolytes					
Sodium		139	mmol/L	(133-146 U)	NK
Potassium		4.8	mmol/L	(3.5-5.3 U)	NK
Creatinine		92	umol/L	(50-120 U)	NK
eGFR		> 60			NK
R Liver function test	Y				
Albumin		46	g/L	(35-50 U)	NK
Protein (Total)		71	g/L	(60-80 U)	NK
Alkaline phosphatase		117	U/L	(30-130 U)	NK
Gamma-Glutamyltransferase	HI	178	U/L	(7-50 U)	NK
Alanine transaminase	HI	63	U/L	(5-55 U)	NK
Bilirubin (Total)		9	umol/L	(0-20 U)	NK

Sample Collected Date : 19/12/2014 11:40:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 19/12/2014 15:55:00
Received Date : 19/12/2014 19:01:29
Requestor : [redacted]
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : [redacted]
Filed By User :
Assigned to :

Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : () Leon GRATTON DOB : 17/03/1975 CHI : [redacted] SEX : M
ADR : [redacted]

Report Text :
-RECURRENT RAISED WCC AND RAISED NEUT, REAISED LFT'S
-?INFECTION ? BLOOD DISORDER

SPECIMEN : Venous Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
WBC		9.8	x10-9/l	(4-10 U)	NK
RBC		4.92	x10-12/l	(4.5-5.5 U)	NK
HGB		155.0	g/l	(130-170 U)	NK
Hct		47.0	%	(40-50 U)	NK
MCV		95.5	fl	(83-101 U)	NK
MCH		31.5	pg	(27-32 U)	NK
MCHC		330.0	g/l	(315-345 U)	NK
PLT		248	x10-9/l	(150-410 U)	NK
RDW		12.9		(11.6-14.0 U)	NK
Neut		6.63	x10-9/l	(2.0-7.0 U)	NK
Lymp		2.03	x10-9/l	(1.0-3.0 U)	NK
Mono		0.67	x10-9/l	(0.2-1.0 U)	NK
Eos		0.35	x10-9/l	(0.02-0.5 U)	NK
Baso		0.07	x10-9/l	(0.02-0.1 U)	NK

Sample Collected Date : 19/12/2014 11:40:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 19/12/2014 15:55:00
Received Date : 20/12/2014 07:00:12
Requestor : [redacted]
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Area Laboratory — CLINICAL BIOCHEMISTRY

Surname: GRATTON Forename: Leon D.o.B.: 17 Mar 1975 Sex: M Case No: [redacted]
Address: [redacted] Post code: CHI: [redacted]
Cons/GP: Dr M REID
Source: Cupar Health Centre
Bank Street

Current clin. details: RECURRENT RAISED WCC AND RAISED NEUT, REAISED LFT'S
?INFECTION ? BLOOD DISORDER

	Date	19/12/14	16/09/14
	Time	11:40	
	Labno.	002278714	C6399479N
Sodium (133-146 mmol/L)		139	
Potassium (3.5-5.3 mmol/L)		4.8	
Creatinine (50-120 umol/L)		92	
eGFR (mL/min)		> 60	
Albumin (35-50 g/L)		46	45
Protein (Total) (60-80 g/L)		71	71
Alkaline phosphatase (30-130 U/L)		117	123H
Gamma-Glutamyltransfera (7-50 U/L)		178H	198H
Alanine transaminase (5-55 U/L)		63H	68H
Bilirubin (Total) (0-20 umol/L)		9	9
C-reactive protein (0-5 mg/L)		6.6H	

ALL RESULTS APPLY TO SERUM/PLASMA UNLESS OTHERWISE INDICATED
Current Items Reported : EL LF CRP SARC GT
Current Items Requested: EL LF CRP SARC GT
Current Spec. Rec'd: 15:55 19 Dec 2014 [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Area Laboratory

HAEMATOLOGY

Surname : GRATTON
Forename : Leon
Address : [redacted]
D.o.B : 17 Mar 1975 Sex : M
Case No : [redacted]
Post code :

Sender : Dr M REID
Hosp/Surg : Cupar Health Centre
: Bank Street

Clin. det. : RECURRENT RAISED WCC AND RAISED NEUT, REAISED LFT'S
: ?INFECTION ? BLOOD DISORDER

	Labno. 002278714
	Date 19/12/14
WBC	**9.8**
RBC	4.92
HGB	**155.0**
Hct	47.0
MCV	95.5
MCH	31.5
MCHC	330.0
PLT	**248**
RDW	12.9
Neut	6.63
Lymp	2.03
Mono	0.67
Eos	0.35
Baso	0.07

Date and time of collection: 19 Dec 2014 11:40
Date and time of report: 19 Dec 2014 19:04 [redacted]
Specimen type: Venous Blood

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

SCI Store - Patient Result Report

Report ID: [redacted]

Sample Collected: 08/01/2014 11:20:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
Leon GRATTON	[redacted]	17/03/1975	38	MACLAREN, KATIE	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
[redacted]	(WES) Weston Day Hospital	H6183033H	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	08/01/2014 11:20:00	08/01/2014 15:53:00	08/01/2014 16:37:56	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**22.9**	**4 - 11**	**x10-9/l**	**HI**
RBC	4.51	4.5 - 6.0	x10-12/l	
HGB	145.0	135 - 180	g/l	
Hct	44.1	41 - 53	%	
MCV	97.8	80 - 100	fl	
MCH	32.2	27 - 34	pg	
MCHC	329.0	300 - 360	g/l	
PLT	276	130 - 400	x10-9/l	
RDW	13.6	10 - 16		
Neut	**18.03**	**2.0 - 7.5**	**x10-9/l**	**HI**
Lymp	2.90	1 - 4.8	x10-9/l	
Mono	**1.40**	**0.2 - 0.8**	**x10-9/l**	**HI**
Eos	**0.51**	**0 - 0.4**	**x10-9/l**	**HI**
Baso	0.03	0 - 0.1	x10-9/l	

Requestor Comments
ON CLOZAPINE THERAPY

Last 1 users to access this result

Name	System	Location	Time
Dr Steve Last	Fife NHS	SCI Store	10/01/2014 09:24:11

Printed By: Amanda Murdoch on 10/01/2014 10:48:44

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : [redacted]
Filed By User :
Assigned to :

Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : () Leon GRATTON DOB : 17/03/1975 CHI : [redacted] SEX : M
ADR : [redacted]

Report Text :
-PLEASE GIVE CLINICAL DETAILS

SPECIMEN : Urine	Abn	Value	Units	Range	Status
R Urine drug levels					NK
Amphetamines					
-Negative (< 1000 ng/mL)					NK
Benzodiazepines					
-Negative (< 300 ng/mL)					NK
Cannabinoids					
-Negative (< 50 ng/mL)					NK
Cocaine					
-Negative (< 300 ng/mL)					NK
Opiates					
-Negative (< 300 ng/mL)					NK
Urine pH		5.6		(4.5-8.0 U)	NK
Creatinine (Urine)		8.1	mmol/L	(6-16 U)	NK
Methadone Metabolites					
-Negative (< 100 ng/mL)					NK

Sample Collected Date : 20/12/2013 12:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/12/2013 12:32:00
Received Date : 24/12/2013 15:00:26
Requestor : [redacted]
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Area Laboratory

CLINICAL BIOCHEMISTRY

Surname : **GRATTON**
Forename : **Leon**
Address : [redacted]

D.o.B. :17 Mar 1975 Sex : M
Case No : [redacted]
Post code :

Cons/GP : Dr M REID
Source : Cupar Health Centre
Bank Street
Date Coll. :20 Dec 2013 Time Coll.: 12:30
Lab. No. :C6170568J Spec.Type : Urine

Clin.details: PLEASE GIVE CLINICAL DETAILS

Test	Result	Ref.Range
Amphetamines	Negative (< 1000 ng/mL)	
Benzodiazepines	Negative (< 300 ng/mL)	
Cannabinoids	Negative (< 50 ng/mL)	
Cocaine	Negative (< 300 ng/mL)	
Opiates	Negative (< 300 ng/mL)	
Creatinine (Urine)	8.1 mmol/L	(6-16)
Methadone Metabolites	Negative (< 100 ng/mL)	
Urine pH	5.6	(4.5-8.0)

Please give clinical details

Items Reported : UDR
Items Requested: UDR
Date Rec'd :23 Dec 2013 Time Rec'd :12:32
Printed : 24 Dec 2013 Authorised by : [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : [redacted]
Filed By User :
Assigned to :

Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : () Leon GRATTON DOB : 17/03/1975 CHI [redacted] SEX : M
ADR : [redacted]

Report Text :
-PLEASE GIVE CLINICAL DETAILS

SPECIMEN : Urine

	Abn	Value	Units	Range	Status
R Urine drug levels					
Amphetamines					NK
-Negative (< 1000 ng/mL)					
Benzodiazepines					NK
-Negative (< 300 ng/mL)					
Cannabinoids					NK
-Negative (< 50 ng/mL)					
Cocaine					NK
-Negative (< 300 ng/mL)					
Opiates					NK
-Negative (< 300 ng/mL)					
Urine pH		5.6		(4.5-8.0 U)	NK
Creatinine (Urine)		8.1	mmol/L	(6-16 U)	NK
Methadone Metabolites					NK
-Negative (< 100 ng/mL)					

Sample Collected Date : 20/12/2013 12:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/12/2013 12:32:00
Received Date : 24/12/2013 15:00:26
Requestor :
Requestor GMC Code : [redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : [redacted]
Filed By User :
Assigned to :

Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : () Leon GRATTON DOB : 17/03/1975 CHI : [redacted] SEX : M
ADR : [redacted]

** ABNORMAL **

Report Text :
-MONTH LINE COMMENCINET OF CLOZAPINE THERAPY

SPECIMEN : Venous Blood

R Full blood count - FBC	Abn Y	Value	Units	Range	Status
WBC	HI	14.9	x10-9/l	(4-11 U)	NK
RBC		4.68	x10-12/l	(4.5-6.0 U)	NK
HGB		15.1	g/dl	(13.5-18 U)	NK
Hct		45.5	%	(41-53 U)	NK
MCV		97.2	fl	(80-100 U)	NK
MCH		32.3	pg	(27-34 U)	NK
MCHC		33.2	g/dl	(30-36 U)	NK
PLT		277	x10-9/l	(130-400 U)	NK
RDW		12.9		(10-16 U)	NK
Neut	HI	9.22	x10-9/l	(2.0-7.5 U)	NK
Lymp		3.84	x10-9/l	(1-4.8 U)	NK
Mono	HI	1.16	x10-9/l	(0.2-0.8 U)	NK
Eos	HI	0.67	x10-9/l	(0-0.4 U)	NK
Baso		0.05	x10-9/l	(0-0.1 U)	NK

Sample Collected Date : 10/07/2012
Collection Start Date :
Collection End Date :
Received by Lab Date : 10/07/2012 12:46:00
Received Date : 10/07/2012 15:01:14
Requestor : [redacted]
Requestor GMC Code :

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Lab Report ID : [redacted]
Filed By User :
Assigned to :

Coding Status : Coded
File Status : Not Filed
Task Status : No Tasks

Patient Details : () Leon GRATTON DOB : 17/03/1975 CHI : [redacted] SEX : M
ADR : [redacted]

** ABNORMAL **

Report Text :
-MONTH LINE COMMENCINET OF CLOZAPINE THERAPY

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Blood glucose result					
Glucose		4.7	mmol/L	(3.3-6.1 U)	NK

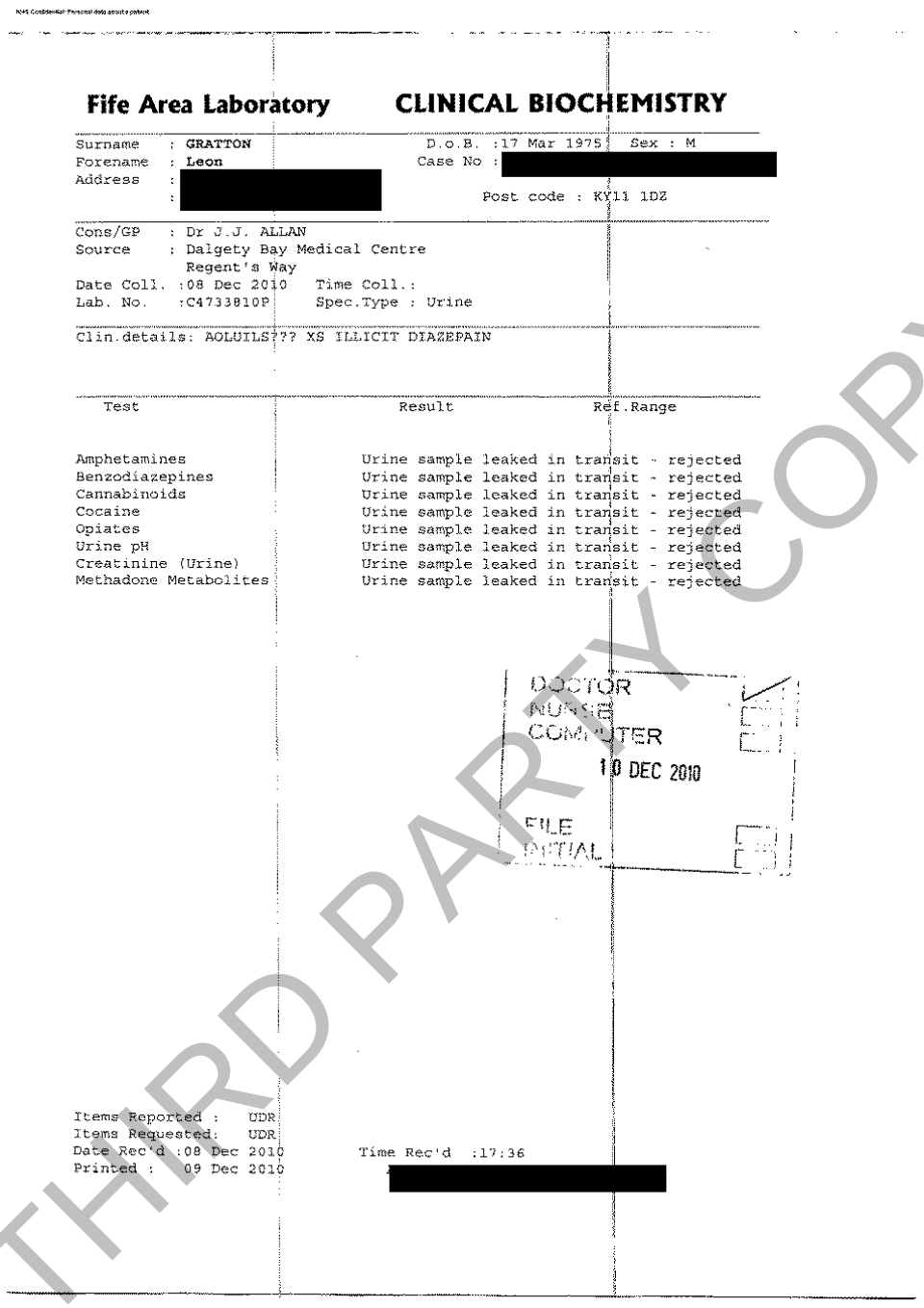
Sample Collected Date : 10/07/2012
Collection Start Date :
Collection End Date :
Received by Lab Date : 10/07/2012 12:46:00
Received Date : 10/07/2012 15:01:25
Requestor :
Requestor GMC Code : [redacted]

SPECIMEN : Serum

	Abn	Value	Units	Range	Status
R Total cholesterol:HDL ratio	Y				
Cholesterol	HI	8.9	mmol/L	(3.3-6.5 U)	NK
HDL Cholesterol		1.14	mmol/L	(0.8-1.8 U)	NK
Cholesterol/HDL ratio		7.8			NK
R Serum triglycerides	Y				
Triglyceride	HI	2.6	mmol/L	(0.85-2.0 U)	NK
LDL Cholesterol	HI	6.6	mmol/L	(1.0-4.2 U)	NK

Sample Collected Date : 10/07/2012
Collection Start Date :
Collection End Date :
Received by Lab Date : 10/07/2012 12:46:00
Received Date : 10/07/2012 15:01:25
Requestor :
Requestor GMC Code : [redacted]

THIRD PARTY COPY



NHS Confidential Personal data about a patient

Fife Area Laboratory **CLINICAL BIOCHEMISTRY**

Surname : **GRATTON** D.o.B. :17 Mar 1975 Sex : M
Forename : **Leon** Case No : [redacted]
Address : [redacted] Post code : KY11 1DZ

Cons/GP : Dr J.J. ALLAN
Source : Dalgety Bay Medical Centre
Regent's Way
Date Coll. :08 Dec 2010 Time Coll.:
Lab. No. :C4733810P Spec.Type : Urine

Clin.details: AOLUILS??? XS ILLICIT DIAZEPAIN

Test	Result	Ref.Range
Amphetamines	Urine sample leaked in transit - rejected	
Benzodiazepines	Urine sample leaked in transit - rejected	
Cannabinoids	Urine sample leaked in transit - rejected	
Cocaine	Urine sample leaked in transit - rejected	
Opiates	Urine sample leaked in transit - rejected	
Urine pH	Urine sample leaked in transit - rejected	
Creatinine (Urine)	Urine sample leaked in transit - rejected	
Methadone Metabolites	Urine sample leaked in transit - rejected	

DOCTOR
NURSE
COMPUTER
10 DEC 2010
FILE
INITIAL

Items Reported : UDR
Items Requested: UDR
Date Rec'd :08 Dec 2010 Time Rec'd :17:36
Printed : 09 Dec 2010 [redacted]

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf Labs1.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Result Details

SCI Store - Patient Result Report

Report ID: 7972833X

Sample Collected: 04/03/2025 09:01:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	50	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7972833X	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	04/03/2025 09:01:00	04/03/2025 15:44:00	04/03/2025 17:08:18	Active

Report

Bone Profile

Description	Value	Range	Unit	Normalcy Notes
Alkaline Phosphatase	109	40 - 129	U/L	
Albumin	42	35 - 50	g/L	
Calcium	2.27	2.20 - 2.60	mmol/L	
Corrected calcium	2.32	2.20 - 2.60	mmol/L	
Phosphate	**0.51**	**0.80 - 1.50**	**mmol/L**	**LO**

Requestor Comments

at Dr's request

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	09/03/2025 22:25:02
Chris Olley	Fife NHS	SCI Store	07/03/2025 10:22:53
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	04/03/2025 17:42:15

[redacted] 17/03/2025

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Requestor Comments
at Dr's request

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	07/03/2025 22:45:55
Chris Olley	Fife NHS	SCI Store	07/03/2025 10:29:26
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	04/03/2025 16:43:01

Printed By: [redacted] on 17/03/2025 14:12:48

[redacted] 17/03/2025

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

WFSD Page 1 of 1

SCI Store - Patient Result Report

Report ID: 7881208X
Fife SCI Store Live

Sample Collected: 10/12/2024 12:06:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Howson, George	(WESTORDH) Weston Day Hospital Cupar	7881208X	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	10/12/2024 12:06:00	10/12/2024 15:32:00	10/12/2024 15:38:22	Active

Report

Troponin T

Troponin T	No Sample Received
General Chem Comment	see sample number7880056x

Requestor Comments
3 monthly check

Last 2 users to access this result

Name	System	Location	Time
NIC NW Lab	NIC_NWLab	NIC	15/12/2024 22:23:42
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	10/12/2024 16:38:11

Printed By [redacted] 16/12/2024 14:21:41

[redacted] 16/12/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 2

SCI Store - Patient Result Report

Report ID: 7880056P

Sample Collected: 10/12/2024 11:16:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7880056P	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	10/12/2024 11:16:00	10/12/2024 15:32:00	10/12/2024 15:59:24	Active

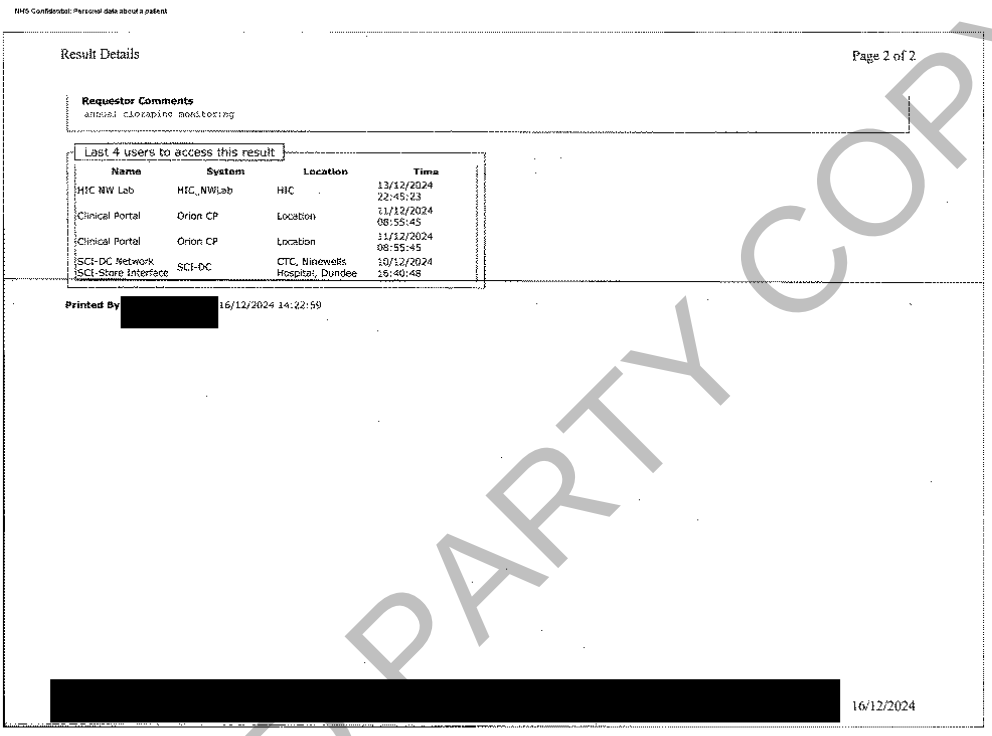
Report

FBC

Description	Value	Range	Unit	Normalcy Notes
HGB	153	130 - 170	g/L	
RBC	4.90	4.50 - 5.50	x 10^12/L	
Hct	0.477	0.400 - 0.500	L/L	
MCV	97.3	83.0 - 101.0	fL	
MCH	31.2	27.0 - 32.0	pg	
MCHC	321	315 - 345	g/L	
RDW	13.4	11.6 - 14.0	%	
PLT	183	150 - 410	x 10^9/L	
WBC	**14.3**	**4.0 - 10.0**	**x 10^9/L**	**HI**
Neut	**11.17**	**2.00 - 7.00**	**x 10^9/L**	**HI**
Lymp	1.72	1.00 - 3.00	x 10^9/L	
Mono	0.88	0.20 - 1.00	x 10^9/L	
Eos	0.47	0.02 - 0.50	x 10^9/L	
Baso	0.05	0.02 - 0.10	x 10^9/L	
NRBC	0.00	0.00 - 0.10	x 10^9/L	

[redacted] 6/12/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

Requestor Comments

annual clozapine monitoring

Last 4 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	13/12/2024 22:45:23
Clinical Portal	Orion CP	Location	11/12/2024 08:55:45
Clinical Portal	Orion CP	Location	11/12/2024 08:55:45
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	10/12/2024 16:40:48

Printed By [redacted] 16/12/2024 14:22:59

[redacted] 16/12/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Description	Value	Range	Unit	Normalcy Notes
Alkaline Phosphatase	108	40 - 129	U/L	
Albumin	43	35 - 50	g/L	
Calcium	**2.16**	**2.20 - 2.60**	**mmol/L**	**LO**
Corrected calcium	**2.19**	**2.20 - 2.60**	**mmol/L**	**LO**
Phosphate	0.86	0.80 - 1.50	mmol/L	

TSH

Description	Value	Range	Unit	Normalcy Notes
TSH	1.7	0.27 - 4.2	mU/L	

Triglyceride

Description	Value	Range	Unit	Normalcy Notes
Triglyceride	1.18	0.85 - 2.00	mmol/L	
Lipid Comment	LDL calculation is only valid if patient is fasting.			

Troponin T

Description	Value	Range	Unit	Normalcy Notes
Troponin T	3	0 - 14	ng/L	

Urea

Description	Value	Range	Unit	Normalcy Notes
Urea	6.9	2.5 - 7.8	mmol/L	

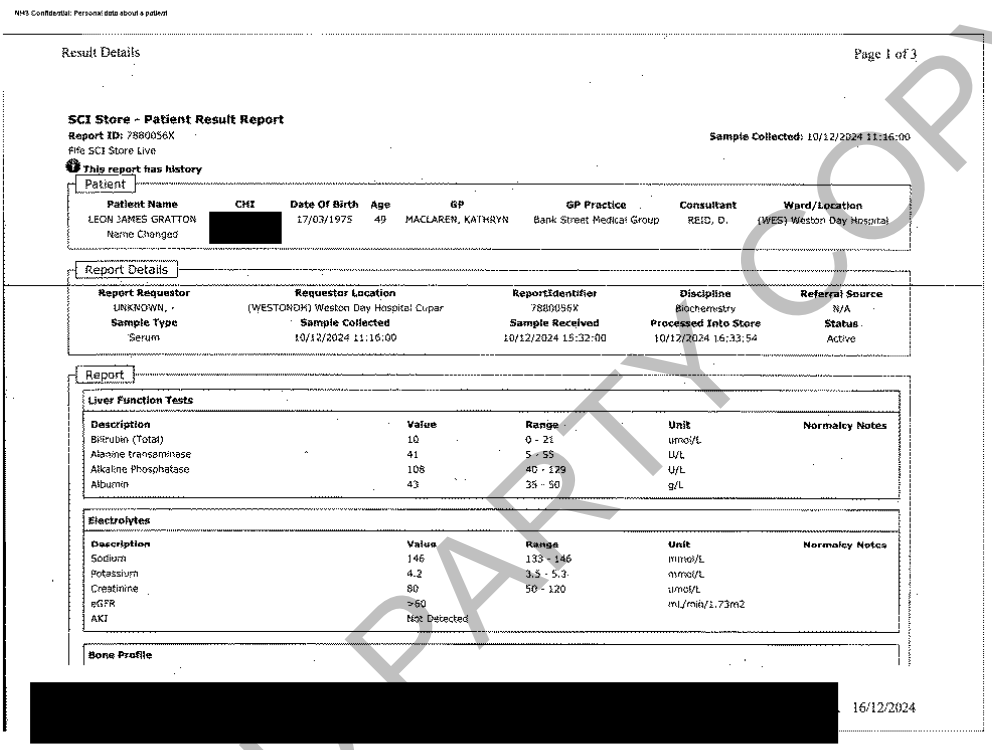
Requestor Comments
annual clozapine monitoring

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	15/12/2024 22:25:13
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	10/12/2024 16:45:06

[redacted] 16/12/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details

Page 1 of 3

SCI Store - Patient Result Report

Report ID: 7880056X

Sample Collected: 10/12/2024 11:16:00

Fife SCI Store Live

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7880056X	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	10/12/2024 11:16:00	10/12/2024 15:32:00	10/12/2024 16:33:54	Active

Report

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Bilirubin (Total)	10	0 - 21	umol/L	
Alanine transaminase	41	5 - 55	U/L	
Alkaline Phosphatase	108	40 - 129	U/L	
Albumin	43	35 - 50	g/L	

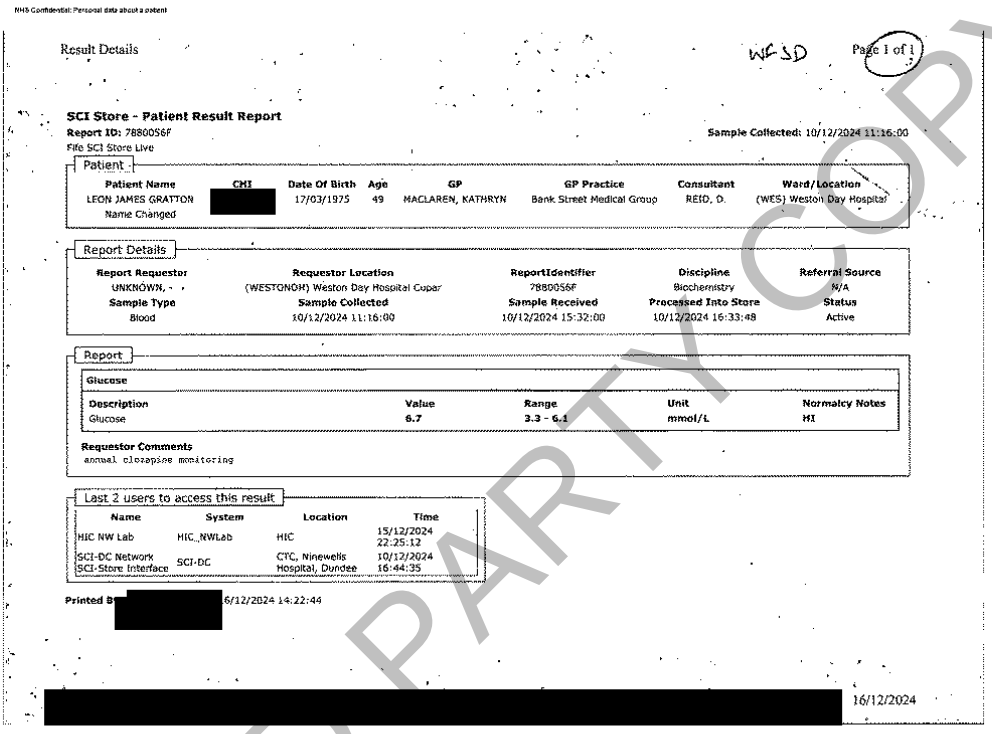
Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	146	133 - 146	mmol/L	
Potassium	4.2	3.5 - 5.3	mmol/L	
Creatinine	80	50 - 120	umol/L	
eGFR	>60		mL/min/1.73m2	
AKI	Not Detected			

Bone Profile

[redacted] 16/12/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details

WF SD

Page 1 of 1

SCI Store - Patient Result Report

Report ID: 78800S6F

Fife SCI Store Live

Sample Collected: 10/12/2024 11:16:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONGH) Weston Day Hospital Cupar	78800S6F	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Blood	10/12/2024 11:16:00	10/12/2024 15:32:00	10/12/2024 16:33:48	Active

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	6.7	3.3 - 6.1	mmol/L	HI

Requestor Comments

annual clozapine monitoring

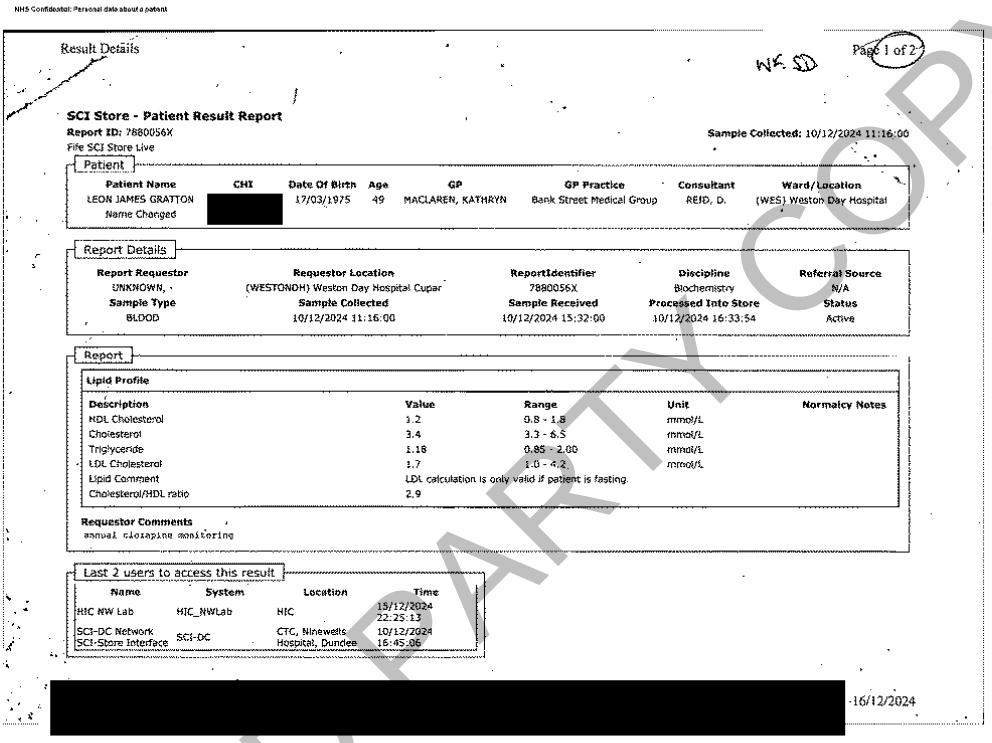
Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	15/12/2024 22:25:12
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	10/12/2024 16:44:35

Printed B [redacted] 6/12/2024 14:22:44

[redacted] 16/12/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details

Page 1 of 2

WK SD

SCI Store - Patient Result Report

Report ID: 7880056X

Fife SCI Store Live

Sample Collected: 10/12/2024 11:16:00

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7880056X	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
BLOOD	10/12/2024 11:16:00	10/12/2024 15:32:00	10/12/2024 16:33:54	Active

Report

Lipid Profile

Description	Value	Range	Unit	Normalcy Notes
HDL Cholesterol	1.2	0.8 - 1.8	mmol/L	
Cholesterol	3.4	3.3 - 6.5	mmol/L	
Triglyceride	1.18	0.85 - 2.00	mmol/L	
LDL Cholesterol	1.7	1.0 - 4.2	mmol/L	
Lipid Comment	LDL calculation is only valid if patient is fasting.			
Cholesterol/HDL ratio	2.9			

Requestor Comments

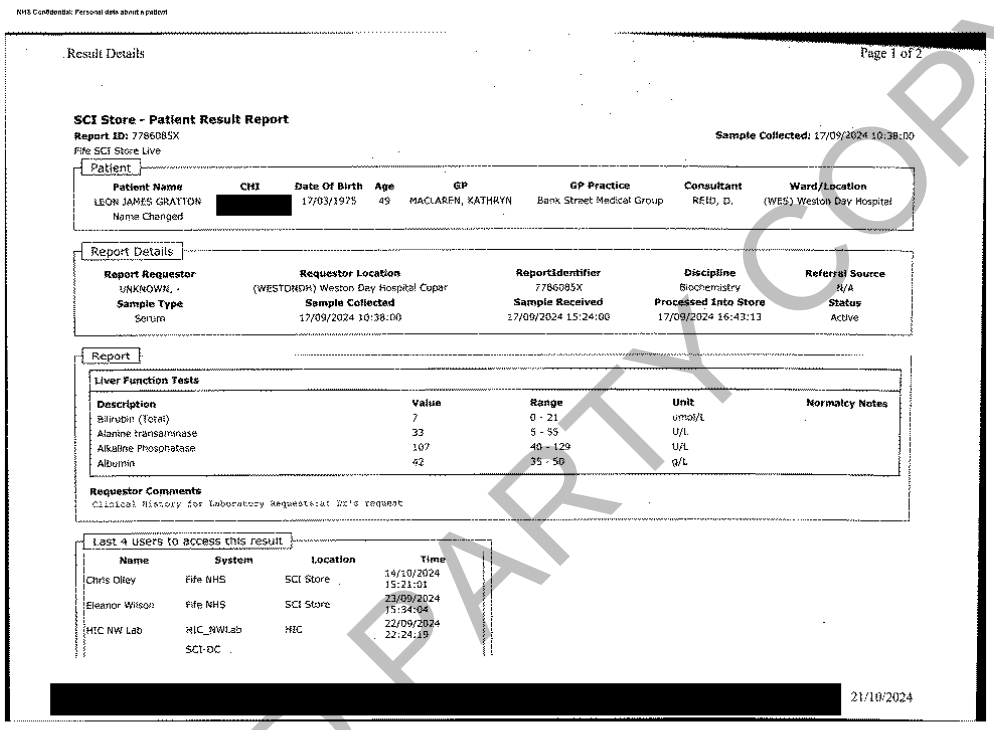
annual clozapine monitoring

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	15/12/2024 22:25:13
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	10/12/2024 16:45:06

[redacted] 16/12/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details

SCI Store - Patient Result Report

Report ID: 7786085X

Sample Collected: 17/09/2024 10:38:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WEG) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Copar	7786085X	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	17/09/2024 10:38:00	17/09/2024 15:24:00	17/09/2024 16:43:13	Active

Report

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Bilirubin (Total)	7	0 - 21	umol/L	
Alanine transaminase	33	5 - 55	U/L	
Alkaline Phosphatase	107	40 - 129	U/L	
Albumin	42	35 - 50	g/L	

Requestor Comments

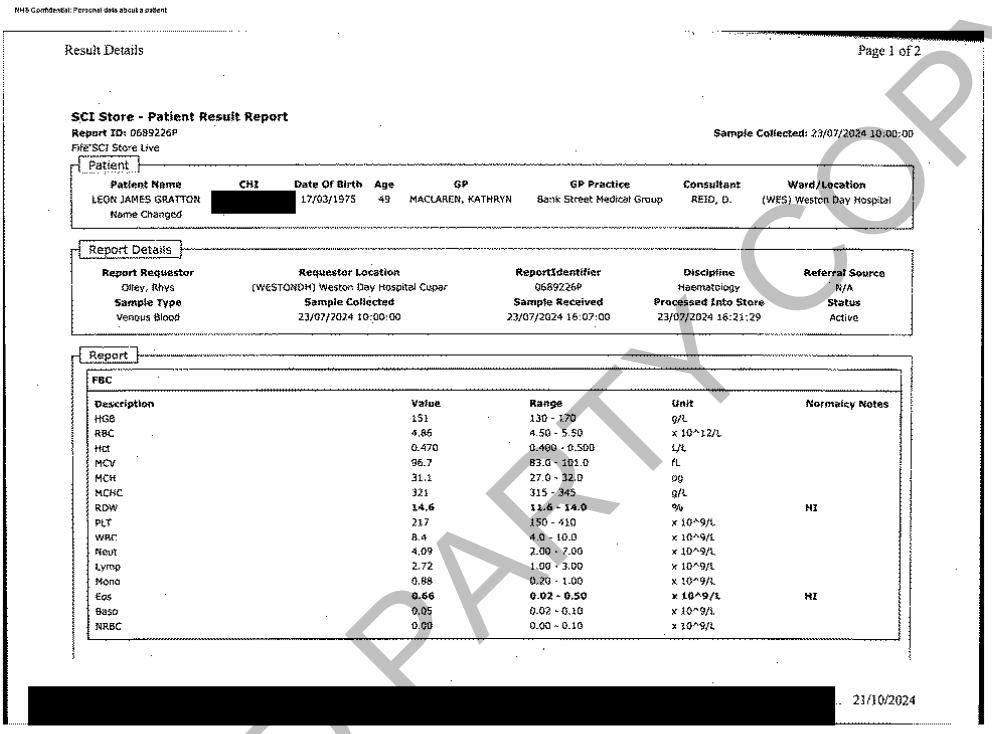
Clinical History for Laboratory Request:at DR's request

Last 4 users to access this result

Name	System	Location	Time
Chris Olley	Fife NHS	SCI Store	14/10/2024 15:21:01
Eleanor Wilson	Fife NHS	SCI Store	23/09/2024 15:34:04
HIC NW Lab	HIC_NWLab	HIC	22/09/2024 22:24:19
	SCI-DC		

[redacted] 21/10/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details

Page 1 of 2

SCI Store - Patient Result Report

Report ID: 0689226P

Sample Collected: 23/07/2024 10:00:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Olley, Rhys	(WESTONDH) Weston Day Hospital Cupar	0689226P	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	23/07/2024 10:00:00	23/07/2024 16:07:00	23/07/2024 16:21:29	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
HGB	151	130 - 170	g/L	
RBC	4.86	4.50 - 5.50	x 10^12/L	
Hct	0.470	0.400 - 0.500	L/L	
MCV	96.7	83.0 - 101.0	fL	
MCH	31.1	27.0 - 32.0	pg	
MCHC	321	315 - 345	g/L	
RDW	**14.6**	**11.6 - 14.0**	%	HI
PLT	217	150 - 410	x 10^9/L	
WBC	8.4	4.0 - 10.0	x 10^9/L	
Neut	4.09	2.00 - 7.00	x 10^9/L	
Lymp	2.72	1.00 - 3.00	x 10^9/L	
Mono	0.88	0.20 - 1.00	x 10^9/L	
Eos	**0.66**	**0.02 - 0.50**	**x 10^9/L**	HI
Baso	0.05	0.02 - 0.10	x 10^9/L	
NRBC	0.00	0.00 - 0.10	x 10^9/L	

[redacted] 23/10/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

NF SD

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	5.2	3.3 - 6.1	mmol/L	

Requestor Comments

Clinical History for Laboratory Requests:6 monthly clozapine checks & methotrexate check

Last 3 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	26/08/2024 15:45:48
HIC NW Lab	HIC_NWLab	HIC	04/07/2024 22:23:46
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	28/06/2024 16:40:45

[redacted] 10/09/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

WFSD.

SCI Store - Patient Result Report

Report ID: 7697910X

Sample Collected: 28/06/2024 11:39:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7697910X	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
BLOOD	28/06/2024 11:39:00	28/06/2024 15:50:00	28/06/2024 16:58:38	Active

Report

Lipid Profile

Description	Value	Range	Unit	Normalcy Notes
HDL Cholesterol	1.1	0.8 - 1.8	mmol/L	
Cholesterol	**2.9**	**3.3 - 6.5**	**mmol/L**	**LO**
Triglyceride	0.99	0.85 - 2.00	mmol/L	
LDL Cholesterol	1.3	1.0 - 4.2	mmol/L	
Lipid Comment	LDL calculation is only valid if patient is fasting.			
Cholesterol/HDL ratio	2.6			

Requestor Comments

Clinical History for Laboratory Requests:6 monthly clozapine checks & methotrexate check

Last 3 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	26/08/2024 15:46:06
HIC NW Lab	HIC_NWLab	HIC	04/07/2024 22:23:50
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	28/06/2024 17:38:34

Printed By: [redacted] on 10/09/2024 09:54:05

[redacted] 10/09/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 2

WFSD

SCI Store - Patient Result Report

Report ID: 7697910X

Sample Collected: 28/06/2024 11:39:00

Fife SCI Store Live

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7697910X	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	28/06/2024 11:39:00	28/06/2024 15:50:00	28/06/2024 16:58:38	Active

Report

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Bilirubin (Total)	10	0 - 21	umol/L	
Alanine transaminase	36	5 - 55	U/L	
Alkaline Phosphatase	94	40 - 129	U/L	
Albumin	42	35 - 50	g/L	

Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	143	133 - 146	mmol/L	
Potassium	4.5	3.5 - 5.3	mmol/L	
Creatinine	81	50 - 120	umol/L	
eGFR	>60		mL/min/1.73m2	
AKI	Unable to calculate			

Prolactin

Description	Value	Range	Unit	Normalcy Notes
Prolactin	109	86 - 324	mU/L	

Troponin T

Description	Value	Range	Unit	Normalcy Notes
Troponin T	4	0 - 14	ng/L	

Urea

Description	Value	Range	Unit	Normalcy Notes
Urea	5.9	2.5 - 7.8	mmol/L	

Cholesterol/HDL ratio

[redacted] 10/09/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

WFSD

Page 1 of 1

SCI Store - Patient Result Report

Report ID: 7697910P

Sample Collected: 28/06/2024 11:39:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7697910P	Haematology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
GHB Blood	28/06/2024 11:39:00	28/06/2024 15:50:00	28/06/2024 17:20:25	Active

Report

HbA1c (IFCC)

Description	Value	Range	Unit	Normalcy Notes
HbA1c (IFCC)	45	20 - 41	mmol/mol	HI
HbA1c Comment	HbA1c may give false indication of glycaemic control if it is rapidly changing or if there is abnormal red cell turnover e.g. anaemia or polycythaemic disorders.			

Requestor Comments

Clinical History for Laboratory Requests:6 monthly clozapine checks & methatrexate check

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	01/07/2024 22:45:47
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	28/06/2024 17:39:51

Printed By: Patricia Stevens on 10/09/2024 09:54:37

[redacted] 10/09/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

WF SD.

SCI Store - Patient Result Report

Report ID: 0689226P

Sample Collected: 23/07/2024 10:00:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
[redacted]	(WESTONDH) Weston Day Hospital Cupar	0689226P	Haematology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Venous Blood	23/07/2024 10:00:00	23/07/2024 16:07:00	23/07/2024 16:21:29	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
HGB	151	130 - 170	g/L	
RBC	4.86	4.50 - 5.50	x 10^12/L	
Hct	0.470	0.400 - 0.500	L/L	
MCV	96.7	83.0 - 101.0	fL	
MCH	31.1	27.0 - 32.0	pg	
MCHC	321	315 - 345	g/L	
RDW	**14.6**	**11.6 - 14.0**	**%**	**HI**
PLT	217	150 - 410	x 10^9/L	
WBC	8.4	4.0 - 10.0	x 10^9/L	
Neut	4.09	2.00 - 7.00	x 10^9/L	
Lymp	2.72	1.00 - 3.00	x 10^9/L	
Mono	0.88	0.20 - 1.00	x 10^9/L	
Eos	**0.66**	**0.02 - 0.50**	**x 10^9/L**	**HI**
Baso	0.05	0.02 - 0.10	x 10^9/L	
NRBC	0.00	0.00 - 0.10	x 10^9/L	

Requestor Comments

clozapine monitoring

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	26/07/2024 22:45:54
Clinical Portal	Orion CP	Location	24/07/2024 10:15:30
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	23/07/2024 16:40:06

Printed By: [redacted] on 10/09/2024 09:54:50

[redacted] 10/09/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Description	Value	Range	Unit	Normalcy Notes
HDL Cholesterol	1.1	0.8 - 1.8	mmol/L	
Cholesterol	**2.9**	**3.3 - 6.5**	**mmol/L**	**LO**
Lipid Comment	LDL calculation is only valid if patient is fasting.			
Cholesterol/HDL ratio	2.6			

Requestor Comments

Clinical History for Laboratory Requests:6 monthly clozapine checks & methotrexate check

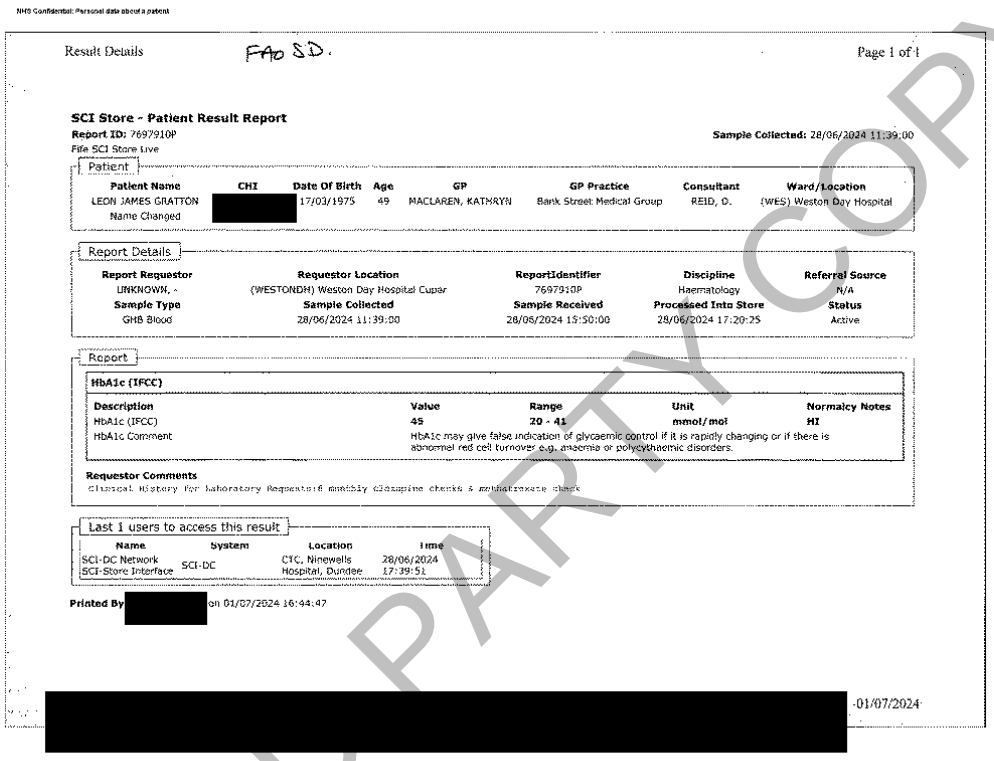
Last 3 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	26/08/2024 15:46:49
HIC NW Lab	HIC_NWLab	HIC	04/07/2024 22:23:50
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	28/06/2024 17:38:34

Printed By: [redacted] on 10/09/2024 09:54:22

[redacted] 10/09/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details FAO SD. Page 1 of 1

SCI Store - Patient Result Report

Report ID: 7697910P **Sample Collected:** 28/06/2024 11:39:00

Fife SCI Store live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7697910P	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
GHB Blood	28/06/2024 11:39:00	28/06/2024 15:50:00	28/06/2024 17:20:25	Active

Report

HbA1c (IFCC)

Description	Value	Range	Unit	Normalcy Notes
HbA1c (IFCC)	45	20 - 41	mmol/mol	HI
HbA1c Comment	HbA1c may give false indication of glycaemic control if it is rapidly changing or if there is abnormal red cell turnover e.g. anaemia or polycythaemic disorders.			

Requestor Comments

Clinical History for Laboratory Requested monthly clozapine checks & methotrexate check

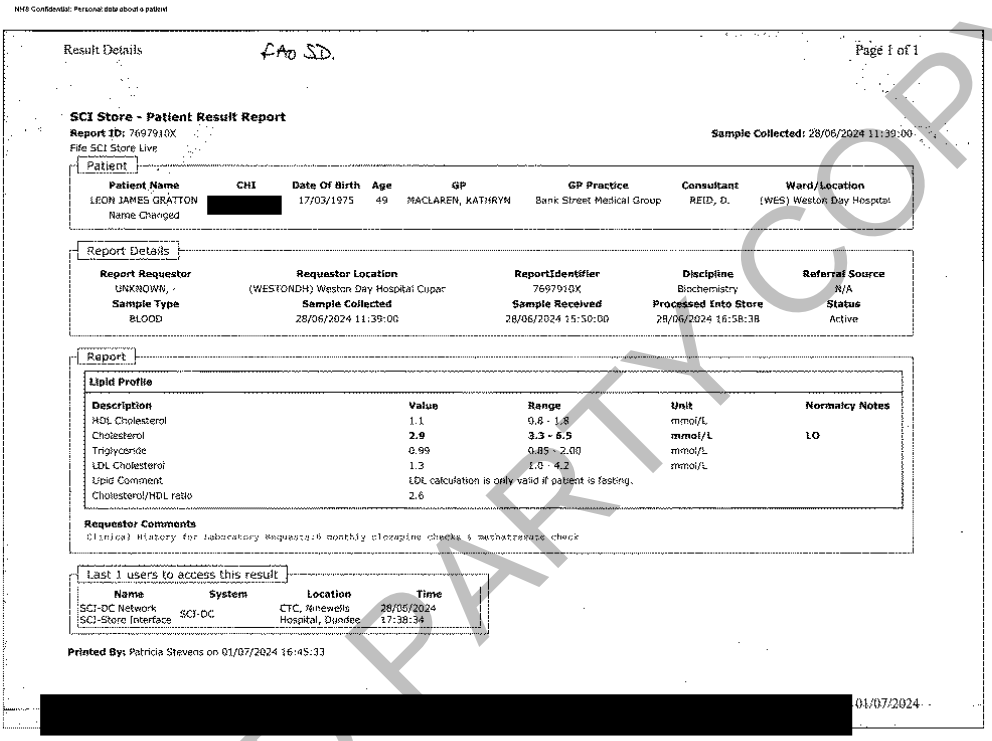
Last 1 users to access this result

Name	System	Location	Time
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	28/06/2024 17:39:51

Printed By [redacted] on 01/07/2024 16:44:47

[redacted] 01/07/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details FAO SD. Page 1 of 1

SCI Store - Patient Result Report

Report ID: 7697910X **Sample Collected:** 28/06/2024 11:39:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7697910X	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
BLOOD	28/06/2024 11:39:00	28/06/2024 15:50:00	28/06/2024 16:58:38	Active

Report

Lipid Profile

Description	Value	Range	Unit	Normalcy Notes
HDL Cholesterol	1.1	0.8 - 1.8	mmol/L	
Cholesterol	**2.9**	**3.3 - 6.5**	**mmol/L**	**LO**
Triglyceride	0.99	0.85 - 2.00	mmol/L	
LDL Cholesterol	1.3	1.0 - 4.2	mmol/L	
Lipid Comment	LDL calculation is only valid if patient is fasting.			
Cholesterol/HDL ratio	2.6			

Requestor Comments

Clinical History for Laboratory Enquiry:6 monthly clozapine checks & methadrenate check

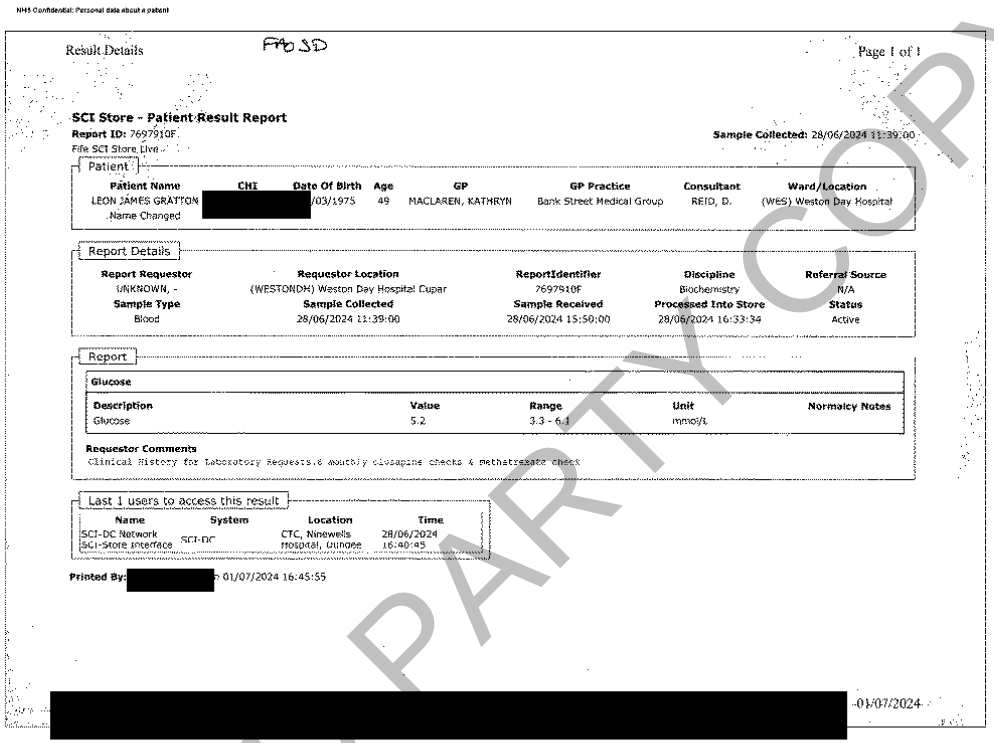
Last 1 users to access this result

Name	System	Location	Time
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Pinewells Hospital, Dundee	28/06/2024 17:38:34

Printed By: Patricia Stevens on 01/07/2024 16:45:33

[redacted] 01/07/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details FPD SD Page 1 of 1

SCI Store - Patient Result Report

Report ID: 7697910F **Sample Collected:** 28/06/2024 11:39:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7697910F	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Blood	28/06/2024 11:39:00	28/06/2024 15:50:00	28/06/2024 16:33:34	Active

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	5.2	3.3 - 6.1	mmol/L	

Requestor Comments

Clinical History for Laboratory Requests:6 monthly clozapine checks & methotrexate check

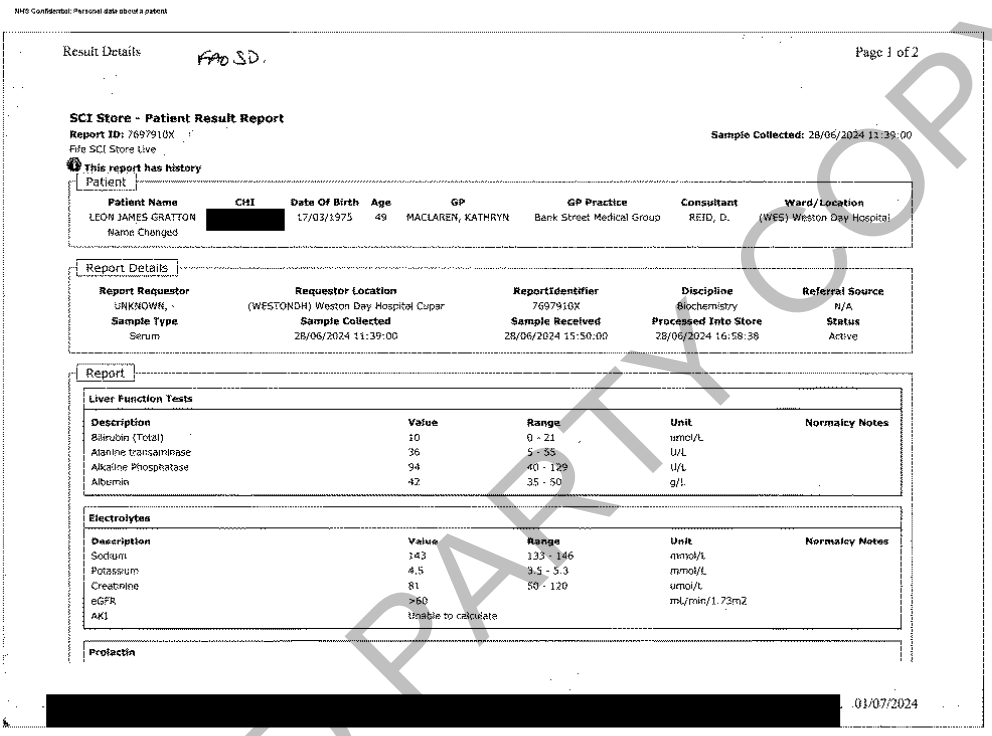
Last 1 users to access this result

Name	System	Location	Time
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	28/06/2024 16:40:45

Printed By: [redacted] 01/07/2024 16:45:55

[redacted] 01/07/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details FAO SD. Page 1 of 2

SCI Store - Patient Result Report

Report ID: 7697910X **Sample Collected:** 28/06/2024 11:39:00

Fife SCI Store Live

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7697910X	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	28/06/2024 11:39:00	28/06/2024 15:50:00	28/06/2024 16:58:38	Active

Report

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Bilirubin (Total)	10	0 - 21	umol/L	
Alanine transaminase	36	5 - 35	U/L	
Alkaline Phosphatase	94	40 - 129	U/L	
Albumin	42	35 - 50	g/L	

Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	143	133 - 146	mmol/L	
Potassium	4.5	3.5 - 5.3	mmol/L	
Creatinine	81	59 - 120	umol/L	
eGFR	>60		ml/min/1.73m2	
AKI	Unable to calculate			

Prolactin

[redacted] 01/07/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Description	Value	Range	Unit	Normalcy Notes
Prolactin	109	86 - 324	mU/L	

Troponin T

Description	Value	Range	Unit	Normalcy Notes
Troponin T	4	0 - 14	ng/L	

Urea

Description	Value	Range	Unit	Normalcy Notes
Urea	5.9	2.5 - 7.8	mmol/L	

Cholesterol/HDL ratio

Description	Value	Range	Unit	Normalcy Notes
HDL Cholesterol	1.1	0.8 - 1.8	mmol/L	
Cholesterol	**2.9**	**3.3 - 6.5**	**mmol/L**	**LO**
Lipid Comment	LDL calculation is only valid if patient is fasting.			
Cholesterol/HDL ratio	2.6			

Requestor Comments

Clinical History for Laboratory Requestor: monthly clozapine checks + metabolic check

Last 1 users to access this result

Name	System	Location	Time
SCI-DC Network	SCI-DC	CTC, Ninewells Hospital, Dundee	28/06/2024 17:38:34
SCI-Store Interface			

Printed By: [redacted] 01/07/2024 16:45:05

[redacted] 01/07/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO. SD

SCI Store - Patient Result Report

Report ID: 7568303P

Sample Collected: 05/03/2024 09:17:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	7568303P	Haematology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Venous Blood	05/03/2024 09:17:00	05/03/2024 16:03:00	05/03/2024 16:15:26	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
HGB	146	130 - 170	g/L	
RBC	4.80	4.50 - 5.50	x 10^12/L	
Hct	0.459	0.400 - 0.500	L/L	
MCV	95.6	83.0 - 101.0	fL	
MCH	30.4	27.0 - 32.0	pg	
MCHC	318	315 - 345	g/L	
RDW	**14.5**	**11.6 - 14.0**	**%**	**HI**
PLT	202	150 - 410	x 10^9/L	
WBC	**10.4**	**4.0 - 10.0**	**x 10^9/L**	**HI**
Neut	**7.18**	**2.00 - 7.00**	**x 10^9/L**	**HI**
Lymp	2.01	1.00 - 3.00	x 10^9/L	
Mono	0.80	0.20 - 1.00	x 10^9/L	
Eos	0.34	0.02 - 0.50	x 10^9/L	
Baso	0.04	0.02 - 0.10	x 10^9/L	
NRBC	0.00	0.00 - 0.10	x 10^9/L	

Requestor Comments

Clinical History for Laboratory Requests:for clozapine therapy

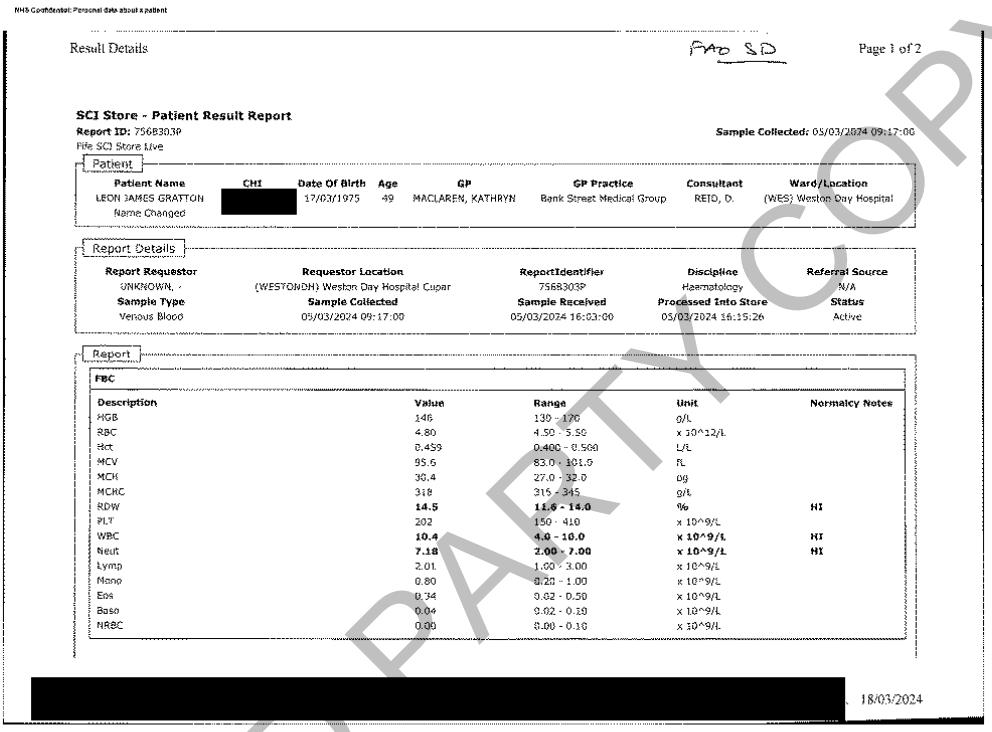
Last 3 users to access this result

Name	System	Location	Time
Clinical Portal	Orion CP	Location	14/05/2024 14:23:27
HIC NW Lab	HIC_NWLab	HIC	08/03/2024 22:45:30
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	05/03/2024 16:40:56

Printed By: [redacted] on 29/05/2024 08:54:28

[redacted] 29/05/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details

FMD SD

Page 1 of 2

SCI Store - Patient Result Report

Report ID: 75683039

Sample Collected: 05/03/2024 09:17:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	49	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital Cupar	75683039	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	05/03/2024 09:17:00	05/03/2024 16:03:00	05/03/2024 16:15:26	Active

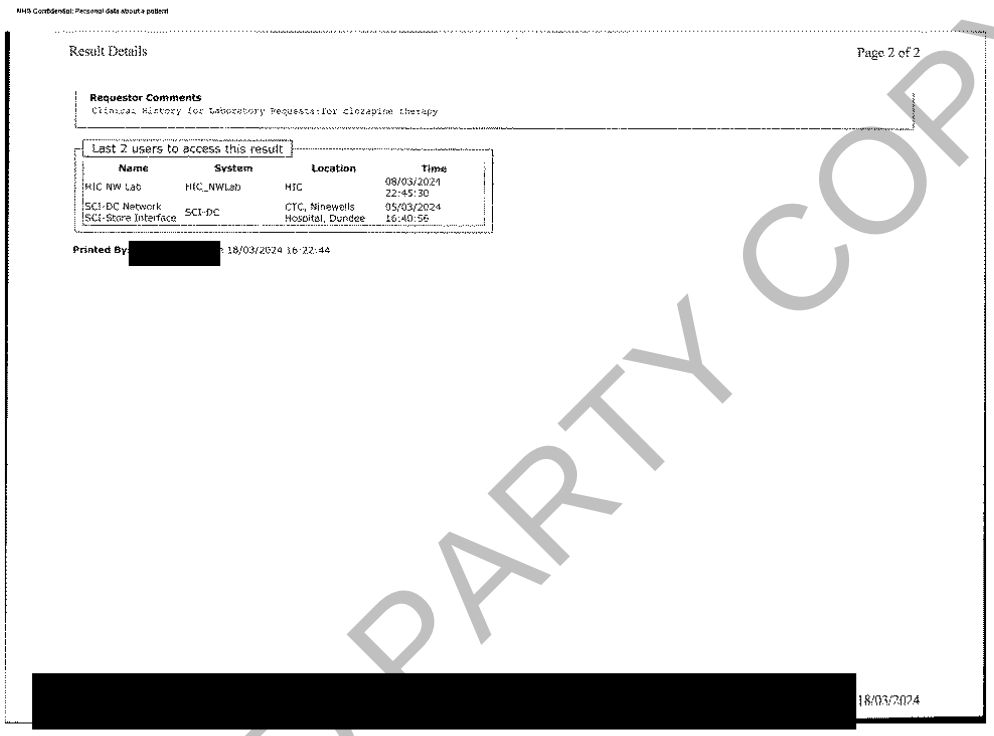
Report

FBC

Description	Value	Range	Unit	Normalcy Notes
HGB	146	130 - 170	g/L	
RBC	4.80	4.50 - 5.50	x 10^12/L	
Hct	0.459	0.400 - 0.500	L/L	
MCV	95.6	83.0 - 101.0	fL	
MCH	30.4	27.0 - 32.0	pg	
MCHC	318	315 - 345	g/L	
RDW	**14.5**	**11.6 - 14.0**	**%**	**HI**
PLT	202	150 - 410	x 10^9/L	
WBC	**10.4**	**4.0 - 10.0**	**x 10^9/L**	**HI**
Neut	**7.18**	**2.00 - 7.00**	**x 10^9/L**	**HI**
Lymp	2.01	1.00 - 3.00	x 10^9/L	
Mono	0.80	0.20 - 1.00	x 10^9/L	
Eos	0.34	0.02 - 0.50	x 10^9/L	
Baso	0.04	0.02 - 0.10	x 10^9/L	
NRBC	0.00	0.00 - 0.10	x 10^9/L	

[redacted] 18/03/2024

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

Requestor Comments

Clinical History for Laboratory Requests:for clozapine therapy

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	08/03/2021 22:45:30
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	05/03/2024 16:40:56

Printed By: [redacted] 18/03/2024 16:22:44

[redacted] 18/03/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

FMO
SD

SCI Store - Patient Result Report

Report ID: CA7472364

Sample Collected: 12/12/2023 10:41:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(VU) Ward/Unit not given VHK	CA7472364	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	12/12/2023 10:41:00	12/12/2023 15:23:00	12/12/2023 16:30:25	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	145	133 - 146	mmol/L	
Potassium	4.3	3.5 - 5.3	mmol/L	
Urea	6.8	2.5 - 7.8	mmol/L	
Creatinine	81	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	42	35 - 50	g/L	
Alkaline phosphatase	94	40 - 129	U/L	
Alanine transaminase	50	5 - 55	U/L	
Bilirubin (Total)	6	0 - 21	umol/L	

Cholesterol

Description	Value	Range	Unit	Normalcy Notes
Cholesterol	**2.9**	**3.3 - 6.5**	**mmol/L**	**LO**
HDL Cholesterol	1.08	0.8 - 1.8	mmol/L	
Cholesterol/HDL ratio	2.7			

Triglyceride

Description	Value	Range	Unit	Normalcy Notes
Triglyceride	1.28	0.85 - 2.0	mmol/L	
LDL Cholesterol	1.24	1.0 - 4.2	mmol/L	

Prolactin

Description	Value	Range	Unit	Normalcy Notes

[redacted] 19/12/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

PAD SO

Prolactin	234	86 - 324	mU/L

AKI	
AKI	Not detected

Sample Comments
LDL calculation is only valid if patient is fasting.

Requestor Comments
clozapine annual review

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	17/12/2023 22:22:28
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	12/12/2023 16:38:54

Printed By [redacted] on 19/12/2023 09:27:55

[redacted] 19/12/2023

Last ordered on 10/11/2023.
Previous order dates: 01/09/2023, 27/09/2023.

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

SCI Store - Patient Result Report

Report ID: CA7472364

Sample Collected: 12/12/2023 10:41:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(VU) Ward/Unit not given VHK	CA7472364	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	12/12/2023 10:41:00	12/12/2023 15:23:00	12/12/2023 16:30:25	Active

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	5.3	3.3 - 6.1	mmol/L	

Requestor Comments
clozapine annual review

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	17/12/2023 22:22:28
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	12/12/2023 16:38:54

Printed By: [redacted] on 19/12/2023 09:28:49

[redacted] 19/12/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 2

FAO SD

SCI Store - Patient Result Report

Report ID: HA7472364

Sample Collected: 12/12/2023 10:41:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(VU) Ward/Unit not given VHK	HA7472364	Haematology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Venous Blood	12/12/2023 10:41:00	12/12/2023 15:23:00	12/12/2023 15:40:18	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	9.8	4 - 10	x10-9/l	
RBC	4.81	4.5 - 5.5	x10-12/l	
HGB	145.0	130 - 170	g/l	
Hct	0.465	0.40 - 0.50	L/L	
MCV	96.7	83 - 101	fl	
MCH	30.1	27 - 32	pg	
MCHC	**312.0**	**315 - 345**	**g/l**	**LO**
PLT	224	150 - 410	x10-9/l	
RDW	**15.2**	**11.6 - 14.0**		**HI**
Neut	5.29	2.0 - 7.0	x10-9/l	
Lymp	2.80	1.0 - 3.0	x10-9/l	
Mono	0.80	0.2 - 1.0	x10-9/l	
Eos	**0.82**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.05	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Set Comments

N.B. NEW UNITS AND REFERENCE INTERVALS FOR HCT FROM 18/09/23

Requestor Comments

clozapine annual review

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	16/12/2023 01:14:31
SCI-DC Network	SCI-DC	CTC, Ninewells	12/12/2023 16:36:43

[redacted] 19/12/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

SCI-Store Interface	Hospital, Dundee

Printed By: [redacted] on 19/12/2023 09:30:02

[redacted]

19/12/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 2

FAo
SD

SCI Store - Patient Result Report

Report ID: HA0651072

Sample Collected: 19/09/2023 11:54:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Name Changed

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	HA0651072	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	19/09/2023 11:54:00	19/09/2023 16:09:00	19/09/2023 16:30:23	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	8.0	4 - 10	x10-9/l	
RBC	4.88	4.5 - 5.5	x10-12/l	
HGB	143.0	130 - 170	g/l	
Hct	0.452	0.40 - 0.50	L/L	
MCV	92.6	83 - 101	fl	
MCH	29.3	27 - 32	pg	
MCHC	316.0	315 - 345	g/l	
PLT	262	150 - 410	x10-9/l	
RDW	**16.4**	**11.6 - 14.0**		**HI**
Neut	4.56	2.0 - 7.0	x10-9/l	
Lymp	2.04	1.0 - 3.0	x10-9/l	
Mono	0.78	0.2 - 1.0	x10-9/l	
Eos	**0.59**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.04	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Set Comments

N.B. NEW UNITS AND REFERENCE INTERVALS FOR HCT FROM 18/09/23

Requestor Comments

On Methotrexate

Last 3 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	02/10/2023 13:25:54
HIC NW Lab	HIC_NWLab	HIC	22/09/2023 22:44:37

[redacted] 03/10/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	19/09/2023 16:38:34

Printed By: [redacted] on 03/10/2023 10:18:37

[redacted] 03/10/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

FAO
SD

SCI Store - Patient Result Report

Report ID: CA0651072 **Sample Collected:** 19/09/2023 11:54:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0651072	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	19/09/2023 11:54:00	19/09/2023 16:09:00	19/09/2023 17:25:11	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	143	133 - 146	mmol/L	
Potassium	4.0	3.5 - 5.3	mmol/L	
Urea	5.1	2.5 - 7.8	mmol/L	
Creatinine	77	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	43	35 - 50	g/L	
Alkaline phosphatase	100	40 - 129	U/L	
Alanine transaminase	45	5 - 55	U/L	
Bilirubin (Total)	8	0 - 21	umol/L	

AKI

AKI	Not detected

Requestor Comments
On Methotrexate

Last 3 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	02/10/2023 13:25:36
HIC NW Lab	HIC_NWLab	HIC	24/09/2023 22:25:37
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	19/09/2023 17:38:58

[redacted] 03/10/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SD

SCI Store - Patient Result Report

Report ID: CA3691114

Sample Collected: 29/08/2023 11:40:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
GOURLEY, I	(GCUP1) Bank Street Medical Group	CA3691114	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
GHB Blood	29/08/2023 11:40:00	29/08/2023 15:35:00	30/08/2023 11:30:14	Active

Report

HbA1c (IFCC)

Description	Value	Range	Unit	Normalcy Notes
HbA1c (IFCC)	**42**	**20 - 41**	**mmol/mol**	**HI**

Set Comments

HbA1c may give false indication of glycaemic control if it is rapidly changing or if there is abnormal red cell turnover e.g. anaemia or polycythaemic disorders.

Requestor Comments

Clinical Details: diab annual review and dmard bloods

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	04/09/2023 22:19:40
WS Unit Test	UnitTestApp	SG033827	30/08/2023 15:00:18
SCI-DC Network SCI Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	30/08/2023 11:37:38

Printed By [redacted] on 12/09/2023 09:22:07

[redacted] 12/09/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

FAO SD

SCI Store - Patient Result Report

Report ID: HA3691114 **Sample Collected:** 29/08/2023 11:40:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
GOURLEY, I	(GCUP1) Bank Street Medical Group	HA3691114	Haematology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Venous Blood	29/08/2023 11:40:00	29/08/2023 15:35:00	29/08/2023 16:10:29	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	8.5	4 - 10	x10-9/l	
RBC	4.54	4.5 - 5.5	x10-12/l	
HGB	136.0	130 - 170	g/l	
Hct	42.4	40 - 50	%	
MCV	93.4	83 - 101	fl	
MCH	30.0	27 - 32	pg	
MCHC	321.0	315 - 345	g/l	
PLT	249	150 - 410	x10-9/l	
RDW	**16.7**	**11.6 - 14.0**		**HI**
Neut	5.09	2.0 - 7.0	x10-9/l	
Lymp	2.05	1.0 - 3.0	x10-9/l	
Mono	0.82	0.2 - 1.0	x10-9/l	
Eos	0.46	0.02 - 0.5	x10-9/l	
Baso	0.05	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments

Clinical Details: diab annual review and dmard bloods

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	01/09/2023 22:45:45
WS Unit Test	UnitTestApp	SG033827	29/08/2023 19:00:47
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	29/08/2023 16:37:25

[redacted] 12/09/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

FAO SD

SCI Store - Patient Result Report

Report ID: CA3691114

Sample Collected: 29/08/2023 11:40:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	7/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
GOURLEY, I	(GCUP1) Bank Street Medical Group	CA3691114	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	29/08/2023 11:40:00	29/08/2023 15:35:00	30/08/2023 11:30:14	Active

Report

Cholesterol/HDL ratio

Description	Value	Range	Unit	Normalcy Notes
Cholesterol	4.6	3.3 - 6.5	mmol/L	
HDL Cholesterol	0.87	0.8 - 1.8	mmol/L	
Cholesterol/HDL ratio	5.3			

C-reactive protein

Description	Value	Range	Unit	Normalcy Notes
C-reactive protein	**19.1**	**0 - 5**	**mg/L**	**HI**

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	41	35 - 50	g/L	
Alkaline phosphatase	110	40 - 129	U/L	
Alanine transaminase	**64**	**5 - 55**	**U/L**	**HI**
Bilirubin (Total)	7	0 - 21	umol/L	

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	144	133 - 146	mmol/L	
Potassium	4.5	3.5 - 5.3	mmol/L	(KA)
Creatinine	66	50 - 120	umol/L	
eGFR	> 60			

Test Comments

(KA) Mild haemolysis, true result may be slightly lower

AKI

AKI	Not detected

[redacted] 2/09/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

Requestor Comments
Clinical Details: diab annual review and dmard bloods

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	04/09/2023 22:19:40
WS Unit Test	UnitTestApp	SG033827	30/08/2023 15:00:18
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	30/08/2023 11:37:38

Printed By: [redacted] on 12/09/2023 09:21:51

[redacted] 12/09/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAOSD

SCI Store - Patient Result Report

Report ID: HA0658605

Sample Collected: 27/06/2023 10:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	HA0658605	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	27/06/2023 10:30:00	27/06/2023 15:44:00	27/06/2023 16:00:28	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	8.4	4 - 10	x10-9/l	
RBC	4.55	4.5 - 5.5	x10-12/l	
HGB	141.0	130 - 170	g/l	
Hct	43.9	40 - 50	%	
MCV	96.5	83 - 101	fl	
MCH	31.0	27 - 32	pg	
MCHC	321.0	315 - 345	g/l	
PLT	226	150 - 410	x10-9/l	
RDW	**15.0**	**11.6 - 14.0**		**HI**
Neut	5.05	2.0 - 7.0	x10-9/l	
Lymp	2.83	1.0 - 3.0	x10-9/l	
Mono	0.64	0.2 - 1.0	x10-9/l	
Eos	**0.64**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.06	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments

ANNUAL CLOZAPINE PHYSICAL HEALTH MONITORING

FASTING GLUCOSE

Last 3 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	03/07/2023 08:59:11
HIC NW Lab	HIC_NWLab	HIC	01/07/2023 22:44:50
ChemoCare ADT Interface	syscode		29/06/2023 13:18:27

Printed By [redacted] on 18/07/2023 09:07:47

[redacted] 18/07/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SD

SCI Store - Patient Result Report

Report ID: CA0658605

Sample Collected: 27/06/2023 10:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0658605	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Blood	27/06/2023 10:30:00	27/06/2023 15:44:00	27/06/2023 16:50:23	Active

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	5.5	3.3 - 6.1	mmol/L	

Requestor Comments

ANNUAL CLOZAPINE PHYSICAL HEALTH MONITORING
FASTING GLUCOSE

Last 4 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	03/07/2023 09:00:59
HIC NW Lab	HIC_NWLab	HIC	02/07/2023 22:24:37
ChemoCare ADT Interface	syscode		29/06/2023 13:19:25
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	27/06/2023 17:36:31

Printed By: [redacted] on 18/07/2023 09:05:02

[redacted] 18/07/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 2

FAO SD.

SCI Store - Patient Result Report

Report ID: CA0658605

Sample Collected: 27/06/2023 10:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0658605	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	27/06/2023 10:30:00	27/06/2023 15:44:00	27/06/2023 16:50:23	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	142	133 - 146	mmol/L	
Potassium	3.6	3.5 - 5.3	mmol/L	
Urea	5.9	2.5 - 7.8	mmol/L	
Creatinine	69	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	44	35 - 50	g/L	
Alkaline phosphatase	98	40 - 129	U/L	
Alanine transaminase	**61**	**5 - 55**	**U/L**	**HI**
Bilirubin (Total)	9	0 - 21	umol/L	

Bone Profile

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.31	2.2 - 2.6	mmol/L	
Corrected calcium	2.33	2.2 - 2.6	mmol/L	
Phosphate	0.89	0.80 - 1.5	mmol/L	

TSH

Description	Value	Range	Unit	Normalcy Notes
TSH	2.72	0.27 - 4.2	mU/L	

Cholesterol/HDL ratio

Description	Value	Range	Unit	Normalcy Notes
Cholesterol	**3.0**	**3.3 - 6.5**	**mmol/L**	**LO**
HDL Cholesterol	1.00	0.8 - 1.8	mmol/L	
Cholesterol/HDL ratio	3.0			

[redacted]

18/07/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Triglyceride

Description	Value	Range	Unit	Normalcy Notes
Triglyceride	1.58	0.85 - 2.0	mmol/L	
LDL Cholesterol	1.29	1.0 - 4.2	mmol/L	

AKI

AKI	Not detected

Sample Comments
LDL calculation is only valid if patient is fasting.

Requestor Comments
ANNUAL CLOZAPINE PHYSICAL HEALTH MONITORING
FASTING GLUCOSE

Last 4 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	03/07/2023 09:01:13
HIC NW Lab	HIC_NWLab	HIC	02/07/2023 22:24:37
ChemoCare ADT Interface	syscode		29/06/2023 13:19:25
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	27/06/2023 17:36:31

Printed By [redacted] on 18/07/2023 08:57:03

[redacted]

18/07/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 2

FAO SD

SCI Store - Patient Result Report

Report ID: CA0658605

Sample Collected: 27/06/2023 10:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0658605	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	27/06/2023 10:30:00	27/06/2023 15:44:00	27/06/2023 16:50:23	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	142	133 - 146	mmol/L	
Potassium	3.6	3.5 - 5.3	mmol/L	
Urea	5.9	2.5 - 7.8	mmol/L	
Creatinine	69	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	44	35 - 50	g/L	
Alkaline phosphatase	98	40 - 129	U/L	
Alanine transaminase	**61**	**5 - 55**	**U/L**	**HI**
Bilirubin (Total)	9	0 - 21	umol/L	

Bone Profile

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.31	2.2 - 2.6	mmol/L	
Corrected calcium	2.33	2.2 - 2.6	mmol/L	
Phosphate	0.89	0.80 - 1.5	mmol/L	

TSH

Description	Value	Range	Unit	Normalcy Notes
TSH	2.72	0.27 - 4.2	mU/L	

Cholesterol/HDL ratio

Description	Value	Range	Unit	Normalcy Notes
Cholesterol	**3.0**	**3.3 - 6.5**	**mmol/L**	**LO**
HDL Cholesterol	1.00	0.8 - 1.8	mmol/L	
Cholesterol/HDL ratio	3.0			

[redacted] 05/07/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

Triglyceride

Description	Value	Range	Unit	Normalcy Notes
Triglyceride	1.58	0.85 - 2.0	mmol/L	
LDL Cholesterol	1.29	1.0 - 4.2	mmol/L	

AKI

AKI	Not detected

Sample Comments
LDL calculation is only valid if patient is fasting.

Requestor Comments
ANNUAL CLOZAPINE PHYSICAL HEALTH MONITORING
FASTING GLUCOSE

Last 4 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	03/07/2023 09:01:13
HIC NW Lab	HIC_NWLab	HIC	02/07/2023 22:24:37
ChemoCare ADT Interface	syscode		29/06/2023 13:19:25
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	27/06/2023 17:36:31

Printed By: [redacted] on 05/07/2023 12:56:24

[redacted]

05/07/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SD

SCI Store - Patient Result Report

Report ID: CA0658605

Sample Collected: 27/06/2023 10:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0658605	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Blood	27/06/2023 10:30:00	27/06/2023 15:44:00	27/06/2023 16:50:23	Active

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	5.5	3.3 - 6.1	mmol/L	

Requestor Comments

ANNUAL CLOZAPINE PHYSICAL HEALTH MONITORING

FASTING GLUCOSE

Last 4 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	03/07/2023 09:00:59
HIC NW Lab	HIC_NWLab	HIC	02/07/2023 22:24:37
ChemoCare ADT Interface	syscode		29/06/2023 13:19:25
SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	27/06/2023 17:36:31

Printed By: [redacted] on 05/07/2023 12:56:45

[redacted] 05/07/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

RAO SP

SCI Store - Patient Result Report

Report ID: HA0658605

Sample Collected: 27/06/2023 10:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	HA0658605	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	27/06/2023 10:30:00	27/06/2023 15:44:00	27/06/2023 16:00:28	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	8.4	4 - 10	x10-9/l	
RBC	4.55	4.5 - 5.5	x10-12/l	
HGB	141.0	130 - 170	g/l	
Hct	43.9	40 - 50	%	
MCV	96.5	83 - 101	fl	
MCH	31.0	27 - 32	pg	
MCHC	321.0	315 - 345	g/l	
PLT	226	150 - 410	x10-9/l	
RDW	**15.0**	**11.6 - 14.0**		**HI**
Neut	5.05	2.0 - 7.0	x10-9/l	
Lymp	2.03	1.0 - 3.0	x10-9/l	
Mono	0.64	0.2 - 1.0	x10-9/l	
Eos	**0.64**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.06	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments

ANNUAL CLOZAPINE PHYSICAL HEALTH MONITORING

FASTING GLUCOSE

Last 3 users to access this result

Name	System	Location	Time
Eleanor Wilson	Fife NHS	SCI Store	03/07/2023 08:59:11
HIC NW Lab	HIC_NWLab	HIC	01/07/2023 22:44:50
ChemoCare ADT Interface	syscode		29/06/2023 13:18:27

Printed By [redacted] on 05/07/2023 12:57:19

[redacted] 05/07/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

RAE
SD

SCI Store - Patient Result Report

Report ID: CA0637374

Sample Collected: 07/03/2023 11:25:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0637374	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
GHB Blood	07/03/2023 11:25:00	07/03/2023 15:32:00	07/03/2023 16:35:13	Active

Report

HbA1c (IFCC)

Description	Value	Range	Unit	Normalcy Notes
HbA1c (IFCC)	**58**	**20 - 41**	**mmol/mol**	**HI**

Set Comments

HbA1c may give false indication of glycaemic control if it is rapidly changing or if there is abnormal red cell turnover e.g. anaemia or polycythaemic disorders.

Requestor Comments

METHOTREXTE MONITORING

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	12/03/2023 22:33:04
Clinical Portal	Orion CP	Location	08/03/2023 13:54:42

Printed By [redacted] on 05/04/2023 11:56:55

[redacted]

05/04/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 2

SCI Store - Patient Result Report

Report ID: CA0637374

Sample Collected: 07/03/2023 11:25:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0637374	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	07/03/2023 11:25:00	07/03/2023 15:32:00	07/03/2023 16:35:13	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	144	133 - 146	mmol/L	
Potassium	3.8	3.5 - 5.3	mmol/L	
Urea	6.6	2.5 - 7.8	mmol/L	
Creatinine	73	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	43	35 - 50	g/L	
Alkaline phosphatase	109	40 - 129	U/L	
Alanine transaminase	49	5 - 55	U/L	
Bilirubin (Total)	10	0 - 21	umol/L	

Bone Profile

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.30	2.2 - 2.6	mmol/L	
Corrected calcium	2.33	2.2 - 2.6	mmol/L	
Phosphate	**0.78**	**0.80 - 1.5**	**mmol/L**	**LO**

Troponin T

Description	Value	Range	Unit	Normalcy Notes
Troponin T	6	0 - 14	ng/L	

AKI

AKI	Not detected

Requestor Comments

METHOTREXTE MONITORING

[redacted]

05/04/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	12/03/2023 22:33:04
Clinical Portal	Orion CP	Location	08/03/2023 13:54:42

Printed By: [redacted] 05/04/2023 11:55:48

[redacted] 05/04/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

FAO SD

SCI Store - Patient Result Report

Report ID: CA0637374

Sample Collected: 07/03/2023 11:25:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0637374	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	07/03/2023 11:25:00	07/03/2023 15:32:00	07/03/2023 16:35:13	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	144	133 - 146	mmol/L	
Potassium	3.8	3.5 - 5.3	mmol/L	
Urea	6.6	2.5 - 7.8	mmol/L	
Creatinine	73	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	43	35 - 50	g/L	
Alkaline phosphatase	109	40 - 129	U/L	
Alanine transaminase	49	5 - 55	U/L	
Bilirubin (Total)	10	0 - 21	umol/L	

Bone Profile

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.30	2.2 - 2.6	mmol/L	
Corrected calcium	2.33	2.2 - 2.6	mmol/L	
Phosphate	**0.78**	**0.80 - 1.5**	**mmol/L**	**LO**

Troponin T

Description	Value	Range	Unit	Normalcy Notes
Troponin T	6	0 - 14	ng/L	

AKI

AKI	Not detected

Requestor Comments

METHOTREXTE MONITORING

[redacted] 14/03/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	12/03/2023 22:33:04
Clinical Portal	Orion CP	Location	08/03/2023 13:54:42

Printed By [redacted] on 14/03/2023 11:05:56

[redacted] 14/03/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

AAo S D

SCI Store - Patient Result Report

Report ID: HA0637374

Sample Collected: 07/03/2023 11:25:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	HA0637374	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	07/03/2023 11:25:00	07/03/2023 15:32:00	07/03/2023 15:45:20	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**11.5**	**4 - 10**	**x10-9/l**	**HI**
RBC	**4.35**	**4.5 - 5.5**	**x10-12/l**	**LO**
HGB	140.0	130 - 170	g/l	
Hct	42.8	40 - 50	%	
MCV	98.4	83 - 101	fl	
MCH	**32.2**	**27 - 32**	**pg**	**HI**
MCHC	327.0	315 - 345	g/l	
PLT	213	150 - 410	x10-9/l	
RDW	**14.8**	**11.6 - 14.0**		**HI**
Neut	**7.87**	**2.0 - 7.0**	**x10-9/l**	**HI**
Lymp	2.23	1.0 - 3.0	x10-9/l	
Mono	0.74	0.2 - 1.0	x10-9/l	
Eos	**0.56**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.06	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.01	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments

METHOTREXTE MONITORING

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	10/03/2023 22:43:51
Clinical Portal	Orion CP	Location	08/03/2023 13:56:11

Printed By: Patricia Stevens on 14/03/2023 11:06:34

[redacted] 14/03/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SD.

SCI Store - Patient Result Report

Report ID: CA0637374

Sample Collected: 07/03/2023 11:25:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0637374	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
GHB Blood	07/03/2023 11:25:00	07/03/2023 15:32:00	07/03/2023 16:35:13	Active

Report

HbA1c (IFCC)

Description	Value	Range	Unit	Normalcy Notes
HbA1c (IFCC)	**58**	**20 - 41**	**mmol/mol**	**HI**

Set Comments

HbA1c may give false indication of glycaemic control if it is rapidly changing or if there is abnormal red cell turnover e.g. anaemia or polycythaemic disorders.

Requestor Comments

METHOTREXTE MONITORING

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	12/03/2023 22:33:04
Clinical Portal	Orion CP	Location	08/03/2023 13:54:42

Printed By [redacted] on 14/03/2023 11:06:18

[redacted]

14/03/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SD

SCI Store - Patient Result Report

Report ID: HA0634519

Sample Collected: 10/01/2023 10:40:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	7/03/1975	47	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	HA0634519	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	10/01/2023 10:40:00	10/01/2023 15:47:00	10/01/2023 16:05:18	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**12.6**	**4 - 10**	**x10-9/l**	**HI**
RBC	**4.38**	**4.5 - 5.5**	**x10-12/l**	**LO**
HGB	143.0	130 - 170	g/l	
Hct	42.3	40 - 50	%	
MCV	96.6	83 - 101	fl	
MCH	**32.6**	**27 - 32**	**pg**	**HI**
MCHC	338.0	315 - 345	g/l	
PLT	275	150 - 410	x10-9/l	
RDW	**16.0**	**11.6 - 14.0**		**HI**
Neut	**8.72**	**2.0 - 7.0**	**x10-9/l**	**HI**
Lymp	2.26	1.0 - 3.0	x10-9/l	
Mono	**1.01**	**0.2 - 1.0**	**x10-9/l**	**HI**
Eos	**0.60**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.04	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments

FOR CLOZAPINE THERAPY

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	13/01/2023 22:44:09
Clinical Portal	Orion CP	Location	11/01/2023 08:26:30

Printed By: [redacted] on 17/01/2023 10:48:02

[redacted] 7/01/2023

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SD

SCI Store - Patient Result Report

Report ID: HA0631309 **Sample Collected:** 06/12/2022 11:15:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON	[redacted]	17/03/1975	47	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Name Changed

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	HA0631309	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	06/12/2022 11:15:00	06/12/2022 15:26:00	06/12/2022 15:45:33	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**10.7**	**4 - 10**	**x10-9/l**	**HI**
RBC	4.52	4.5 - 5.5	x10-12/l	
HGB	140.0	130 - 170	g/l	
Hct	43.5	40 - 50	%	
MCV	96.2	83 - 101	fl	
MCH	31.0	27 - 32	pg	
MCHC	322.0	315 - 345	g/l	
PLT	255	150 - 410	x10-9/l	
RDW	**15.9**	**11.6 - 14.0**		**HI**
Neut	6.59	2.0 - 7.0	x10-9/l	
Lymp	2.55	1.0 - 3.0	x10-9/l	
Mono	0.67	0.2 - 1.0	x10-9/l	
Eos	**0.79**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.05	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments

CLOZAPINE PHYSICAL HEALTH MONITORING

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	09/12/2022 22:44:15

Printed By: [redacted] on 21/12/2022 11:27:58

[redacted] 21/12/2022

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Pt SD

SCI Store - Patient Result Report

Report ID: CA0631309 **Sample Collected:** 06/12/2022 11:15:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON	[redacted]	17/03/1975	47	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Name Changed

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0631309	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Serum	06/12/2022 11:15:00	06/12/2022 15:26:00	06/12/2022 18:20:09	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	144	133 - 146	mmol/L	
Potassium	3.8	3.5 - 5.3	mmol/L	
Urea	5.7	2.5 - 7.8	mmol/L	
Creatinine	80	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	38	35 - 50	g/L	
Alkaline phosphatase	109	40 - 129	U/L	
Alanine transaminase	47	5 - 55	U/L	
Bilirubin (Total)	7	0 - 21	umol/L	

Cholesterol/HDL ratio

Description	Value	Range	Unit	Normalcy Notes
Cholesterol	3.3	3.3 - 6.5	mmol/L	
HDL Cholesterol	0.97	0.8 - 1.8	mmol/L	
Cholesterol/HDL ratio	3.4			

Triglyceride

Description	Value	Range	Unit	Normalcy Notes
Triglyceride	1.69	0.85 - 2.0	mmol/L	
LDL Cholesterol	1.57	1.0 - 4.2	mmol/L	

Prolactin

Description	Value	Range	Unit	Normalcy Notes
Prolactin	135	86 - 324	mU/L	

AKI

[redacted] 21/12/2022

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

AKI	Not detected

Sample Comments
LDL calculation is only valid if patient is fasting.

Requestor Comments
CLOZAPINE PHYSICAL HEALTH MONITORING

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	11/12/2022 22:27:05

Printed By: [redacted] 21/12/2022 11:26:56

[redacted] 21/12/2022

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAoSD

SCI Store - Patient Result Report

Report ID: CA0631309 **Sample Collected:** 06/12/2022 11:15:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON [redacted] Name Changed		17/03/1975	47	MacLaren, Kathryn	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0631309	Biochemistry	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Blood	06/12/2022 11:15:00	06/12/2022 15:26:00	06/12/2022 18:20:09	Active

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	**9.0**	**3.3 - 6.1**	**mmol/L**	**HI**

Requestor Comments

CLOZAPINE PHYSICAL HEALTH MONITORING

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	11/12/2022 22:27:05

Printed By [redacted] on 21/12/2022 11:27:43

[redacted] 21/12/2022

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of X

FAO SD

SCI Store - Patient Result Report

Report ID: CA0610772

Sample Collected: 11/10/2022 11:20:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	7/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	CA0610772	Biochemistry	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Serum	11/10/2022 11:20:00	11/10/2022 16:03:00	11/10/2022 16:26:01	Active

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	142	133 - 146	mmol/L	
Potassium	3.6	3.5 - 5.3	mmol/L	
Urea	6.3	2.5 - 7.8	mmol/L	
Creatinine	81	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	36	35 - 50	g/L	
Alkaline phosphatase	97	40 - 129	U/L	
Alanine transaminase	**61**	**5 - 55**	**U/L**	**HI**
Bilirubin (Total)	8	0 - 21	umol/L	

C-reactive protein

Description	Value	Range	Unit	Normalcy Notes
C-reactive protein	**9.1**	**0 - 5**	**mg/L**	**HI**

AKI

AKI	Not detected

Requestor Comments

CLOZAPINE MONITORING METHOTREXATE MONITORING

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	16/10/2022 22:22:00
Clinical Portal	Orion CP	Location	12/10/2022 12:31:19

[redacted] 19/10/2022

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FHBSD

SCI Store - Patient Result Report

Report ID: HA0610772

Sample Collected: 11/10/2022 11:20:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	HA0610772	Haematology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Venous Blood	11/10/2022 11:20:00	11/10/2022 16:03:00	11/10/2022 16:11:13	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**10.6**	**4 - 10**	**x10-9/l**	**HI**
RBC	4.68	4.5 - 5.5	x10-12/l	
HGB	143.0	130 - 170	g/l	
Hct	43.6	40 - 50	%	
MCV	93.2	83 - 101	fl	
MCH	30.6	27 - 32	pg	
MCHC	328.0	315 - 345	g/l	
PLT	236	150 - 410	x10-9/l	
RDW	**15.2**	**11.6 - 14.0**		**HI**
Neut	6.37	2.0 - 7.0	x10-9/l	
Lymp	2.82	1.0 - 3.0	x10-9/l	
Mono	0.76	0.2 - 1.0	x10-9/l	
Eos	**0.63**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.06	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments

CLOZAPINE MONITORING METHOTREXATE MONITORING

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	14/10/2022 22:43:00
Clinical Portal	Orion CP	Location	12/10/2022 12:31:39

Printed By: [redacted] on 19/10/2022 08:57:38

[redacted] 19/10/2022

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

SCI Store - Patient Result Report

Report ID: HA0610772 **Sample Collected:** 11/10/2022 11:20:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
OLLEY, C	(WES) Weston Day Hospital	HA0610772	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Sodium citrate	11/10/2022 11:20:00	11/10/2022 16:03:00	11/10/2022 16:11:13	Active

Report

D-Dimer

D-Dimer — Specimen Underfilled - Unsuitable for assay.

Set Comments

For patients with a low wells score for thromboembolism D-Dimers <500ng/ml gives a 98% negative predictive value.

Requestor Comments

CLOZAPINE MONITORING METHOTREXATE MONITORING

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	14/10/2022 22:43:00
Clinical Portal	Orion CP	Location	12/10/2022 12:31:39

Printed By: [redacted] on 19/10/2022 08:57:51

[redacted] 19/10/2022

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SD

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**15.6**	**4 - 10**	**x10-9/l**	**HI**
RBC	4.91	4.5 - 5.5	x10-12/l	
HGB	148.0	130 - 170	g/l	
Hct	46.2	40 - 50	%	
MCV	94.1	83 - 101	fl	
MCH	30.1	27 - 32	pg	
MCHC	320.0	315 - 345	g/l	
PLT	294	150 - 410	x10-9/l	
RDW	**14.6**	**11.6 - 14.0**		**HI**
Neut	**10.80**	**2.0 - 7.0**	**x10-9/l**	**HI**
Lymp	**3.07**	**1.0 - 3.0**	**x10-9/l**	**HI**
Mono	**1.08**	**0.2 - 1.0**	**x10-9/l**	**HI**
Eos	**0.60**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.06	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.01	0 - 0.1	x10-9/l	
BLST	Not Tested			

Requestor Comments
HIGH DOSE MONITORING METHOTREXATE MONITORING
CLOZAPINE MONITORING

Last 1 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	16/09/2022 22:46:39

[redacted] 20/09/2022

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	143	133 - 146	mmol/L	
Potassium	3.9	3.5 - 5.3	mmol/L	
Urea	5.9	2.5 - 7.8	mmol/L	
Creatinine	78	50 - 120	umol/L	
eGFR	> 60			

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	43	35 - 50	g/L	
Alkaline phosphatase	97	40 - 129	U/L	
Alanine transaminase	**57**	**5 - 55**	**U/L**	**HI**
Bilirubin (Total)	6	0 - 21	umol/L	

C-reactive protein

Description	Value	Range	Unit	Normalcy Notes
C-reactive protein	**21.8**	**0 - 5**	**mg/L**	**HI**

AKI

AKI	Not detected

Requestor Comments
HIGH DOSE MONITORING METHOTREXATE MONITORING
CLOZAPINE MONITORING

[redacted] 20/09/2022

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 1

FAO SP

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	47	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report

D-Dimer

D-Dimer	Specimen Underfilled - Unsuitable for assay.

Set Comments
For patients with a low wells score for thromboembolism
D-Dimers <500ng/ml gives a 98% negative predictive value.

Requestor Comments
HIGH DOSE MONITORING METHOTREXATE MONITORING
CLOZAPINE MONITORING

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	16/09/2022 22:46:39
Dr Chris Olley	Fife NHS	SCI Store	16/09/2022 08:40:25

[redacted] 20/09/2022

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf uro.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Operational Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

UROLOGICAL DEPARTMENT

CONSULTANTS:
[redacted]

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING

Dictated 11 July 2007
Typed 17 July 2007
Our Ref JRM/JB/D659366L
CHI 1703751191
[redacted]

Dear Dr Somerville,

Leon Gratton [redacted] **(17.03.75)**

Many thanks for your letter of 21 June. I entirely agree with the course of action you have taken with this fairly young patient with haematospermia. We would not normally take any further action or do any additional investigations. If however it does prove to be persistent we would be very happy to see him.

Regards

Yours sincerely

[redacted]
Consultant Urological Surgeon

THIRD PARTY COPY

Chief Executive [redacted]
Queen Margaret Hospital is part of The Operational Division of NHS Fife

MS1200

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf shared.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

OCCUPATIONAL THERAPY SERVICE
MENTAL HEALTH

NHS Fife

NON-STANDARDISED ASSESSMENT

Name: Leon Gratton	Ward ☒ Day Hospital ☐ Rehab ☐ Community ☐
CHI No: [redacted]	**GP Name:** Dr D Garmany
[redacted]	**Address:** Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing
Telephone: [redacted]	**Telephone:** [redacted]
Marital Status: -	**Next of Kin/Contact:** -
Consultant: Dr P Cavanagh	**Relationship:** -
	Telephone: -

Task Description and Environment:
Leon shopped for ingredients for and made macaroni cheese from scratch in the OT kitchen.
Persons present: Leon and Susan Haynes, Occupational Therapist

Mental State/Physical:
Leon reported feeling tired as he had only slept a few hours. Motivated to attend session. Difficulty concentrating at times. Mood was reactive. Leon's over estimates his own abilities.

Self Presentation:
Dishevelled and unkempt in personal appearance.
Friendly in manner.

Medical/Physical Factors:
None encountered during session.

FACTORS IDENTIFIED FROM ASSESSMENT – INCLUDING RISK:

- Able to identify and shop for required ingredients with some assistance
- Able to sequence task independently
- After initial orientation to kitchen was able to locate items independently
- Asked for assistance when appropriate
- Easily distracted from task by conversing with therapist
- After initial prompting regarding hand washing maintained reasonable standards of hygiene
- Required prompting to restore items to original places following task
- Turned off cooker unprompted, but after a short delay whilst draining pasta

Continued

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SUMMARY AND RECOMMENDATIONS

Leon has clearly developed kitchen skills in the past. However, Leon over-estimates his current skills. At present he requires some assistance to complete ADL tasks due to deficits in processing skills.

Recommendations
Leon will benefit from continued meal-making sessions. An AMPS assessment is planned to provide baseline information and scores.

Occupational Therapist's Signature: [redacted]	**Date:** 08/12/2011
Name: Susan Haynes	
Address: OT Department (Mental Health), Phase 1, Queen Margaret Hospital Whitefield Road, Dunfermline, KY12 OSA	
Telephone: [redacted]	

Copies to:

GP	☒	CPN	☐	Other:	☐
OT	☒	Home Care	☐		
Nursing	☒	Social Worker	☐		
Consultant	☒	Community OT	☐		

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

OCCUPATIONAL THERAPY SERVICE
MENTAL HEALTH

NHS Fife

SHORT INTERVENTION / DISCHARGE SUMMARY

Name: LEON GRATTON	Ward ☐ Day Hospital ☐ Rehab ☐ Community ☑
Address: [redacted]	**GP Name:** Dr Somerville **Address:** Inverkeithing Medical Group 5 Friary Court, Inverkeithing KY11 1NU **Tel No:** [redacted]
CHI No: [redacted]	**Consultant:** Dr P Cavanagh
Occupational Therapist Name: David Sanders, Senior Occupational Therapist	
Address: Haldane House, 71 Priory Lane, Dunfermline KY12 7DT	

DATE OF REFERRAL AND INTERVENTION REQUESTED: 17/01/11

- AMPS baseline requested.

BRIEF DETAILS FROM INITIAL INTERVIEW IF OBTAINED:

See attached AMPS graphic and narrative reports.

Given the issues raised by assessment in terms of Leon's ADL processing and motor skills falling beneath both skill and age expectation combined with motivational issues, I would strongly recommend ongoing support to maintain his participation and his current level of domestic ADL skills at least, through his current housing support provider. Without this input there is a risk that Leon's functional ADL motor and processing skills could deteriorate further, and particularly if his participation in these tasks becomes less regular.

FACTORS INFLUENCING FOLLOW-UP / DISCHARGE:

	Yes	No
Patient did not consent to input	☐	☐
Requested OT Assessment completed	☑	☐
Patient transferred/discharged prior to initial assessment	☐	☐
OT unable to contact patient	☐	☐
Patient did not contact OT further to appointment letter(s)	☐	☐
OT interview has indicated no further requirement for OT	☐	☐

ACTIONS:

Further Intervention Recommended: Yes ☐ No ☑

Intervention: _____

Discharge: Yes ☑ No ☐ Date of Discharge: 14/02/11

Occupational Therapist's Signature: [redacted] **Date:** 14/02/11

Copies to:

GP	☑ Dr Somerville	CPN	☑ Dawn Stanley	Other: Dave Chaplin ☑ Support Worker, Richmond Housing Support	
OT	☐	Home Care	☐		
Nursing	☐	Social Worker	☐		
Consultant	☑ Dr Cavanagh	Community OT	☑ File copy		

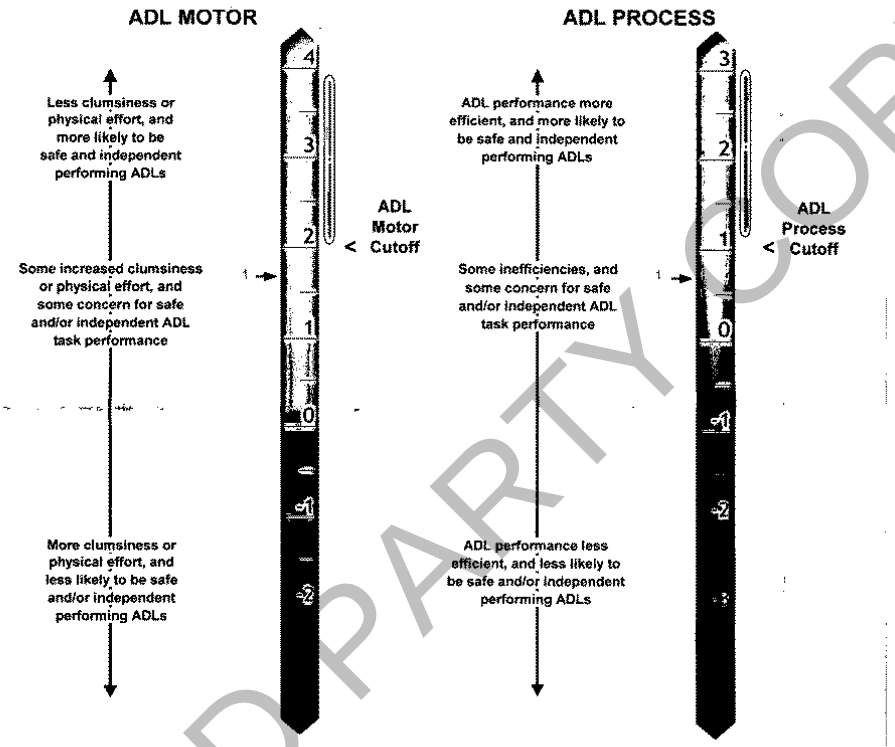
Produced by NHS Fife Occupational Therapy Mental Health Service. Please acknowledge when using. MHOT-1

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

ASSESSMENT OF MOTOR AND PROCESS SKILLS (AMPS) GRAPHIC REPORT

			AGE	DATE	MOTOR	PROCESS
Client:	Mr. Leon Gratton					
Occupational therapist:	David Sanders	Evaluation 1	35	07/02/2011	1.73	0.69



Scoring of the Assessment of Motor and Process Skills (AMPS) is criterion-referenced. The numbers on the AMPS scales indicate units of ADL ability, and are associated with criterion-referenced cutoff measures of 2.0 on the AMPS motor scale and 1.0 on the AMPS process scale. The ADL motor and ADL process ability measures are indicated by an arrow to the left of the respective scale and are also reported at the top of this report.

THIRD PARTY COPY

Measures below the cutoffs indicate that there was diminished quality or effectiveness of performance of instrumental and/or personal activities of daily living (ADL). ADL motor and ADL process ability measures can also be compared to the normative range of ADL ability typically seen among healthy, well persons of the same age. The expected range is represented by the vertical bands to the right of the respective scale (range = ± 2.0 standard deviations from the normative mean, indicated by a dark dot). When a person's ADL motor or ADL process ability measure is within the range illustrated by the vertical band, the person's observed ADL ability was within expected limits for a person of the same age. If the arrow is below the vertical band, the person's observed ADL ability was below age expectations. Finally, if the person's ADL motor or ADL process ability measure is above the vertical band, it was above age expectations.

See the Results and Interpretation of an AMPS Evaluation Report for further information regarding the interpretation of a single AMPS evaluation, and for more specific information about how to interpret the ADL motor and ADL process ability measures.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

OCCUPATIONAL THERAPY EVALUATION OF ADL ABILITY

Results and Interpretation of an Assessment of Motor and Process Skills (AMPS) Evaluation

Client: Mr. Leon Gratton
Age: 35
Date of Evaluation: 07/02/2011
Occupational Therapist: David Sanders, Specialist Occupational Therapist

AMPS EVALUATION

The Assessment of Motor and Process Skills (AMPS) is a standardized observation-based evaluation of occupational performance; specifically, the ability to perform daily life tasks (i.e., personal and domestic activities of daily living - ADL). When Mr. Leon Gratton was evaluated, the occupational therapist conducted an interview to gain a better understanding of which everyday tasks (occupations) he reported as presenting a challenge, as well as those everyday tasks that he reported performing with satisfaction. The occupational therapist then offered him a choice of familiar and relevant ADL tasks to perform for the AMPS observations. Mr. Gratton chose to perform 2 of the tasks that were offered: "Toast and instant coffee, tea, instant soup, or hot chocolate", and "Cleaning a bathroom."

OVERALL QUALITY OF PERFORMANCE

When his overall quality of performance was considered, Mr. Gratton showed evidence of possibly clumsy or physically effortful, and minimally inefficient ADL task performance, and he was at risk for needing assistance to complete the 2 domestic (instrumental) ADL tasks.

SPECIFIC SKILLS THAT MOST IMPACTED PERFORMANCE

More specifically, Mr. Gratton's performance of the above noted ADL tasks was limited by:

- Positioning the arm in awkward and/or ineffective positions during the task performance (Positions)
- Increased clumsiness or fumbling while manipulating small task objects (Manipulates)
- Using too much or too little force, speed, or extent of movement when interacting with task objects (Calibrates)
- Not maintaining a consistent and effective rate of the task performance (Paces)
- Not carrying out and completing the chosen task (Heeds)
- Not starting task steps (Initiates)
- Not noticing and responding to the action or placement of task objects (Notices/Responds)
- Decreased skill accommodating for and preventing problems from occurring, and problems persisted or recurred during the task performances (Accommodates and Benefits)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

SPECIFIC SKILLS OF RELATIVE STRENGTH

While Mr. Gratton's ADL task performance was somewhat ineffective, his ability to perform ADL tasks was supported by some relative strengths. For example, he demonstrated no imminent risk or need for assistance in relation to the following:

- Actively bending to reach task objects (Bends and Reaches)
- Completing the task with obvious physical fatigue (Endures)
- Logical ordering of task steps (Sequences)

OVERALL ADL MOTOR ABILITY

ADL motor ability is an overall measure of a person's observed skill when moving oneself or task objects during the performance of ADL tasks (i.e., occupational performance). On the ADL motor scale, a cutoff measure located at 2.00 logits indicates when a person begins to demonstrate increased clumsiness or physical effort performing ADL tasks. Mr. Gratton's ADL motor ability measure of 1.73 logits is below the ADL motor cutoff, indicating that he has increased clumsiness or physical effort when performing familiar ADL tasks. Mr. Gratton's ADL motor ability can also be compared to his healthy, well age-matched peers. That is, 95 of well, healthy persons of Mr. Gratton's age have ADL motor ability measures between 2.04 and 3.93 logits. This indicates that his ADL motor performance is lower than age expectations.

OVERALL ADL PROCESS ABILITY

ADL process ability is a global measure of a person's observed skill when (a) selecting, interacting with, and using task tools and materials; (b) carrying out individual task actions and steps; and (c) modifying task performance when problems are encountered. On the ADL process scale, a cutoff measure located at 1.00 logit indicates when a person begins to demonstrate inefficient (i.e., diminished time/space organization) ADL task performance. Mr. Gratton's ADL process ability measure of 0.69 logit on the AMPS Graphic Report is below the AMPS process cutoff. This indicates that he is demonstrating decreased efficiency when he performs familiar ADL tasks. When his ADL process ability measure is compared to his healthy, well age-matched peers, 95 of well, healthy persons of Mr. Gratton's age have ADL process ability measures between 1.14 and 3.15 logits. Thus his ADL process ability measure is lower than age expectations.

PREDICTING NEED FOR ASSISTANCE

Occupational therapists commonly use tests of ADL ability as a means of determining a person's need for assistance to live in the community. Further, the literature indicates that ADL ability is one of the strongest predictors of global functioning within the community. Approximately 94% of persons with ADL process measures below 1.00 logit need assistance to live in the community. Evidence further suggests that 74% of persons below 0.70 logit on the ADL process scale require moderate-to-maximal assistance to live in the community. The results of Mr. Gratton's AMPS observation indicate that he likely needs assistance to live in the community and may even require moderate to maximal support.

It is important to note, however, that since the AMPS was designed to measure the quality of a

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

person's ADL performance, not community independence, the results of an AMPS observation should never be the sole criterion for predicting a person's need for assistance to live in the community. Rather, the results of an AMPS observation should be considered as one piece of evidence to support and/or verify the occupational therapist's clinical judgment of a person's need for assistance to live in the community. The results of Mr. Gratton's observation can be considered in relation to the occupational therapist's judgment that Mr. Gratton needs/should have minimal assistance/supervision to live in the community. In Mr. Gratton's case, the results of the AMPS observation support the occupational therapist's judgment that Mr. Gratton needs assistance to live in the community.

SUMMARY OF MAIN FINDINGS

Below is a summary of the results of Mr. Gratton's AMPS evaluation. His ADL motor and ADL process ability measures (logits) have been transformed into standardized z scores (mean = zero, standard deviation = 1.0), normalized standard scores (mean = 100, standard deviation = 15), and a percentile rank (percentage of persons with lower scores). Approximately 95 percent of well, healthy persons of Mr. Gratton's age have ADL ability measures within plus or minus two (+/- 2) standard deviations.

ADL ability	Logits	Standardized z score	Normalized standard score	Percentile rank
ADL motor	1.73	-2.7	60	<1.0
ADL process	0.69	-2.9	57	<1.0

- Mr. Gratton's ADL motor and ADL process ability measures are both below the AMPS cutoffs and below age expectations, indicating that he is demonstrating increased clumsiness or physical effort, decreased efficiency, decreased safety, and/or the need for assistance when performing chosen, familiar, and life relevant ADL tasks.

If there are any questions regarding this evaluation, please do not hesitate to contact me.

David Sanders, Specialist Occupational Therapist

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

OCCUPATIONAL THERAPY SERVICE
MENTAL HEALTH

NHS Fife

DISCHARGE SUMMARY

Ward:	Haldane House	**Name:**	Leon Gratton
Unit No:	F5153833	**Address:**	[redacted]
DOB (inc CHI No):	[redacted]		
Consultant:	Dr Paul Cavanagh	**Telephone No:**	

GP Name: Dr Garmany **Telephone:** [redacted]
Address: Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing

Occupational Therapist Name: David Sanders **Telephone:** [redacted]
Address: COT, Haldane House, 71 Priory Lane, Dunfermline KY12 7DT

IDENTIFIED PROBLEM AREAS:

Motivation:	Difficulty sustaining occupational engagement. Low expectation of success
Aims:	Maintain occupational engagement by keeping appointments Develop and sustain motivation by engagement in variety of roles and activities
Habits/Roles:	Erratic routines Limited role demands Low acceptance of responsibilities
Aims:	Develop and sustain motivation to improve dietary routines
Skills:	Cognitive skills - Concentration Planning
Aims:	Develop and sustain motivation and engagement to develop and stimulate cognitive function
Environment:	Social isolation Limited occupational demand
Aims:	Develop and sustain motivation to engage in improving dietary routines, cognitive functioning, and occupational confidence.

CHECKLIST OF OCCUPATIONAL THERAPY INTERVENTIONS:

Departmental Assessments	Date Done	Departmental Assessments	Date Done
Kitchen Skills		Other (specify)	
Home Visit		MOHOST	23.11.05
Community Living Skills			

SINGLE SHARED ASSESSMENT:

Destination	Date Completed	First 3 pgs or complete document sent?

Produced by NHS Fife Occupational Therapy Mental Health Service. Please acknowledge when using. MHOT-8

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Summary of Occupational Performance:

Referred in April 2005 to address aspects of Leon's motivational confidence and interest. At that time Leon's valued goals were focussed upon improving his dietary routines, concentration skills, and general motivation. Commitment and engagement with OT was inconsistent at best during 2005. Since the turn of the year Leon began to keep appointments more frequently having focussed goals down to address Leon's dietary routines which appear to be a stronger area of his motivation. Although Leon would generally engage actively in these sessions with prompting, Leon has been unable to incorporate changes within his occupational functioning on a day-to-day basis. Leon agrees that these goals and sessions are less valued by himself at present, and is of lower priority within his increased level of commitments currently. Therefore I have agreed with Leon, his Care Manager, and his Consultant, to discharge him from OT.

Recommendations:

Should Leon's ability to sustain his present level of commitments diminish, or as his priorities change, I would welcome his re-referral to explore and develop aspects of Leon's occupational performance and functioning.

Occupational Therapist's signature: [redacted] **Date:** 12.10.06

Name: David Sanders
Address: COT, Haldane House, 71 Priory Lane, Dunfermline
Telephone No: [redacted]

Produced by NHS Fife Occupational Therapy Mental Health Service. Please acknowledge when using MHOT-8

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf rheum.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth
Community Health Partnership

Fife Rheumatic Diseases Unit
Whyteman's Brae Hospital
KIRKCALDY
Fife
KY1 2ND

NHS Fife

Our Ref: SC/BF/AF5403178H/2

[redacted]

Enquiries To: Ext 21371

Date Typed: 07 November 2012

Clinic Date: 11 October 2012

Location: Adamson Hospital

Dr. Taylor
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Dear Dr. Taylor,

Leon Gratton - DOB: 17/03/1975

[redacted]

CHI No: [redacted] **Occupation:**

DIAGNOSES:
Early osteoarthritis
Arthralgia
Chronic schizophrenia

Thank you for referring this man whom I saw in clinic today. For the last 12 months or so he tells he has had problems with joint pain predominantly at his feet, hips and knees but more recently with his upper limb joints. He has been unaware of any specific joint swelling. He describes an early morning stiffness which eases with movement but more pronounced immobility stiffness throughout the day. It can affect his sleep on occasion. There is no obvious pattern to his symptoms and no preceding trigger. He has noticed on one or two occasions his knees will give way but no episodes of knee locking.

He has a past history of ezcema and he also tells me that the has psoriasis. He has no previous history of inflammatory eye or bowel disease.

On examination he is well, he has no evidence of clinical psoriasis with no nail dystrophy or scalp involvement. He has very dry excoriated skin with deep fissures overlying his metatarsal pad and heels. He has very early degenerative change at his DIP's however this in keeping with his age, he has some clawing of his lateral metatarsals but no focal swelling. He has very minor patella femoral crepitus with small sub patella effusions.

His clinical features are in keeping with early degenerative change consistent with age with no clinical features of underlying inflammatory change.

He is osteopenic on x-ray I have therefore checked his bone profile, vitamin D and I have also checked his iron levels to see if they are contributing to his skin symptoms at the present time.

I will contact with results, vitamin D supplementation may help with some of his pain levels and allow us to relieve with simple Paracetamol alone as his analgesia.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

FOLLOW UP:
As per results.

Yours sincerely,

[redacted]

Dr. Sharon Cullinane
Associate Specialist Rheumatology

CC:

Dr S Datta, Locum Spec Doc, Dunino Ward, Stratheden Hosp.

RS Screening investigations normal 87

MEDICATIONS:
Clozapine
Hyoscine
Omeprazole
Paracetamol 1gm prn
Pizotifen
Sertraline
Simvastatin

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf resp.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Respiratory
[redacted]

NHS Fife

Leon Gratton
[redacted]

[redacted]

Our Ref: IM/SB

ADMINISTRATIVE
LETTER

Dictated: 18/11/2025
Date: 15/12/2025

[redacted]

Dear Leon Gratton

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Thank you for coming for your chest x-ray. We did this because of your pneumonia and I am pleased to see the changes on your x-ray have recovered. Sometimes your symptoms can take longer than your x-ray changes to recover, but I hope your breathing continues to improve.

Yours sincerely

Dr Iain Murray
Consultant in Respiratory Medicine
[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Respiratory
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 200203135

Date Typed: 06 November 2025

Dear Dr MacLaren

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Date of Admission: 31/08/2025 Date of Discharge: 05/09/2025

Diagnosis:	Pneumonia
Medication:	As per discharge letter
Follow up:	Repeat chest x-ray

Please take the immediate discharge summary as an accurate representation of this gentleman's recent admission to the Victoria. I will be in touch with his chest x-ray results in due course.

18/11/25

His CXR shows resolution of his right lower zone consolidation: I will write to let him know.

Yours sincerely

Dr Iain Murray
Consultant in Respiratory Medicine

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

File only 11-9-23

Enter Name Leon Gratton

Enter Address 17-3-75.

Enter City/State/Zip

Today's Date: _____

Patient's Name: _____

FOR PATIENTS:

Take the Asthma Control Test™ (ACT) for people 12 yrs and older.

Know your score. Share your results with your doctor.

Step 1 Write the number of each answer in the score box provided.

Step 2 Add the score boxes for your total.

Step 3 Take the test to the doctor to talk about your score.

						SCORE
1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?	All of the time 1	Most of the time 2	Some of the time 3	A little of the time 4	None of the time 5	3
2. During the past 4 weeks, how often have you had shortness of breath?	More than once a day 1	Once a day 2	3 to 6 times a week 3	Once or twice a week 4	Not at all 5	4
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?	4 or more nights a week 1	2 or 3 nights a week 2	Once a week 3	Once or twice 4	Not at all 5	5
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?	3 or more times per day 1	1 or 2 times per day 2	2 or 3 times per week 3	Once a week or less 4	Not at all 5	3
5. How would you rate your asthma control during the past 4 weeks?	Not controlled at all 1	Poorly controlled 2	Somewhat controlled 3	Well controlled 4	Completely controlled 5	4
						TOTAL 19

Copyright 2002, by QualityMetric Incorporated.
Asthma Control Test is a trademark of QualityMetric Incorporated.

If your score is 19 or less, your asthma may not be controlled as well as it could be. Talk to your doctor.

FOR PHYSICIANS:

The ACT is:

- A simple, 5-question tool that is self-administered by the patient
- Recognized by the National Institutes of Health
- Clinically validated by specialist assessment and spirometry[1]

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

ID:	[redacted]				
Name:	Gratton, Leon James				
Age:	42 years 0 months	**DOB:**	17/03/1975	**Exam Date:**	04/04/2017 09:33
Height:	185 cm	**Weight:**	118 kg	**BMI:**	34.5
Gender:	Male	**Ethnic Origin:**	Not Specified	**Factor:**	100
Smoking:	Not Specified	**Dyspnoea:**	0		

Please Note: Spirometry data and graphs are either best individual values or composite curve

Summary of Best relaxed tests

	VC	TV	Quality	VAR	Time	Date
Base*	**4.44**	**0.00**	**N/A**	-	**09:33**	**04/04/2017**
Post1*	**4.07**	**0.00**	**Poor Effort**	-	**09:50**	**04/04/2017**

BTS: Criteria Not Met.

Insufficient number of good relaxed tests, 3 or more are required.

Summary of Best forced tests

	FEV1	FVC	PEF	FEV1/FVC	Quality	VAR	Time	Date
Base+	**3.58**	**4.33**	**386**	**83%**	-	-		

BTS: Criteria Not Met.

The two greatest FVC values must be within 216.5 mL.

The two greatest FEV1 values must be within 179 mL.

Post1+	**3.72**	**4.61**	**326**	**81%**	-	-		

Warning! Individual best test created using only tests with bad quality as there are no good quality tests available.

BTS: Criteria Not Met.

Insufficient number of good forced tests, 3 or more are required.

Selected indices of the best blows

Index	Base	%Pred	Zscr	Post1	%Pred	%Chg	Zscr	[Min	Pred	Max]	SD
VC	(4.44 l)	81%	-1.8	(4.07 l)	75%	-8%	-2.5	4.54 l	5.46 l	6.38 l	0.56
FEV1	3.58 l	84%	-1.3	3.72 l	88%	4%	-1.0	3.41 l	4.25 l	5.09 l	0.51
FEV1/VC	81%	101%	0.1	91%	115%	13%	1.6	68%	80%	91%	7.17
FVC	4.33 l	83%	-1.5	4.61 l	88%	6%	-1.0	4.22 l	5.22 l	6.22 l	0.61
PEF	(386 l/min)	66%	-2.7	(326 l/m	56%	-16%	-3.5	463 l/min	582 l/min	702 l/min	1.21
FEV1/FVC	83%		0.4	81%		-2%	0.1	68%	80%	91%	7.17
Lung Age	65 years										

Measured values that are between brackets are abnormal values.

Relaxed: Variation is based on VC. Forced: Variation is based on FEV1 + FVC.

Predicted Source: Europe - Cogswell, Solymar, Zapletal (1975) 6-17 years, ECCS (1993) 18-120 years

Results at BTPS.

Poor technique – not to be used for diagnosis.

Not entered on to EMIS.

(INVALID)

CareFusion

Page 1 / 2

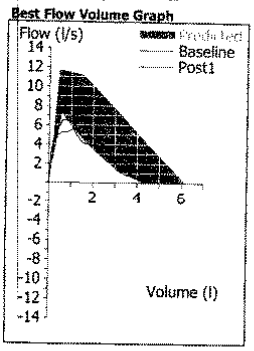
THIRD PARTY COPY

NHS Confidential: Personal data about a patient

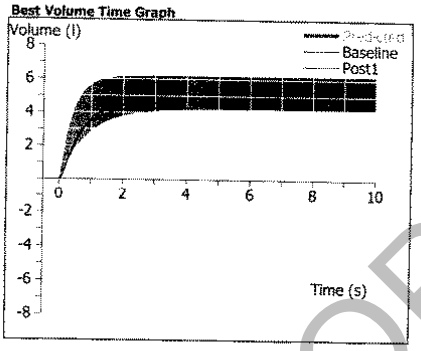
ID: [redacted]
Name: Gratton, Leon James

Exam Date: 04/04/2017 09:33:18

Best Flow Volume Graph



Best Volume Time Graph



Automatic Interpretation: (NICE (2010)) Automatic interpretation cannot exempt from a personal interpretation.
Base: Normal Spirometry (Reproducibility criteria not met so interpretation may not be valid.)
Post1: Normal Spirometry (Reproducibility criteria not met so interpretation may not be valid.)

Technician: [redacted]

Physician:

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf rehab.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

NHS Fife Community Service
Mental Health Service

NHS Fife

Adult Occupational Therapy Service
Stratheden Hospital
Cupar
Fife
KY15 5RR

Date: 1 April 2016
Our Ref: D659366
CHI: [redacted]

Mr Leon Gratton
[redacted]

Dear Mr Gratton

I would like to offer you an appointment **on 22 April 2016 at 1200 at The Ceres Centre *Stratheden* Hospital Cupar Fife KY15 5RR, it is unfortunate that you have missed the last few sessions with both [redacted] and myself. I hope you will be able to attend this appointment as I would like to review the coping startegies and start to concentrate more on your sleep issues.**

If this is not suitable for you, please contact me at the above telephone number to arrange a more convenient appointment.

Please find enclosed a CORE outcome measure form, which I would be grateful if you could fill in for your next appointment with me, as it will help to gather information about your current difficulties. If you do not feel comfortable completing this form prior to your appointment, then I am happy to support you to complete this during our appointment.

Yours sincerely,

Norma Clark
Occupational Therapist

Enc.

Brian Duffy CPN
Dr Olley Psychiatrist
Dr Taylor GP
John Macdonald Richmond Fellowship
Mrs Lorna Martin

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf ref.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Acute Services Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

14 July 2014

Inverkeithing Medical Group
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Dear Dr Dr D Somerville

Following your referral to the Central Referrals Unit the appointment below has arranged for your patient to attend:-

[redacted] 17/03/1975
Mr Leon Gratton
[redacted]

Consultant:	**Mr Marcus Sinanan**
Specialty:	**Oral & Maxillofacial Surgery**
Day:	**Thursday**
Date:	**24/07/2014**
Time:	**14:30.**
Hospital:	**Queen Margaret Hospital, Dunfermline**

Your patient has been given the earliest available appointment. If you have any queries or your patient no longer requires this appointment we would be grateful if you could inform us within the next 5 days. G.P. Direct Access number to the Central Referrals Unit is [redacted]

Yours sincerely

[redacted]
HEALTH RECORDS MANAGER (Outpatient Services)

QCRUAPQ

THIRD PARTY COPY

Hospital use only	Clinic	Day Date	Time	Hospital No.

Unique Care Pathway Number: 1010116928873

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Suspected Cancer Site: NOT A CANCER REFERRAL

DERMATOLOGY

REFERRAL TO

Dermatology A7
Fife General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Adamson Hospital
Bank Street
Cupar
KY15 4JG

Hospitaland hospital address

Hospital Location Code: F708H

Email address: -

Urgency of referral Routine

PATIENT DETAILS

Surname	Gratton
Forename(s)	Leon
Title	Mr
Sex	Male
Date of birth	17-Mar-1975
CHI no.	[redacted]

Patient's address

[redacted]

Contact number(s): [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. Kathryn MacLaren
GMC code	[redacted] GP code [redacted]
Practice name	Bank Street Medical Group (20413)
Practice code	20413

Practice address

The Health Centre
Bank Street
Cupar
KY15 4JN

Contact number(s): [redacted]

Date submitted by practice: 01-Jul-2016
Reason for referral
Care type requested: Out Patient - New
Expected outcome: Not Specified

Administrative Information
Suspected Cancer Site:NOT A CANCER REFERRAL
Patient Contact:N/A Not a cancer referrall
Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referrall
Patient can accept a short notice appointment:yes
Interpreter Required:no

[redacted]

THIRD PARTY COPY

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Eczema

Comment: Dear Dr

I would be grateful if you would see this 41-year-old chap who has very poorly controlled eczema. He has had numerous courses of antibiotics over the last few months with minimal relief. He is itching quite a lot. He has a background of schizophrenia and is under the Weston Day Hospital and psychiatry and has a CPN.

Today he has quite a lot of excoriations to his arms hands and back and fissuring of his hands. I have started him on healing tape and Fucibet plus his regular emollients and antibiotic but given the repeated flares and antibiotics I would be grateful for your review and advice.

Many thanks

Yours sincerely

Dr C Colbeck (GP locum)

Examinations and Investigations

Blood Pressure (systolic):	134	-	
Blood Pressure (diastolic):	80	-	
Height (m):	182	-	
Weight (kg):	122	-	
Body Mass Index:	36.83	-	
Ex smoker:			10-Mar-2016
Alcohol consumption, 0 units/week:			10-Mar-2016

Past Medical History

Pre-existing conditions (High and Medium Priority)

Description	Laterality	Modifier	Comment	Date Recorded
Non-alcoholic fatty liver	-	-	- without fibrosis	28-Nov-2013
Osteoarthritis NOS, of knee (Left)	Left	-	early	11-Oct-2012
[X]Osteopenia	-	-	(xray appearance)	11-Oct-2012
Benzodiazepine dependence	-	-	-	22-Nov-2010
H/O: repeated overdose	-	-	-	22-Nov-2010
Migraine	-	-	-	05-Nov-2010
Psychotic episode NOS	-	-	-	12-Sep-2008
Anxiety states	-	-	-	12-Oct-2006
Schizophrenia NOS	-	-	-	28-Jun-2004
Psychotic episode NOS	-	-	- admission	22-Nov-2003
[X]Depressive episode	-	-	-	01-Nov-2001
Psychotic episode NOS	-	-	-	24-Oct-2001
Morbid jealousy	-	-	- admission 12 weeks	01-Nov-2000
Borderline personality disorder	-	-	-	01-Nov-2000
Psychotic episode NOS	-	-	- 4/12 admission	12-Sep-1993
Accidental poisoning by lysergide, LSD	-	-	-	24-Mar-1993
Misuse of drugs NOS	-	-	-	30-Dec-1992
Eczema NOS	-	-	-	15-Mar-1976

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Light Liquid						

[redacted]

THIRD PARTY COPY

Paraffin Bath additive 63.4 %	1302011M0BDAEAB	500 ml	USE AS DIRECTED	-	22-Apr-2016	-
Dermol 500 Lotion	130201000BBICBW	500 ML	APPLY AS REQUIRED FOR DRY SKIN	-	06-Jan-2016	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Fludroxycortide Tape 4 micrograms/square cm, 7.5 cm	-	2 m	APPLY TO AFFECTED AREA AT NIGHT	-	28-Jun-2016	42 Days
Co-Amoxiclav 500/125 Tablets	0501013K0AAAJAJ	21 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	28-Jun-2016	7 Days
Fucibet Cream	1304000F0BCABCC	30 GRAM	APPLY ONCE A DAY	-	28-Jun-2016	42 Days
Dermol 600 Bath emollient	-	600 ML	ADD ONE OR TWO CAPFULS TO BATH WATER	-	28-Jun-2016	42 Days
Doublebase Gel	-	500 GRAM	APPLY AS REQUIRED FOR DRY SKIN	-	17-Jun-2016	-
Epaderm Cream	-	500 gram	APPLY AS REQUIRED FOR DRY SKIN	-	22-Apr-2016	42 Days
Flucloxacillin Capsules 500 mg	0501012G0AAABAB	56 capsule	TWO TO BE TAKEN FOUR TIMES A DAY	-	22-Apr-2016	7 Days
Fucibet Cream	1304000F0BCABCC	120 gram	APPLY TWICE DAILY TO ECZEMA FOR 2 WEEKS	-	22-Apr-2016	42 Days

Lifestyle risks

Exercise status: Not Known

THIRD PARTY COPY

[redacted]

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

DermatologyA7
Fife General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Queen Margaret Hospital
Whitefield Road
Dunfermline
KY12 0SU

Hospitaland **hospital address**

Hospital unit no.: F805H

Email address: -

Urgency of referral Routine

PATIENT DETAILS

Surname	Gratton
Forename(s)	Leon James
Title	Mr
Sex	Male
Date of birth	17-Mar-1975
CHI no.	[redacted]

Patient's address

[redacted]

Contact number(s): [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. David Somerville
GMC code	[redacted] GP code [redacted]
Practice name	INVERKEITHING MEDICAL CENTRE (20752)
Practice code	20752

Practice address

5 FRIARY COURT
INVERKEITHING
FIFE

Contact number(s): [redacted]

Date submitted by practice: 26-Jan-2010

THIRD PARTY COPY

[redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Recurrent abscesses, scarring of both axillae ?hydradenitis suppurativa

Comment: Dear Doctor

This 34-year old man has a long history (many years) of intermittent abscesses affecting his groin and axillae. He has also had pilonidal sinuses previously.

He was last tested for diabetes in 2007 and I am arranging a test again. He has some scarring of both axillae.

I have given him a course of Flucloxacillin for the acute episode but also some Lymecycline to try and prevent these episodes.

He does also have schizophrenia which appears to be very well-controlled at this point in time.

I wonder if he might have hydradenitis supurativa?

Examinations and Investigations

Blood Pressure (systolic):	110	-	
Blood Pressure (diastolic):	66	-	
Height (m):	1.82	-	
Weight (kg):	88	-	
Body Mass Index:	26.57	-	
Current smoker:			28-Jan-2009
Alcohol intake above recommended sensible limits:			28-Jan-2009
Enjoys heavy exercise:			28-Jan-2009

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past Medical History

Pre-existing conditions (High and Medium Priority)

Description	Modifier	Comment	Date Recorded
[X]Deliberate drug overdose / other poisoning	-	4 x paracetamol, 4 x simvastatin.	01-Oct-2009
Psychotic episode NOS	Persistent	-	12-Sep-2008
Unspecified schizophrenia	-	Admitted 4 weeks.	08-Jun-2008
[X]Deliberate drug overdose / other poisoning	-	paracetamol	08-Jun-2008
[X]Deliberate drug overdose / other poisoning	-	Loratadine and paracetamol - impulsive.	11-Mar-2007
Unspecified schizophrenia	-	Admitted 4 weeks.	28-Jun-2004
Psychotic episode NOS	Recurrence	admitted	22-Nov-2003
Psychotic episode NOS	Persistent	-	24-Oct-2001
Borderline personality disorder	-	-	01-Jan-2001

Past Procedures (High and Medium priority)

Description	Modifier	Comment	Date Recorded
Psychiatry care plan	-	-	23-Jan-2009

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ranitidine	01.03.01.0	TABS 150MG	1 Tab	Twice daily	13-Apr-2006	-

Recent Medication (Any medication issued within last 90 days not shown above) [redacted]

[redacted]

THIRD PARTY COPY

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Flucloxacillin	05.01.01.2	CAPS 500MG	1 Cap	4 times daily	22-Jan-2010	-
Lymecycline	05.01.03.0	CAPS 408MG	1 Cap	Daily	22-Jan-2010	-
Co-Codamol	04.07.01.0	30mg/500mg Caplet TABS	1 or 2 Tabs	upto 4 times daily	22-Jan-2010	-
Diazepam	04.01.02.0	TABS 5MG	1 Tab	Daily	06-Jan-2010	-
Chloramphenicol	11.03.01.0	Eye OINT 1%	Apply	4 times daily	06-Jan-2010	-
Nitrazepam	04.01.01.0	TABS 5MG	1 nocte	dispense daily	06-Jan-2010	-
Trihexyphenidyl Hydrochloride	04.09.02.0	TABS 2MG	1 Tab daily	dispense daily	06-Jan-2010	-
Citalopram	04.03.03.0	TABS 20MG	1 Tab	Daily disp daily	06-Jan-2010	-
Nitrazepam	04.01.01.0	TABS 5MG	1 nocte	dispense daily	07-Dec-2009	-
Diazepam	04.01.02.0	TABS 5MG	1 Tab	Daily	07-Dec-2009	-
Co-Codamol	04.07.01.0	30mg/500mg Caplet TABS	1 or 2 Tabs	upto 4 times daily	07-Dec-2009	-
Citalopram	04.03.03.0	TABS 20MG	1 Tab	Daily disp daily	07-Dec-2009	-
Citalopram	04.03.03.0	TABS 20MG	1 Tab	Daily disp daily	07-Nov-2009	-
Diazepam	04.01.02.0	TABS 5MG	1 Tab	Daily	05-Nov-2009	-
Nitrazepam	04.01.01.0	TABS 5MG	1 nocte	dispense daily	05-Nov-2009	-

Clinical Warnings

Lifestyle risks

Exercise status: Not Known

Allergies

Allergy, unspecified

Smoking status: Not Known

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative Information
Patient can accept a short notice appointment:yes
Interpreter Required:no

THIRD PARTY COPY

[redacted] 10/07/2026

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Ear, Nose & Throat (ENT) C5
Fife General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Victoria Hospital

Hospital and **hospital address**

Hospital unit no.: F704H

Email address: -

Urgency of referral Routine

PATIENT DETAILS

Surname	Gratton
Forename(s)	Leon James
Title	Mr
Sex	Male
Date of birth	17-Mar-1975
CHI no.	[redacted]

Patient's address

[redacted]

Contact number(s): [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. David Taylor
GMC code	[redacted] GP code [redacted]
Practice name	INVERKEITHING MEDICAL CENTRE (20752)
Practice code	20752

Practice address

5 FRIARY COURT
INVERKEITHING
FIFE

Contact number(s): [redacted]

Date submitted by practice: 04-Aug-2009

THIRD PARTY COPY

[redacted] 10/07/2026

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Dizziness.

Comment: Dear Doctor

Thank you for seeing Leon who has complained of feeling light-headed and the room spinning in spells over the past couple of years. Leon has schizophrenia and at present is on Nitrazepam one at night, Diazepam one daily, Chlorpromazine one twice a day and monthly antipsychotic injections from the Continuing Care Group at Haldane House. There is no nystagmus, no past pointing, Romberg's negative, ears are clear and free of wax. Blood pressure is normal and pulse is 62 per minute in sinus rhythm. I would be grateful if you could see this young gentleman who complains of longstanding but intermittent spells of dizziness.

Thank you in advance.

Examinations and Investigations

Blood Pressure (systolic):	110	-	
Blood Pressure (diastolic):	66	-	
Height (m):	1.82	-	
Weight (kg):	88	-	
Body Mass Index:	26.57	-	
Current smoker:			28-Jan-2009
Alcohol intake above recommended sensible limits:			28-Jan-2009
Enjoys heavy exercise:			28-Jan-2009

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past Medical History

Pre-existing conditions (High and Medium Priority)

Description	Modifier	Comment	Date Recorded
Psychotic episode NOS	Persistent	-	12-Sep-2008
[X]Deliberate drug overdose / other poisoning	-	paracetamol	08-Jun-2008
Unspecified schizophrenia	-	Admitted 4 weeks.	08-Jun-2008
[X]Deliberate drug overdose / other poisoning	-	Loratadine and paracetamol - impulsive.	11-Mar-2007
Unspecified schizophrenia	-	Admitted 4 weeks.	28-Jun-2004
Psychotic episode NOS	Recurrence	admitted	22-Nov-2003
Psychotic episode NOS	Persistent	-	24-Oct-2001
Borderline personality disorder	-	-	01-Jan-2001

Past Procedures (High and Medium priority)

Description	Modifier	Comment	Date Recorded
Psychiatry care plan	-	-	23-Jan-2009

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ranitidine	01.03.01.0	TABS 150MG	1 Tab	Twice daily	13-Apr-2006	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Diazepam	04.01.02.0	TABS 5MG	1 Tab	Daily	08-Jul-2009	-
Chlorpromazine			1 Tab bd		08-Jul-	

[redacted]

[redacted] 10/07/2026

THIRD PARTY COPY

Hydrochloride	04.02.01.0	TABS 25MG	dispense	daily	2009	-
Nitrazepam	04.01.01.0	TABS 5MG	1 nocte	dispense daily	08-Jul-2009	-
Naproxen	10.01.01.0	Ec TABS 250MG	1 or 2 Tabs twice	daily with food	29-Jun-2009	-
Orphenadrine Hydrochloride	04.09.02.0	TABS 50MG	1 Tab	Daily PRN	29-Jun-2009	-
Amoxicillin	05.01.01.3	CAPS 500MG	1 Cap	3 times daily	29-Jun-2009	-
Diazepam	04.01.02.0	TABS 5MG	1 Tab	Daily	08-Jun-2009	-
Chlorpromazine Hydrochloride	04.02.01.0	TABS 25MG	1 Tab bd dispense	daily	08-Jun-2009	-
Nitrazepam	04.01.01.0	TABS 5MG	1 nocte	dispense daily	08-Jun-2009	-
Diazepam	04.01.02.0	TABS 5MG	1 Tab	Daily	06-May-2009	-
Chlorpromazine Hydrochloride	04.02.01.0	TABS 25MG	1 Tab bd dispense	daily	06-May-2009	-
Nitrazepam	04.01.01.0	TABS 5MG	1 nocte	dispense daily	06-May-2009	-

Clinical Warnings

Lifestyle risks

Exercise status: Not Known

Allergies

Allergy, unspecified

Smoking status: Not Known

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative Information
Patient can accept a short notice appointment:yes
Interpreter Required:no

[redacted]

THIRD PARTY COPY

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Dermatology A7
Fife General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Queen Margaret Hospital

Hospital and **hospital address**

Hospital unit no.
F805H

Email address
-

Urgency of referral Routine

PATIENT DETAILS

Surname	Gratton
Forename(s)	Leon James
Title	Mr
Sex	Male
Date of birth	17-Mar-1975
CHI no.	[redacted]

Patient's address

[redacted]

Contact number(s)

REFERRING PRACTITIONER DETAILS

Name	Dr. David Somerville
GMC code	[redacted] GP code [redacted]
Practice name	INVERKEITHING MEDICAL CENTRE (20752)
Practice code	20752

Practice address

5 FRIARY COURT
INVERKEITHING
FIFE

Contact number(s)

[redacted]

REGISTERED GP DETAILS

Name	Dr D Garmany
GMC code	3587362 GP code F90549
Practice name	Inverkeithing Medical Centre
Practice code	20752

Practice address

5 Friary Court
Inverkeithing
Fife
KY11 1NU

Contact number(s)

[redacted]

THIRD PARTY COPY

[redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: ? hydradenitis suppurativa.

Comment: Dear Doctor

I would appreciate your opinion regarding this 32-year old gentleman who I wonder may have hydradenitis suppurativa. He has had recurrent abscesses affecting both axilla over a number of years. He has had three so far this year, two affecting the left axilla and one affecting the right axilla. They have responded to Co-Amoxiclav. There was some evidence of scarring in this region.

I would appreciate your advice as to further treatment. I will see him back myself and will discuss with him whether to use a low dose antibiotic continuously although suspect I would prefer to try some topical antiseptics to see if this makes a difference.

He does also have psychiatric problems but I actually don't think these are of any relevance. Of note we did arrange a check of his blood glucose which was entirely normal at 4.2.

Examinations and Investigations

Current smoker: 30-Oct-2006

Enjoys light exercise: 30-Oct-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Date of onset
[X]Deliberate drug overdose / other poisoning	-	Loratadine and paracetamol - impulsive.	11-Mar-2007
Unspecified schizophrenia	-	Admitted 4 weeks.	28-Jun-2004
Psychotic episode NOS	Recurrence	admitted	22-Nov-2003
Psychotic episode NOS	Persistent	-	24-Oct-2001
Borderline personality disorder	-	-	01-Jan-2001

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ranitidine	01.03.01.0	TABS 150MG	1 Tab	Twice daily	13-Apr-2006	-
Loratidine	00.00.00.0	TABS 10mg	1 Tab	Daily	28-Aug-2006	-
Orphenadrine Hydrochloride	04.09.02.0	TABS 50MG	1 Tab tds	dispense fortnightly	31-Dec-2004	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Co-Amoxiclav	05.01.01.3	500/125mg TABS	1 Tab	3 times daily	06-Aug-2007	-
Migraleve	04.07.04.1	Pink Pack TABS	2 Tabs	at start of migraine	27-Jun-2007	-

THIRD PARTY COPY

Co-Amoxiclav	05.01.01.3	500/125mg TABS	1 Tab	3 times daily	27-Jun-2007	-
Nitrazepam	04.01.01.0	TABS 5MG	2 Tabs daily pick up	nocte disp 30th June	27-Jun-2007	-
Fluconazole	05.02.00.0	CAPS 150MG	1 Cap	once	13-Jun-2007	-
Co-Amoxiclav	05.01.01.3	500/125mg TABS	1 Tab	3 times daily	13-Jun-2007	-
Clotrimazole	13.10.02.0	CREAM 1%	Apply	3 times daily	13-Jun-2007	-
Scheriproct	01.07.02.0	OINT	apply	twice daily	13-Jun-2007	-
Migraleve	04.07.04.1	Pink Pack TABS	2 Tabs	at start of migraine	05-Jun-2007	-
Doxycycline	05.01.03.0	CAPS 100MG	1 Cap	Daily	05-Jun-2007	-
Nitrazepam	04.01.01.0	TABS 5MG	2 Tabs daily pick up	At night	31-May-2007	-
Diazepam	04.01.02.0	TABS 2MG	1 Tab	tid daily pick up	31-May-2007	-
Niquitin Cq	04.10.00.0	21mg/24 Hours Step One Clear PATCH	Apply	md	21-May-2007	-

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Allergies

Allergy, unspecified

Smoking status: Not Known

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative Information
Referred By:Resident GP

THIRD PARTY COPY

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery C1
Fife General Referral

Consultant / receiving practitioner and/or **specialty clinic**

Queen Margaret Hospital

Hospital and **hospital address**

Hospital unit no.: F805H

Email address: -

Urgency of referral Routine

PATIENT DETAILS

Surname	Gratton
Forename(s)	Leon James
Title	Mr
Sex	Male
Date of birth	17-Mar-1975
CHI no.	[redacted]

Patient's address

[redacted]

Contact number(s):

REFERRING PRACTITIONER DETAILS

Name	Dr. David Somerville
GMC code	[redacted] GP code [redacted]
Practice name	INVERKEITHING MEDICAL CENTRE (20752)
Practice code	20752

Practice address

5 FRIARY COURT
INVERKEITHING
FIFE

Contact number(s): [redacted]

REGISTERED GP DETAILS

Name	Dr D Garmany
GMC code	[redacted] GP code [redacted]
Practice name	Inverkeithing Medical Centre
Practice code	20752

Practice address

5 Friary Court
Inverkeithing
Fife
KY11 1NU

Contact number(s): [redacted]

THIRD PARTY COPY

[redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Anal pain

Comment: Dear Doctor

I would appreciate your opinion regarding this 32-year old gentleman who has complained of anal pain on and off for the past four years or more particularly when he defecates or otherwise tenses his anus. He has complained of very intermittent rectal bleeding which has always been fresh blood on the toilet paper, never mixed with his stool. He has also complained of haematospermia on two occasions for which I have written to Urology for advice.

On examination there was no inguinal lymphadenopathy and his anus showed no obvious abnormality. Rectal examination was tender with a normal feeling prostate and there were no haemorrhoids to be seen.

I have given him some Scheriproct ointment but would be interested to see your opinion as to whether he could have a fissure. Examination was tender but not to the point where I could not insert my finger.

Of note he does have severe mental illness and reports having been sexually abused when he was younger. I am really not clear as to what extent this could be relevant as he has not complained of anal pains in the context of a mental illness or more severe episode in the past.

Examinations and Investigations

Current smoker: 30-Oct-2006

Enjoys light exercise: 30-Oct-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history
Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Date of onset
[X]Deliberate drug overdose / other poisoning	-	Loratadine and paracetamol - impulsive.	11-Mar-2007
Unspecified schizophrenia	-	Admitted 4 weeks.	28-Jun-2004
Psychotic episode NOS	Recurrence	admitted	22-Nov-2003
Psychotic episode NOS	Persistent	-	24-Oct-2001
Borderline personality disorder	-	-	01-Jan-2001

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ranitidine	01.03.01.0	TABS 150MG	1 Tab	Twice daily	13-Apr-2006	-
Orphenadrine Hydrochloride	04.09.02.0	TABS 50MG	1 Tab tds	dispense fortnightly	31-Dec-2004	-
Loratidine	00.00.00.0	TABS 10mg	1 Tab	Daily	28-Aug-2006	-

[redacted]

THIRD PARTY COPY

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Scheriproct	01.07.02.0	OINT	apply	twice daily	13-Jun-2007	-
Clotrimazole	13.10.02.0	CREAM 1%	Apply	3 times daily	13-Jun-2007	-
Fluconazole	05.02.00.0	CAPS 150MG	1 Cap	once	13-Jun-2007	-
Co-Amoxiclav	05.01.01.3	500/125mg TABS	1 Tab	3 times daily	13-Jun-2007	-
Doxycycline	05.01.03.0	CAPS 100MG	1 Cap	Daily	05-Jun-2007	-
Migraleve	04.07.04.1	Pink Pack TABS	2 Tabs	at start of migraine	05-Jun-2007	-
Nitrazepam	04.01.01.0	TABS 5MG	2 Tabs daily pick up	At night	31-May-2007	-
Diazepam	04.01.02.0	TABS 2MG	1 Tab	tid daily pick up	31-May-2007	-
Niquitin Cq	04.10.00.0	21mg/24 Hours Step One Clear PATCH	Apply	md	21-May-2007	-
Hydrocortisone	13.04.00.0	OINT 2.5%	Apply sparingly	Twice daily	04-May-2007	-
Paracetamol	04.07.01.0	TABS 500MG	2 Tabs	Take as required	04-May-2007	-
Nitrazepam	04.01.01.0	TABS 5MG	2 Tabs daily pick up	At night	04-May-2007	-
Diazepam	04.01.02.0	TABS 2MG	1 Tab	tid daily pick up	04-May-2007	-
Flucloxacillin	05.01.01.2	CAPS 500MG	1 Cap	4 times daily	17-Apr-2007	-
Diazepam	04.01.02.0	TABS 2MG	1 Tab	tid dialy pick up	17-Apr-2007	-
Nitrazepam	04.01.01.0	TABS 5MG	2 Tabs daily pick up	At night	04-Apr-2007	-
Diazepam	04.01.02.0	TABS 2MG	1 Tab	3 times daily prn	04-Apr-2007	-
Flucloxacillin	05.01.01.2	CAPS 500MG	1 Cap	4 times daily	23-Mar-2007	-
Diazepam	04.01.02.0	TABS 2MG	1 Tab	3 times daily prn	23-Mar-2007	-

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Allergies

Allergy, unspecified

Smoking status: Not Known

Alcohol consumption: Units per day ? (not known)

Additional relevant information

[redacted]

Administrative Information
Referred By:Resident GP

[redacted]

THIRD PARTY COPY

Hospital Use only	Clinic	Day Date	Time	Hospital No:

Ambulance required?

No

~ *REFERRAL LETTER* ~

- Medical in Confidence -

REFERRAL TO:

Consultant Orthopaedic Surgeon	Queen Margaret Hospital
Orthopaedic Outpatient Clinic	Whitefield Road
Hosp email:	Dunfermline
	KY12 0SU
Hospital Unit No:	

URGENCY OF REFERRAL:

Soon

PATIENT DETAILS:

Gratton	[redacted]
Leon James	
Previous surnames:	
Title: Mr	
Male	
17/03/1975	
[redacted]	

REFERRING PRACTITIONER DETAILS:

Dr D M Taylor	Inverkeithing Medical Centre
[redacted]	5 Friary Court
	Inverkeithing
	Fife
	KY11 1NU

REGISTERED Practice

Inverkeithing Medical Group	Inverkeithing Medical Centre
Practice No: 20752	5 Friary Court
	Inverkeithing
	Fife
	KY11 1NU
[redacted]	[redacted]

[redacted]

THIRD PARTY COPY

History of Presenting Complaint
Dear Doctor

Thank you for seeing this patient who has a lot of pain in his left knee. He has had this for some months now. He attended physio but missed a couple of appointments I think due to a mix-up in appointments rather than non-attendance. He has pain in the anterior part of his knee and also referred posterior. The main pain is during the evening and night. There is no real instability with the knee. Physios opinions, he has seen a couple, have ranged from ligament problems to cartilage problems. This gentleman has an extensive psychiatric history and is not coping well with the lack of sleep due to the pain. For this reason I have asked for a soon appointment.

Thank you.

Reason for Referral (& Expectation of Outcome)

Past Medical History
01/01/2001 Borderline personality disorder (E21y2)
24/10/2001 Psychotic episode NOS (E13z.) [Persistent]
22/11/2003 Psychotic episode NOS (E13z.) [Recurrence]
"admitted"
28/06/2004 Unspecified schizophrenia (E1000)
"Admitted 4 weeks."

Current and Recent Medication
Ranitidine tabs 150mg 1 tab twice daily
Orphenadrine Hydrochloride tabs 50mg 1 tab tds dispense fortnightly

Clinical Warnings (eg allergies blood-borne viruses)

Additional Relevant Information

Smoking ***Alcohol***
Trying to give up smoking (16/01/04)

Yours sincerely

Dr D M Taylor
17 July 2006

THIRD PARTY COPY

[redacted]

NHS Confidential: Personal data about a patient



West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY8 7DT
[redacted]

NHS Fife

Dr Garmany
Friary Court
INVERKEITHING

Date Dictated 25th November 2005.
Date Typed 5th December 2005.
Your Ref
Our Ref GL/GW/F5153833
CHI Number [redacted]

Dear Dr Garmany

Leon Gratton [redacted] ***17.3.75***

The above gentleman did not attend his appointment at Carnegie clinic on 2nd December 2005. He continues to be seen regularly by the community Outreach Team and I will arrange a further appointment for him in due course.

Kind Regards
Yours sincerely

Dr Gordon Lehany
Staff Grade Psychiatris [redacted]

c.c [redacted] COT
c.c QMH notes
c.c Dr Paul Cavanagh Consultant Psychiatrist

POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

MS460

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf psych.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Weston Day Hospital
West Port
Cupar
KY15 4AN

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 200478115

Dear Leon

Date: 30 March 2026

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by Community Mental Health Nurse [redacted]

The aim of this meeting is to discuss your future arrangements. You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 30th April 2026
10am
Seminar Room
Weston House, Cupar

Yours sincerely

Community Mental Health Service

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

(P) CMHN [redacted] NEF CMHT, Weston House, Westport, Cupar, KY15 4AN

(P) Dr Chris Olley, Speciality Doctor in Psychiatry, Medical Offices, Stratheden Hospital, Cupar, KY15 5RR

(P) [redacted] Senior Support Worker, Richmond Fellowship, Unit S1 The Granary, Coal Road,

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Cupar, KY15 5YQ

[redacted]

(P) Duty Social Worker, Adults East 3, County Buildings, St Catherine's Street, Cupar, KY15 4TA

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf physio.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

[redacted]

Fife Acute Hospitals NHS Trust

Dalgety Bay Clinic
Physiotherapy Department
Regents Way
Dalgety Bay, KY11 9YU

Dr GARMANY
INVERKEITHING & DALGETY BAY

19/01/2007

Physiotherapy Discharge Summary

Unit No [redacted]

RE: LEON GRATTON: [redacted] **DOB: 17/03/1975**

Physiotherapy Diagnosis

Category	Specific	Site	Referral Diagnosis
Knee - Musculoskeletal	AKP - Anterior knee pain	Left	No

Referral Details

Date of Referral: **11/10/2006**
Date Received: **10/10/2006**
First Appointment: **25/10/2006**
Date of Discharge **19/01/2007**

Discharge Details

Reason episode finished:
Patient did not recontact the Departmen
Discharge Outcome:
Not Known

Onset of Symptoms to Treatment: **0** Days **0** Weeks **0** Years

Treatment Details

Number of Treatments: **1**
Number of DNA's: **0**
Number of UTA's: **0**

Treatment Used

- ☐ Manual therapy
- ☐ Electrotherapy
- ☐ Individual Exercise
- ☐ Group Exercise
- ☒ Splint / Support
- ☒ RICE
- ☐ Advice / Education
- ☐ Hydrotherapy
- ☐ Acupuncture
- ☐ Injection Therapy
- ☒ Traction
- ☒ Fitness Testing
- ☐ Other Treatment

Discharge Comment:
Requires orthotics / Podiatry input

Yours sincerely

[redacted]

Chartered Physiotherapist

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted]

Fife Acute Hospitals NHS Trust

Dalgety Bay Clinic
Physiotherapy Department
Regents Way
Dalgety Bay, KY11 9YU

Dr SHEEHAN
INVERKEITHING AND DALGETY BAY

Physiotherapy Discharge Summary

06/06/2006

Unit No

RE: LEON JAMES GRATTON: [redacted] **DOB: 17/05/1975**

Physiotherapy Diagnosis			
Category	Specific	Site	Referral Diagnosis

Referral Details
Date of Referral: **13/02/2006**
Date Received: **16/02/2006**
First Appointment **18/04/2006**
Date of Discharge **06/06/2006**

Discharge Details
Reason episode finished:
Patient did not recontact the Departmen
Discharge Outcome:
Not Known

Onset of Symptoms to Treatment: **0** Days **0** Weeks **0** Years

Treatment Details
Number of Treatments **1**
Number of DNA's: **1**
Number of UTA's: **0**

Treatment Used

- ☐ Manual therapy
- ☐ Electrotherapy
- ☐ Individual Exercise
- ☐ Group Exercise
- ▩ Splint / Support
- ▩ RICE
- ☐ Advice / Education
- ☐ Hydrotherapy
- ☐ Acupuncture
- ☐ Injection Therapy
- ▩ Traction
- ▩ Fitness Testing
- ☐ Other Treatment

Discharge Comment:

Yours sincerely

[redacted]

Chartered Physiotherapist

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf ortho.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Operational Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

Therapy and Rehabilitation Department
DEPARTMENT OF ORTHOPAEDICS

Date: 5 October 2006
Clinic Date: 26 September 2006
CHI No: [redacted]
Our Ref: [redacted]

Dr D M Taylor
Inverkeithing Medical Group
5 Friary Court
Inverkeithing
KY11 1NU

[redacted]

Dear Dr Taylor

Re: Leon James Gratton, [redacted] - DOB 17/03/1975

Thank you for referring this gentleman to the Orthopaedic Clinic for assessment of his left knee pain. He describes an approximate two-year history of left medial knee pain with the first onset presenting with bruising and swelling. He is unable to recall any trauma. He states he has improved with anti-inflammatories and painkillers in the past and he had two sessions of physiotherapy which included exercises and ultrasound which he feels helped. However there was a mix up with appointments and he did not complete his treatment. He describes his pain as an intermittent sharp pain on the medial aspect of his knee and some pain in the medial aspect of his popliteal fossa. These symptoms are aggravated when he is in bed, crouching, sitting, kneeling and jogging. His symptoms are eased with painkillers and the use of tiger balm. He has had swelling in the past but none recently. He denies any locking or giving way but he describes an intermittent clicking.

On objective examination he has no effusion, heat or deformity. He has some quads wasting and tends to stand with his legs in hyperextension. He has full passive knee range of movement and pain is reproduced on testing his medial coronary ligament. He also has some pain on McMurray's and scoop test although there is no clunk. He is tender on the medial joint line.

In conclusion his symptoms present like a medial coronary ligament problem. I have therefore, with the patient's agreement, referred him back to physiotherapy for some local treatment and some rehabilitation exercises to build up his quads with view to returning to martial arts.

I do not plan to review him in the Orthopaedic Clinic.

Yours sincerely

[redacted]

Orthopaedic Physiotherapy Specialist

cc Physiotherapy Department, Queen Margaret Hospital

THIRD PARTY COPY

Scanned Document
13-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf Ocm.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

NEFCMHT
Weston House
West Port
Cupar
KY15 4AN

Adult Occupational Therapy Service [redacted]

Fife Health & Social Care Partnership

Dr Christopher Olley
Specialty Doctor in Psychiatry
Stratheden Hospital
Springfield
Cupar
KY15 5RR

[redacted]

Letter ID: 100647366

Dear Dr Olley

Date: 10/10/2023

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Initial Interview Template

Date/Time: 06/09/2023: 10am	**Location/Method of Interview:** Home/ Face to Face
Name: Leon Gratton	**People Present:** Leon Gratton (Patient) [redacted] (Occupational Therapist) [redacted] (Occupational Therapy Assistant Practitioner)
CHI: 1703751191	**Referrer and Referral Date:** CMHN [redacted]
Address: 3 Makgill Row, Springfield, KY15 5SA	**GP Name, Practice, Telephone:** Dr MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN, [redacted]
Consent Gained: Verbal consent gained from Mr Gratton for the purposes of sharing information with other colleagues involved in his case, as well as GP. Mr Gratton stated that he understood his rights	

THIRD PARTY COPY

with regards to confidentiality and consent, and was made aware that he can withdraw his consent at any time during the process.

Environment:

Mr Gratton, referred to as Leon throughout the remainder of this report, as mentioned above, engaged fully within an initial screening session with the aforementioned staff, [redacted] and [redacted] (OT and OTAP respectively). Leon was agreeable to the referral having been made to MHOT for the purposes of supporting him to achieve the goal of being able to utilise public transport (bus only), in order to access community opportunities, medical appointments and other. He would like to be able to go to a shop without feeling the level of panic he does, which he described as being debilitating.

Leon lives alone in a bungalow within a small village. He receives support from Richmond staff every day for one hour. Leon struggled to define all of the tasks which he requires support with, in the home, but the key areas were around budgeting and cleaning the home. Leon is supported to pay his bills and has historically been supported to pay off debts he raised (he reported aprox 6 years ago). He receives Disability Allowance sitting at the middle-range of available payment. His housing is stable and he has lived in the property for a decade. Prior to this, Leon stated he lived in the Inverkeithing area of Fife and hails from Edinburgh originally, although he was [redacted], before the splitting of [redacted]. His [redacted] then moved to [redacted] with Leon. It was unclear about [redacted] although this was explored a little. The most that Leon shared was that both [redacted] but he does have [redacted] who he reported call "now and again". Leon has a [redacted] and a [redacted] by his own report, and stated that [redacted] He sees his [redacted] who comes to visit sometimes, but [redacted] and he has no contact with her. He has "good neighbours" with whom he has no problems and they him. He explained that he sometimes worries about the noise playing his music and guitars but he also detailed that he has strict hours as to when he will play and this ceases at 9pm. He reported not receiving any complaints.

Leon was very open about not having friends to count on, and his expression at this point was of sadness. He does wish to have mutual interests with others but is isolative in behaviour and has not felt able to meet others historically. He did attend a local music session group known to the OT and this was a topic of discussion with Leon as he explained about the music he composes. He very much enjoyed this group which was in the local tavern, somewhere he would meet others he knew, specifically a staff member who knows Leon from work and who is very musical. Unfortunately this opportunity has come to an end as the pub has been sold and no longer offers a very proximal space for Leon and others.

Leon sees Dr Olley (Speciality Doctor in Psychiatry) at frequent points in the year, and he has monthly contact with colleague CMHN [redacted]. He is not waiting on any other input as far as I have read.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Habitation:

Leon described his day as being of no fixed pattern, other than the regular times when Richmond staff support him. This spans seven days per week. Today the worker arrived during the session and was supporting Leon with the finishing of packing, some guitars which he is selling. He currently owns 9 and was very proud when speaking about them, particularly those which were given to him by his [redacted]. He enjoys writing music, with lyrics, and listening to music, playing along with a specific guitar (electric, acoustic, base).

He has authored 3 books, which he explained are published. He has written much more including 6 books of Poetry and 3 Novels. He spoke proudly of these and in depth with staff. One specific book is about the gangs of Edinburgh and has a lot of violence included. Leon enjoys watching similar content but also had a balanced list of preferences in terms of Film which include Sci-fi, Action and Fantasy. The whole of the living room was filled with an assortment of Dungeon and Dragons figures, which have been hand painted by Leon. There was also a huge box of different paint colours and types which he uses. Leon is very passionate about D &D but has been unable to find a local group of individuals who he could enjoy this with, as well as being a solitary activity. He described painting as being soothing for him.

Skills:

Leon feels that he manages his diagnoses of Schizophrenia well. He attends to collect medication on a regular basis and is compliant with attending Weston House on a monthly basis for physical monitoring and to gain Clozapine levels which he takes orally. He was able to offer and accurate account of the rest of his prescription, and so this will not be repeated in this document. He does not drink alcohol and is abstinent from illicit drug use. Leon was very open that historically, he "hit the drugs hard" which led to an admission to an acute mental health ward for treatment. He was clear, that this was in the past but wished to be open with staff which was acknowledged as being very helpful.

With regards social interaction, Leon reported that he finds this very difficult. His isolation has become long standing and it felt as if Leon was describing, feeling trapped in his current life. He did show enthusiasm when being asked how he wanted life to change now, and why now, was the time he wished things to change. It was explained clearly to Leon that the success of any Occupational Therapy intervention, was predominantly placed on the individual's will to change, rather than their motivation to do so. Leon admitted that his motivation on most days, is low, and he laughed in response to being asked if this included housework and other domestic activities. Leon does appear to be very functional and this made the OT wonder about whether Leon has difficulties not dissimilar to others, who do not enjoy these mundane tasks, but must do them in place of anyone else. It may be possible to carry out functional assessment with Leon in the near future, if he is consenting to this and understands the reasoning for wishing to assess. It would be detrimental to Leon in the longer term, if his capabilities were compromised, by doing for him, as opposed to involving him more. This may also not be the case and therefore further discussion with the MDT and more importantly, Richmond staff is required.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Leon shared the desire to be able to use public transport, in order to independently manage occupations and commitments. He has a bus pass and this includes a plus one level, allowing another to accompany for free. I am unclear at this stage as to whether support on public transport has been part of Richmond's remit when working with Leon, and how this transpired. It would be fortuitous to learn if social support is part of the remit as this would enable a much more effective plan for graded exposure sessions.

Leon showed very little awareness of basic psycho education around generalised anxiety, social anxiety, OCD or panic. He reported to have no strategies learned which he uses to soothe self if in this situation. For this reason, Change Up via Access Therapies Fife programme was discussed with Leon as a precursor to practical work. He verbally consented to referral.

Goals:

Leon wishes to be able to use public transport independently, (bus), to and from the local town.

This will enable Leon to access more social opportunities, with a view to meeting other individuals.

Yours sincerely

[redacted]
Occupational Therapist

Authorised on 10/10/2023 16:07:53 by Shona McInnes

(D) Dr K.J. MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

(P) CPN [redacted] CPN Office, Weston House, Westport, Cupar, KY15 4AN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Weston Day Hospital
West Port
Cupar
KY15 4AN

Adult Occupational Therapy MH Service
[redacted]

Fife Health & Social Care Partnership

Mr Leon Gratton
[redacted]

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 4579304

Dear Mr Gratton

Date: 16/03/2022

You have been referred to the Mental Health Occupational Therapy Service.

We will send you an appointment at the earliest opportunity to meet with one of our Occupational Therapists. If, whilst waiting for your appointment, your circumstances change and you feel the need to be seen sooner, please contact us to discuss further.

If you feel that you do not require Occupational Therapy at this time, or would like more information about our service, please contact us on the above telephone number.

Yours sincerely

[redacted]
Occupational Therapist

Authorised on 18/03/2022 17:09:36 by Shona McInnes.

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN
(P) [redacted] Student Nurse, Weston Day Hospital
(P) [redacted] Community MH Nurse, Weston Day Hospital

THIRD PARTY COPY

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

Scanned Document
10-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf im.pdf
Extension:.tif
Pages:

[redacted]

Fife: Clinical Report - Adamson Hospital Page 1 of 1

GRATTON, LEON [redacted]
DoB : 17/03/1975
Hosp. No. :
Ref. Loch. : GP Practice, Bank Street Medical Group, Bank Street, Cupar, Fife, KY15 4JN
Referrer : DAS, Shanti
CRIS No. : 1195024
CHI No. : [redacted]

VERIFIED Verified By : TURNBULL, Colin Dr 16/05/17
Typed By : [redacted] 16/05/17

XR Chest :
Normal cardiac, mediastinal and hilar contours.
Lungs clear with normal pulmonary vascularity.

Event Number : E-5764167
Copy To : ,
Examinations : **XR Chest**
Examination Date : **12/05/17**
CHI No. :

THIRD PARTY COPY

Scanned Document
10-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf gens.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Operational Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
T [redacted]
v

NHS Fife

GENERAL SURGICAL UNIT

[redacted]



Dr F Williams
CTI Psychiatry
Ward 2
QMH

Date: 20/10/2011
Date dictated: 20/10/2011
Our Ref: SB/LT
[redacted]
Department: General Surgery
[redacted]

Dear Dr Williams

Mr Leon Gratton 17/03/1975 [redacted]

Diagnosis: Bilateral axillary hidradenitis.
Treatment: Trial of Flucloxacillin 500mgs qds x 4 weeks.
Follow up: SOPD 3-4 months.

Thank you for asking me to see this gentleman who I was able to meet on Ward 2 this morning. He is a current inpatient and is awaiting transfer to Stratheden Hospital for further rehabilitation. He has been aware of some lumps in both axillae for some time and these can become larger and more inflamed before resolving. On a couple of occasions they have actually burst. I suspect they are slightly more quiescent today than when you first referred him to me but certainly there was thickening in the skin under some scar tissue in both axillas entirely consistent with recurrent axillary abscesses and probable hidradenitis.

I discussed this with him today and offered him excision of the affected areas of skin or a trial of antibiotics to see if we can settle it down without the need for an operation. He is keen to avoid an operation if possible so I would be grateful if he could be prescribed Flucloxacillin 500mgs qds for 4 weeks. I will review him in 3 or 4 months and see what the results have been and we can take things further from there.

QLSASOP

Mr Leon Gratton, D659366L, CHI [redacted]

Chief Executive Mr John Wilson
Queen Margaret Hospital is part of The Operational Division of NHS Fife

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Yours sincerely

[redacted]

CONSULTANT SURGEON

cc. Dr Paul Cavanagh, Consultant Psychiatrist, QMH
Dr Somerville, Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing

THIRD PARTY COPY

Scanned Document
10-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf genm.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Dr Christopher Olley
Specialist Psychiatrist
Medical Offices
Stratheden Hospital
KY15 5RR

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 200598953

Dear Dr Olley

Date: 09 June 2026

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Thank you for referring this gentleman, who has in the past been well known to the Rehabilitation service! We discussed him in our Rehabilitation Team Referrals Meeting today. It was agreed that he should be re-assessed, and we will be in touch in the near future to organise this, following which we will discuss possible ways forward.

Yours sincerely

Dr Malcolm Kinnear
Consultant Psychiatrist
Mental Health Rehabilitation Services

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

NHS Confidential: Personal data about a patient

Weston Day Hospital
West Port
Cupar
KY15 4AN

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
3 Makgill Row
Springfield
Cupar
Fife
KY15 5SA

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 200382864

Dear Leon

Date: 03 February 2026

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

An appointment has been made for you to attend on:

Date: **Tuesday 3rd March 2026**
Time: **11:30am**
Venue: **Weston House, Cupar**

This appointment is for collection of medications and to have bloods obtained for Clozapine monitoring.

If you are not able to attend this appointment please call us on [redacted] to rearrange.

Yours sincerely

Community Mental Health Service

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Weston Day Hospital
West Port
Cupar
KY15 4AN

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
[redacted]

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 200299138

Dear Leon Gratton

Date: 10 December 2025

Leon Gratton [redacted]

Date of Birth: 17/03/1975

An appointment has been made for you to attend on:

Date: **Tuesday 6th January 2026**
Time: **11:30am**
Venue: **Weston House, Cupar**

This appointment is for collection of medications and to have bloods obtained for Clozapine monitoring.

If you are not able to attend this appointment please call us on [redacted] to rearrange.

Yours sincerely

Community Mental Health Service

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Weston Day Hospital
West Port
Cupar
KY15 4AN

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
[redacted]

[redacted]
ADMINISTRATIVE LETTER

Letter ID: 200252124

Dear Leon Gratton

Date: 13 November 2025

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

You have been invited to attend for routine blood sampling, please attend the below appointment. Please note **fasting blood samples** are required for Cholesterol and Glucose levels.

This appointment will also include physical observations and an ECG.

Date: **Tuesday 9th December 2025**
Time: **11:15am**
Venue: **Weston House, Cupar**

PLEASE DO NOT EAT AFTER MIDNIGHT – clear water is permitted.

If you are unable to attend this appointment, please telephone [redacted] so that it can be rearranged.

Yours sincerely

Community Mental Health Service

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Weston Day Hospital
West Port
Cupar
KY15 4AN

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
[redacted]

[redacted]

ADMINISTRATIVE LETTER

[redacted]

Dear Leon Gratton

Date: 23 October 2025

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Your Community Mental Health Nurse [redacted] would like to offer you an appointment for the following date:

Date: **Thursday 18th December 2025**
Time: **11am**
Venue: **Your home address**

If you are unable to make this appointment, or you feel you no longer require to be seen by our services, please call on [redacted] so your appointment can be reallocated.

Yours sincerely

Community Mental Health Service

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
[redacted]

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 200057618

Dear Leon Gratton

Date: 22 July 2025

Leon Gratton [redacted]

Date of Birth: 17/03/1975

We would like to offer you an appointment on:

Date: **Tuesday 19th August 2025**
Time: **11:am**
Venue: **Weston House, Cupar**

This appointment is for collection of medications and to have bloods obtained for Clozapine monitoring.

If you are not able to attend this appointment please call us on [redacted] to rearrange.

Yours sincerely

Community Mental Health Service

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Haematology
[redacted]
NHS Fife

Dr Sandeep Datta
Locum Specialty Doctor
Stratheden Hospital
CUPAR
Fife
KY15 5RR

CLINIC LETTER

[redacted]
Hospital ID: V700828K

Letter ID: 214428

Dear Dr Datta

Clinic Date: 14/05/2012 Date: 15/05/2012

Leon Gratton, [redacted]
Date of Birth: 17/03/1975

Thanks for your note about this patient who I saw in clinic today with concerns about swellings in his axillae. These haven been a problem on and off for several months usually accompanied by a crop of small boils in the axilla. Ultrasound has shown small lymph glands no more than 4mm or 5mm in diameter and a biopsy has shown reactive changes only. In addition to the axillary problems he complains of pain in most parts of her body, particularly chest and abdomen and pain in passing urine. He has no cough or sputum production. He is smoking about half an ounce of tobacco a day.

Current Medications

Nitrazepam 10mg at night, Omeprazole 20mg per day, Pizotifen 1.5mg at night, Paracetamol prn, Trifluoperazine 15mg x bd and Sertraline 50mg per day. He has recently smoked and swallowed drugs of abuse but never injected.

Allergies

Nil.

He is currently an in-patient at Stratheden for rehabilitation.

On examination, he was clearly anxious about his symptoms. He was tender in both axillae with a number of scars in the skin and some pea-sized lymph nodes, particularly on the right. There was no other peripheral lymphadenopathy and no positive findings in the chest or abdomen. He's had a recent normal full blood count and biochemistry.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

I think these must be reactive nodes from his superficial boils in the axilla and I really don't think further investigation is required here. He is clearly anxious about a number of physical symptoms but I suspect this is all part of his psychiatric state and I don't think it would be indicated or wise to pursue further investigations at this stage.

Best wishes.

Yours sincerely

[redacted]

Dr Peter J Williamson
Consultant Haematologist

[redacted]

(P) Dr DM Taylor, Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing, Fife, KY11 1NU

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU

NHS Fife

Acute Medical Assessment Unit

[redacted]

Our Ref: AL/HAS/D659366L
CHI Number: [redacted]

Dr D Somerville
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated: 2nd December 2010
Date Received: 2nd December 2010
Date Typed: 24th December 2010

Dear Dr Somerville

LEON GRATTON [redacted]

Date of Admission: 22nd November 2010 **Date of Discharge:** 22nd November 2010
Consultant: Dr L Clark
Diagnosis: Mixed Impulsive overdose of Diazepam, Procyclidine and Citalopram

Presentation: The gentleman took an impulsive overdose after an argument with [redacted]. Paracetamol levels were normal. Notably he had a past medical history of schizophrenia, depression and 13 previous overdoses.

Examination: Examination was normal, apart from his pupils remaining fairly dilated but equal and reactive to light.

Progress: He was seen by the mental health assessment team and was clear for discharge and was to attend Carnegie clinic on the 23rd November. He is also followed up weekly in the community and they will arrange an outpatient appointment with Dr Cavanagh. He was discharged that day.

Kind regards,

Yours sincerely

[redacted]

Dr Andrew Lever
GPST1 in Medicine

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Fife

IMMEDIATE DISCHARGE & PRESCRIPTION FORM

DATE OF ADMISSION: 22/11/10
DATE OF DISCHARGE: 22/11/10

Hospital Site: QMH8

Page 1 *of* 1

(Please use BLOCK CAPS when completing this form)

Re: Mr/Mrs/Miss/Ms	DOB:
Forename: GRATTON LEON	D659366L
Address: [redacted]	17/03/1975
Postcode:	CHI No:

TO: GP Forename: DAVID
GP Surname: SOMERVILLE
GP Address: INVERKEITHING MEDICAL CENTRE
5 FRIARY COURT.
INVERKEITHING
GP Postcode: KY11 1NU
Community Pharmacy:

This patient was admitted to hospital under the care of:

Consultants Name: DR CLARK
Specialty: MEDICINE

Discharged from Ward: 8
Reason for Admission/presenting complaint: MIXED OVERDOSE

Mode of Admission: Elective ☐ Emergency ☑ Transfer ☐
Source of admission: GP ☐ Self ☑ Out of Hours ☐ Other:

Principal Diagnosis: MIXED OVERDOSE
Legal Status:

Other Conditions:

1. SCHIZOPHRENIA
2. DEPRESSION
3.
4.
5.

Significant Operations/Procedures: Yes ☐ No ☑
1. Date:
2. Date:

Relevant Investigations: Yes ☑ No ☐ Comments: ECG-NAD Bloods-NAD

Complications: Yes ☐ No ☑ Comments:

Patient Information discharge summary given to patient and/or carer or relative: Yes ☐ No ☐

Follow-up Arrangements

Sickness Certificate Issued:	Yes ☐	No ☑	Duration of sickness certification:	
Results awaited	Yes ☐	No ☑	If Yes, please specify:	
Letters to follow	Yes ☐	No ☑	Comment:	
Hospital Review	Yes ☐	No ☑	If Yes, please specify:	

MS2385(4)

THIRD PARTY COPY

NHS Confidential: Personal data [redacted]

Forename: GRATTON	Address [redacted]	DOB: 17/03/75
Surname: LEON	Ward: QMH8	CHI No / Hospital No: 1703751191

Medicines on Discharge

Medicine Form & Strength	Dose	Directions for Administration	Continuous/ Course Length	Quantity Supplied
CITALOPRAM	20mg	OD ORAL	Suggested daily	
DIAZEPAM	5mg	OD ORAL	by ayrn	
NITRAZEPAM	5mg	OD. ORAL	J Pharmacy.	

Medicine Continuation Sheet attached: Yes ☐ No ☑

Medication currently prescribed by Day Hospital: Yes ☐ No ☑

Dispense in Compliance Aid Yes ☐ No ☑

Type of compliance aid before admission: .....

Significant Changes to Medication from the Point of Admission

Medicine Form & Strength	Stopped/Started/ Changed	Details of Change and Reasons

Additional information attached: Warfarin sheet Yes ☐ No ☑ **Other:** Yes ☐ No ☑ Please specify:

Adverse Reactions/Allergies: Yes ☑ No ☐ Detail: ? VITAMIN C.

Comments:

Signature: [redacted] Date: 22/11/10

Name (in CAP[redacted]

Contact No. for enquiries: [redacted]

Designation: Consultant/Registrar ☐ SHO ☐ JHO ☑ Other ☐ _____

Pharmacy Assessment
By Pharmacist: _____
Dispensed By: _____
Check: _____
Date: _____
Received On Ward By: _____

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division
Queen Margaret Hospital

Acute Medical Assessment Unit

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

Our Ref: LJ/HAS/D659386L
CHI Number: [redacted] 1948-2.008

Dr D Somerville
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated: 17th June 2008
Date Received: 18th June 2008
Date Typed: 25th June 2008

Dear Dr Somerville

LEON GRATTON [redacted]

Date of Admission: 8th June 2008 **Date of Transfer:** 8th June 2008 to Psychiatry Ward
Consultant: Dr A Alfonzo
Diagnosis: Deliberate self harm by Paracetamol overdose

Presentation: This 33 year old man presented to A&E with a history of a Paracetamol overdose. He had taken 8g of Paracetamol and had intended to kill himself. The ambulance was phoned for by [redacted] who found him. He has a past medical history of schizophrenia and has taken multiple previous overdoses. He also suffers from panic attacks and hallucinations. His only usual medicine is an anti-psychotic depo injection, Clopixol. He lives alone.

Examination: On examination his observations were all stable. His heart sounds were pure and his chest was clear. Abdomen was soft and non-tender. A 4 hour Paracetamol level was 41.3mg/L which is below the treatment threshold.

Progress: He was referred to the Psychiatry team who felt that a crisis admission was required and he was transferred to Whyteman's Brae in Kirkcaldy as there were no beds in Dunfermline.

Follow up: I have not arranged medical follow up and I understand that Dr Kavanagh, Consultant Psychiatrist will follow him up.

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

Yours sincerely

[redacted]

Dr Laura Juroszek
GPST1

Dr A Alfonzo
Consultant Physician

Chief Executive [redacted]
Queen Margaret Hospital is part of The Operational Division of NHS Fife

MS1200

THIRD PARTY COPY

Scanned Document
10-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf gastro.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Gastroenterology
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 100305186

Dear Dr MacLaren Clinic Date: 23/01/2020 Date: 31/01/2020

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Leon failed to attend the liver clinic appointment today 23/01/2020.

If you would like this appointment to be rearranged please get in touch with the secretary whose details are on this letter.

Letter dictated by Dr Rachel Sutherland MBChB Speciality Trainee to Dr Gilchrist

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Gastroenterology
[redacted]

NHS Fife

Leon Gratton
[redacted]

ADMINISTRATIVE LETTER

[redacted]

Hospital ID: V700828K
Ref: SG/PM
Dictated: 25/03/2015

Letter ID: 1441700

Dear Mr Gratton

Date: 08/04/2015

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Following your clinic appointment at the beginning of February I now have the blood results. These do not show any deterioration in your liver and therefore I will not arrange to see you again, but would be happy to do so again at the request of your GP.

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

[redacted]

(D) Dr KC Taylor, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Gastroenterology
[redacted]

NHS Fife

Dr KC Taylor
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]
Hospital ID: V700828K

Letter ID: 1377820

Dear Dr Taylor

Clinic Date: 05/02/2015

Date: 05/03/2015

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Diagnosis: Non-alcoholic fatty liver disease
Schizophrenia on Clozapine

Pending investigations: Non-alcoholic fatty liver disease fibrosis score

Follow up: To be determined

I met up with Leon Gratton today some 4 years earlier than planned. He doesn't look like he is doing quite so well from a mental health point of view at the moment. He certainly seemed very worried today in clinic. I think he had had a recent viral infection which was settling down now though, and his weight unfortunately is going up.

I have repeated his NAFLD fibrosis score today and depending on what that is like I will probably not arrange to see him again at this stage but I would be delighted to receive a re-referral in due course if that is required.

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

PS Once more, his NAFLD fibrosis score is in the normal range, I have therefore not arranged any further follow up.

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

nor reg

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Gastroenterology
[redacted]

NHS Fife

Dr JJ Allan
Inverkeithing Medical Group
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

[redacted]

CLINIC LETTER

[redacted]
Hospital ID: V700828K
Ref: SG/PM
Dictated: 17/04/2014

Dear Dr Allan

Clinic Date: 17/04/2014

Date: 22/04/2014

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Main diagnosis: Non-alcoholic fatty liver disease without evidence of fibrosis

I met up with this chap again and went through the results of his liver screen and non-invasive fibrosis assessment. His liver screen has been negative and his non-fibrosis assessment suggests an absence of significant fibrosis. I see that he has been started back on Clozapine since I last saw him and his weight unfortunately has gone up by about 7 kilos. Obviously this is a risk to his physical health in the long term, but I have told him I do not currently have any concerns about his liver. I have asked him to let the Health Records Staff know that I would like to see him again in about 5 years time to reassess his fibrosis status at that stage, and I have encouraged him to try to lose weight if possible, but more importantly to be a bit more physically active again, as he is able.

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

EDT PATIENT DECEASED

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Gastroenterology
[redacted]

NHS Fife

Leon Gratton
[redacted]

CLINIC LETTER

[redacted]
Hospital ID: V700628K
Ref: SG/PM
Dictated: 09/01/2014

Letter ID: 863251

Dear Mr Gratton

Clinic Date: 09/01/2014

Date: 09/01/2014

Leon Gratton [redacted]

Date of Birth: 17/03/1975

For some reason you were due to come and see me in clinic today which is a little earlier than we had planned, I will put your appointment back to sometime in April.

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

[redacted]

(D) Dr JJ Allan, Inverkeithing Medical Group, Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing, KY11 1NU

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

EDT. No longer patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Gastroenterology
[redacted]

NHS Fife

Dr Sandeep Datta
Locum Specialty Doctor
Medical Offices
Stratheden Hospital
Cupar, Fife
Fife
KY15 5RR

CLINIC LETTER

[redacted]

Ref: SG/PM
Dictated: 28/11/2013

[redacted]

Dear Dr Datta

Clinic Date: 28/11/2013

Date: 03/12/2013

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Main diagnosis: Likely non-alcoholic fatty liver disease

Pending investigations: Full liver screen, non-invasive fibrosis assessment

Follow-up: 4 months

Thank you for referring this gentleman who was until recently a psychiatric inpatient but is now living in the community in Cupar. He had put on a lot of weight over the last year, he said that when he was first admitted to Stratheden he had lost a lot of weight but with the various psychiatric medications and being an inpatient, he had put on a fair amount such that he now weighs 111 kilos which at his height of 184cms gives him a BMI of 32.84. He does not currently drink any alcohol, tells me that he has never injected drugs although he has smoked and snorted various illicit substances in the past and his medication currently includes Clozapine, Omeprazole, Pizotifen, Simvastatin and Buscopan, as well as Sertraline and Paracetamol. Neither his ultrasound nor his routine liver blood tests are suspicious for cirrhosis however I have sent off the remainder of his liver screen and also a non-invasive fibrosis assessment today in order to get a little more information, but my suspicion is that this is non-alcoholic fatty liver disease. He currently eats a relatively varied diet and although he is not taking any exercise at the moment, is planning on joining a gym and a walking group in the New Year so hopefully he will manage to move a lot of fat out of his liver that way. I have arranged to see him again in 4 months time to see how he is getting on in terms of exercise and also to discuss with him the results of his liver screen and his non-invasive fibrosis assessment.

Yours sincerely

Dr S Gilchrist
Consultant Physician and Gastroenterologist

[redacted]

(D) Dr JJ Allan, Inverkeithing Medical Group, Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing, KY11 1NU

THIRD PARTY COPY

Scanned Document
10-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf derm 2.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref: JF/SG

Letter ID: 3939460

Dear Dr MacLaren Clinic Date: 25/08/2020 Date: 27/08/2020

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

I was delighted and also surprised to hear from Leon over the phone that he feels his skin has already seen quite notable improvement after having commenced narrowband UVB phototherapy a few weeks ago. I am very pleased to hear that he has managed to get a lift to come here with people helping him along. I was originally quite dismayed that we were unable to arrange for him to have home based flat screen phototherapy but he seems to be tolerating very well both the journey here and also standing inside the cabinet.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Lagge Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref: JF/SG

[redacted]

Dear Dr MacLaren Clinic Date: 10/12/2019 Date: 11/12/2019

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Atopic dermatitis, palmar plantar pustulosis, schizophrenia, depression

This gentleman who has had a 2-3 year worsening of his skin has done moderately well with topical treatment but he will need more than that. He is claustrophobic and I have therefore arranged home based phototherapy with a flat screen. If this isn't going to work then we will need to look into third line systemic treatment.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

(P) Department of Phototherapy, Ninewells Hospital, Dundee

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Lagge Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS
Fife

Leon Gratton
[redacted]

[redacted]

Our Ref: HD/SG

Letter ID: 3560318

Dear Leon

Clinic Date: 03/09/2019

Date: 04/09/2019

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Severe dermatitis
? palmar plantar pustulosis

Management:
Diprosalic ointment twice daily for 2-3 weeks to feet and then reducing to 2 times weekly
Protopic ointment to legs
Flucloxacillin 500mg tds for 1 week for mild cellulites

It was nice to see you in the clinic today. As we discussed your feet have been quite bad recently and are very scaly and flaky so I have suggested the above treatment using initially for 2-3 weeks regularly and then cutting it down to once or twice weekly. You could also try Protopic on your legs and Flucloxacillin as an antibiotic as they looked as though there was a mild infection in your legs. I will see you again in 6 weeks time to check that things are settling.

Yours sincerely

Dr Hannah Dakin
Clinical Assistant

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS Fife

Mr Leon Gratton
[redacted]

[redacted]

Our Ref: HD/JC

Letter ID: 3257798

Dear Leon

Clinic Date: 17/01/2019

Date: 18/01/2019

Date of Birth: 17/03/1975

Diagnosis: Atopic eczema

Management:
Regular moisturisers
Fucibet twice daily for flares, reducing to once or twice weekly when skin good
Protopic ointment twice daily for flares, reducing to once or twice weekly when good
Antihistamine if required at night-time

Follow-up: Open appointment

It was nice to see you in the clinic today. As we discussed your skin is really looking much, much better and I think this is because you have been scratching it less and applying your creams more regularly, which is fantastic. I have advised you to try using the Protopic ointment again as this doesn't have any steroid in it and will prevent thinning of your skin in the long-term. If this doesn't work then use the Fucibet twice daily for 2-3 weeks when your skin flares up but try and reduce it to maybe 2 or 3 times a week when your skin is good so that we can minimise the damage of thinning of the skin from long-term steroid creams. I have also suggested if you are really itchy at night-time that you try an antihistamine tablet and to try and avoid scratching your skin at all. I have given you an open appointment so that if things flare-up you can come back to the clinic at any point.

Yours sincerely

Dr Hannah Dakin
Clinical Assistant

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Lagge Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref: HD/JC

Letter ID: 2853953

Dear Dr MacLaren Clinic Date: 08/03/2018 Date: 12/03/2018

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis: Dermatitis

Management: Continue emollients regularly
Fucibet sparingly as required

Follow-up: 4-months

I reviewed Leon in the clinic today. His skin is not looking as bad as I have seen it at some points but his hands are still fairly irritated and scaly. I suggested the above treatment and have emphasised how important it is for him not to scratch his skin as this continues to break down the protective barrier and will just create a vicious cycle of his skin flaring up. He is doing his best to try and stop this. I will see him again in 4-month's time.

Yours sincerely

Dr Hannah Dakin
Clinical Assistant

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dermatology Department
Ninewells Hospital
Dundee
DD1 9SY

Enquiries To: [redacted]

NHS Tayside

DR C GREEN - DERMATOLOGY CLINIC **Clinic date: Monday 04 December 2017**

Date typed: 19/01/18

Dr H Dakin
Clinical Assistant
Department of Dermatology
St Andrews Community Hospital
Largo Road
St Andrews
FIFE
KY16 8AR

Dear Hannah

Re: LEON GRATTON [redacted]

Active Diagnosis:
Diagnosis not made

I was given the medical notes of Liam Gratton because he evidently failed to attend a patch test appointment 4th December 2017. I see in your own medical notes that last entry from 21st November that he has been awaiting a patch test appointment. Because of his psychiatric background I have, in the first instance, not simply arranged for new appointment to be sent out because I am not sure for the reason when he failed to attend.

Yours sincerely

[redacted]

[redacted]

Honorary Locum Consultant

cc.
DR. KATHRYN MACLAREN
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Lagge Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]
Our Ref: HD/JC

Letter ID: 2721173

Dear Dr MacLaren Clinic Date: 21/11/2017 Date: 24/11/2017

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis: Severe eczema ?contact component

Management: Await patch testing
Flucloxacillin 500mg qds for one week
Increase Fucibet to bd for 2-weeks only

Follow-up: 3 months

I reviewed Leon in the clinic today. His skin is worse at present and he is scratching quite a lot. I have reminded him about the itch/scratch cycle and tried to get him to break that. He also looks as though he has a slight infection so I have given him a course of Flucloxacillin and said that he can increase his Fucibet to twice daily for a couple of weeks only when his skin flares and then reduce it back down to 2 or 3 times a week when things are better. I will see him again in January.

Yours sincerely

Dr Hannah Dakin
Clinical Assistant

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dr Kathryn Maclaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

St Andrews
Phototherapy/ Dermatology
St Andrews Community Hospital
Largo Road, St. Andrews
KY168AR

20 September 2017

Dear Dr Kathryn Maclaren

Ref: Leon Gratton, [redacted]

Your patient Leon Gratton attended for a course of Phototherapy for Psoriasis.

He received 79 treatments resulting in moderate clearance.

He has been discharged to your care.

Yours sincerely

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Lagge Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]
NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref: HD/JC

Letter ID: 2638618

Dear Dr MacLaren

Clinic Date: 19/09/2017

Date: 21/09/2017

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis: Severe eczema ? contact component

Management: Trial of Protopic ointment bd
Refer for patch testing

Follow up: 2-months

I reviewed Leon in the clinic today. Unfortunately the UVB phototherapy hasn't really made a great difference to his skin and he has now had 79 treatments. I think we should stop and I have discussed this with him today. I am going to try him with Protopic instead of the Fucibet as he tells me he is using a tube of this a week and I have suggested he tries to reduce this to a tube maybe every second or third week. I will see him again in the clinic in 2-month's time to see how things are doing.

Yours sincerely

Dr Hannah Dakin
Clinical Assistant

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]
NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]

Hospital ID: AF5403178H
Our Ref: HD/SG

Letter ID: 2327149

Dear Dr MacLaren

Clinic Date: 24/01/2017

Date: 06/02/2017

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Atopic dermatitis

Management:
Refer UVB phototherapy

Follow up:
As above

I reviewed Leon in the clinic today. Unfortunately his skin has flared again since the Christmas period when he was at home with [redacted] and his skin was actually quite good. I discussed phototherapy with him today and he is keen to try this. We will arrange this for him sometime soon.

Yours sincerely

Dr Hannah Dakin
Clinical Assistant

[redacted]

(P) Department of Phototherapy, St Andrews Community Hospital, Largo Road, St Andrews

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Lagge Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]

Our Ref: HD/SG

Letter ID: 2276674

Dear Dr MacLaren

Clinic Date: 13/12/2016

Date: 05/01/2017

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Severe atopic eczema

Management:
Flucloxacillin
Fucibet bd
Regular emollients
Certirizine as an antihistamine

Follow up:
6 weeks

I reviewed Leon in the clinic today. Unfortunately his skin has flared somewhat although according to his carer he has not been applying his steroids or emollients particularly regularly. Today it looks quite weepy and infected and he has been given a course of Flucloxacillin by his GP. I have also suggested Fucibet bd and regular emollients. I will see him again in the clinic in 6 weeks time.

Yours sincerely

Dr Hannah Dakin
Clinical Assistant

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Lagge Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]
Hospital ID: A[redacted]
Our Ref: HD/SG

Letter ID: 100124185

Dear Dr MacLaren

Clinic Date: 25/10/2016

Date: 27/10/2016

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Your patient failed to attend his Dermatology clinic appointment today. I will send him one further appointment.

Yours sincerely

Dr Hannah Dakin
Clinical Assistant

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Lagge Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]
Hospital ID: AF5-03178H
Our Ref: HD/SG

Letter ID: 2164238

Dear Dr MacLaren

Clinic Date: 20/09/2016

Date: 06/10/2016

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Severe atopic eczema

Management:
As previous

Follow up:
4 weeks

I reviewed Leon in the clinic today with his CPN. His skin is miraculously much better but probably more down to the fact that he stopped using his E cigarette rather than Fucibet and Epaderm as he only managed to get hold of them yesterday. He is quite happy to continue applying Fucibet twice daily to his feet which looks slightly weepy and red today and also his hands, arms and lower back. I suggest he does this twice a day for the next 4 weeks and will see him again in the clinic in a month.

Yours sincerely

Dr Hannah Dakin
Clinical Assistant

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Lagge Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]
Hospital ID: AF5-03178H
Our Ref: HD/SG

Letter ID: 2154577

Dear Dr MacLaren

Clinic Date: 13/09/2016

Date: 15/09/2016

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Extensive atopic eczema

Management:
Dermol 200 as a soap substitute
Epaderm as an emollient
Fucibet bd

Follow up:
1 week

Thanks for referring this chap who attended the Dermatology Department in Kirkcaldy but is finding it difficult to travel there. He had extensive atopic eczema with multiple allergies to various pets and animals. He has had chronic impetiginisation and eczema currently affects his face, trunk and all of his limbs. I have suggested the above treatment for him today and will see him again in a week's time to see how he is getting on and if he is not managing this himself we might try bandages and other treatment.

Yours sincerely

Dr Hannah Dakin
Clinical Assistant

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

PRESCRIPTION RECOMMENDATION
FOR ACTION BY THE G.P.

Patient sticker: GRATTON LEON [redacted] 17/03/1975 [redacted]

I RECOMMEND THE FOLLOWING CHANGE IN PRESCRIPTION(S) FOR THE ABOVE NAMED:

ALTERATION OF DOSE

Name	Old Strength	Old Frequency	New Strength	New Frequency

NEW MEDICATION

Name	Is it on Fife Formulary?	Formulation	Strength	Frequency	Anticipated Duration	Reason
Epaderm		Crm		bd		Rx Eczema
Dermol 200	Yes / No	Emp bth		Daily		"
Oilatum	Yes / No	bath oil		As 2x weekly		"
Fucibet	Yes / No	ointment			100g	"

STOPPED MEDICATION

Name	Reason for stopping	Code

CODE
1. Ineffective
2. Adverse event
3. Inter-action
4. Compliance problem
5. Other (explain)

The above changes have already been implemented YES ☐ NO ☐

The patient has been instructed to contact surgery YES ☐ NO ☐

The GP practice is requested to implement the change without further contact YES ☑ NO ☐

NOTES:
- If prescription is required quickly, it should be issued on a "Blue Pad"
- Illegible or ambiguous prescriptions will NOT be issued without phoning the named doctor
- Please ask patient to allow 24 hours for prescription to be issued by GP

COMMENTS

MS1402

DOCTORS NAME: DAKIN CLINIC/DEPT: Derm OPD

SIGNATURE: [redacted] DATE: 13/9/11 BLEEP NUMBER:

WHITE COPY: General Practitioner BLUE COPY: Patients Notes

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology

[redacted]

NHS Fife

Dr Robert Dawe
Consultant Dermatologist
Dermatology Department
Adamson Hospital
Cupar

REFERRAL LETTER

[redacted]

Hospital ID: V700828K

Letter ID: 2122970

Dear Dr Dawe

Referral Date: 19/08/2016

Date: 19/08/2016

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

DIAGNOSIS – ATOPIC ECZEMA WITH RECENT FLARE SECONDARY TO IMPETIGENISATION
BACKGROUND OF SCHIZOPHRENIA

I would be very grateful if you could offer this gentleman an appointment reasonably urgently. He had been referred to yourselves by his GP, but due to an acute flare in his eczema, he was subsequently referred to the Victoria Hospital Kirkcaldy as an emergency.

He has longstanding atopic eczema, but over the last year or so it has got a lot worse, and he blames this on switching from cigarettes to E-cigarettes. He has a history of schizophrenia, and attended with his community psychiatric nurse, but this condition has been reasonably well controlled on Clozapine and Aripiprazole.

When I saw him at the end of July he had widespread impetigenised eczema, which initially partially responded to Betnovate C, emollient and Ichthammol. He struggles to apply the treatments himself, and unfortunately he is really struggling to attend our Department, and his community psychiatric nurse is going to be on holiday for several weeks, so it would be very helpful if he could receive some treatment closer to home.

With many thanks and kind regards.

Yours sincerely

Dr Susannah Fraser
Consultant Dermatologist

[redacted]

(CC) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
[redacted]

NHS Fife

Dr Robert Dawe
Consultant Dermatologist
Dermatology Department
Adamson Hospital
Cupar

REFERRAL LETTER

[redacted]
Hospital ID: V700828K

Letter ID: 2122970

Dear Dr Dawe

Referral Date: 19/08/2016

Date: 19/08/2016

Leon Gratton [redacted]

Date of Birth: 17/03/1975

DIAGNOSIS – ATOPIC ECZEMA WITH RECENT FLARE SECONDARY TO IMPETIGENISATION
BACKGROUND OF SCHIZOPHRENIA

I would be very grateful if you could offer this gentleman an appointment reasonably urgently. He had been referred to yourselves by his GP, but due to an acute flare in his eczema, he was subsequently referred to the Victoria Hospital Kirkcaldy as an emergency.

He has longstanding atopic eczema, but over the last year or so it has got a lot worse, and he blames this on switching from cigarettes to E-cigarettes. He has a history of schizophrenia, and attended with his community psychiatric nurse, but this condition has been reasonably well controlled on Clozapine and Aripiprazole.

When I saw him at the end of July he had widespread impetigenised eczema, which initially partially responded to Betnovate C, emollient and Ichthammol. He struggles to apply the treatments himself, and unfortunately he is really struggling to attend our Department, and his community psychiatric nurse is going to be on holiday for several weeks, so it would be very helpful if he could receive some treatment closer to home.

With many thanks and kind regards.

Yours sincerely

Dr Susannah Fraser
Consultant Dermatologist

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

CLINIC LETTER

[redacted]

Hospital ID: V700828K
SF/JM
Dictated: 29/07/16
Typed: 17/08/16

Letter ID: 2097632

Dear Dr MacLaren

Clinic Date: 29/07/2016

Date: 17/08/2016

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis: Impetiginised atopic eczema

Management:
Complete course of Co-amoxiclav
Betnovate C 1 application once-twice daily
50/50 of emollient 1% Ichthammol and yellow soft paraffin to soothe skin
Early review arranged

This 41-year-old gentleman attended with his community psychiatric nurse. He has a background of schizophrenia which he tells me is quite well controlled. He has a longstanding history of eczema, but over the last year or so it has got a lot worse. This is around the same time as he switched from cigarettes to e-cigarettes.

On examination he had widespread impetiginised eczema which was crusted and inflamed. The above management has been instigated and early review arranged. It is difficult to know whether the e-cigarettes are partly to blame. There had been reports in literature of a lichenoid eruption caused by e-cigarettes. The main problem at the moment is however infection.

Yours sincerely

Dr Susannah Fraser
Consultant Dermatologist
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

DEPARTMENT OF DERMATOLOGY
Consultants: Dr S Allan, Dr S Russell, Dr M Mowbray, Dr S McCormack, Dr S Fraser

Mr L Gratton
[redacted]

Date Typed 08 April 2010
Date Dictated 30 March 2010
Our Ref MM/MH/D659366L
Chi No [redacted]

[redacted]

Dear Mr Gratton

I note you failed to attend your dermatology appointment today. Your GP had referred you with recurrence abscesses in both axillae. I wonder if you have responded to the Lymecycline which he commenced at the time of your appointment. We have today made no arrangement to see you. Should you wish to be seen by dermatology in the future, I would be grateful if you could contact your general practitioner.

Yours sincerely

[redacted]

Consultant Dermatologist

cc. Dr Garmany, Inverkeithing Medical Centre, Inverkeithing

[redacted]

Chief Executive [redacted]
Queen Margaret Hospital is part of The Operational Division of NHS Fife

MS1209

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

DEPARTMENT OF DERMATOLOGY
Consultants: Dr S Allan, Dr S Russell, Dr S A Holme

Mr Leon Gratton
[redacted]

Date Typed 05 December 2007
Date Dictated 05 December 2007
Our Ref YM/MH/D 659366
Chi No [redacted]

Dear Mr Gratton

As you did not attend your recent dermatology out-patient appointment, you have been removed from the waiting list and discharged back to the care of your general practitioner, who has been informed of this.

Yours sincerely

[redacted]

Hospital Practitioner - Dr Holme

cc. Dr Garmany, Inverkeithing Medical Centre, Inverkeithing

[redacted]

Chief Executive [redacted]
Queen Margaret Hospital is part of The Operational Division of NHS Fife

MS1260

THIRD PARTY COPY

Scanned Document
10-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf derm 1.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Adamson Hospital
Bank Street
Cupar
Fife
KY15 4JG

Department of Dermatology
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 200274568

Dictated: 26 November 2025

Dear Dr MacLaren

Clinic Date: 26/11/2025

Date: 15 December 2025

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Consultant:
Dr Khalid

Diagnosis:
Atopic dermatitis

Plan:
Increase the dose of Methotrexate to 15mg once a week.
Continue Folic Acid 5mg once daily except on the day of Methotrexate.
Continue Betnovate ointment on active rash once daily for 2-4 weeks and then slowly wean down.
QV wash as soap substitute.
Hydromol ointment as emollient.
Will need bloods twice-weekly for 4-weeks and then back to once monthly.

Follow-up:
Review in 3-4 months.

I saw Leon in the Clinic today. He was accompanied by a support worker. He reported that his skin was getting better with Methotrexate except for his feet and therefore he was given a face to face appointment today. Six-weeks ago he ended up in hospital because of pneumonia when he had his Methotrexate withheld for a few weeks. He has now restarted it back. He reported that because they had stopped his Methotrexate his eczema had flared up. At the moment he is using Betnovate ointment. He reports that Dermol 500 makes his skin more irritated therefore I asked him to stop it and would prescribe him QV wash. Because he is a big man, therefore I have increased his dose of Methotrexate to 15mg rather than 10mg once a week. I would be grateful if you could increase the dose. I have done this via e-prescription as well. He will need frequent bloods for 4-weeks and then can go back to once a month or less frequent blood tests.

I am planning to see him back in 4-months time.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Thank you.

Yours sincerely

Dr M Schrawat
Specialist Registrar in Dermatology

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic		CHI	[redacted]
Hospital	Ninewells Hospital	Surname	GRATTON
Clinician	Manu Sehrawat	First Name	LEON
Specialty	DERMATOLOGY	Address	[redacted]
Date	26/11/2025		
		GP/Address	Bank Street Medical Group The Health Centre Bank Street Cupar KY15 4JN

Dear Doctor,

Provisional/Diagnosis is: Atopic eczema

Comment/Recommendations: Many thansk. Please clould you increase the dose of methotrexte to 15 mg once a week and get his bloods done gain twice weekly for 4 weeks and then every month as per protocol.

Follow up by clinic required: No

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	Methotrexate	15mg	once a week	Eczema	continue
2.	Qv wash	T	Od	Body wash	coninue
3.	hydromol oint	T	BD	emollinet	Continue

Is any Medication to be discontinued: No

[redacted]

Page 1 of 1

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Adamson Hospital
Bank Street
Cupar
Fife
KY15 4JG

Department of Dermatology
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

[redacted]

Dear Dr MacLaren Clinic Date: 22/10/2025 Date: 31 October 2025

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Consultant:
Dr Khalid

Diagnosis:
Atopic eczema

Plan:
1. To continue Methotrexate 10mg once a week.
2. Continue Folic Acid 5mg 6-days a week and omit on day of Methotrexate.
3. Continue regular and liberal use of emollient.
4. Dermol 500 as soap substitute.
5. Continue Betnovate ointment on active areas fo 2-4 weeks and then slowly wean down.
6. Follow-up face to face appointment next available. Appointment booked 26/11/2025.

I spoke with Leon on the telephone as he received a telephone appointment this time as well.

He reports that his eczema is getting better but his feet are still sore. He is still using Betnovate which is not helping much. He reported that his hands are better. I note that he had his bloods done in October and they were all fine.

Since I have not seen him in clinic and his feet eczema is not improving, I would like to see him face to face before I consider increasing his does to 15mg. Increasing dose to 15mg will be the next plan but I would like to see his feet before I increase it. The rest of the plan will stay as above.

Yours sincerely

Dr M Sehrawat
Specialist Registrar in Dermatology

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 200065197

Dear Dr MacLaren Clinic Date: 25/07/2025 Date: 11 August 2025

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Consultant:
Dr Khalid

Diagnosis:
Atopic eczema

Plan:
Continue 10mg oral Methotrexate once a week
Continue with Folic acid 5mg six days and week and omit on day of Methotrexate
Continue regular and liberal use of an emollient
Dermol as a soap substitute
Betnovate ointment on active areas once daily for 2-4 weeks and then slowly wean down

Follow up:
3 months face to face preferably Cupar otherwise in St Andrews

I spoke with Leon on the telephone today. He reports that there was no flare up noticed since we spoke with his last in February. He reports that his eczema is slowly clearing up. He only has a few active lesions on his hands and feet on which he is only using emollients. I have advised him to start using Betnovate. He reported that he ran out of his prescription and therefore he will contact yourselves to get more. He will use it once daily for 2-4 weeks or until they clear and then slowly wean down. He will continue with emollients and soap substitute.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

I checked his bloods which were done in July and they were fine. I will now book him a face to face appointment as it has been a while since we saw him face to face preferably in Cupar and if not possible then in St Andrews.

Thank you.

Yours sincerely

Dr M Schrawat
Specialist Registrar in Dermatology

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]
Our Ref: SM/SG

Letter ID: 5863178

Dear Dr MacLaren Clinic Date: 25/02/2025 Date: 18/03/2025

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Atopic eczema

Management:
Continue 10mg oral Methotrexate (Tuesdays)
Continue folic acid 5mg on non-methotrexate days
Continue regular and liberal use of emollient (Epaderm and Aveeno)
Dermol as soap substitute
Betnovate ointment for flares

Follow up:
3 months via telephone – sooner if any concerns

It was a pleasure to review Leon on the phone today. He reports a flare in his eczema last week which is gradually improving. This is particularly affecting his arms which became significantly red and itchy. He denies any increased heat in the skin or weeping/crusting. He is systemically well in himself. He is currently using Epaderm 3 times a day and Aveeno once daily, as well as Dermol soap substitute for the shower. He has not used any topical steroids for over a year.

I have suggested the above plan and encouraged Leon to contact us if things are not settling or he has any concerns. At which it would be preferable to see him in person to review his skin and he has requested that this be at Cupar given difficulties getting to St Andrews. I have advised him to use Betnovate ointment for flares once daily for 1-2 weeks, alternate days for 1-2 weeks and then reducing to twice weekly for 1-2 weeks before stopping. He can use this in the future for flares if required.

Kind regards.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Yours sincerely

Dr Siobhan McGaw
GPST1 in Dermatology
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic		CHI	[redacted]
Hospital	st andrews	Surname	GRATTON
Clinician	Siobhan McGaw	First Name	LEON
Specialty	DERMATOLOGY	Address	[redacted]
Date	25/02/2025		
		GP/Address	Bank Street Medical Group The Health Centre Bank Street Cupar KY15 4JN

Dear Doctor,

Provisional/Diagnosis is: atopic eczema. betnovate 0.1% ointment OD for 1-2 weeks for body flares, then reduce to alternate days for 1-2 weeks, then twice weekly for 1-2 weeks before stopping.

Comment/Recommendations:

Follow up by clinic required: No

Specific Monitoring Required: No
The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.	betnovate 0.1% ointment	1 app	OD	eczema	as above

Is any Medication to be discontinued: No

[redacted]

Page 1 of 1

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology

[redacted]

NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref: AMM/LR

Letter ID: 5669296

Date Dictated: 17/09/2024

Dear Dr MacLaren

Clinic Date: 17/09/2024

Date Typed: 24/10/2024

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis: Atopic dermatitis

Management:
Continue 10 mg oral Methotrexate on a Tuesday
Continue Folic Acid 5 mg 6 times weekly
Emollient of choice – Aveeno or Oilatum
For topical steroids if flares

Follow Up: 3 months telephone

I had a telephone consultation with Leon today. He is doing much better and says he has been regularly getting his Methotrexate and his skin is looking great and people have been commenting on how good it is looking. He sounded really positive on the phone and I have suggested he continue with the 10 mg and encouraged him that he does need to take the Folic Acid as this is important for when on Methotrexate, and he now understands this as he had been taking it more sporadically he admits. I will make another appointment with him with either myself or a specialist Nurse in 3 months' time.

Kind regards

Yours sincerely

Dr Alexandra McMullan
Consultant Dermatologist

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]
Our Ref: AM/SG

Letter ID: 5513189

Dear Dr MacLaren Clinic Date: 14/05/2024 Date: 15/05/2024

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Atopic eczema

Management:
Continue Methotrexate 10mg weekly
Aveeno as an emollient
Betnovate 1% when needed

Follow up:
Telephone 3 months

I had a further telephone consultation with Leon today. He tells me that he is still not regularly getting his Methotrexate but the prescription on clinical portal from Primary Care looks to being done regularly and I spoke to his local Pharmacy Rolands in Cupar and they said the last dispensing they did for his Methotrexate was at the end of March so I am not sure what is going wrong but I will ask for this to be looked into via Community Pharmacy. He is managing with creams but he himself is worried that his skin will break down again and he seems to have his Methotrexate for a few weeks and then doesn't for another few weeks. I know he is on a compliance aid for when he was on other medications and he reports that the Methotrexate is usually stapled in a separate box to the compliance aid and he takes it on a Tuesday and he gets his compliance aid weekly so whether this is just not always happening is unclear. Hopefully we can sort this out and do contact me if there is anything I can do from my end.

Kind regards,

Yours sincerely

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dr Alexandra McMullan
Consultant Dermatologist
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Tayside Communication to GP

Ward/Clinic		CHI	[redacted]
Hospital	Ninewells Hospital	Surname	GRATTON
Clinician	Alexandra McMullan	First Name	LEON
Specialty	DERMATOLOGY	Address	[redacted]
Date	14/05/2024		
		GP/Address	Bank Street Medical Group The Health Centre Bank Street Cupar KY15 4JN

Dear Doctor,

Provisional/Diagnosis is: atopic eczema

Comment/Recommendations: Patient not seeming to receive his methotrexate regulalry from pharmacy. I spoke to Rowlands in cupar and they say the last prescirpiton was the end of march but there appears to have been a prescription on ECS which I can see from primary care from the 1st May. Im not sure what has happened but I would appreciate if this could be looked into to see whether the prescriptions are not being received by Rowlands as intended. Thanks

Follow up by clinic required: No

Specific Monitoring Required: No

The following treatment is recommended:

	Medication	Dose	Frequency	Indication	Duration
1.					

Is any Medication to be discontinued: No

[redacted]

Page 1 of 1

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 5395497

Dear Dr MacLaren Clinic Date: 06/02/2024 Date: 07/02/2024

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis: Atopic eczema

Other diagnoses: Schizophrenia and depression, anxiety disorder

Management: Continue 10mg Methotrexate once weekly and Folic Acid 6-days a week
Betnovate as needed for topical flare-ups
Emollients
Soap substitute

Follow-up: 3-months telephone clinic

I had a telephone appointment with Leon today. I have not met him before but he is well known to Dr Forester. Unfortunately Leon told me that his skin has significantly flared and when I asked why he said that his Methotrexate had been stopped a few weeks ago. On further questioning and on looking on his prescription it looks like the prescriptions are actually still going but he has not had them delivered so I wonder if there is a problem at the Pharmacy end so I have urged Leon to call his local Pharmacy to find out if there is a problem with this being delivered as it is important that he does restart this as this will be why his skin is flaring significantly. He is happy to do this and has just been managing with topicals but says that it is getting worse. As he is only on 10mg weekly it would be find to restart this again at this dose and he has been having regular blood tests which have been fine.

I will arrange to have a further telephone appointment with him in another 3-months time but please to contact me if there are any problems in the meantime.

Kind regards,

Yours sincerely

Dr Alexandra McMullan
Consultant Dermatologist

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]
Our Ref: JF/LN

Letter ID: 5055820

Dear Dr MacLaren Clinic Date: 25/04/2023 Date: 23/05/2023

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis: Atopic dermatitis

Leon attended with a massive flare up of his atopic dermatitis. Clearly the mini dose of only 2.5mg once weekly Methotrexate had not been able to control his skin. Had no adverse affects and his bloods were fine therefore I have now increased the dose to the standard starting dose of 10mg once a week, he takes this on a Tuesday.

Because this is going to take at least 3-4 weeks and his flare is really severe I have also given him a treatment recommendation for Betnovate cream to be applied twice daily which hopefully within the next week to ten days will give him some relief. I have arranged a telephone review to see how he is getting on in about 6 weeks time.

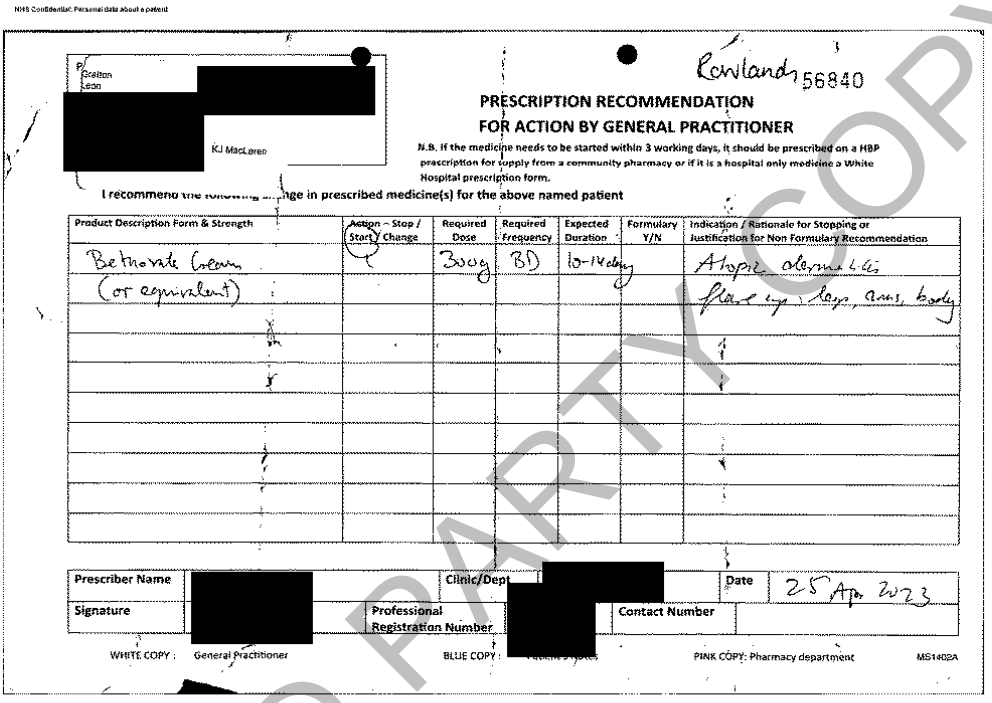
With kind regards

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Rowland 56840

PRESCRIPTION RECOMMENDATION
FOR ACTION BY GENERAL PRACTITIONER

N.B. If the medicine needs to be started within 3 working days, it should be prescribed on a HBP prescription for supply from a community pharmacy or if it is a hospital only medicine a White Hospital prescription form.

I recommend the following change in prescribed medicine(s) for the above named patient

Product Description Form & Strength	Action – Stop / Start / Change	Required Dose	Required Frequency	Expected Duration	Formulary Y/N	Indication / Rationale for Stopping or Justification for Non Formulary Recommendation
Betnovate (cream		3oog	BD	10-14 day		Atopic eczema L4
(or equivalent)						flare up: legs, arms, body

Prescriber Name		Clinic/Dept		Date	25 Apr 2023
Signature		Professional Registration Number		Contact Number	

WHITE COPY : General Practitioner BLUE COPY : PINK COPY: Pharmacy department MS1402A

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Letter ID: 4962748

Dear Dr MacLaren Clinic Date: 07/02/2023 Date: 22/02/2023

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

I caught up with Leon on the landline because he has not yet updated his mobile phone which has not changed to the NHS system. Leon advises that skin is clear. He takes only 1 2.5 mg of Methotrexate per week on Tuesdays. He has no adverse effects. Bloods were fine. Given his long term stable course, lack of adverse effects and the very small dose, it is warranted to now move to once yearly review. He knows to be in touch in the hopefully unlikely event that his skin changes and he requires an adjustment of treatment.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]
NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]
Our Ref: JF/SG

Letter ID: 4739390

Dear Dr MacLaren Clinic Date: 02/08/2022 Date: 03/08/2022

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Atopic dermatitis

Leon was reviewed by telephone. He advises that his skin is keeping up quite well with Methotrexate. He evidently has not been taking folic acid on the other days (he takes Methotrexate on a Tuesday) but he is not having any nausea and so that is fine because folic acid primarily is given to avoid the side effect of nausea. Dosing with Methotrexate should continue as is and I have arranged for review in 6 months time.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Leon Gratton
[redacted]

[redacted]

Our Ref: JF/SG

[redacted]

Dear Leon

Clinic Date: 24/05/2022

Date: 25/05/2022

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

I was sorry that I was unable to be in touch by telephone today. I think we had a scheduled telephone call. I hope that your skin has been holding up with the Methotrexate medicine. I have seen your blood tests which look overall fine but we will require for your blood tests to be repeated in about 4-8 weeks to make sure the medicine is not doing any harm to your liver. I am copying in your GP so that they can arrange for you to have the updated blood tests. Other than that I will arrange for you to receive another appointment in 8-12 weeks so we can catch up by telephone.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology
[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]
NHS Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]
Our Ref: JF/SG

Letter ID: 4444699

Dear Dr MacLaren Clinic Date: 16/11/2021 Date: 08/12/2021

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Eczema

I was pleased to see that Leon gets on very well with Methotrexate. Even his legs look much better. Overall his skin is quite dry, especially concerning his hands, to do with frequent washing and also with application with Dermol which he does to disinfect. Now I understand put added stress onto the integrity of his skin barrier. I advised to apply Aveeno cream right after to alleviate that.

I see his anaemia has also normalised back into the normal range which is great news.

I advised that regarding Methotrexate there is no reason whatsoever for him not to undergo COVID vaccination. There have been absolutely no reports that Methotrexate poses any risk for COVID vaccination. I did point out however that patients with eczema may very well experience a flare up that can last several weeks after the COVID vaccination. If that is the case then increasing steroid exposure should be used to mitigate that. I have arranged a review by telephone in 3 months time.

Kind regards.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]
Our Ref: JF/SG

Letter ID: 4444699

Dear Dr MacLaren Clinic Date: 16/11/2021 Date: 08/12/2021

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Eczema

I was pleased to see that Leon gets on very well with Methotrexate. Even his legs look much better. Overall his skin is quite dry, especially concerning his hands, to do with frequent washing and also with application with Dermol which he does to disinfect. Now I understand put added stress onto the integrity of his skin barrier. I advised to apply Aveeno cream right after to alleviate that.

I see his anaemia has also normalised back into the normal range which is great news.

I advised that regarding Methotrexate there is no reason whatsoever for him not to undergo COVID vaccination. There have been absolutely no reports that Methotrexate poses any risk for COVID vaccination. I did point out however that patients with eczema may very well experience a flare up that can last several weeks after the COVID vaccination. If that is the case then increasing steroid exposure should be used to mitigate that. I have arranged a review by telephone in 3 months time.

Kind regards.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref: JF/SG

Letter ID: 4333115

Dear Dr MacLaren

Clinic Date: 17/08/2021

Date: 18/08/2021

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Atopic dermatitis

I spoke to Leon over the phone and he confirms that his skin continues to be much less inflamed than before he started Methotrexate and that he is also much less bothered by itch. His liver function is fine. His latest blood test from July show once more anaemia. Unfortunately the blood test taken today has been unavailable. He was keen for a review in person at the next appointment especially to have a look at his legs. Initially he said "I need somebody to look at my legs". However when I offered a soon appointment he said that it was nothing urgent and that the legs were not red. I came away confused as to exactly what was going on but felt reassured that he himself was happy to be slotted in the normal 12 week cycle as a walk in patient. I have arranged. Methotrexate dosing will continue as is as will his blood tests once every 4 weeks.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Department of Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref JF/SG
ADMINISTRATIVE
LETTER

[redacted]

Dictated: 01/06/2021
Date: 03/06/2021

Dear Dr MacLaren

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Just to let you know that I saw relatively notable iron deficiency in the blood tests taken on 25th May 2021. I don't think this is to do with his Methotrexate. Also his full blood count was fine except that previously in April it had actually shown anaemia. It is probably sufficient to simply repeat and observe but I thought I would bring this to your attention.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref: JF/SG

[redacted]

Dear Dr MacLaren Clinic Date: 18/05/2021 Date: 19/05/2021

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Leon was telephone reviewed. He is delighted about the effect of Methotrexate. His skin is much better, he says "I feel like a new person". He also says that hayfever symptoms he had previously had in the springtime appear to be less than previously.

A slight cause of concern is that I saw signs of a bacterial infection on his latest blood test available that was sampled on 27th April. He says he did feel a bit chesty at the time and says he feels better now but clearly this needs to be monitored 4 weekly as Methotrexate is to do with chest infections. I am not sure his pneumonia vaccine status has been updated but he would clearly now have a very strong indication to receive the pneumonia jag if he hasn't had that because he is now likely to stay on Methotrexate as a medication since it has been effective. Thus I would be grateful if his full blood count, LFTs, Us & Es could be continued to be checked 4 weekly and I have arranged another telephone review in 12 weeks time.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]
Our Ref: JF/SG

Letter ID: 4161617

Dear Dr MacLaren Clinic Date: 23/03/2021 Date: 26/03/2021

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Atopic dermatitis, anxiety and panic disorder

I spoke to Leon by phone and, 3 weeks into treatment with Methotrexate he advises that he has had no adverse effects. His bloods are fine. He does say that he feels the itchiness and also the skin associated pain sensation has subsided. Therefore, it may be that Methotrexate has been of benefit for him. I have therefore sent a further prescription for 12 weeks to be kept at the very same dose at 10mg once weekly plus folic acid on the other days to be then handed through to his local chemist in Cupar and for them to then deliver to his house. Review in our clinic here will be in 8 weeks time and he told me he has further tests coming up for review which is reassuring in terms of safety.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dr Kathryn Maclaren
Bank Street Medical Group
The Health Centre
Bank Street

KY15 4JN

St Andrews
Phototherapy/ Dermatology
St Andrews Community Hospital
Largo Road, St. Andrews
KY168AR

10 Mar 2021

Dear Dr Kathryn Maclaren
Ref: Leon Gratton, [redacted]
Your patient Leon Gratton attended for a course of Phototherapy for Atopic Eczema. He received 56 treatments resulting in no change, puva inappropriate and commenced on systemic. He has been given an appointment to be reviewed at the clinic in 1 month.

Yours sincerely

[redacted]

Apologies, I couldn't change letter once it was saved. Due to Leon's mental health issues PUVA treatment was not appropriate therepre he was commenced on Methotrexate.

Kind Regards

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref: JF/SG

Letter ID: 4131314

Dear Dr MacLaren

Clinic Date: 23/02/2021

Date: 24/02/2021

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Atopic dermatitis, anxiety disorder

Leon came for an inperson review to chat about treatment options given that phototherapy has not been a success despite him having spent 100s of pounds for transport due to his claustrophobia. He only manages 1 minute in the cabin before he gets a claustrophobia attack. I checked a drug interaction checker for his current medication which already requires close monitoring of his Fluoxetine, Aripiprazole and Clozapine. Adding Methotrexate does not evidently increase interactual risk as such. Given that we do not have much choice at this point I have added that in. He gets his bloods taken every 4 weeks anyway and is due blood test next week so that would be after the first dose of Methotrexate. Moving forward I will review him in 3 weeks time. We will keep a close tab on things.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

([redacted] Staff Nurse, Outpatient Department, St Andrews Community Hospital, Largo Road, KY16 8AR

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS Fife

Community Mental Health Team
North East Fife
Weston Day Hospital
West Port
Cupar
KY15 4AN

[redacted]

Our Ref: JF/SG

Letter ID: 4131315

Dear Colleagues Clinic Date: 23/02/2021 Date: 24/02/2021

Leon Gratton [redacted]

Date of Birth: 17/03/1975

I have had to start Leon on another medication for his rather severe eczema. This is Methotrexate, the drug dosing requires monitoring of full blood count, liver function and urea, electrolytes. I will need to review this when I speak to him in 3 weeks time over the phone and would hence be obliged if it could be arranged in 2 weeks from now to be placed on the system that can be viewed on the clinical portal.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

(P) [redacted] Staff Nurse, Outpatient Department, St Andrews Community Hospital, Largo Road, KY16 5SA

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

St Andrews Community Hospital
Largo Road
St Andrews
KY16 8AR

Dermatology
[redacted]

NHS
Fife

Dr KJ MacLaren
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
KY15 4JN

[redacted]

Our Ref: JF/SG

Letter ID: 4096301

Dear Dr MacLaren

Clinic Date: 19/01/2021

Date: 22/01/2021

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Diagnosis:
Atopic eczema

Leon has not had any sufficient progress from narrowband UVB and I spoke to him on the phone today. He is keen to try PUVA instead. At the very least this will only then require twice weekly treatment which should ease his problems with transport coming here. If that is not of any use we would have to look into third line systemic treatment but I would rather avoid that given that he is already taking a number of drugs every day.

Yours sincerely

Dr John Foerster
Honorary Consultant in Dermatology

[redacted]

THIRD PARTY COPY

Scanned Document
09-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf admin.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Weston Day Hospital
West Port
Cupar
KY15 4AN

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
[redacted]

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 200644042

Dear Leon

Date: 07 July 2026

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Your Community Mental Health Nurse Amanda would like to offer you an appointment for the following date:

Date: **Monday 3rd August 2026**
Time: **1pm**
Venue: **Telephone Appointment**

If you are unable to make this appointment, or you feel you no longer require to be seen by our services, please call on [redacted] so your appointment can be reallocated.

Yours sincerely

Community Mental Health Service

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted]

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Leon James Gratton
Date of Birth:	17/03/1975
Previous Names (if any):	
Current Address:	[redacted]
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	SToK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	[redacted]
Telephone Number	

1. STATUS AND CONSTRUCTION

1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:

- **1.1.1.** UK GDPR
- **1.1.2.** Data Protection Act 2018
- **1.1.3.** Common law confidentiality
- **1.1.4.** Any related statutory, regulatory or supervisory framework

1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.

1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

2. APPOINTMENT

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at http://www.sra.org.uk/solicitors/handbook/welcome.page
SRA Number: 8000579

THIRD PARTY COPY

2.1. The Client appoints the Representative to act fully on their behalf in connection with:
- **2.1.1.** An application to Redress Scotland;
- **2.1.2.** Any review, reconsideration or appeal;
- **2.1.3.** Evidence gathering and submission;
- **2.1.4.** Any associated advisory, compensatory or restorative process.

2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

3.1. This Authority applies to all public and private bodies including (without limitation):
- **3.1.1.** Local Authorities and Councils
- **3.1.2.** NHS Boards and GP Practices
- **3.1.3.** Health & Social Care Partnerships
- **3.1.4.** Integration Joint Boards
- **3.1.5.** Religious bodies and orders
- **3.1.6.** Residential and foster care providers
- **3.1.7.** Education authorities and schools
- **3.1.8.** Government departments
- **3.1.9.** Archive services
- **3.1.10.** Insurers holding historical liability files
- **3.1.11.** Successor, merged or restructured public bodies

3.2. The Authority applies whether Records are:
- **3.2.1.** Archived, microfiche, digitised or handwritten;
- **3.2.2.** Stored off-site by contractors;
- **3.2.3.** Held by dissolved or reconstituted institutions;
- **3.2.4.** Transferred following statutory reorganisation.

3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:
- **3.3.1.** The institution has closed or restructured;
- **3.3.2.** Records are archived or require manual retrieval;
- **3.3.3.** Records are held by insurers or successor bodies;
- **3.3.4.** Retrieval involves time or administrative burden.

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:
- **4.1.1.** Physical and mental health records
- **4.1.2.** Psychiatric and psychological reports
- **4.1.3.** Therapy and counselling notes
- **4.1.4.** CAMHS records
- **4.1.5.** Social work and safeguarding files
- **4.1.6.** Ethnicity or religious data where recorded

This includes all NHS and private medical providers.

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at http://www.sra.org.uk/solicitors/handbook/welcome.page
SRA Number: 8000579

THIRD PARTY COPY

This explicit consent may be withdrawn at any time by written notice.

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

- **5.1.1.** Criminal offence data
- **5.1.2.** Police investigation material
- **5.1.3.** Child protection investigations
- **5.1.4.** Statements and intelligence logs
- **5.1.5.** Outcome decisions

including records held by:

- **5.1.6.** Police Scotland
- **5.1.7.** Any predecessor Scottish police force
- **5.1.8.** Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

- **6.1.** The existence of third-party data shall not justify refusal to disclose the Client's personal data.
- **6.2.** Where necessary, redaction shall be limited strictly to third-party information.
- **6.3.** Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

7.1. Any refusal, limitation or redaction must:

- **7.1.1.** Identify the specific statutory exemption relied upon;
- **7.1.2.** Explain how that exemption applies to the particular Record;
- **7.1.3.** Confirm why partial disclosure is not possible;
- **7.1.4.** Be communicated in writing.

7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.

7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.

8.2. Disclosure shall not be refused because:

- **8.2.1.** An internal template form has not been used;
- **8.2.2.** The Authority is considered "out of date" within internal policy;
- **8.2.3.** Additional consent is sought beyond reasonable identity verification.

8.3. Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at http://www.sra.org.uk/solicitors/handbook/welcome.page
SRA Number: 8000579

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	[redacted]
Date	05/06/2026

Witness	
Name	[redacted]
Address	STOK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	[redacted]
Date	05/06/2026

THIRD PARTY COPY

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at http://www.sra.org.uk/solicitors/handbook/welcome.page
SRA Number: 8000579

NHS Confidential: Personal data about a patient

Completion Certificate

[redacted]

Document Details

Document Name(s): loa
Total Pages: 4
Sent By: [redacted]
Completed Date:

Signer Information

Name: Miss Leon James Gratton
Email: [redacted]
Telephone:
IP Address: [redacted]

Audit Trail

Action	Timestamp	IP Address
Created	2026-06-05 15:14:17	[redacted]
Document link sent to client by sms	2026-06-05 15:14:18	
Document link sent to client by email	2026-06-05 15:14:18	
Document link opened by client	2026-06-11 17:45:59	
Document electronically signed	2026-06-11 17:46:14	

Security Verification

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Mental Health Community
Rehabilitation Team
Queen Margaret Hospital
Whitefield Road
Dunfermline
KY12 0SU

[redacted]

Letter ID: 200575354

Dear Mental Health Community Rehabilitation Team

Clinic Date: 27/05/2026

Date: 27 May 2026

Leon Gratton [redacted]
Date of Birth: 17/03/1975

We would be grateful if you could please consider Mr Gratton's suitability for input from your team. I believe that discussions have already taken place with his CMHN [redacted] and members of the nursing staff in your team, and I was informed that referral had been encouraged.

Referral to the CRT has been discussed with Mr Gratton, and he is in agreement with the referral being made.

Diagnosis:
1. Schizophrenia
2. Anxiety disorder (Chronic Agoraphobia and Panic disorder)
- currently Moderate - Chronic Avoidance behaviour continues to be regularly used so going out in public/alone remains limited
3. Severe Eczema - under the care of Dermatology **-** receiving **Methotrexate** for treatment of this.
4. Diabetes Mellitus Type II
5. Benign Tachycardia - Cardiology have suggested is likely secondary to use of Clozapine
6. Asthma - in August 2025 required inpatient treatment of **sepsis secondary to Pneumonia**

Medication: Clozapine 300mg nocte, Fluoxetine 60mg od, Folic Acid 5mg od, Inhalers, Simvastatin, Aripiprazole 20mg od, Metformin, Omeprazole, Dermol cream and Methotrexate

Current Legal status: informal

Details of relevant professionals involved:
- Dr Chris Olley (Specialty Dr in Psychiatry) - sees annually at clinic and 6 monthly at CPA meetings
- Amanda White (CMHN)
- GP - Bank Street Medical Practice

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

- Dermatology team (Ninewells Hospital - normally seen at clinic in St Andrews)
- Richmond Fellowship carers visit 7 days per week for 1 hour per day
- Social Worker - not an allocated SW, however has duty cover - Michael Ireland recently representing SW at CPA meetings

History of illness: Mr Gratton has had input from NE Fife General Adult CMHT for several years. I have seen him as an outpatient since I started my post in 2014. He has not required any inpatient treatment since then. He has had a CMHN and has been managed using a CPA approach during this time. We currently meet every 6 months to review his progress and care.

In the past he has worked with an Occupational therapist, with limited success in behavioural activation/graded exposure. CMHN's over the years have also tried to help him with this and several years ago I believe that he may of tried working with Psychology. A Befriender from Link Living had been useful for him previously however unfortunately this came to an end last year. He has also previously attended Stratheden hospital Gym/Physiotherapist in the past.

Mr Gratton started having input from Psychiatry services in Edinburgh in his teenage years - at 14 following a behavioural disturbance and then at 16 once he had started taking illicit drugs. His notes report that he was sexually abused at age 12 and emotionally abused during his childhood. He had a first admission to the Royal Edinburgh hospital at age 18 with a suspected acute psychotic episode post LSD use. He was first started on antipsychotic medication then. After moving to Lanarkshire he continued to be seen by Psychiatry due to psychotic symptoms and in 2001 the West Fife CMHT took over his Psychiatry care after he moved to Inverkeithing. There was initial uncertainty regarding his diagnosis. In 2002, his initial diagnosis from Dr Paul Cavanagh was Borderline Personality Disorder with brief psychotic episodes. Later that year he was diagnosed with Schizophrenia by Dr Cavanagh. NE Fife CMHT took over his Psychiatry care after he moved to Springfield near Cupar in approximately 2013.

Mr Gratton has been treated with several antipsychotic/combinations of psychotropic medications previously and has taken Clozapine since at least 2014, with oral and IM depot antipsychotic medication previously tried.

I will forward you his Medication review that was undertaken by Hospital Pharmacy at Stratheden hospital several years ago - there is more detail regarding his past psychiatric history in his 9 volumes of notes.

Latest Risk assessment (25/6/25) - please see document on MORSE/clinical portal

Any Drug/Alcohol issues: nil illicit drugs for many years - he is a non-smoker and non-drinker of alcohol

Current symptoms and concerns:
Mr Gratton's mental state has generally been stable for several years. Despite treatment with a combination of psychotropic medications, residual psychotic symptoms remain and his functional level has not changed significantly despite input from the CMHT. He currently describes occasionally hearing voices at nighttime mainly when he is trying to get to sleep. These are not normally impairing for him during daytime.

Negative symptoms of Schizophrenia however are more prominent problems for him. He continues to have significant difficulties with motivation to undertake regular structured activity and looking after himself and his property sufficiently. He also requires support with his finances, as otherwise he would likely not budget effectively and over spend.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Anxiety is prominent, especially outside his home and has been for many years. He tends to rarely go out in public alone and dislikes using public transport. Taxis have mainly been used previously if needing to attend appointments. On occasion, he does go with carers or a Befriender (when had in previous years) to listen to music at a local pub or go fishing. He enjoys playing his guitar and writing his novels at home.

Physical health problems have also detrimentally impacted on his life during his adult years - obesity, severe eczema and more recently Type 2 Diabetes have I suspect, contributed to his lower self-confidence and self-esteem and his ability to engage in activity. Poly pharmacy is present for treatment of his mental and physical illness. He normally takes medication regularly and non adherence to treatment has not been an issue for him.

Aims of referral to rehab:

- We would hope that the more intensive and increased resources from CRT could help to improve Mr Gratton's day to day functioning and motivation to undertake activity. His lifestyle is rather limited and hopefully CRT could help him to add structure to his daily life, which in turn could help him to manage his anxiety and psychotic symptoms more effectively.
- Review of medication may help also with the improvement of management of his psychotic disorder.

Thank you for considering this referral and taking over Mr Gratton's Psychiatry care and treatment.

Yours sincerely

Dr Christopher Olley
Specialty Doctor in Psychiatry

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Scotland's **Redress Scheme**

Leon Gratton
[redacted]

12th February 2026

Dear Leon,

I am writing to confirm that we have received your application for Scotland's Redress Scheme. Your application reference number is : APP446926

Your application will be assigned to a designated case worker who will be responsible for working on your application and will be a point of contact throughout the process.

Please note that due to the high volumes of redress applications received, the time taken to have applications assigned to a case worker is taking longer than we would like. Whilst we cannot provide a timescale for how long it may take to have your application assigned to a case worker, it may be helpful to be aware that we are currently assigning applications that were received in March 2025.

We would like to reassure you that we are working hard to ensure your application will be assigned at the earliest opportunity. You can continue to provide further information to the scheme in order to progress your application. You can also contact the team if you wish to discuss your application. They are here to help and answer any questions you may have.

We have reviewed the documents provided to date, and provide a summary of the further information required below.

In summary:

- Certified ID – information sheet included
- Care records – information sheet included
- Supporting documentation
- Bank statement

Support service

We have a support service who can provide practical support with the application, emotional support through the process and support to access records. If you would

Scottish Government
Riaghaltas na h-Alba
gov.scot

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

like to access support from our support service, please contact us on the details below.

Further Information

We are enclosing a copy of the Summary of Options guidance, and a flow chart providing information about the application process, which we send to all applicants.

We provide some further information about the documentation required to progress your application below:

Bank Statement

You have not provided your bank details. In order to ensure any payment is only received by applicants we will require a bank statement to confirm your account. We do not need to see any transactions, simply your name, address, sort code and account number. If you have any questions regarding this please do not hesitate to contact me.

Certified ID

This information is needed to confirm who you are.
You must do this by providing a certified copy of your identification documents.

I have enclosed/attached an information sheet regarding the types of identification required by the scheme and how to get them certified.

Care Records

For individually assessed payment applications, you need to provide one document to show you were in the care of each relevant care setting you mention in your application.
Please see page 22 of the "Help to Apply" guidance.

I enclose information sheet regarding the different ways to access care records.

Supporting Documents

For individually assessed payment applications, you need to provide at least one document that supports your statement of abuse.
You can read more about documents you can use on page 33 of the "Help to Apply" guidance.

Further help and support

If you have any questions about the contents of this letter, require additional copies of application forms, or require any further support concerning your application, please don't hesitate to get in contact with us.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Solicitor's fees

You can choose to involve a solicitor to support you with your application to Scotland's Redress Scheme. You do not need to involve a solicitor to make an application. You can contact us directly using the details below.

Scotland's Redress Scheme can pay fixed fees directly to your solicitor. This is available to all applicants and is not means tested. You should check that your solicitor will work for the fees available. They should request payment directly from Scotland's Redress Scheme.

You or your solicitor can find out more information on available fees by contacting us using the details below, or by reading the statutory guidance on gov.scot/redress.

Even though the fees are paid by Scotland's Redress Scheme, your solicitor is independent. They will work for you and not for Scotland's Redress Scheme.

[redacted]

Lines are open Monday to Thursday from 10am to 4pm, excluding Scottish public holidays. There is an answering machine at other times, and if you leave a message we will get back to you as soon as we can.

[redacted]

Kind regards

Scotland's Redress Scheme

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Weston Day Hospital
West Port
Cupar
KY15 4AN

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
[redacted]

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 200356700

Dear Leon

Date: 20 January 2026

Leon Gratton [redacted]

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by Community Mental Health Nurse Amanda White. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 5th February 2026
10am
Seminar Room
Weston House, Cupar

Yours sincerely

Community Mental Health Service
[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

(P) CMHN [redacted] NEF CMHT, Weston House, Westport, Cupar, KY15 4AN

(P) Dr Chris Olley, Speciality Doctor in Psychiatry, Medical Offices, Stratheden Hospital, Cupar, KY15 5RR

[redacted]

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Weston Day Hospital
West Port
Cupar
KY15 4AN

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
[redacted]

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 200319296

Dear Leon Gratton

Date: 22 December 2025

Leon Gratton [redacted]

Date of Birth: 17/03/1975

Amanda would like to offer you an appointment for the following date:

Date: **Monday 2nd February 2026**
Time: **1:30pm**
Venue: **your home address**

If you are unable to make this appointment, or you feel you no longer require to be seen by our services, please call on 01334 652163 so your appointment can be reallocated.

Yours sincerely

Community Mental Health Service

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership. www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Stratheden Hospital
Springfield
Cupar
KY15 5RR

NHS Fife Community Service
Mental Health Service
[redacted]

Fife Health & Social Care Partnership

Leon Gratton
[redacted]

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 200075714

Dear Leon Gratton

Date: 01 August 2025

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

A Care Programme Approach Meeting to review your current package has been arranged by Community Mental Health Nurse [redacted] The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 28th August 2025
at 10am
Seminar Room, Weston House

Yours sincerely

Community Mental Health Service

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

[redacted]

(P) Dr Christopher Olley, Speciality Doctor in Psychiatry, Medical Offices, Stratheden Hospital, Cupar, KY15 5RR

(P) CMHN [redacted] NEF CMHT, Weston House, Westport, Cupar, KY15 4AN

[redacted]

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Cupar, KY15 5YQ

(P) Social Work Department, County Buildings, St Catherine Street, Cupar, Fife, KY15 4LS

(P) CMHN Cameron Brougham, Weston House, Westport, Cupar, Fife, KY15 5AN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife MHOT Short Intervention Discharge Letter

Fife Health & Social Care Partnership
Supporting the people of Fife together

Stratheden Hospital
Occupational Therapy
Mental Health Service
Ceres Centre
Cupar
KY15 5RR

[redacted] CMHN
Weston House
West Port
Cupar
Fife
KY15 4AN

[redacted]

Dear Amanda White, CMHN

Date 19/04/2024

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

CHI 1703751191

Thank you for the referral of the above patient. We write to inform you that we are now discharging Leon from the Mental Health Occupational Therapy Service at this time, as due to various factors Leon is unable to progress towards his goal of using public transport to access his local community.

Summary of Occupational Therapy Input: After initial assessment it was agreed that Leon would undergo anxiety management along with graded exposure with the Occupational Therapy Assistant Practitioner (OTAP). Leon received 20 sessions with the OTAP which included work with the CCI Panic modules, utilising several different distress tolerance and mindfulness skills along with graded work to support Leon outside. Whilst Leon has enjoyed and practices some of the skills when prompted by his daily Richmond worker, Leon has not been able to progress beyond 5 minutes outside his home whilst walking or standing. Leon also refuses to walk with his support workers in between OT sessions, despite saying that this is what he wants and plans to do.
It was observed that Leon does not appear comfortable standing, this includes finding ways to sit or lean when carrying out household tasks. This, along with poor self-management of the eczema on his feet will undoubtedly be contributing physically to his difficulties with going outside and having to walk or stand for a prolonged period of time.
With regard to Leon's anxiety and panic with going outside, it is felt that continuing the graded work at this time would be counterproductive. As it stands, Leon will not allow himself to experience and work through his panic, resulting in the sessions promoting his avoidance as a strategy to feel better.

Leon has been encouraged to work on his ability to stand for longer periods of time by ensuring he maintains his foot health and by utilising his new pool table. Leon again stated that he wants to go for short walks with his support staff to help improve his fitness.

If Leon would like to be re-referred to Mental Health Occupational Therapy in the future, please be assured we will be open to considering this referral providing they are able to engage in Occupational Therapy assessment and any identified treatment. If you would like to discuss this further, please do not hesitate to contact me on the above telephone number.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Name	Suzanne Van Eeden
Designation	Clinical Support Worker
Date	19/04/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 1 of 2

FAO SD

SCI Store - Patient Result Report

Report ID: HA7536216

Sample Collected: 06/02/2024 09:30:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON Name Changed	[redacted]	17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(WESTONDH) Weston Day Hospital	HA7536216	Haematology	N/A

Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
Venous Blood	06/02/2024 09:30:00	06/02/2024 15:42:00	06/02/2024 15:55:36	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	9.6	4 - 10	x10-9/l	
RBC	4.74	4.5 - 5.5	x10-12/l	
HGB	146.0	130 - 170	g/l	
Hct	0.458	0.40 - 0.50	L/L	
MCV	96.6	83 - 101	fl	
MCH	30.8	27 - 32	pg	
MCHC	319.0	315 - 345	g/l	
PLT	258	150 - 410	x10-9/l	
RDW	**14.8**	**11.6 - 14.0**		**HI**
Neut	6.23	2.0 - 7.0	x10-9/l	
Lymp	2.15	1.0 - 3.0	x10-9/l	
Mono	0.60	0.2 - 1.0	x10-9/l	
Eos	**0.53**	**0.02 - 0.5**	**x10-9/l**	**HI**
Baso	0.06	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.00	0 - 0.1	x10-9/l	
BLST	Not Tested			

Set Comments

N.B. NEW UNITS AND REFERENCE INTERVALS FOR HCT FROM 18/09/23

Requestor Comments

for clozapine therapy

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	09/02/2024 22:44:29
Clinical Portal	Orion CP	Location	09/02/2024 16:55:29

[redacted] 12/02/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

SCI-DC Network SCI-Store Interface	SCI-DC	CTC, Ninewells Hospital, Dundee	06/02/2024 16:37:27

Printed By: [redacted] 12/02/2024 11:39:47

[redacted]

12/02/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

FAD
SD

SCI Store - Patient Result Report

Report ID: HA0669376 **Sample Collected:** 09/01/2024 11:00:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
LEON JAMES GRATTON [redacted] Name Changed		17/03/1975	48	MACLAREN, KATHRYN	Bank Street Medical Group	REID, D.	(WES) Weston Day Hospital

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
UNKNOWN, -	(VU) Ward/Unit not given VHK	HA0669376	Haematology	N/A
Sample Type	**Sample Collected**	**Sample Received**	**Processed Into Store**	**Status**
Venous Blood	09/01/2024 11:00:00	10/01/2024 18:14:00	10/01/2024 18:25:24	Active

Report

FBC

Description	Value	Range	Unit	Normalcy Notes
WBC	**19.9**	**4 - 10**	**x10-9/l**	**HI**
RBC	4.83	4.5 - 5.5	x10-12/l	
HGB	145.0	130 - 170	g/l	
Hct	0.465	0.40 - 0.50	L/L	
MCV	96.3	83 - 101	fl	
MCH	30.0	27 - 32	pg	
MCHC	**312.0**	**315 - 345**	**g/l**	**LO**
PLT	232	150 - 410	x10-9/l	
RDW	**15.0**	**11.6 - 14.0**		**HI**
Neut	**16.80**	**2.0 - 7.0**	**x10-9/l**	**HI**
Lymp	1.58	1.0 - 3.0	x10-9/l	
Mono	**1.12**	**0.2 - 1.0**	**x10-9/l**	**HI**
Eos	0.31	0.02 - 0.5	x10-9/l	
Baso	0.07	0.02 - 0.1	x10-9/l	
IMG	Not Tested			
NRBC	0.01	0 - 0.1	x10-9/l	
BLST	Not Tested			

Set Comments

N.B. NEW UNITS AND REFERENCE INTERVALS FOR HCT FROM 18/09/23

Requestor Comments

CLOZAPINE THERAPY

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	13/01/2024 22:46:07
SCI-DC Network SCI-	SCI-DC	CTC, Ninewells	10/01/2024 18:39:01

[redacted] 17/01/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Result Details

Page 2 of 2

Store Interface	Hospital, Dundee

Printed By: [redacted] 17/01/2024 12:37:01

[redacted] 7/01/2024

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Delete Archive Report Reply Reply all Forward Read / Unrea

(No subject)

[redacted] Fri 16/09/2022 08:52

To [redacted]
Cc

Dear Bank St Medical Practice

Leon Gratton [redacted]

This emailed letter is to pass on information regarding a patient who is registered at the practice and is also seen by Psychiatry and Dermatology.

Mr Gratton has recently had further blood tests taken at the day hospital after presenting more breathless recently and described to nurses ? symptoms of a chest infection - I am uncertain if these blood results have already been seen by the practice.

I believe that he has made an appointment at the practice but that this wasn't until 29.9.22

He is a patient who takes Clozapine for treatment of Schizophrenia.

He also takes Methotrexate for treatment of Dermatitis/Eczema and is under the care also of Dermatology.

In the past we have been asked to make you aware of blood test results, so that if necessary, you can liaise with Dermatology if there are any abnormalities regarding these whilst he is taking Methotrexate.

Abnormalities in his blood tests from 13.9.22 were:

CRP = 21.8
WBC = 15.6
Neutrophils = 10.8 whilst lymphocytes, Mono and Eos were all raised

Please consider whether his appointment at the practice needs to be brought forward or any further treatment/intervention is suggested at present.

Thank you

Dr Chris Olley
Specialty Dr in Psychiatry

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RE-WRITTEN 16/01/19.

PRESCRIPTION SHEET (USE BLOCK LETTERS) [redacted] Sheet No: 7

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	REGULAR MEDICINES	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION 0800	1200	1800	2200 (Days Only)	PRESCRIBER'S [redacted]
A	17/5/11			OMEPRAZOLE	20mg	ORAL	✓				
B	23/8/12			SIMVASTATIN	40mg	ORAL				✓	
C	6/4/16	6/4/16	[redacted]	CODEINE	30mg	ORAL	CD [redacted]			✓	
D	6/4/16			AMLODIPINE	10mg	ORAL	✓				
E	14/6/17			FOLIC ACID	5mg	ORAL	✓				
F	10/1/18			FLUOXETINE	60mg	ORAL	✓				
G	6/4/16			CALCIMAGE	300mg	ORAL				✓	
H											
I											
J											
K											
L											
M											
N											
O											
P											

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	AS REQUIRED MEDICINES	DOSE	METHOD OF ADMINISTRATION	INDICATION	MAXIMUM FREQUENCY	PRESCRIBER'S SIGNATURE
R									
S									
T									
U									
W									
X									
Y									
Z									

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	DEPOT INJECTIONS	DOSE	FREQUENCY	PRESCRIBER'S SIGNATURE	TICK IF PRESCRIBED ON THE FOLLOWING SHEET	LIST OF MEDICINES TO BE AVOIDED DUE TO PREVIOUS REACTION: MEDICINE	REFERRED DATE
1										
2								✓		
3										
4										

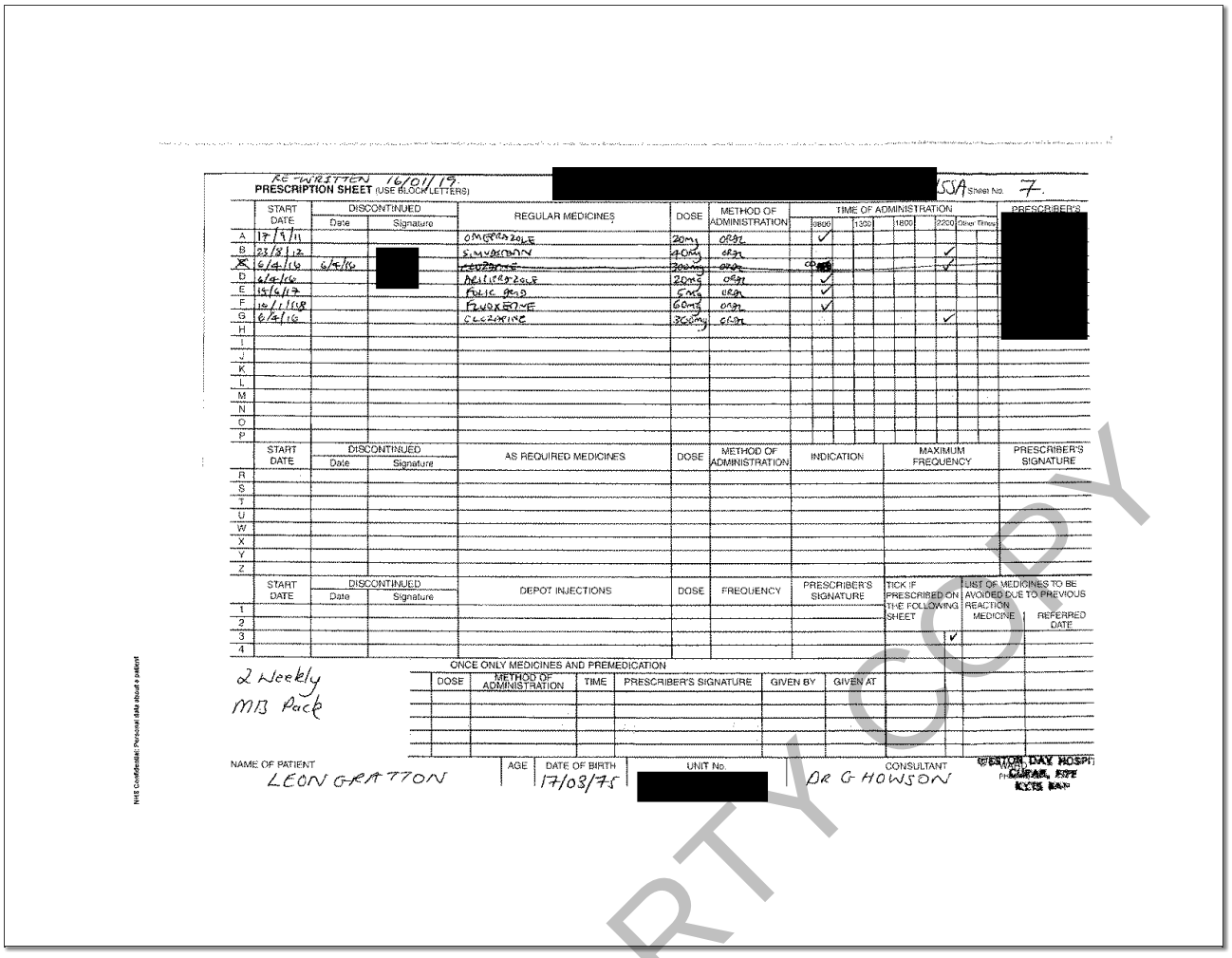
ONCE ONLY MEDICINES AND PREMEDICATION

DOSE	METHOD OF ADMINISTRATION	TIME	PRESCRIBER'S SIGNATURE	GIVEN BY	GIVEN AT

2 Weekly
MTB Pack

NAME OF PATIENT: LEON GRATTON | AGE | DATE OF BIRTH: 17/03/75 | UNIT No: [redacted] | CONSULTANT: DR G HOWSON | WESTON DAY HOSPITAL

THIRD PARTY COPY



RE-WRITTEN 16/01/19.

PRESCRIPTION SHEET (USE BLOCK LETTERS) [redacted] SSA Sheet No. 7.

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	REGULAR MEDICINES	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION 0800	1200	1800	2200	Other Times	PRESCRIBER'S
A	17/9/11			OMEPRAZOLE	20mg	ORAL	✓					[redacted]
B	23/8/12		[redacted]	SIMVASTATIN	40mg	ORAL				✓		
~~C~~	6/4/16	6/4/16		~~TEMAZEPAM~~	~~30mg~~	~~ORAL~~	~~✓~~			✓		
D	6/4/16			AMLODIPINE	10mg	ORAL	✓					
E	15/6/17			FOLIC ACID	5mg	ORAL	✓					
F	16/1/18			FLUOXETINE	60mg	ORAL	✓					
G	6/4/16			CLOZAPINE	300mg	ORAL				✓		
H												
I												
J												
K												
L												
M												
N												
O												
P												

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	AS REQUIRED MEDICINES	DOSE	METHOD OF ADMINISTRATION	INDICATION	MAXIMUM FREQUENCY	PRESCRIBER'S SIGNATURE
R									
S									
T									
U									
W									
X									
Y									
Z									

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	DEPOT INJECTIONS	DOSE	FREQUENCY	PRESCRIBER'S SIGNATURE	TICK IF PRESCRIBED ON THE FOLLOWING SHEET	LIST OF MEDICINES TO BE AVOIDED DUE TO PREVIOUS REACTION: MEDICINE	REFERRED DATE
1										
2										
3								✓		
4										

2 Weekly
MB Pack

ONCE ONLY MEDICINES AND PREMEDICATION

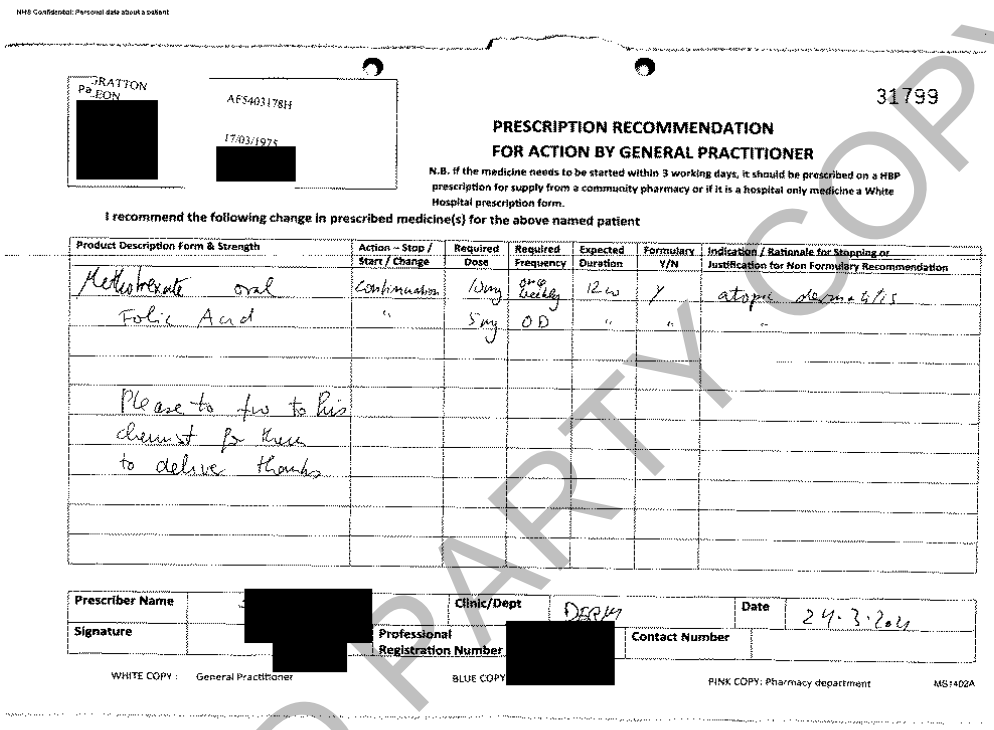
DOSE	METHOD OF ADMINISTRATION	TIME	PRESCRIBER'S SIGNATURE	GIVEN BY	GIVEN AT

NAME OF PATIENT: LEON GRATTON | AGE | DATE OF BIRTH: 17/03/75 | UNIT No. [redacted] | CONSULTANT: DR G HOWSON

WESTON DAY HOSPITAL
WARD
PHONE CLINIC SITE
KEYS NO.

NHS Confidential: Personal data about a patient

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

GRATTON
Pa[illegible]EON
[redacted]

AE540317BH

17/03/1975
[redacted]

31799

PRESCRIPTION RECOMMENDATION
FOR ACTION BY GENERAL PRACTITIONER

N.B. If the medicine needs to be started within 3 working days, it should be prescribed on a HBP prescription for supply from a community pharmacy or if it is a hospital only medicine a White Hospital prescription form.

I recommend the following change in prescribed medicine(s) for the above named patient

Product Description Form & Strength	Action – Stop / Start / Change	Required Dose	Required Frequency	Expected Duration	Formulary Y/N	Indication / Rationale for Stopping or Justification for Non Formulary Recommendation
Methotrexate oral	Continuation	10mg	one weekly	12w	Y	atopic dermatitis
Folic Acid	"	5mg	OD	"	"	"
Please to fw to his						
chemist for them						
to deliver thanks						

Prescriber Name	[redacted]	Clinic/Dept	DERM	Date	24.3.2014
Signature		Professional Registration Number	[redacted]	Contact Number	

WHITE COPY : General Practitioner BLUE COPY PINK COPY: Pharmacy department MS1402A

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Council

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name: Leon Gratton **Date:** 07/07/2020 **CHI No:** [redacted] **SW No:**

Progress report

Progress since last review	Issues arising/ Areas of concern
Weston Day Hospital Leon has attended his appointments at Weston Day Hospital with assistance for Clozapine monitoring, since last CPA. OPC appointments with Dr Olley and the music group several times since last review. Currently appointments are limited due to Covid-19. **Richmond Fellowship** Continues to work with Richmond Fellowship. **CPN Service** Engages with community mental health Service. **Befriender** Has been having telephone contact with a befriender.	➢ Leon rarely leaves his house due to anxiety –Ongoing ➢ Relies on CPN to collect his medication from Weston and take to appointments

Person completing review (signed) [redacted] Date 07/09/2020

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name: Leon Gratton **Date:** 07/07/2020 **CHI No:** [redacted] **SW No:**

Needs Identified (medical treatment; community services; other treatment or services)	**Plan of Action**	**Person Responsible**	**Proposed Outcome**	**Update**
Medical • Medical review to assess mental health and review medication	Leon to receive medical outpatient appointments at Weston Day Hospital. [redacted] wishes copy [redacted]ital review appointment sent to herself. , Leon is in agreement.	Medical staff / Leon Gratton	Annual reviews	Last appointment 27/05/2020 telephone review due to covid 19
Community mental health Service. • Issue medication as per kardex.	Supplied medication fortnightly from Weston.	Trixy Heather / Leon Gratton / Weston staff	Fortnightly contact	Relies on CPN collect medication
• Clozapine monitoring.	Leon to attend Weston four weekly for monitoring of bloods and physical healthcare checks in accordance with the guidelines for Clozapine monitoring. Richmond fellowship staff will assist Leon to attend appointments.	Trixy Heather / Leon Gratton / Weston Day Hospital / Richmond fellowship Richmond Fellowship/ Leon	Regular contact	Yearly review of Clozapine physical health check due December 2020 Increase support to appointments

CPA Care Plan v.12

Page 5 of 7

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Council

Multi-Agency Care Programme Approach Care Plan

NHS Fife

• Community Mental Health Nurse	Therapeutic sessions for ongoing monitoring and support for Leon's mental wellbeing. Assistance in attending Clozapine clinic. Looking for alternative supports for Leon to attend appointments without relying on mental health services	Ged Coughlin	Fortnightly	ongoing
Finances • 'Entrust account'	Direct debits set up for bills to be paid and remainder money for Leon to spend.	Richmond fellowship / Leon Gratton	Management of finances.	Working well
Accommodation • Tenancy Support	Richmond Fellowship provides 8 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments. Encourage and support Leon to go out for short walks, working towards using public transport	Richmond Fellowship / Leon Gratton	Support in the community.	Workers to use key from key box when unable to access house in an emergency situation

Client/Patient (signed) [redacted] Date 02/09/2020

Care Coordinator (signed) Date 07/09/2020

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name: Leon Gratton **Date:** 07/07/2020 **CHI No:** [redacted] **SW No:**

Are there any unmet service needs?
(i.e. lack of resources preventing achievement of the care plan) **No** ☐ **Yes** ☑

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Need	**What action has been taken to address the need(s)?**
Would benefit from a shower due to severe psoriasis, no funding available	
Difficulty getting to hospital appointments for psoriasis treatment	S/N Trixy Heather and S/N Ged Coughlin are looking into volunteer drivers to take Leon to Appointments with support from Richmond Fellowship staff.

Client/Patient (signed)... [redacted] Date 02/09/2020

Care Coordinator (signe... [redacted] Date 07/09/2020

CPA Care Plan v.12

Page 7 of 7

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

PRESCRIPTION RECOMMENDATION
FOR ACTION BY THE G.P.

Patient surname: GRATTON LEON AF5403178H

[redacted] 17/03/1975 [redacted]

I RECOMMEND THE FOLLOWING CHANGE IN PRESCRIPTION(S) FOR THE ABOVE NAMED:

ALTERATION OF DOSE

Name	Old Strength	Old Frequency	New Strength	New Frequency

NEW MEDICATION

Name	Is it on Fife Formulary?	Formulation	Strength	Frequency	Anticipated Duration	Reason
Protopic	Yes / No	ointment		0.03% bd	indef	dermatitis
Dipropsalic	Yes / No	"		bd	to feet	"
Fluclorazith	Yes / No	tab	500mg	qds	1/52	cellulitis

STOPPED MEDICATION

Name	Reason for stopping	Code

CODE
1. Ineffective
2. Adverse event
3. Inter-action
4. Compliance problem
5. Other (explain)

The above changes have already been implemented	YES ☐	NO ☐
The patient has been instructed to contact surgery	YES ☐	NO ☐
The GP practice is requested to implement the change without further contact	YES ☐	NO ☑

NOTES:
- If prescription is required quickly, it should be issued on a "Blue Pad"
- Illegible or ambiguous prescriptions will NOT be issued without phoning the named doctor
- Please ask patient to allow 24 hours for prescription to be issued by GP

COMMENTS

MS1402

DOCTORS NAME: [redacted]

CLINIC/DEPT: Derm OPD

SIGNATURE:

DATE: 3/9/19

BLEEP NUMBER:

WHITE COPY: General Practitioner ... Patients Notes

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RE: LEON GRATTON [redacted]

Fife Health & Social Care Partnership
Supporting the people of Fife together

With compliments: Dr Christopher Olley, Speciality Doctor in Psychiatrist

Mental Health Services
Stratheden Hospital, CUPAR, Fife, KY15 5RR

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

DEAR DR MACLAREN, (BANK ST GP)

- FOLLOWING ME WRITING TO CARDIOLOGY REQUESTING ~~[illegible]~~ ADVICE REGARDING MR LEON GRATTON'S MEDICATION I RECEIVED THIS LETTER (ATTACHED.) - AS PERSISTENT HYPERTENSION HAS BEEN FOUND TO BE PRESENT FOR SEVERAL MONTHS NOW.
- PLEASE COULD YOU ADVISE US OF WHICH ACE INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER YOU WOULD SUGGEST STARTING HIM ON FOR HYPERTENSION. (HE RECEIVES HIS MEDS FROM WESTERN DAY HOSPITAL DUE TO HIS USE OF CLOZAPINE)
- OR ALTERNATIVELY WOULD YOU SUGGEST REVIEWING HIM AT THE PRESENCE OR ORGANISING FOR HIM TO HAVE AN ABPM TO CLARIFY IF ↑ BP IS DEFINITELY PRESENT, BEFORE CONSIDERING USE OF THE ABOVE MEDICATION.

THANK YOU FOR YOUR ADVICE

[redacted]

DR CHRIS OLLEY

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Cardiology
[redacted]

NHS Fife

Dr Christopher Olley
Specialty Doctor in Psychiatry
Stratheden Hospital
Springfield
CUPAR
KY15 5RR

[redacted]

ADMINISTRATIVE LETTER

Letter ID: 3397867

Dear Dr Olley

Date: 12/06/2019

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Thank you for your enquiry about Mr Gratton.

His QT prolongation likely reflects his antipsychotic treatment and if this is required for his mental health condition I would not change this based on the ECG findings though I would take the usual precautions at dose increments and avoid concomitant therapies that could worsen this tendency.

Regarding his asymptomatic sinus tachycardia I would suggest this requires no treatment though I note obesity and deconditioning may contribute here. I would however suggest antihypertensive therapies if his blood pressure is sustained at unsatisfactory levels. Given his age group I would suggest an ACE inhibitor or angiotensin receptor blocker with appropriate monitoring of renal function with the dose titrated to achieve satisfactory levels.

Kind regards

Yours sincerely

Dr R I Cargill
Consultant Cardiologist
[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name: Leon Gratton **Date:** 25/04/19 **CHI No:** [redacted] **SW No:**

Progress report

Progress since last review	Issues arising/ Areas of concern
Weston Day Hospital Leon has attended his appointments at Weston Day Hospital for Clozapine monitoring. **Richmond Fellowship** Support workers have been gaining access on a regular basis. Leon is up and dressed most days and has been motivated to work with Richmond Fellowship staff. **CPN Service** Brian Duffy visits Leon on a fortnightly basis and supports Leon to hospital appointments. **Befriender** Initial meeting went well.	➢ Leon rarely leaves his house due to anxiety ➢ Relies on support worker or CPN to collect his medication from Weston

Person completing review (signed)..... Date.....

NHS Confidential: Personal data about a patient

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name: Leon Gratton **Date:** 25/04/19 **CHI No:** [redacted] **SW No:**

Needs Identified (medical treatment; community services; other treatment or services)	Plan of Action	Person Responsible	Proposed Outcome	Update
Medical • Medical review to assess mental health.	Leon to receive medical outpatient appointments at Weston day hospital. Mother (Lorna Martin) wishes copy of medical review appointment sent to herself.	Medical staff / Leon Gratton	Regular contact	Last appointment 14/03/19
Community mental health Service. • Issue medication as per kardex.	Will collect medication fortnightly from Weston.	Trixy Heather / Leon Gratton / Weston Day Hospital	Fortnightly contact	Relies on CPN or Support Worker to collect medication
• Clozapine monitoring.	Leon to attend Weston on a monthly basis for monitoring of bloods and physical healthcare checks in accordance to the guidelines for Clozapine therapy. Richmond to prompt Leon to attend appointments.	Trixy Heather / Leon Gratton / Weston Day Hospital / medical staff / Richmond fellowship Richmond Fellowship/ Leon Gratton	Regular contact	Yearly review of Clozapine physical health check due December 2019 Ongoing

NHS Confidential: Personal data about a patient

Fife Council — *Multi-Agency Care Programme Approach Care Plan* — NHS Fife

• Community Mental Health Nurse	Therapeutic sessions for ongoing monitoring and support for Leon's mental wellbeing. Assistance in attending medical appointments.	Brian Duffy	Fortnightly	Ongoing
Finances				
• 'Entrust account'	Direct debits set up for bills to be paid and remainder money for Leon to spend.	Richmond fellowship / Leon Gratton	Management of finances.	Working well
Accommodation				
• Tenancy Support	Richmond Fellowship to provide 20.5 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments. To be reviewed	Richmond Fellowship / Leon Gratton	Support in the community	Workers to use key from key box when unable to access house in an emergency situation
• Social Work	Review Richmond Fellowship hours	Stuart Brown	Regular contact	Richmond Fellowship hours may reduce in the afternoons
➢ Adult Protection Investigation	Investigation completed. Not an adult at risk – the incident investigated did not impact on Leon's mental health at this time.	Social Work		A risk management flow chart to be issued by social work

Client/Patient (signed)..... Date.....

Care Coordinator (signed)..... Date.....

NHS Confidential: Personal data about a patient

CPA Care Plan v.12 *Page 6 of 7*

Fife Council — *Multi-Agency Care Programme Approach Care Plan* — NHS Fife

Name: Leon Gratton **Date:** 25/04/19 **CHI No:** [redacted] **SW No:**

Are there any unmet service needs?
(i.e. lack of resources preventing achievement of the care plan) **No** ☐ **Yes** ☑

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs	What action has been taken to address the need(s)?
	Requires a shower due to severe psoriasis. Social Work Stuart Brown will look into getting a shower, ongoing.

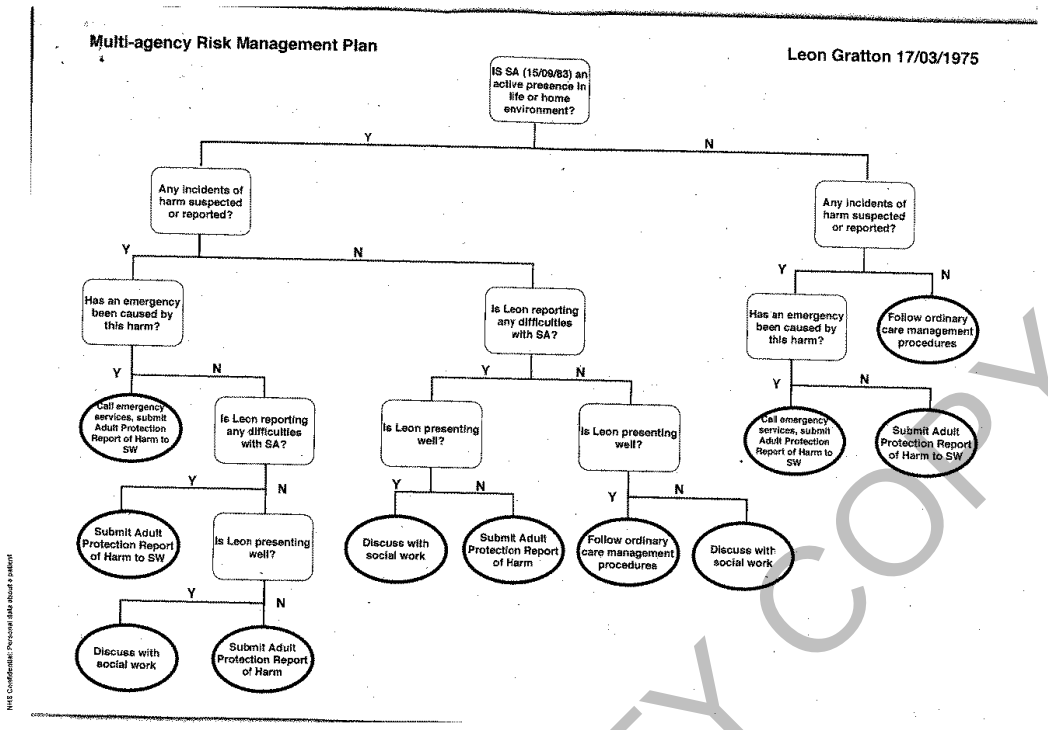
Client/Patient (signed)..... Date.....

Care Coordinator (signed)..... Date.....

NHS Confidential: Personal data about a patient

CPA Care Plan v.12 *Page 7 of 7*

THIRD PARTY COPY



THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Mr Leon Gratton
[redacted]

Your Ref:
Our Ref: TH/NG
Date: 24/09/18

Dear Leon

A Care Programme Approach Meeting to review your current package has been arranged by Staff Nurse Trixy Heather. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for:

Thursday 18 October 2018, 12:30 pm at Weston House, Cupar.

Yours sincerely

[redacted]
Care Programme Approach Secretary

Distribution

[redacted]

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN [redacted]

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name Leon Gratton	Date: 05/04/2018	CHI No. [redacted]	SW No.

Crisis/out of hours arrangements

Leon encouraged contacting crisis helpline number or NHS 24 that he has been issued with.

NHS 24 111

Breathing space 0800838587

If Leon Requires further support within Monday –Friday 9am till 5pm to contact his CPN or arrange an appointment at Weston.

Community Police

Date of Risk Assessment:

RA 2 26/04/16

Sensory requirements

None

First language

English

Interpreter required?
No

Ethnic Origin:

White Scottish

Others attending meeting:

Name: Jane Robinson
Address: Richmond Fellowship
Unit S1 The Granary
Coal Road
Cupar
Designation Richmond Worker
Tel No: 01334 657517

Name: Norma Clark
Address: Ceres Centre, Stratheden Hospital, Cupar
Designation O. T.

Name:
Address:

Designation

Name:
Address:

Designation

AWIA applies: No
Details

MHA applies: No
(For details see next page)

Date of previous CPA Review
15 June 2017

Next CPA Review

Date: 18/10/18
Time: 12.30pm
Venue: Weston

Advance statement Yes
Where held: Medical records

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name .....Leon Gratton..... Date **05/04/2018** CHI No [redacted] ..... SW No .....

Progress report

Progress since last review

Weston Day Hospital
Leon has attended his appointments at Weston Day Hospital. Leon has been collecting his medication on a fortnightly basis with maximum encouragement and support from Richmond fellowship. Attends the music group at Weston sporadically.

Richmond Fellowship
Support workers have been gaining access on a regular basis. Leon is up and dressed most days. Addressing issues with debt.

O.T.
Appointment 6th April 2018

CPN Service
Brian Duffy visits Leon on a fortnightly basis and supports Leon to hospital appointments.

Dr Olley
Attending 4 monthly - outpatient appointment to be arranged.

Issues arising/ Areas of concern

- Leon uses taxis to attend Weston for medication and groups due to anxiety.
- Requires a podiatrist

Attended CPA on 05/04/2018
Leon Gratton
[redacted]

Person completing review (signed) [redacted] ..... Date 17/5/18

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name .....Leon Gratton..... Date ...05/04/2018....CHI No .... [redacted] SW No .....

Needs identified (medical treatment; community services; other treatment or services)	Plan of Action	Person Responsible	Proposed Outcome	Update
Medical				
• Medical review to assess mental health.	Leon to receive medical outpatient appointments at Weston day hospital. [redacted] wishes copy of medical review appointment sent to herself.	Medical staff / Leon Gratton	Regular contact	6/12 Appointments
Community mental health Service.				Collect medication at planned.
• Issue medication as per kardex.	Will collect medication fortnightly from Weston.	Trixy Heather / Leon Gratton / Weston Day Hospital	Fortnightly contact	
• Clozapine monitoring.	Leon to attend Weston on a monthly basis for monitoring of bloods and physical healthcare checks in accordance to the guidelines for Clozapine therapy. Richmond to prompt Leon to attend appointments.	Trixy Heather / Leon Gratton / Weston Day Hospital / medical staff / Richmond fellowship Richmond Fellowship/ Leon Gratton	Regular contact Weekly	Yearly review of Clozapine due December 2018 Ongoing

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS

• Community Mental Health Nurse	Therapeutic sessions for ongoing monitoring and support for Leon's mental wellbeing. Assistance in attending medical appointments.	Brian Duffy	Fortnightly	
Finances				
• 'Entrust account'	Direct debits set up for bills to be paid and remainder money for Leon to spend.	Richmond fellowship / Leon Gratton	Management of finances.	Ongoing
Accommodation				
• Tenancy Support	Richmond Fellowship to provide 20.5 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.	Richmond Fellowship / Leon Gratton	Support in the community.	Workers to use key from key box when unable to access house in an emergency situation
Structure to his week				
• OT support	Address anxiety in the community	Norma Clark / Leon Gratton	Regular contact	Appointment 06/03/2018

Client/Patient (signed)..... [redacted] ..... Date 17/5/18

Care Coordinator (signed)..... ..... Date 17/5/18

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name …Leon Gratton…… Date …05/04/2018….. CHI No [redacted] SW No ……

Are there any unmet service needs? **No** ☐ **Yes** ☑
(i.e. lack of resources preventing achievement of the care plan)

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs	What action has been taken to address the need(s)?
Psoriasis Treatment	Leon has had severe psoriasis for over one year. He has been treated by GP and a dermatologist still having treatment from a dermatologist. No improvement in psoriasis, has a dermatology appointment in July.
Shower	Requires a shower due to severe psoriasis. Social Work Stuart Brown will look into getting a shower.

Client/Patient (signed)…… [redacted] Date 17/5/18

Care Coordinator (signed)… [redacted] Date 17/5/18

CPA Care Plan v.12 *Page 7 of 7*

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

ESA113

Client Name:
Mr Leon Gratton

Client NINo: [redacted]

Client Date of Birth:
17.03.1975

Freepost RTGB-KLHU-KUCA
Centre for Health and Disability Assessments
Edinburgh ASC
Mail Handling Site A
Wolverhampton
WV98 1SP

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

07 / 08 / 17

2 Current conditions affecting ability to work:
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form,*
and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
SCHIZOPHRENIA	PARANOIA	[illegible] TO
	THOUGHT DISORDER	PSYCHIATRY CLINICS
		COMMUNITY TREATMENT
	OCCASIONAL PSYCHOSIS	ORDER
	EPISODES	
ATOPIC ECZEMA	ECZEMA /	
	PUSTULAR [illegible]	
	DERMATITIS	

Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL

Version 10/17

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

ESA113

About your patient - continued

[redacted]

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	

5 Does the patient have a history of threatening or violent behaviour? No ☑ Yes ☐

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ☑

Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary.

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

Your Signature

Signature [redacted]

Name IN CAPITALS [redacted]

Date 2 / 3 / 18

Practice stamp

Bank Street Medical Group
The Health Centre, Bank Street
Cupar KY15 4JN
Telephone: 01334 651 201

Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL

Version 10/17

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

27 FEB 2018

ESA113

jobcentreplus

Employment and Support Allowance

[redacted]

Dr Taylor
THE HEALTH CENTRE
BANK STREET
CUPAR
KY15 4JN

31600/9

Date: 25th February 2018

About your patient

Address [redacted]

Full Name Mr Leon Gratton

NiNo [redacted]

Date of birth 17th March 1978

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners**
- **A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above.If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

[redacted]

re for Health and Disability Assessments on behalf of the DWP

RESTRICTED - MEDICAL

Version 10/17

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Mr Leon Gratton
[redacted]

Your Ref:
Our Ref: TH/ES
Date: 20 February 2018

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by Trixy Heather, Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Please note an error regarding of the time of the meeting has been made it should read:

Thursday 5th April 2018 at 12:30 p.m. in the Seminar Room at Weston Day Hospital, Cupar

Yours sincerely

[redacted]
Elizabeth Scott
Care Programme Approach Secretary

Distribution
File Copy
[redacted]

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN [redacted]

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership
Supporting the people of Fife together

Private & Confidential

Mr Leon Gratton
[redacted]

Your Ref:
Our Ref: TH/ES
Date: 20 February 2018

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by Trixy Heather, Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Thursday 5th April 2018 at 2:30 p.m. in the Seminar Room at Weston Day Hospital, Cupar

Yours sincerely
[redacted]

Elizabeth Scott
Care Programme Approach Secretary

Distribution
[redacted]

Mental Health Service
Weston House, Westport, Cupar, KY15 4AN [redacted]

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org
NHS Fife
Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

9 of 6

Fife Health & Social Care Partnership

Supporting the people of Fife to [redacted]

PRIVATE AND CONFIDENTIAL

Dr K C Taylor
General Practitioner
Bank Street Medical Group
Cupar Health Centre
Bank Street
CUPAR
Fife KY15 4JN

[redacted]

Date: 4th January 2018

Dear Dr Taylor

ADULT CASE CONFERENCE
CONCERNING: LEON GRATTON (D.O.B.: 17.03.1975)

Following the Adult Case Conference held on **Thursday 9th November 2017** at **12:00pm** in respect of the above named person, I enclose the minutes for your information.

These minutes must be treated in the strictest confidence and should not be photocopied or passed to third parties without the explicit consent of the Chairperson: Ms Alyson Paterson, Team Manager, Adults East 3 Team, Health & Social Care Partnership, County Buildings, St Catherine Street, Cupar, Fife, KY15 4TA; telephone number: [redacted]

Any concerns or queries should be raised with the Chairperson within the next 10 days, otherwise the minutes will stand as an accurate record of the meeting.

Thank you for your co-operation.

Yours sincerely

[redacted]

Stuart Brown
Social Worker
Adults East 3 Team
ENC

THIRD PARTY COPY

County Buildings, St Catherine Street
Cupar, Fife KY15 4TA

Director of Health & Social Care – Michael [redacted]

NHS Confidential: Personal data about a patient

296 APC

Fife Council

Fife Health & Social Care Partnership

ADULT CASE CONFERENCE

Held on Thursday 9th November 2017

Venue Room 5, Ground Floor, Health & Social Care Department

Responsible Team Adults East 3 Team

Personal Details

Forename	Surname	Date-of-birth	SWIFT ID
Leon	Gratton	17.03.1975	[redacted]

Home Address
[redacted]

Adult Invited	Adult in Attendance	Advocacy Considered	Advocacy in Attendance AAAdult
Yes	Yes	Yes	Yes

If Adult is not in attendance document how their views are to be represented, what their views are and how obtained (duty to consider advocacy and communication support for adults at risk)

LEON GRATTON, SERVICE USER

Ms Paterson asked Mr Gratton if he would like to discuss his views or if he was happy for Ms McCarron, Circles Advocacy to talk on his behalf. He confirmed that he would be happy for Ms McCarron to discuss his views for him at first.

Later, Ms Paterson specifically wanted to ask Mr Gratton if he was frightened of SA (alleged harmer). Mr Gratton confirmed that he was, especially when under pressure to give SA his money. Mr Gratton did not think that money went missing but indicated that they would borrow from each other. Mr Gratton confirmed that he does majority of his shopping online as when he goes to the shops he gets dizzy and faint. Mr Gratton further confirmed that he is a bit wary of phoning the police when SA harasses him as he has not had good

THIRD PARTY COPY

experiences with them in the past. He is of the view that police either question his own criminal background or accuse him of wasting police time.

When the idea of a Banning Order was explained to Mr Gratton, he believed that it would be the best way forward in terms of keeping safe. However, Mr Gratton also considered that moving house to Cupar might be an agreeable alternative.

CAROL MCCARRON, CIRCLES ADVOCACY

Ms McCarron stated that Mr Gratton feels unsure regarding the situation with SA as they were once friends and feels he has betrayed him by not wanting to see him anymore.

Mr Gratton does feel uncomfortable when SA comes to the door drunk really late. On one occasion, SA came to the door inebriated and was escorted from Mr Gratton's premises after he felt able to phone the police.

Ms McCarron stated that Mr Gratton will lend SA £2 and it can be mutual. Mr Gratton was clear that he absolutely has not given SA any of his medication and has felt no pressure to consume drink or drugs when in his presence. Mr Gratton needs to be reassured that the Police will help but he also recognises he has to be strong enough to phone them too.

Mr Gratton has mentioned to Ms McCarron that he feels his [redacted] worries too much and at a level that is out of proportion. He also made clear to her that he does not wish to move as he has a good care package and support network where he is.

Ms McCarron stated that Mr Gratton is afraid he will get arrested when phoning the police. The last time he called about SA he was told they could not arrest him for just being outside the door and next time they will arrest Mr Gratton for wasting Police time.

CASE CONFERENCE ATTENDANCE:

Name	Designation	Address in full
[redacted]		
Leon Gratton	Service User	[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted]

[redacted]

Apologies

[redacted]

Invited but did not attend

Name	Designation	Address in full

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Current Status (it is possible for more than one option to be selected)	
Adults with Incapacity (Scotland) Act 2000 Please Specify:	☐
Mental Health (Care and Treatment) (Scotland) Act 2003 Please Specify:	☐
Adult Support and Protection Act 2007 Please Specify: (sec 4 sec 7 protection order: assessment, removal, banning)	☐
Report of Harm Received	☒
No Legislation	☐

REASON FOR CASE CONFERENCE

A Report of Harm was received by Mr [redacted] Community Psychiatric Nurse on 22nd June 2017 which triggered Adult Protection Procedure. An Inter-Agency Referral Discussion was then undertaken by [redacted] Social Worker, and an Adult Protection Investigation was subsequently undertaken and led by [redacted], Council Officer and [redacted] Supporting Officer with the outcome being that Mr Leon Gratton is deemed an adult at risk of harm in terms of the Adult Support and Protection (Scotland) Act 2007.

RISKS AND AREAS OF CONCERN IDENTIFIED

Risk factors

- Mr Gratton's mental health diagnosis that has been known to alter his perception of reality and render him so anxious as to be incapable of basic tasks;
- The regular presence of an individual in Mr Gratton's home who is reported to be inflicting psychological harm and intimidation for the purpose of financial reward or personal gain;
- The regular presence of an individual in Mr Gratton's home who is thought capable of inflicting psychological and physical harm.
- Consistently increasing levels of anxiety due to continuing relationship with individual purported to be causing harm;

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

496. DKL

- Living alone and with very few friends;
- Reticence to disclose personal fears to female support staff;
- Unable to sustain routines or maintain decisions which keep him and his property safe;
- Reduced social contact due to self-imposed house confinement;

Supportive factors

- Regular visits, input and support from CPN;
- CPN now manages medication and limits the availability of Benzodiazepines;
- Twice daily support visits from Richmond Fellowship Scotland staff;
- Richmond staff help manage money and limit its availability to £140 max a week;
- Good at telling Richmond staff about what is going on in his life including incidents involving SA;
- Shown himself capable, on occasion, of protecting himself by refusing entry into his home, denying access to medication and having police involvement;
- Now no longer wishes to be associated with SA;
- Now keeps house locked securely; and
- Part of CPA process.

SOURCE OF HARM Name of person(s) perceived to be responsible for the alleged harm if applicable	
Name	[redacted]
Type of Harm	
Relationship	
Location of Harm	

SUMMARY OF VIEWS OF OTHERS

[redacted]

[redacted] opened the meeting, apologies were given.

It was made clear that anything discussed in the room was not to be divulged to a third party unless permission given.

[redacted] discussed whether the pursuit of a Banning Order would be an appropriate outcome. It was explained that this could last for 6 months but would only cover Mr Gratton's home address. A Banning Order would carry no protective powers if Mr Gratton met SA out in the community.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

After discussion, it was agreed by the majority that an action plan should seek to pursue a Banning Order that relates to SA's presence in Mr Gratton's home.

[redacted] **SOCIAL WORKER**

Mr Brown read out the following Report:-

Background:
Leon is a 42 year old male who lives alone at [redacted] and has done so since leaving Stratheden Hospital in June of 2013. Previously, Leon had lived in [redacted] for many years where concerns about his mental wellbeing, substance misuse and self-neglect meant admission into Stratheden hospital under the Mental Health Act in late 2011. This became a voluntary arrangement in early 2012 and continued until discharge back into the community. Leon has a confirmed diagnosis of schizophrenia although all information I've had recently suggests Leon has had a steady, positive recovery up until this point. I became Leon's allocated social worker in June of this year, originally, for the purposes of reviewing his needs and the package of care he has with Richmond Fellowship, which currently stands at 20.5 hours of support a week. However, whilst in attendance at his most recent CPA meeting as part of this process, the focus of my involvement changed after concerns were raised about the nature of a relationship Leon was keeping with one SA.

Chronology of events:

June 22nd: *A report of harm referral was received from CPN [redacted] who raised concerns he had been having for 6 months around the general presence of SA in Leon's home. The nature of his concerns centred on the possibility that Leon was experiencing both financial and psychological harm at the hands of SA in his own home. In particular he was worried that medication and property might be going missing by way of intimidation and harassment. Both Mr Duffy and his fellow colleagues had regularly witnessed SA's presence in Leon's house and are themselves under instruction to leave or avoid entering when he is around owing to safety fears.*

June 22nd to June 30th: *An Inter-Agency Referral Discussion was held with Brian and also John Macdonald of the Richmond fellowship as representatives of the agencies most involved with Leon's day-to-day business. These initial enquiries could not establish whether Leon met the 3 point test determining if an adult is at risk of harm and in need of support and protection. While two of the three points were met, it could not be decided whether Leon was suitably able to safeguard his own wellbeing, property, rights or interests from known associate SA. As such, the report of harm referral then progressed to a formal investigation requiring interviews with those involved in the IRD.*

July 26th – September 12th: *These interviews were undertaken with the cooperation of Jane Robinson (Richmond Support Worker), [redacted] (CPN) and Leon himself. They were carried out by Council Officers Martyn Bradley, Ian Wilkinson and scribed by Second Officer Stuart Brown. The main purpose of these interviews was to establish the nature of Leon's relationship with SA, to detail any incidents of harm that might have occurred and to see whether Leon was able to safeguard himself from SA.*

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

506 886

October 12th: *Received a notification from John Macdonald that SA had been round hassling Leon again in the presence of Richmond staff. The doors were locked, curtains drawn and Leon moved away from the windows.*

October 13th: *The adult protection investigation was completed by way of a summary report. The following constitutes a brief summary of its conclusion and the reasons why we are all here today.*

While no acts of violence have been directed towards Leon in the time he has known SA, he ***has*** *experienced undue pressure to part with money, medication and valuables on a number of occasions. Although Leon feels handing over money to SA is a favour that is returned, he does acknowledge a lack of alternative options due to the frequency and intensity of SA's demands. Leon's own admission of fear is also linked to this feeling of hopelessness when faced with SA's intimidation. Saying he is scared of SA indicates that the giving over of money and possessions is an act of submission rather than one of free choice. That being said, there is evidence to suggest Leon has been able to stand up to SA on occasion by denying him entry to his home and access to his valuables. Crucially, however, this ability to safeguard is inconsistent on account of SA's forcefulness and Leon's fear of repercussions. When Leon is scared, his levels of anxiety increase and when his levels of anxiety increase so do the positive symptoms of his schizophrenia. As such, Leon must keep himself well by reducing his anxiety levels and keeping his interactions with SA as simple and agreeable as possible. In that regard, Leon's inability to safeguard consistently is directly linked to his mental health diagnosis. It is a scenario that is likely to get worse the longer his anxiety is high as it increases the chances of exacerbating his schizophrenia. In other words, both Leon's mental health and his ability to safeguard are likely to deteriorate the longer his contact with SA continues.*

Mr Brown also recommended liaison with the Police's Public Protection Unit and that having a visit from the community police might be a prudent first step before a Banning Order was pursued.

Mr Brown also expressed surprise at Mr Gratton's suggestion he would now be happy to move to Cupar. He advised that, in recent discussions, Mr Gratton had been unequivocal in his desire to stay at his current address.

[redacted] [redacted] COMMUNITY PSYCHIATRIC NURSE (CPN)

Mr Duffy has known Mr Gratton for a number of years and has noticed a change in Mr Gratton's presenting behaviour since his relationship with SA began. Mr Duffy is of the view that the positive symptoms of Mr Gratton's illness have revealed themselves more and more recently. Mr Duffy then explained about money going backwards and forwards between the two.

Mr Duffy stated that he raised Adult Protection concerns regarding Mr Gratton's situation after discussion of risks with SA's own CPN. Mr Duffy further informed that while things had been a bit quieter more recently, SA had been found at the top of Mr Gratton's street glaring at him through the window, being intimidating and making him feel anxious. Mr Duffy has concerns that Mr Gratton will not say when he is scared so no one will know when to help.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Mr Duffy went on to say that the biggest concern Mr Gratton has is the uncertainty of it all and could not say whether SA would come to the door again. This is detrimental to Mr Gratton's life as he is very reluctant to leave the house in case he meets SA in the community. Mr Duffy would personally recommend that Leon move to Cupar to keep him safer and increase his engagement with services.

TRIXIE HEATHER, CARE CO-ORDINATOR AND STAFF NURSE

Ms Heather stated that Mr Gratton attends Weston Day Hospital for blood tests and medication. Mr Gratton also attends the Music Group there.

Ms Heather also states that there have been times that Mr Gratton will call her several times a day to talk to her when his anxieties are high.

DR CHRIS OLLEY, SPECIALTY DOCTOR IN PSYCHIATRY

Since January 2017, Dr Olley has had a couple of appointments for Mr Gratton that have been subsequently cancelled.

Dr Olley confirmed that Mr Gratton's anxiety heightens at night-time as he is unsure whether SA will turn up at the door. He is worried that SA will harm Mr Gratton and that the anticipation and anxiety might exacerbate the positive symptoms of his mental health.

Mr Gratton's medication has not changed and there has been no evidence to suggest any medication has gone missing. There is a CPA arranged for 23rd November 2017 where they can review this.

Mr Olley did consider that it might be helpful if Mr Gratton moved closer to Cupar and whether it would be a good idea to alert Housing to the current situation. Ms Paterson enquired as to whether a secured entrance would be a good idea but Mr Gratton dismissed this as an option.

JOHN MACDONALD, RICHMOND FELLOWSHIP TEAM MANAGER

Mr MacDonald was not aware of the risks attached to SA prior to IRD and felt that someone should have been sharing such information before then. Mr MacDonald felt this information was vital for the safeguarding of his staff.

Mr MacDonald informed that Richmond have not had any issue with SA as he leaves whenever staff go in and vice versa.

Mr Gratton's engagement in support time is good overall although they would not have been known about money or personal belongings going missing. Richmond are aware that Mr Gratton is good at calling Ms Trixie whenever he needs to talk through issues of anxiety.

Mr MacDonald stated that concerns regarding SA and the ongoing monitoring of his situation with Mr Gratton are the responsibility of Mr [redacted] Ms Trixie Heather and social work. Richmond are involved for housing support only and have no particular concerns over that.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

696 DBL

[redacted] **RICHMOND FELLOWSHIP SUPPORT WORKER**

[redacted] stated that whenever she has met SA, he has been pleasant and staff leave when he turns up.

[redacted] stated that things were fine when Mr Gratton first met SA but noted there has been a change in his demeanour since then. [redacted] receives calls from Mr Gratton day and night that relate to his anxieties and difficulties with SA.

[redacted] strongly feels that Mr Gratton will not phone the police as he will not allow himself to be seen as a "grass". She also feels Mr Gratton will worry that someone will come to "get him" if he does. [redacted] believes Mr Gratton tends not to tell anyone anything and especially about being scared.

[redacted] stated that if she over-reacts she has very good reason to as she is very concerned that Mr Gratton is not looking after himself or keeping safe.

[redacted] also mentioned that Mr Gratton has never been inclined to go anywhere by public transport and instead requires to go by car or taxi. It is a big expenditure and if he got a cheque for £22.00 he would spend £20.00 of that on a taxi. She agreed that a move to Cupar might be the best option for Mr Gratton but that he would need help with his finances if he did so.

SUMMARY OF DISCUSSION

- Banning Order to be applied for; and
- Social Worker to liaise with police; and
- Reviewing Case Conference to be arranged for the same time as next CPA in 3 month's time.

CONCLUSION

Is the Adult an Adult at Risk of Harm as defined in the Adult Support and Protection Act 2007 (part 3)

YES

Comments:
(If yes, and the case conference decisions include actions to support or protect the adult at risk then the Protection Plan below must be completed.)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Is the Adult an "Incapable Adult" as defined in the Adults with Incapacity (Scotland) Act 2007

Comments:

NO

Other

Comments:

Where the Adult is not present ensure that a named individual has responsibility for informing the adult of the outcome of the case conference. Note on Protection Plan.

SIGNATURE

The above is an accurate and complete record of the meeting.

Signed: [redacted] **Date of Signing:** 22/12/17

Chairperson

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Health & Social Care Partnership

Supporting the people of Fife together

[redacted]

PRIVATE AND CONFIDENTIAL
Dr K C Taylor
General Practitioner
Bank Street Medical Group
Cupar Health Centre
Bank Street
CUPAR
Fife KY15 4JN

Your Ref:
Our Ref: [redacted]
Date: 25th October 2017

27 OCT 2017

Dear Dr Taylor

INVITATION TO INITIAL ADULT CASE CONFERENCE
CONCERNING: LEON GRATTON (D.O.B.: 17.03.1975)

An initial Adult Case Conference is to be held regarding the above named person on **Thursday 9th November 2017** at **12:00pm** in **Room 5, Ground Floor, County Buildings, St Catherine Street, Cupar, Fife, KY15 4TA** to which you are invited.

You have been identified as someone who may provide a useful contribution in relation to the above mentioned, it would therefore be of great value if you could attend this conference.

Should you be unable to attend personally, having your written comments regarding the contact with the person or family to date, and your assessment of the present situation would assist the conference. It would be helpful if you could notify me of your availability to attend, whether you are sending a representative, or intend to submit a report.

Please complete and return the attached slip within seven working days.

A list of those invited is also attached.

Yours sincerely

Apologies please KT

[redacted]

Stuart Brown
Social Worker
Adults East 3 Team
ENC

County Buildings, St Catherine Street
Cupar, Fife KY15 4TA

[redacted]

Director of Health & Social Care – Michael [redacted]

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife Council

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

PRESCRIPTION RECOMMENDATION
FOR ACTION BY THE G.P.

Patient sticGRATTON
,EON
[redacted]

AF5403178H

17/03/1975
[redacted]

I RECOMMEND THE FOLLOWING CHANGE IN PRESCRIPTION(S) FOR THE ABOVE NAMED:

ALTERATION OF DOSE

Name	Old Strength	Old Frequency	New Strength	New Frequency

NEW MEDICATION

Name	Is it on Fife Formulary?	Formulation	Strength	Frequency	Anticipated Duration	Reason
Propare	Yes / No	ointment	0.05%	od	2/12	EC20mm.
	Yes / No					
	Yes / No					

STOPPED MEDICATION

Name	Reason for stopping	Code

CODE
1. Ineffective
2. Adverse event
3. Inter-action
4. Compliance problem
5. Other (explain)

The above changes have already been implemented YES ☐ NO ☐

The patient has been instructed to contact surgery YES ☐ NO ☐

The GP practice is requested to implement the change without further contact YES ☑ NO ☐

NOTES:
- If prescription is required quickly, it should be issued on a "Blue Pad"
- Illegible or ambiguous prescriptions will NOT be issued without phoning the named doctor
- Please ask patient to allow 24 hours for prescription to be issued by GP

COMMENTS

MS1402

DOCTORS NAME: [redacted]

SIGNATURE:

CLINIC/DEPT: Dermatology OPD

DATE: 19/9/17

BLEEP NUMBER:

WHITE COPY: General Pra... PINK COPY: Patients Notes

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

06/04 2017 11:28AM [redacted] 0001/0002

NHS Fife Community Service
Mental Health Service
Weston House Day Hospital,
Westport
Cupar

Facsimile Cover Sheet

To:	Dr Taylor
Company:	Bank Street medical group
Phone:	
Fax:	[redacted]
From:	[redacted]
Company:	Weston House
Phone:	
Fax:	[redacted]
Date:	06-04-17
Pages including this cover page:	2

Comments:
Blood results for your information
Glucose and cholesterol requested by nurse.

THIS FACSIMILE TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS PROTECTED BY THE PHYSICIAN-PATIENT PRIVILEGE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR THE TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY THIS OFFICE BY TELEPHONE TO ARRANGE FOR THE RETURN OF THE DOCUMENTS.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

06/04 2017 11:28AM FAX [redacted] WESTON DAY HOSPITAL 0002/0002

Fife Area Laboratory — CLINICAL BIOCHEMISTRY

Surname: CRAITON Forename: Leon D.o.B: 17 [redacted]
Address: [redacted]
Cons/GP: [redacted]
Source: Weston Day Hospital
CUPAR

Current clin. details: No details given

	Date	05/04/17	10/01/17	11/11/16
	Time	10:15	11:20	
	Labno.	0348607\5	0307100\5	0314859\5
Sodium (133-146 mmol/L)				142
Potassium (3.5-5.3 mmol/L)				4.3
Urea (2.5-7.8 mmol/L)				3.6
Creatinine (50-120 umol/L)				85
eGFR				> 60
Glucose (3.3-6.1 mmol/L)		4.8	5.3	9.4H
Albumin (35-50 g/L)				40
Alkaline phosphatase (30-130 U/L)				93
Alanine transaminase (5-55 U/L)				29
Bilirubin (Total) (0-21 umol/L)				8
Cholesterol (3.3-6.5 mmol/L)		2.4L		3.0L
Triglyceride (0.85-2.0 mmol/L)		1.13		
HDL Cholesterol (0.8-1.8 mmol/L)		1.00		0.97
LDL Cholesterol (1.0-4.2 mmol/L)		0.9L		
Cholesterol/HDL ratio		2.4		3.1
Folate (ng/mL)		HAE		
Vitamin B12 (191-663 pg/mL)		454		

HAE - Sample haemolysed, unsuitable for analysis
C0348607\5 05/04/17 Please give clinical details
LDL calculation is only valid if patient is fasting.

ALL RESULTS APPLY TO [redacted] UNLESS OTHERWISE INDICATED
Current Items Reported [redacted]
Current Items Requested
Current Spec. Rec'd: 12:00 05 Apr 2017 Printed: 05 Apr 2017 Authorised by: [redacted]

THIRD PARTY COPY

NHS Confidential - Personal data about a patient

Bank Street Medical Group

DR A J GRAY
DR R G CAMPBELL
DR CL FERRIS
DR KJ MACLAREN
DR S DAS
MS JOYCE DAVIDSON, PRACTICE MANAGER

THE HEALTH CENTRE
BANK STREET
[redacted]

[redacted] LN

Name GRATTON
LEON JAMES
17/03/1975
M

[redacted]
Dr Ferris - FERC
Bank Street

DOB:

Current medication:
~~AP~~ Aripiprazole 10mg.
Pizohfen 1.5mg.
omeprazole.

Employment Status: unfit for work.

HEALTH AND LIFESTYLE

BP: 134/80. Height:_____ Weight: 122.

Urinalysis: NAD.

Smoking Status: Current smoker/Ex-smoker/Never smoked

Alcohol Units: 0.

Blood tests taken: Bloods every 4 weeks will add in cholesterol and Glucose.

Non-prescribed drugs usage: nil.

Exercise: nil.

Health & Lifestyle advice offered (if appropriate)
Advice given re weight and exercise.

SUPPORT

Do you receive support from family, friends or carers? mom and dad.
Good relationship with cpn

[redacted] 10/03/2016

THIRD PARTY COPY

NHS Confidential - Personal data about a patient

Name of CPN-(if applicable): yes.

How often do you have regular contact with your CPN? 2 weekly.

Are you happy to attend the Practice for a health check on a yearly basis? yes.

If your mental health well-being is deteriorating, how would you prefer to manage it and who would you contact?

Do you have any problems or concerns at the moment?

no.

Patient goals:

Complete his next poetry book.

exercise more and lose weight.

Any other information:

Staff use only:

Care plan completed by: [redacted]

Designation: practice nurse

Date: 10/03/16

[redacted]

10/03/2016

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Fife Community Services
Mental Health Service

Weston House
Westport
Cupar
Fife
KY15 5AN
Telephone [redacted]
Fax

NHS Fife

Private & Confidential
Mr Leon Gratton
[redacted]

Date 26 January 2016
Your Ref
Our Ref
Enquiries to [redacted]
Tel No:

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Thursday 11th February 2016 at 1:00 p.m. in the Seminar Room at Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Elizabeth Scott
Care Programme Approach Secretary

Distribution
File Copy
[redacted]

POSITIVE ABOUT DISABLED PEOPLE

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS Fife Community Services
Mental Health Service

Weston House
Westport
Cupar
Fife
KY15 5AN

[redacted]

NHS Fife

Private & Confidential
Mr Leon Gratton

[redacted]

Date 9 November 2015
Your Ref
Our Ref TW/ES

[redacted]

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by Tracey Whitton, Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Thursday 26th November 2015 at 1:00 p.m. in the Seminar Room at Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Elizabeth Scott
Care Programme Approach Secretary

Distribution

[redacted]

POSITIVE ABOUT DISABLED PEOPLE

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Client Name:
Mr Leon Gratton

Client NINo: [redacted] **Client Date of Birth:** 17.03.1975

Freepost Plus RTGB-KKYC-HGYL
Atos Healthcare Edinburgh MSC
Mail Handling Site A
Wolverhampton
WV98 1SP

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

11 / 08 / 14

2 Current conditions affecting ability to work:
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete ***both sides*** *of this form,*
and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
SCHIZOPHRENIA	HALLUCINATIONS,	CLOZAPINE 100mg BD
(1.12.13 APPX)	DELUSIONS,	MIRTAZAPINE 30mg NOCTE
	LOW MOOD, ANHEDONIA,	LOW DOSE ANTI-DEPRESSANT MEDICATION
		(CLOZAPINE
		MIRTAZAPINE,
		ANTIDEPRESSANT)

MEDICAL SERVICES Provided on behalf of the Department for Work and Pensions
RESTRICTED - MEDICAL

Version CU11

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

ESA113

jobcentreplus

Employment and Support Allowance

Atos Healthcare

Dr Taylor
THE HEALTH CENTRE
BANK STREET
CUPAR
KY15 4JN

31600/10 45690

[redacted]

Date: 6th January 2015

About your patient

Full Name Mr Leon Gratton

Address [redacted]

NINo [redacted]
Date of birth 17th March 1975

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **www.dwp.gov.uk/healthcare-professional/guidance**
- **A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above.If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.
Thank you for your help.
Yours sincerely,

[redacted]

MEDICAL SERVICES Provided on behalf of the Department for Work and Pensions
RESTRICTED - MEDICAL

Version 01/11

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

About your patient - continued

3 Current conditions not affecting ability to work
Please **list** any other relevant conditions that do not affect the ability to work.

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	

5 Does the patient have a history of threatening or violent behaviour? No ☑ Yes ☐ Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ☑ Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary.

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

Your Signature

Signature [redacted]

Name IN CAPITALS Dr [redacted]

Date 9 / 1 / 15

Practice stamp

Bank Street Medical Group
The Health Centre, Bank Street
Cupar KY15 4JN
Telephone: 01334 651 201

MEDICAL SERVICES Provided on behalf of the Department for Work and Pensions
RESTRICTED - MEDICAL

Version 01/11

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
Cupar
Fife
KY15 5AN
Telephone
Fax [redacted]

NHS Fife

Private & Confidential
Mr Leon Gratton
[redacted]

Date 8 September 2014
Your Ref
Our Ref [redacted]
Enquiries to
Tel No:

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by Tracey Whitton, Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for

Tuesday 7th October 2014 at 10.00a.m. at Weston Day Hospital, Cupar

Yours sincerely

[redacted]

Elizabeth Scott
Care Programme Approach Secretary

Distribution

[redacted]

THIRD PARTY COPY

CHP Acting General Manager: [redacted]

NHS Confidential: Personal data about a patient

Acute Services Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

1 September 2014

Inverkeithing Medical Group
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Dear Dr Dr D Somerville

Following your referral to the Central Referrals Unit the appointment below has arranged for your patient to attend:-

[redacted] 17/03/1975
Mr Leon Gratton
[redacted]

Consultant:	**Mr Michael O'Regan**
Specialty:	**Oral & Maxillofacial Surgery**
Day:	**Wednesday**
Date:	**10/09/2014**
Time:	**14:30.**
Hospital:	**Queen Margaret Hospital, Dunfermline**

Your patient has been given the earliest available appointment. If you have any queries or your patient no longer requires this appointment we would be grateful if you could inform us within the next 5 days. G.P. Direct Access number to the Central Referrals Unit is [redacted]

Yours sincerely

[redacted]

OCRUAPQ

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Acute Services Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

4 August 2014

Inverkeithing Medical Group
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Dear Dr Dr D Somerville

Following your referral to the Central Referrals Unit the appointment below has arranged for your patient to attend:-

[redacted] 17/03/1975
Mr Leon Gratton
[redacted]

Consultant:	**Mr Michael O'Regan**
Specialty:	**Oral & Maxillofacial Surgery**
Day:	**Friday**
Date:	**22/08/2014**
Time:	**10:30.**
Hospital:	**Queen Margaret Hospital, Dunfermline**

Your patient has been given the earliest available appointment. If you have any queries or your patient no longer requires this appointment we would be grateful if you could inform us within the next 5 days. G.P. Direct Access number to the Central Referrals Unit is [redacted]

Yours sincerely

[redacted]
Mrs A Starkie
HEALTH RECORDS MANAGER (Outpatient Services)

QCRUAPQ

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

NHS Confidential: Personal data about a patient

Name Leon Gratton	Date: 25 October 2013	[redacted]	SW No.

Crisis/out of hours arrangements

Leon encouraged to contact Breathing Space crisis helpline number or NHS 24 that he has been issued with.

NHS 24 08454 24 24 24

Breathing space 0800838587

If Leon Requires further support within Monday – Friday 9am till 5pm to contact his GP or arrange an appointment at Weston.

Date of Risk Assessment:

RA 2 09/07/2013

Sensory requirements

None

First language

English

Interpreter required?

Yes

Ethnic Origin:

White Scottish

Others attending meeting

Name: [redacted]

Address: Richmond fellowship
Unit 51 The Granary
Coal Road
Cupar

Designation Richmond worker

[redacted]

Address: Dunino Ward. Stratheden Hospital, Cupar

Designation Staff Nurse

Name: [redacted]

Address: CPN Office, Stratheden Hospital, Cupar

Designation: CPN

AWIA applies: No
Details

MHA applies: No
[For details see next page]

Date of previous CPA Review
17 October 2013

Next CPA Review

Date: Wednesday 20th November 2013

Time: 1.00p.m.

Venue: Weston House

Advance statement Yes
Where held:

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

NHS Confidential: Personal data about a patient

Name .....Leon Gratton..... Date ...25 October 2013... CHI No [redacted] SW No .....

Progress report

Progress since last review	Issues arising/ Areas of concern
Leon did not attend CPA today. **Weston Day Hospital** Initially Leon attended his appointments at Weston Day Hospital. Has been collecting his medication on a weekly basis with maximum encouragement. **Richmond** Report Leon coping well in the community. **CPN Service** Report no contact has been made with Leon due to him not being in when attempting to initiate contact, **Dr Last** Leon has not attended his appointments at outpatient clinic.	Weston raised concerns that attendance is an issue due to Leon missing appointments or attending at other times at Weston. Richmond report Leon disengaging early from appointments and not engaging fully. Leon turning night into day. CPN's – CPN's questioning whether Leon would like CPN input. - Raised concerns over Leon's risk assessment and children.

Person completing review (signed [redacted] ..... Date..05/11/2013...

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name .....Leon Gratton..... Date ...25 October 2013.....CHI No .....[redacted]..... SW No .....

Needs Identified (medical treatment; community services; other treatment or services)	Plan of Action	Person Responsible	Proposed Outcome	Update
Medical • Medical review to assess mental health.	Leon to receive medical outpatient appointments at Weston day hospital.	Dr Last / Leon Gratton	Regular contact	Has not been seen by Dr Last due to non attendance at appointments.
Community mental health Services • Monitoring mental health.	Therapeutic sessions for ongoing monitoring of mental health state on a weekly basis.	Leanne Greene / Leon Gratton	Weekly contact	Leon has not been attending regularly.
• Issue medication as per kardex.	Will collect medication weekly from Weston.	Leanne Greene / Leon Gratton / Weston Day Hospital	Weekly contact	Ongoing
• Clozapine monitoring.	Leon to attend Weston on a monthly basis for monitoring of bloods and physical healthcare checks in accordance to the guidelines for Clozapine therapy.	Leanne Greene / Leon Gratton / Weston Day Hospital / medical staff / Richmond fellowship	Regular contact	Ongoing
	Richmond to prompt Leon to attend appointments.	Richmond Fellowship / Leon		

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

• Community mental health nurse.	Therapeutic sessions for ongoing monitoring of mental health state.	[redacted]	CPN Input	No contact has been made.
Finances • 'Entrust account'	Direct debits will be set up for bills to be paid and remainder money for Leon to spend. Leon wishes to pay gas and electric.	Richmond fellowship / Leon Gratton	Management of finances.	Set up
Physical Health • Physical health check ups	To attend the GP	GP / Leon Gratton	Ongoing	
Accommodation • Tenancy Support	Richmond Fellowship to provide 20.5 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.	Richmond Fellowship / Leon Gratton	Support in the community.	Ongoing
• Social Work	Has been referred for home safety check.	[redacted]	To be transferred to Cupar Social Work team.	Ongoing

NHS Confidential: Personal data about a patient

THIRD PARTY COPY

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Structure to his week • Employment support	For Leon to attend 'supported employment' scheme for 12 weeks.	Dave Paton / Leon Gratton	Future employment or Volunteer work	Currently on waiting list.
Drug Misuse	Supporting Leon to continue to abstain from drugs detrimental to his mental health state.	Leon Gratton/ Leanne Greene / Richmond Fellowship / Medical team	Abstain from drugs.	Ongoing
Respite / Relapse planning • Relapse Plan	Relapse plan completed.	Leanne Greene / Leon Gratton	Ongoing	Send out copies

Client/Patient (signed)... [redacted] ..... Date....03/11/2013.....

Care Coordinator (signed)..... [redacted] ..... Date....05/11/2013....

CPA Care Plan v.12

Page 7 of 8

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name .....Leon Gratton..... Date ...25 October 2013... CHI No ... [redacted] SW No .....

Are there any unmet service needs?
(i.e. lack of resources preventing achievement of the care plan) **No** ☐ **Yes** ☐

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs	What action has been taken to address the need(s)?

Client/Patient (signed)..... [redacted] ..... Date.....05/11/2013.....

Care Coordinator (signed)..... ..... Date.....05/11/2013.....

CPA Care Plan v.12

Page 8 of 8

NHS Confidential: Personal data about a patient

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

RELAPSE PLANNING AND PREVENTION

- Relapse planning and future prevention is a way to increase your own awareness of your own Mental Health, looking at clues or signs that may indicate a change in well being.
- The term "relapse" itself is used to describe an increase in unhelpful thinking and behaviours after a period of feeling well or better Mental Health Wellbeing. A relapse can involve difficulties coping with day to day activities and increased feelings of stress.

WHY PLANNING AND PREVENTION

- Relapse planning and prevention is the term used to describe a way of identifying unhelpful thinking and behaviours and reducing them with the aim of promoting positive behaviours, thoughts and feelings, which may prevent ill health – both physical and emotional from recurring.
- Developing such a plan aims to reinforce the things you do to maintain your emotional and physical wellbeing. Over a period of time you will hopefully see improvement in the way you feel with regard to anxiety/low mood thoughts and feelings.

A Relapse Plan will explore:

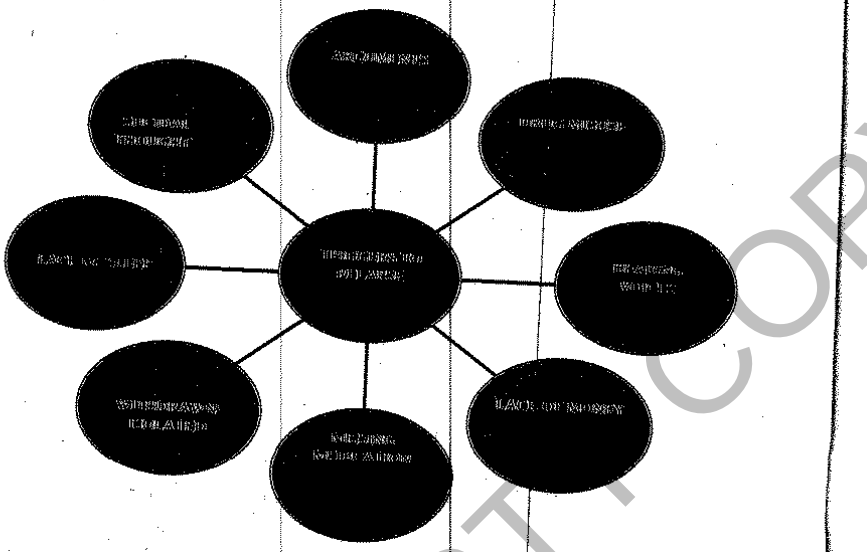
- TRIGGERS TO STRESS
- RESPONSE TO THESE TRIGGERS
- WHAT HAPPENS TO YOU – PHYSICALLY, EMOTIONALLY, MENTALLY AND SOCIALLY
- POSITIVE COPING STRATEGIES
- USEFUL CONTACTS
- EXISTING SKILLS/RESOURCES

By becoming aware of our triggers to changes in our mental health wellbeing and other warning signs we can utilise the various recovery methods available and by having a practical plan of action we can minimise risk of lapse with regard to stressful thoughts and feelings.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

TRIGGERS



MY REACTION TO THESE TRIGGERS

* CONFUSED AND FORGETFUL
* OVERACTIVE / ANXIOUS
* RELATIONSHIP DIFFICULTIES
* DISINGAGMENT FROM SERVICES
*AGGRESSIVE MANNER
* POOR PERSONAL HYGIENE

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

WHAT HAPPENS PHYSICALLY, EMOTIONALLY, MENTALLY AND SOCIALLY TO ME

PHYSICALLY
- Having aches and pains
- Muscle tension
- Tired, lacking in energy
- Anxious
- Feeling restless and unsettled

MENTALLY
- Paranoid, feeling I am being watched.
- Thought of suicide.
- Thoughts of hopelessness and worthlessness.
- Lost in thought about something's.
- Feeling my thoughts are not my own.
- Feeling confused and puzzled.
- Feel I am being laughed at or talked about.
- Hallucinations.
- Delusions.

EMOTIONALLY
- Stressed
- Scared
- Anxious
- Angry
- Irritable
- Depressed or Low in mood
- Feel useless or helpless
- Feeling very excited
- Feeling more sexually excited

SOCIALLY/ BEHAVIOUR
- Withdrawn.
- Isolating myself
- Lack of motivation
- Finding it hard to cope with daily tasks
- Not feeling like eating – poor dietary intake
- Poor personal hygiene
- Behaving oddly

My Aims and Objectives

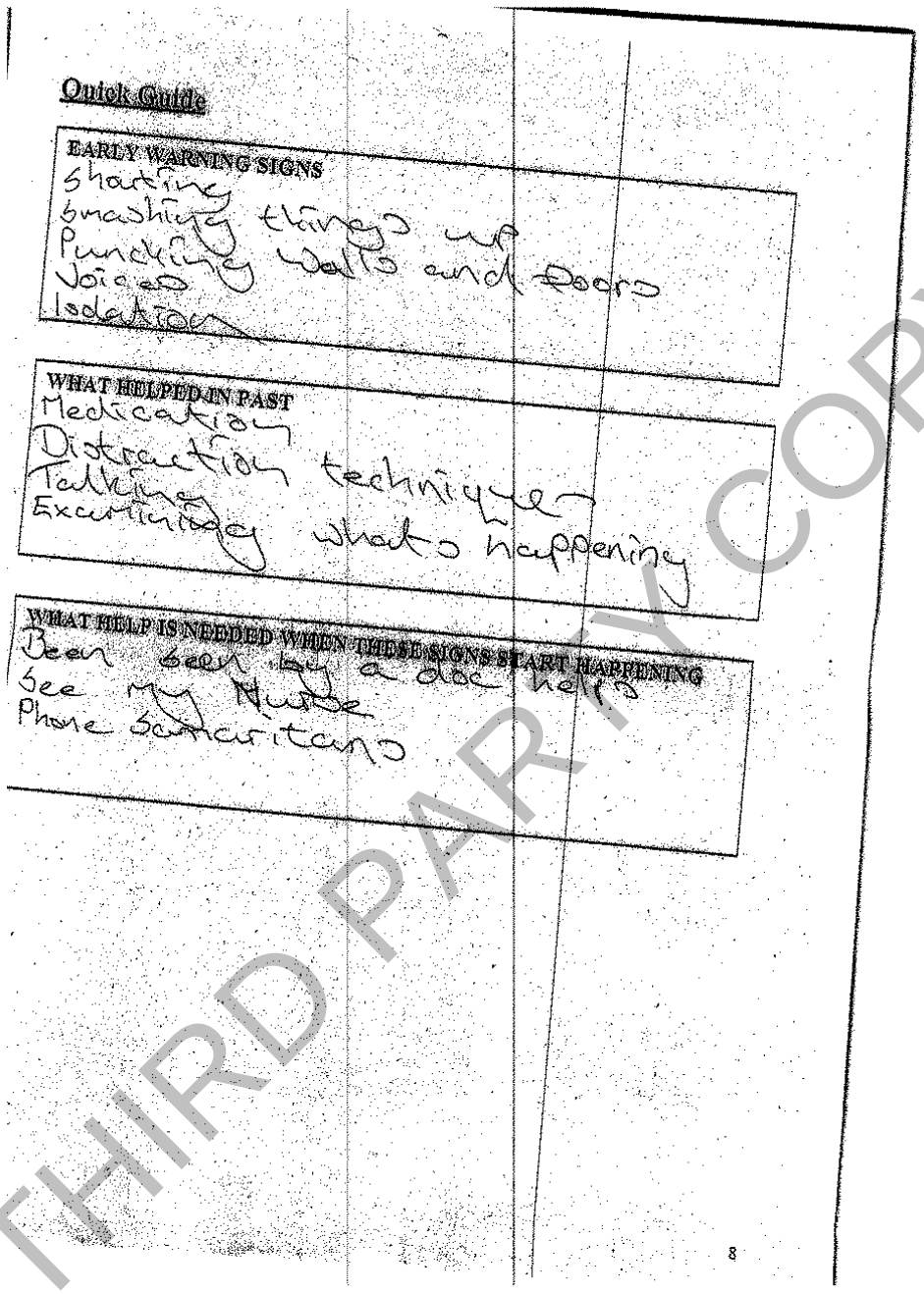
* Prevent hospital admission
* Future Employment
* Feel content
* Feel mentally well

POSITIVE COPING STRATEGIES

- Structure to my week
- Self-help books
- Classical music
- Write poetry
- Talking
- Tai Chi / Chi gung
- Gym
- Walking
- Switching of to a good movie

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



Quick Guide

EARLY WARNING SIGNS
Shouting
Smashing things up
Punching walls and doors
Voices
Isolation

WHAT HELPED IN PAST
Medication
Distraction techniques
Talking
Explaining what's happening

WHAT HELP IS NEEDED WHEN THESE SIGNS START HAPPENING
Been seen by a doctor
See my Nurse
Phone Samaritans

8

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NAME: Leon Gratton
Known As/Other Name:

DATE: 13/08/2013

TRIGGERS: Arguments, lack of sleep, hearing voices, suicidal thoughts, withdrawn, lack of money, drug misuse, missing medication

EARLY WARNING SIGNS:
- Shouting
- Smashing things up
- Punching walls and doors
- Voices

WHAT HELP IS NEEDED WHEN THESE SIGNS START?

Medication: Clozapine / as required medication

Support: Communities 1 belong to Handcrib.

Practical Techniques:

GP & Weston:

Online Resources: Mood cope

Community Supports: CoHaepe, Energy, Weston day hospital.

MY RESPONSIBILITIES:

Children – Names: Darren / Samantha
Relatives – Names: Mum / George Dad / Sal
People I care for – Names:
Pets:

Contact Number: [redacted]
Contact Number:
Contact Number:

CONTACT NUMBERS:

[redacted]

In emergency please contact – Name:

Contact Number:

[redacted]

Witnessed by [redacted]
Date: 13/08/2013

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Kirkcaldy & Levenmouth CHP
Mental Health Services

Weston House
Westport
Cupar
Fife
KY15 5AN
Telephone
Fax [redacted]

NHS Fife

Private & Confidential
Mr Leon Gratton
[redacted]

Date 17 October 2013
Your Ref
Our Ref [redacted]
Enquiries to
Tel No:

Dear Mr Gratton

A Care Programme Approach Meeting to review your current package has been arranged by [redacted] Staff Nurse. The aim of this meeting is to discuss your future arrangements.

You are invited to this meeting or, if you are unable to be there, you can arrange for a deputy to attend on your behalf.

Your meeting has been arranged for

Wednesday 20th November 2013 at 1.00p.m. at Weston Day Hospital, Cupar

Yours sincerely
[redacted]

Distribution
[redacted]

POSITIVE ABOUT DISABLED PEOPLE

CHP Acting General Manager:
[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

* Currently Strathaven – Move 16.07.13. into house.

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☑ Female* ☐ 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 ask for form GMSTRF001)*

Date of Birth* 17-3-1985

Title* Mr

Surname* Gratton

Forenames* Kean James

Previous Surname*

email address #

Address* [redacted]

Postcode*

Telephone #

Mobile #

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

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* Bury Manchester

Country of Birth* Britain

Registered district of birth (Scotland only)

Mother's maiden name [redacted]

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

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* [redacted]

Name and address of previous GP Practice in UK* Inverkeithing Medical Practice Friary Court

Postcode*

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*

If yes, please provide your address before enlisting*

Are you a Reservist?* ☐ Yes ☐ No

Leaving date*

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature

Date

Transfer in – 69138311 [redacted]

GMSGPR001 v1 (05-2013)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

[redacted]

4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice 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 cards, 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 make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

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, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature [redacted] Date 28/06/2013

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number [ ] [ ] GP name [ ]

Practice code [ ] [ ] Mileage (No.) Road [ ] Water [ ] Footpath [ ]

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☑ Home Office App Reg Card ☐ Other/None - specify [ ] Receptionist Initials [redacted]

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 [redacted] Date 26/06/2013

7. OFFICIAL USE O

Input by

Checked by

Date [ ] [ ] [ ]

Practice Stamp

GMSGPR001 v1 (05-2013)

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Patient No:

Bank Street Medical Group

NEW PATIENT HEALTH QUESTIONNAIRE
In Confidence

Please complete this form a fully and accurately as possible. The Doctor needs the information in the period that it takes for your medical record to be received by the practice.

YOUR DETAILS

Sex: ☑ Male ☐ Female

Surname: Gratton

Previous surname:

Forename(s): Leon J Gratton

Calling name: Leon

Title: Mr

Marital status: Single

Postcode:

House Name/Flat No:

No. and Street:

Village:

Town:

CONTACT DETAILS

Home Tel. No:

Work Tel. No:

Mobile No:

e-mail address:

NEXT OF KIN

Name: [redacted]

Telephon[redacted]

elationship: [redacted]

obile No:

ETHNIC GROUP

White	☐ Scottish ☐ English Other (please specify): British
Black	☐ Caribbean ☐ African Other (please specify):
Asian	☐ Indian ☐ Pakistani ☐ Chinese Other (please specify):
Mixed	☐ White and Black Carribean ☐ White and Black African ☐ White and Asian Other (please specify):
Other	Please specify:

Do you need an interpreter? ☐ Yes ☑ No

Do you need sign language support? ☐ Yes ☑ No

If you do need an interpreter what language do you speak?

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Are you registered as disabled? ☑ Yes ☐ No

If **yes** please give details of your disability: Schizophrenia

PERSONAL MEDICAL INFORMATION

Please list any serious illnesses/operations/accidents – and for women any pregnancy related problems - and the year they took place

Do you currently, or have you ever suffered from? (Please tick as appropriate)

Asthma	☐ Yes ☐ No	Diabetes	☐ Yes ☐ No
Atrial Fibrillation	☐ Yes ☐ No	Epilepsy	☐ Yes ☐ No
Cancer	☐ Yes ☐ No	Heart Failure	☐ Yes ☐ No
Chronic Heart Disease	☐ Yes ☐ No	Hypertension	☐ Yes ☐ No
Chronic Kidney Disease	☐ Yes ☐ No	Hypothyroidism	☐ Yes ☐ No
Chronic Respiratory Disease	☐ Yes ☐ No	Learning Disabilities	☐ Yes ☐ No
Dementia	☐ Yes ☐ No	Mental Health	☑ Yes ☐ No
Depression	☑ Yes ☐ No	Obesity	☐ Yes ☐ No

Do you take any regular medication? It would be beneficial if you could attach the tear-off page listing your regular medication from your last prescription. Alternatively please list these including the dosage, i.e. Paracetamol 500mg

Are you allergic to any medication?	☐ Yes ☑ No	If **yes** please describe which medicine/s you are allergic to:
Have you any other allergies which may affect your health?	☐ Yes ☑ No	If **yes** please describe these:

Women

Have you ever had a cervical smear?	☐ Yes ☐ No	If **yes** please state date/time of your last smear test:

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

For patients over 65 or those with a chronic disease, i.e. asthma, diabetes..

Have you ever had a flu vaccination?	☑ Yes ☐ No	If **yes** please state date of your last vaccination: 30 october 2012
Have you ever had a pneumococcal vaccination?	☐ Yes ☑ No	If **yes** please state date of your last vaccination:

MEDICAL INFORMATION - FAMILY HISTORY

Do either of your parents, brothers or sisters have any of the conditions described below? It would be helpful to identify the age at which the diagnosis was first made (if known). Please complete the following table as fully as possible.

	Diabetes		Heart Disease		High Blood Pressure		Stroke	
	Under 60 years of age	Over 60 years of age	Under 60 years of age	Over 60 years of age	Under 60 years of age	Over 60 years of age	Under 60 years of age	Over 60years of age
Father								
Mother								
Brothers								
Sisters								

SMOKING AND ALCOHOL

Are you a smoker? ☑ Yes ☐ No If **NO**, have you ever smoked? ☐ Yes ☐ No

If **YES** how many cigarettes or ounces of tobacco do you use per week? 100

If you are an **EX-SMOKER** when did you stop smoking?

How many units of alcohol do you drink weekly:

1 unit = 1 small glass of wine, 1 measure of spirit, 1 glass of sherry, ½ pint of beer or lager

MEN – How often do you have EIGHT or more drinks on one occasion **WOMEN** – How often do you have SIX or more drinks on one occasion?	☑ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

A	How often during the last year have you been unable to remember what happened the night before because you had been drinking alcohol?	☑ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily
B	How often during the last year have you failed what was normally expected of you because of alcohol?	☑ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily
C	In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	☑ No ☐ Yes, on occasion ☐ Yes, on more that one occasion

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

How would you describe your alcohol consumption?

Teetotaller	☐	Alcohol intake within sensible limits	☐
Stopped drinking alcohol	☑	Alcohol intake above sensible limits	☐
Current non-drinker	☐	Binge drinker	☐

CARERS

Do you care for someone who is ill, frail, disabled or mentally ill? ☐ Yes ☐ No

If you are a carer the practice will send you a Carers Questionnaire.

Richmond Fellowship

Do you have a carer? ☑ Yes ☐ No

If **yes**, please give the name and address of the person who cares for you:

[redacted]

PLEASE SIGN AND DATE BELOW

Signature: [redacted] Date: 28/6/13

EMERGENCY CARE SUMMARY

An Emergency Care Summary consists of basic information about your health which might be important if you need urgent medical care when the GP surgery is closed, or when you go to an accident and emergency department. It means that all NHS staff looking after you can get important information about your health, even if they cannot contact your GP surgery.

Your summary will contain the following information:

- Your name and date of birth
- The name of your GP surgery
- Your Community Health Index (CHI) number; this links up the different parts of your health record held in different places within the NHS
- Information about any medicines prescribed by your GP surgery
- Any bad reactions you've had to medicines that your GP know about

Your summary is copied from your GP's computer system and stored electronically. NHS staff can then find it quickly if they need it.

Who can look at your Emergency Care Summary?

- NHS Staff can look at this on computer if they need to treat you when your GP surgery is closed. They must ask you if you agree to this before they look at your information
- If you agree, only the staff listed here will be able to look at your summary –
  - Doctors, Nurses and Receptionists in out-of-hours medical centres
  - Staff at NHS 24 who are involved in your care
  - Staff in hospital; accident and emergency departments

In the future ambulance staff may also be able to look at your emergency care summary.

If you are unconscious, NHS staff may look at your summary without your agreement; this is so they can give the best possible care.

The NHS will store your summary electronically using the highest standards of security and only staff involved in your medical care will be allowed to look at your summary. NHS staff can only look at your summary if they have a password that allows them to and a record will be kept of everyone who has looked at your summary.

An Emergency Care Summary will automatically be made for you (implied consent). If you **DO NOT** want an Emergency Care Summary to be made for you and want to withdraw consent please sign the adjoining box.

MAA07

☐ Summariser ☐ Medical Administrator

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Dunfermline and West Fife Community Health Partnership

Child Health

Masterton Health Centre
Somerville Street
Burntisland
Fife
KY3 9DF

Tel: [redacted]
Fax:
Email:
Date: 20.4.11

NHS Fife

Your Ref:
Our Ref:
Chi No: [redacted]

Dr D H Garmany
Inverkeithing Medical Practice
5 Friary Court
Inverkeithing

Dear Dr Garmany

Re: **Leon Gratton** [redacted]
D.o.b. 17.03.75 [redacted]

I recently saw this gentleman's [redacted] for a Permanence Health Assessment. Mr Gratton did not complete any health information forms as part of the Permanence process but he has consented to his health information being shared with me and I have enclosed a copy of the Consent Form completed by him.

Mr Gratton's [redacted] is currently in Foster Care and the plan [redacted] in the near future. I understand Mr Gratton has chronic mental health difficulties and it would be very helpful if you could confirm the nature of his mental health difficulties and any other health conditions which may be relevant for his [redacted] future health.

Many thanks for your help and I look forward to hearing from you.

Yours sincerely

[redacted]

Dr A Stewart
Medical Advisor
Adoption & Fostering Panel

cc: File

encls

Chairman: Alastair Robertson
General Manager: Mr George Cunningham

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

IB/ESA113

Jobcentreplus

Atos Healthcare

Incapacity for work/Employment and Support Allowance

3151 E 1731
812

100-1

Dr Garmary
Inverkeithing Medical Centr
5 Friary Court
Inverkeithing
UK
KY11 1NU

[redacted]

Date: 28th February 2010

About your patient

Full Name: Mr Leon Gratton

NINo: [redacted]

Date of birth: 17th March 1975

Address: [redacted]

Dear Doctor

Your patient has made a claim for Incapacity Benefit or Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- **A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely

[redacted]

For the Medical Officer

Medical Services PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS [Version 3]

TRANSPARENCY COPY

NHS Confidential: Personal data about a patient

About your patient - continued

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

Nil

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking	
Rising from sitting	
Picking up objects	
Reaching	
Manual dexterity	
Continence	
Maintaining personal hygiene	
Eating or drinking	
Initiating or completing simple tasks	
Communication	

5 Does the patient have a history of threatening or violent behaviour? No ✓ Yes ☐ Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ✓

7 Additional information
Please continue on a separate sheet if necessary.

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

Your Signature

Signature [redacted]

Name IN CAPITALS Dr DR DAVID GARMANY INVERKEITHING SURGERY 5 FRIARY COURT INVERKEITHING KY11 1NU TEL: 01383 822174

Date 9 / 5 / 10

Practice stamp

DR DAVID GARMANY
INVERKEITHING SURGERY
5 FRIARY COURT
INVERKEITHING KY11 1NU
TEL: 01383 822174

Medical Services PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS [Version 3]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

IB/ESA113

Client Name:
Mr Leon Gratton

Client NINo: [redacted]

Client Date of Birth:
17.03.1975

EDINBURGH
Argyle House
3 Lady Lawson Street
Edinburgh
Edinburgh
EH3 9SH

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1. When did your patient last see a GP?

19/2/10

2. Current conditions affecting ability to work:
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form*
and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
Schizophrenia 2004	Psychosis	Psychotic symptoms since 2001, Schizophrenia formally diagnosed 2004.
		Sees psychiatrists regularly
		Current meds :-
		Fluphenazine 150mg IM, weekly
		Trihexyphenidyl 2mg daily
		Nitrazepam 5mg nocte
		Diazepam 5mg daily
		Citalopram 20mg daily.

Medical Services PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS [Version 3]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division
Victoria Hospital
Hayfield Road
Kirkcaldy
Fife KY2 5AH
[redacted]

NHS Fife

15 September 2009

V700828K
1703751191CHI:

Dr Taylor
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
Fife
KY11 1NU

Dear Dr Taylor

Mr Leon Gratton
[redacted]

Your patient has failed to respond to two letters requesting them to contact our Appointments Booking Centre to arrange a suitable date and time for their Ear Nose & Throat out-patient appointment. In accordance with hospital policy we have therefore removed their name from the out-patient waiting list.

Yours sincerely

[redacted]

For Patient Records and Information Department

VPFBREM

Chief Executive Mr John Wilson
Victoria Hospital is part of The Operational Division of NHS Fife

MS765

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS
Fife

CARE PROGRAMME APPROACH
[redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

29 May 2009

AS PER DISTRIBUTION

Dear Dr Carmany

RE: **LEON GRATTON** [redacted]
DoB: 17.03.75

Following Leon's last Care Plan meeting which had been arranged for 4 November 2008, it was agreed that he should be discharged from the Care Programme Approach. His name has therefore been taken off the CPA Register.

He has been asked to contact his Care Co-ordinator, Tom Short, Clinical Care Manager, should he have any queries in the future.

He continues to be supported by the Community Outreach Team.

Yours sincerely

[redacted]

[redacted]

Distribution: [redacted]

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

CARE PROGRAMME APPROACH
Secretary: [redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife
1948–2008 60 years of the NHS

13 October 2008

AS PER DISTRIBUTION

Dear Dr Gormany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] Clinical Care Manager. This will take place on **Thursday 4th November 2008 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted]

Distribution:

[redacted]

POSITIVE ABOUT DISABLED PEOPLE

845460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

CARE PROGRAMME APPROACH

[redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS
Fife

8 September 2008

AS PER DISTRIBUTION

Dear Dr Gormany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

Further to my letter to you dated 15th August 2008 unfortunately Leon's Care Plan meeting scheduled to take place on Thursday 18th September 2008 at 3.00pm has had to be postponed. A new date will be arranged in the near future.

I apologise for any inconvenience caused.

Yours sincerely

[redacted]

Distribution:

[redacted]

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

CARE PROGRAMME APPROACH
[redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT

NHS
Fife

[redacted]

15 August 2008

AS PER DISTRIBUTION

Dear Dr Gormany

RE: **LEON GRATTON** [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] Clinical Care Manager. This will take place on **Thursday 18th September 2008 at 3.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted]

Distribution:

[redacted]

POSITIVE ABOUT DISABLED PEOPLE

M5460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

CARE PROGRAMME APPROACH

[redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT

[redacted]

12 March 2008

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] Clinical Care Manager. This will take place on **Tuesday 8th April 2008 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted]

Distribution:

[redacted]

M3460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS
Fife

Mr Leon Gratton
[redacted]

Date 25th October, 2007
CHI No
Our Ref [redacted]
Enquiries t
Extension
Email

Dear Mr Gratton

Notification Of Patient DNA & Subsequent Removal From Waiting List

Please be advised that since you did not attend as requested we have no option but to remove you from the Waiting List.

Consultant	Mr Thomas Daniel
Speciality	Department of Surgery
Admission/Outpatient date	Out-Patient Clinic on 09.07.07 Out-Patient Clinic on 31.07.07 Out-Patient Clinic on 23.10.07

A letter has been sent to your GP advising them of this.

No further dates will be offered.

Yours sincerely

[redacted]

MR THOMAS DANIEL, FRCS Ed, F.R.C.S. (Gen Surg)
CONSULTANT GENERAL/COLORECTAL SURGEON

cc. Dr Somerville, Health Centre, Friary Court, Inverkeithing

Chief Executive Mr John Wilson
Queen Margaret Hospital is part of The Operational Division of NHS Fife

MS1200

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS
Fife

DEPARTMENT OF GENERAL SURGERY
MR T DANIEL

Dr Somerville
Health Centre
Friary Court
Inverkeithing

Date Dictated 9th July, 2007
Date typed 9th July, 2007
Our Ref
CHI No
Enquiries to
Extension
Direct Line
Fax No
Email
[redacted]

Dear Dr Somerville

LEON JAMES GRATTON, [redacted]
D.O.B. 17.03.75

This patient of yours was due to be seen in my clinic this morning, but failed to attend. No further appointment has been issued.

Yours sincerely

[redacted]

MR THOMAS DANIEL, FRCS Ed, F.R.C.S. (Gen Surg)
CONSULTANT GENERAL/COLORECTAL SURGEON

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

NHS
Fife

CARE PROGRAMME APPROACH
[redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

10th May 2007

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] and will take place on **Tuesday 22nd May 2007 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted]

Distribution:

[redacted]

POSITIVE ABOUT DISABLED PEOPLE

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

jobcentreplus

Your reference is [redacted]
Please tell us this number
if you get in touch with us

DR GARMARY
THE MEDICAL PRACTICE
5 FRIARY COURT
INVERKEITHING
FIFE
KY11 1NU

Clyde & Fife BDC
PO Box 26861
Glasgow
G4 7BF

[redacted]

Date 17/02/2007
FOR MR LEON JAMES GRATTON

INFORMATION ABOUT YOUR PATIENT

Name MR LEON JAMES GRATTON

Date of Birth 17/03/1975

Address [redacted]

Payment of Incapacity Benefits and the award of National Insurance credits are subject to an incapacity assessment. If a person meets, or is treated as meeting, the threshold of incapacity, medical certificates are no longer needed to support their claim.

As the patient shown above meets or is treated as meeting the threshold of incapacity under the Personal Capability Assessment you no longer need to issue NHS medical certificates for this person's claim for benefit. However, we may need to contact you for further information about your patient's incapacity in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity. You can find more information in IB204 'A guide for registered medical practitioners'. It is available on our website at www.dwp.gov.uk/medical.

[redacted]

Page 01 of 02

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

17/02/2007

MR LEON JAMES GRATTON [redacted]

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.
IB74

THIRD PARTY COPY

[redacted]

NHS Confidential: Personal data about a patient

IB113 01/04

Office stamp

Jobcentre Plus
Clyde & Fife BDC
PO Box 26861
Glasgow
G4 9BS

Incapacity for work

Dr Gairnary
The Medical Practice
5 Friary Court
Inverkeithing
Fife KY11 1NU

Our [redacted]
Code Number
If you get in touch with us, tell us this reference number [redacted]
Date 14/12/06

About your patient

Surname GRATTON
Other names LEON.
NI number [redacted]
Date of birth 17/3/75
Address [redacted]

Dear Doctor,

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the Personal Capability Assessment procedures. People with certain severe medical conditions can be accepted as meeting the threshold of incapacity for benefit purposes without undergoing the Personal Capability Assessment or, if the assessment has to be applied, without undergoing a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to the medical officer, it appears that this may be such a case. In order to advise the decision maker in accordance with the law, the medical officer requires further factual information. We would be obliged if you would answer the medical officer's questions overleaf clearly indicating on a separate sheet, any medical evidence that you think would be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness.

Your patient has given written consent on their claim form to allow us to approach you for this information.

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 as amended March 1998 and equivalent regulations in Scotland, and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a medical officer. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide will be much appreciated. Unfortunately, we will be unable to pay you for it.

A reply within 7 days will be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the medical officer at your local Medical Services Centre, see leaflet **IB204** *Guide for Registered Medical Practitioners* available at **www.dwp.gov.uk/medical**.

Thank you for your help.

Yours sincerely

[redacted]

On behalf of the Manager
For the Medical Officer

Social Security Office
Part of the Jobcentre Plus network,
Department for Work and Pensions

For official use

[redacted]

First day of incapacity
24/10/06

TRUE PRINT COPY

NHS Confidential. Personal data about a patient

About your patient – continued

Your reply

Please answer the following questions from the information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

30/10/06

2 Diagnosis of all relevant conditions and date(s) of onset.

Schizophrenia

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

1st psychotic symptoms 1993.
Relapsed schizophrenia 2004.
On depot antipsychotic from CPN.

THIRD PARTY COPY

NHS Confidential - Personal data about a patient

About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

5 **Any other information.**
- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

Nov Kran

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature [redacted]

Name IN CAPITALS **Dr** GARMANY

Date 20 / 12 / 06

Practice stamp

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

CARE PROGRAMME APPROACH

[redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

7 July 2006

AS PER DISTRIBUTION

Dear Dr Germany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, Tom Short, and will take place on **Friday 15th August 2006 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted]

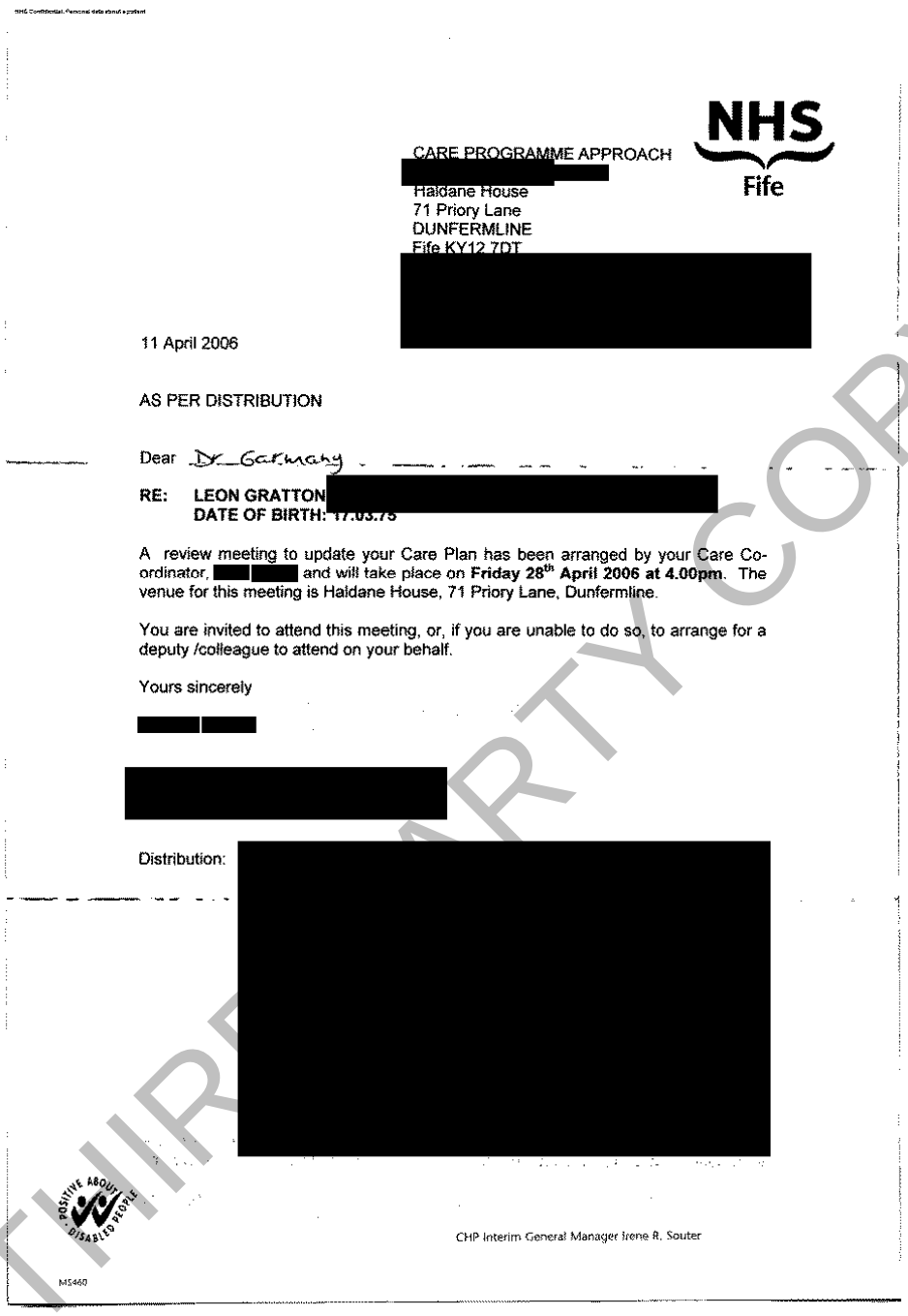
Distribution: [redacted]

POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

345460

THIRD PARTY COPY



NHS Confidential - Personal data about a patient

CARE PROGRAMME APPROACH
[redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
[redacted]

NHS Fife

11 April 2006

AS PER DISTRIBUTION

Dear Dr Garmany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] and will take place on **Friday 28th April 2006 at 4.00pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted]

Distribution: [redacted]

POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

CARE PROGRAMME APPROACH

NHS Fife

[redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT

[redacted]

16 January 2006

AS PER DISTRIBUTION

Dear Dr Garnaay

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

Further to my letter to you dated 5th January unfortunately Leon's Care Plan meeting scheduled to take place on Tuesday 24th January 2006 at 3.30pm **has been changed to 4.45pm the same day.**

I do hope you will be able to attend. I apologise for any inconvenience.

Yours sincerely

[redacted]

[redacted]

Distribution: [redacted]

POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

MS460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

CARE PROGRAMME APPROACH

NHS
Fife

[redacted]
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT

[redacted]

5 January 2006

AS PER DISTRIBUTION

Dear Dr. Gormany

RE: LEON GRATTON [redacted]
DATE OF BIRTH: 17.03.75

A review meeting to update your Care Plan has been arranged by your Care Co-ordinator, [redacted] and will now take place **on the new date** of **Tuesday 24th January 2006 at 3.30pm**. The venue for this meeting is Haldane House, 71 Priory Lane, Dunfermline.

You are invited to attend this meeting, or, if you are unable to do so, to arrange for a deputy /colleague to attend on your behalf.

Yours sincerely

[redacted]

[redacted]

Distribution: [redacted]

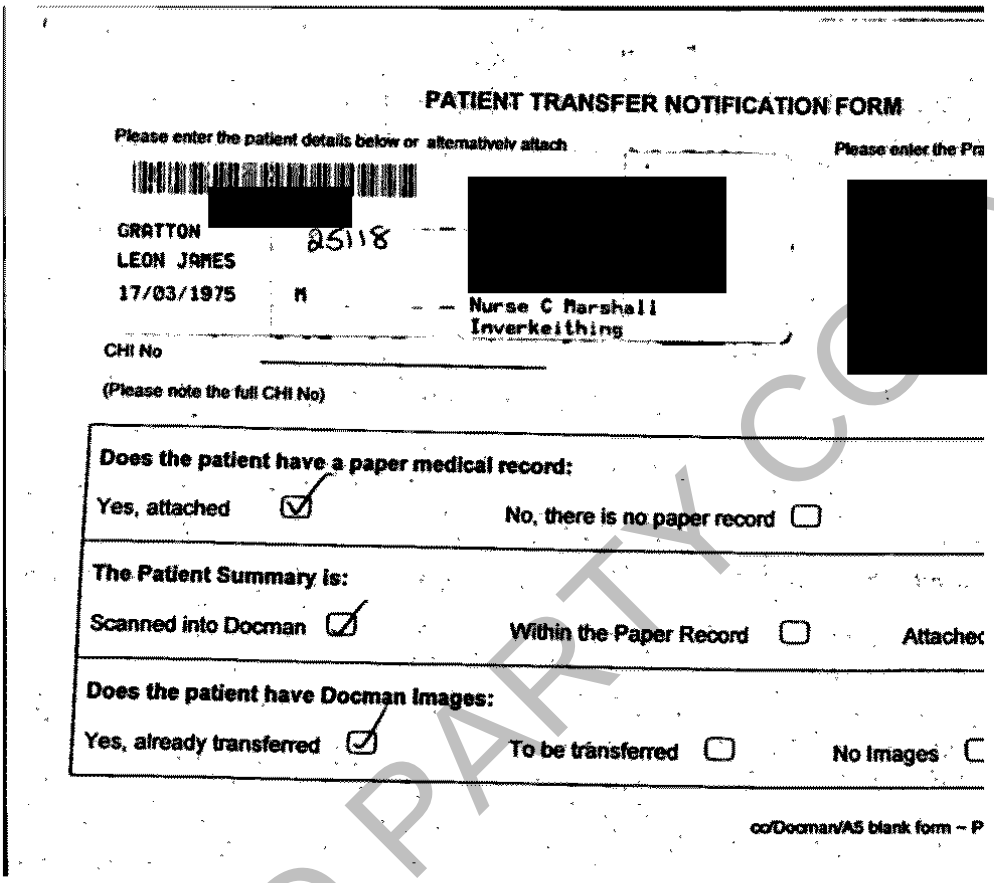
POSITIVE ABOUT DISABLED PEOPLE

CHP Interim General Manager Irene R. Souter

M5460

THIRD PARTY COPY

NHS Confidential: Personal data about a patient



PATIENT TRANSFER NOTIFICATION FORM

Please enter the patient details below or alternatively attach

Please enter the Pra

[redacted]

GRATTON
LEON JAMES
17/03/1975 M

85118

[redacted]

Nurse C Marshall
Inverkeithing

[redacted]

CHI No

(Please note the full CHI No)

Does the patient have a paper medical record:

Yes, attached ☑ No, there is no paper record ☐

The Patient Summary is:

Scanned into Docman ☑ Within the Paper Record ☐ Attached

Does the patient have Docman Images:

Yes, already transferred ☑ To be transferred ☐ No Images ☐

co/Docman/A5 blank form – P

THIRD PARTY COPY

Scanned Document
09-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf cardio.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Cardiology
[redacted]

NHS Fife

Dr Christopher Olley
Specialty Doctor in Psychiatry
Strathcden Hospital
Springfield
CUPAR
KY15 5RR

[redacted]

ADMINISTRATIVE
LETTER

Letter ID: 3397867

Dear Dr Olley

Date: 12/06/2019

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Thank you for your enquiry about Mr Gratton.

His QT prolongation likely reflects his antipsychotic treatment and if this is required for his mental health condition I would not change this based on the ECG findings though I would take the usual precautions at dose increments and avoid concomitant therapies that could worsen this tendency.

Regarding his asymptomatic sinus tachycardia I would suggest this requires no treatment though I note obesity and deconditioning may contribute here. I would however suggest antihypertensive therapies if his blood pressure is sustained at unsatisfactory levels. Given his age group I would suggest an ACE inhibitor or angiotensin receptor blocker with appropriate monitoring of renal function with the dose titrated to achieve satisfactory levels.

Kind regards

Yours sincerely

Dr R I Cargill
Consultant Cardiologist

[redacted]

(D) Dr KJ MacLaren, Bank Street Medical Group, The Health Centre, Bank Street, Cupar, KY15 4JN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name Leon Gratton	Date: 07 October 2014 [redacted]	SW No.

Address:	Psychiatrist Name: Dr Olley Address:	GP Name: Dr Taylor Address:	MHO Name: Address:
3 Makgill Row Springfield Fife KY15 5SA **Date of Birth:** 17/03/75 **Tel:** [redacted]	Medical Offices Stratheden Hospital Cupar Fife **Tel:** [redacted]	Bank street Medical group Cupar Ky15 4JN **Tel:** [redacted]	**Tel:** **SW** **Name:** Pending **Address:** **Tel:**
Care Coordinator **Name:** [redacted] **Address:** Weston House Westport Cupar Fife KY15 5AN **Tel:** [redacted] **Designation** Staff Nurse	**Community Nurse** **Name:** [redacted] **Address:** CPN Office Stratheden Hospital Cupar Ky15 5RR **Tel:** [redacted]	**Named Person** **Name:** **Address:** **Tel:** **Relationship:** **Advocacy** **Contact details**	**Nearest Relative/Partner** **Name:** [redacted] **Address:** **Tel:** [redacted] **Rel** [redacted] **Share Info:** Yes **Invited to meeting:** Yes

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

349

Name Leon Gratton	Date: 17th October 2014 [redacted]		SW No.
Crisis/out of hours arrangements Leon encouraged contacting crisis helpline number or NHS 24 that he has been issued with. [redacted] If Leon Requires further support within Monday –Friday 9am till 5pm to contact his GP or arrange an appointment at Weston.	**Sensory requirements** None **First language** English **Interpreter required?** No **Ethnic Origin:** White Scottish	**Others attending meeting:** **Name:** [redacted] **Address:** Richmond fellowship Unit S1 The Granary Coal Road Cupar **Designation** Richmond worker **Name:** [redacted] **Address: Richmond fellowship** **Designation** **Name:** **Address:** **Designation** **Name:** **Address:** **Designation**	**AWIA applies: No** **Details** [redacted] **applies: No** **(For details see next page)** **Date of previous CPA Review** 14/03/14 **Next CPA Review** **Date Friday 16th January 2015** **Time:** 10.00am **Venue: Seminar Room** Weston House, Cupar
Date of Risk Assessment: RA 2 09/07/2013			**Advance statement Yes** **Where held:** Medical records

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

4a9

Mental Health (Care and Treatment) (Scotland) Act 2003
Section 76 Details

To be completed by the RMO
and
ONLY to be used when the patient is subject to a Compulsory Treatment Order or a Compulsion Order

Name .....Leon Gratton..... Date...17th October 2014..... CHI No [redacted] ... SW No .....

Type of Order **Section No**	**Date of Order**
Period of next statutory review	**Date of last statutory review**
Compulsory Measures	**Recorded Matters**

RMO details: .....

CPA Care Plan v.12

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

504

Name .....Leon Gratton..... Date ...7th October 2015 CHI No [redacted] ..... SW No .....

Progress report

Progress since last review

Weston Day Hospital
Leon has attended his appointments at Weston Day Hospital. Leon has been collecting his medication on a fortnightly basis with maximum encouragement and support from Richmond fellowship.

Richmond Fellowship
Reports Leon coping well in the community. Short contact but engages well. Enjoys 1:1 interactions with staff ie baking, cooking.

CPN Service
Brain Duffy visits Leon on a weekly basis and supports Leon to hospital appointments.

Dr Olley
Outpatient appointment on 11/06/14
Richmond to support Leon to attend.

Issues arising/ Areas of concern

-Leon uses taxis to attend for medication due to anxiety on buses
-
-
-
-
- Leon does not always answer the door to Richmond Worker.
- Leon turning night into day.
- Difficulties maintaining household. Requires maximum prompting.
- Occasionally presents in a highly anxious state.

Attended CPA on 14/03/14
Leon Gratton
[redacted]

Person completing review (signed)..... Date.....

CPA Care Plan v.12

Page 4 of 8

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

box 9

Name .....Leon Gratton..... Date ...7th October 2014.....CHI No ... [redacted] ..... SW No .....

Needs Identified (medical treatment; community services; other treatment or services)	Plan of Action	Person Responsible	Proposed Outcome	Update
Medical				
• Medical review to assess mental health.	Leon to receive medical outpatient appointments at Weston day hospital. [redacted] wishes copy of medical review appointment sent to herself care of Leon's address.	Medical staff / Leon Gratton	Regular contact	Dr Olley Attended appointment on 01/10/2014 Change to medication.
Community mental health Service.				
• Issue medication as per kardex.	Will collect medication fortnightly from Weston.	Tracey Whitton/ Leon Gratton / Weston Day Hospital	Fortnightly contact	Collect medication as planned.
• Clozapine monitoring.	Leon to attend Weston on a monthly basis for monitoring of bloods and physical healthcare checks in accordance to the guidelines for Clozapine therapy. Richmond to prompt Leon to attend appointments.	[redacted] Gratton / Weston Day Hospital / medical staff / Richmond fellowship Richmond Fellowship/ Leon Gratton	Regular contact Weekly	Yearly review of Clozapine has now been completed. Ongoing

CPA Care Plan v.12

Page 5 of 8

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

• Community Mental Health Nurse	Therapeutic sessions for ongoing monitoring and support for Leon's mental wellbeing.	[redacted]	weekly Weekly	Ongoing
Finances • 'Entrust account'	Direct debits will be set up for bills to be paid and remainder money for Leon to spend.	Richmond fellowship / Leon Gratton	Management of finances.	Ongoing
Physical Health • Physical health check ups	To attend the GP C/O sleep apnoea and persistent cough.	GP / Leon Gratton	Ongoing	Leon to arrange GP appointment
Accommodation • Tenancy Support	Richmond Fellowship to provide 20.5 hours a week support for budgeting, cleaning, cooking, shopping and attending appointments.	Richmond Fellowship / Leon Gratton Richmond	Support in the community. Completed	Workers to use key from key box when unable to access house. Also to assist in enquiries for cleaner.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS

-Social work	Has been referred for home safety check Pending a new social worker	Social work services	Ongoing	
Structure to his week • Employment support	Support structure to week	FEAT [redacted] to re-engage with Leon to encourage volunteer.	Volunteer work	On hold until engaged with OT services
• OT support	Address anxiety in the community	Weston to refer	Regular contact	
Respite / Relapse planning • Relapse Plan	Leon to finish completion of relapse plan.	Leon Gration / [redacted] / Richmond Fellowship / Medical Staff/ CPN	Ongoing	Completed

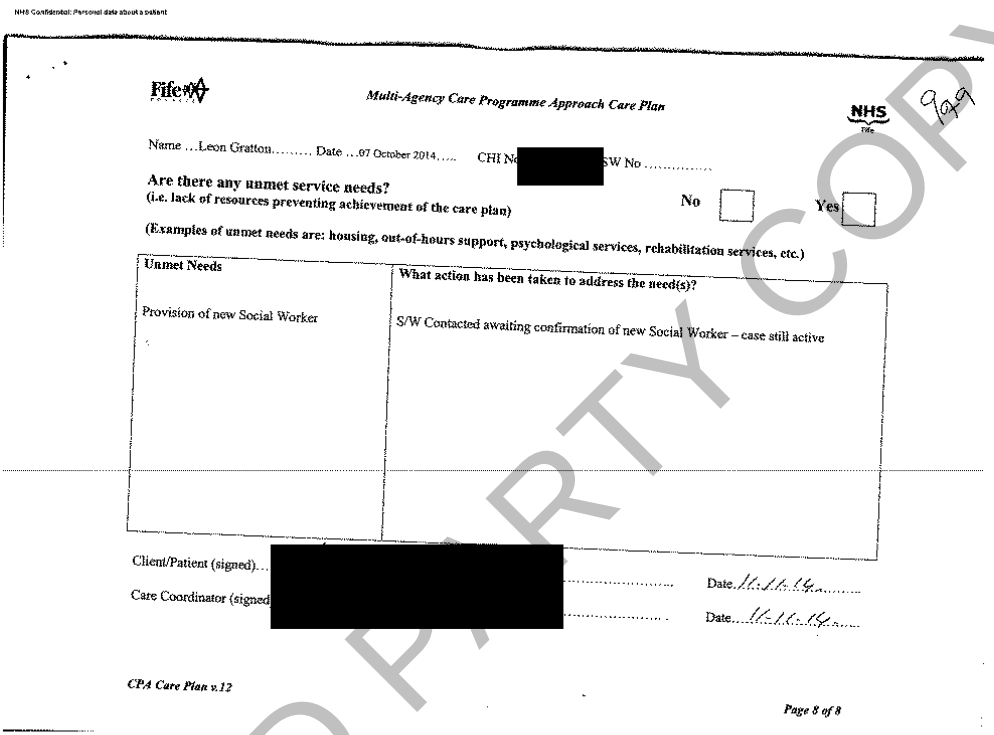
Client/Patient (signed)..... Date 11-11-16

Care Coordinator (signed)..... Date 11-11-16

CPA Care Plan v.12

Page 7 of 8

THIRD PARTY COPY



NHS Confidential: Personal data about a patient

Fife

Multi-Agency Care Programme Approach Care Plan

NHS Fife

Name …Leon Gratton…… Date …07 October 2014….. CHI No [redacted] SW No ……

Are there any unmet service needs?
(i.e. lack of resources preventing achievement of the care plan) No ☐ Yes ☐

(Examples of unmet needs are: housing, out-of-hours support, psychological services, rehabilitation services, etc.)

Unmet Needs	What action has been taken to address the need(s)?
Provision of new Social Worker	S/W Contacted awaiting confirmation of new Social Worker – case still active

Client/Patient (signed)… [redacted] ……. Date 10.11.14

Care Coordinator (signed) ……. Date 10.11.14

CPA Care Plan v.12

Page 8 of 8

THIRD PARTY COPY

Scanned Document
09-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf breast.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Breast Services
[redacted]

NHS
Fife

Dr F Williams
Psychiatry Dept
Queen Margaret Hospital
Dunfermline

ADMINISTRATIVE LETTER

[redacted]
Hospital ID: D659366L

Letter ID: 153658

Dear Dr Williams

Date: 09/03/2012

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

I reviewed the result of needle aspiration of this gentleman's left axillary node which has confirmed reactive changes which is compatible with his history or chronic infection and hidradenitis suppurativa. This was discussed in our MDT meeting where it was decided no further investigation or treatment is planned.

I am therefore happy to discharge him from our clinic back to your care.

Yours sincerely

Mr H Ahmad
Staff Grade Surgeon

[redacted]

(P) Dr D Somerville, Inverkeithing Medical Group, 5 Friary Court, Inverkeithing, KY11 1NU

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Breast Services

[redacted]

NHS Fife

Dr F Williams
Psychiatry Dept
Queen Margaret Hospital
Dunfermline

CLINIC LETTER

[redacted]

Hospital ID: D6593661

Letter ID: 100184

Dear Dr Williams

Clinic Date: 10/01/2012

Date: 12/01/2012

Leon Gratton, [redacted]

Date of Birth: 17/03/1975

Thanks for referring this gentleman to the breast clinic with bilateral axillary lumps. He has only started medicarion for schizophrenia and has had surgery in both arm pit and groin for possible hydradenitis suppurativa.

On examination I could not feel any lump in either breast but there were a few small lymph nodes palpable in both axillary areas but not in supraclavicular fossa.

I have explained to him that the nodes might be reactive to the infection that he has had and I have requested an ultrasound guided FNA to be done as an outpatient. We will write to you with that result.

Yours sincerely

[redacted]

Mr H Ahmad
Staff Grade Surgeon

[redacted]

(P) Dr David Somerville, Inverkeithing Medical Group, 5 Friary Court, Inverkeithing, Fife, KY11 1NU

THIRD PARTY COPY

Scanned Document
09-July-2026 HS2
Additional: Scanned Document

Filename: document.pdf A&E.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

GRATTON, Leon J - 1703751191 (CHI) [redacted]

NHS Fife

GRATTON, Leon J
BORN 17-Mar-1975 (50y) GENDER Male
CHI [redacted]

GP COPY

Immediate Discharge Letter

Last updated by [redacted] on 05-Sep-2025 17:51 (v. 22)

Patient Address [redacted]

GP Name	KATHRYN MACLAREN
GP Practice	Bank Street Medical Group
Address	The Health Centre Bank Street Cupar KY15 4JN

Encounter Details

Encounter Id	I0000791968	Hospital	Victoria Hospital
Type	Inpatient	Ward	V Ward 53
Specialty	Respiratory Medicine	Consultant	[redacted]

Admission Details

Date of Admission
31-Aug-2025 17:45

Discharge To
Home - Living Alone

Discharge Date
05-Sep-2025 13:00

Clinical and Management Information

Primary reason for admission

Pneumonia
DIAGNOSIS

Secondary / Other Diagnoses

No problems selected

Presenting complaint
SOB + Cough

Operation / Procedures

Clinical summary
Dear Doctor,

Leon Gratton was admitted to VHK with 3/52 generally well with SOB + cough.

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GRATTON, Leon J [redacted] CHI) [redacted]

PMH: T2DM, Asthma, Schizophrenia, Anxiety, Eczema, Psoriaisis, Obesity, Ex-smoker

Investigations: CXR - Rt basal consolidation

Issues: 1. Sepsis secondary to Pneumonia - started on IV Co-amox + Doxycycline. Pt completed 5/7 Doxy and was IVOSTed to oral Co-amox to complete 10/7 course total
Resp Specialist nurse saw patient, gave inhaler advice and completed spirometry testing. Pt is for repeat spirometry when chest settles to determine true results.
Methotrexate and Metformin were withheld on admission. They have now been resumed on discharge.

Medication changes: D/C to complete oral Co-amoxiclav

Follow-up: CXR in 6/52 to assess resolution
PFTs in 3/52

Many thanks for your ongoing care,
VHK Ward 53

Allergies

Allergies

ADVERSE REACTION Filter Applied

NO KNOWN
Megan TEMPLE confirmed there are no known adverse reactions 04-Sep-2025 12:32

Medications

Medication History 16 VERIFIED

Last updated by [redacted] on **04-Sep-2025 12:31**

Encounter	I0000791968 (TrakCare)
Sources Used	Community Pharmacy, Emergency Care Summary, Patient
Details	Medication history completed by [redacted] (Trainee Pharmacist) but updated by [redacted] Pharmacist)
Verification	Verified by [redacted] 04-Sep-2025 12:31.

Aripiprazole 10mg tablets
ORAL 2 tablets once daily, via compliance aid

Betamethasone valerate 0.1% ointment
TOPICAL 1 application once daily for 1-2 weeks, then reduce to alternate days for 1-2 weeks, then reduce to twice weekly for 1-2 weeks, then stop (patient reports still applying once daily)

Discharge 17 VERIFIED

Last updated by [redacted] on **05-Sep-2025 14:03**

Encounter	I0000791968 (TrakCare)
Verification	Verified by [redacted] 05-Sep-2025 14:34.

Aripiprazole 10mg tablets RX
ORAL 2 tablets once daily, via compliance aid

Supply	14
Script Details	M

Betamethasone valerate 0.1% ointment SUPPLY
TOPICAL 1 application once daily for 1-2 weeks, then reduce to alternate days for 1-2 weeks, then reduce to twice weekly for 1-2 weeks, then stop (patient reports still applying once daily)

Supply	Own at home

THIRD PARTY COPY

[redacted]

NHS Confidential: Personal data about a patient

GRATTON, Leon J - [redacted] (CHI) [redacted]

Clozapine 100mg tablets ORAL 3 tablets once daily at night, via compliance aid (dispensed at QMH & collects from Weston Day Hospital)	**Clozapine 100mg tablets** SUPPLY ORAL 3 tablets once daily at night, via compliance aid (dispensed at QMH & collects from Weston Day Hospital) Supply: Own at home, receives 4 weekly nomads separately to community nomad for clozapine from day hospital QMH.
	Co-amoxiclav 500mg/125mg tablets ▶ ADDED ORAL 1 tablet three times daily RX Duration: Fixed Period for 5 Day(s), starting on 03-Sep-2025 ending on 08-Sep-2025 Supply: 7 Script Details: started lunchtime 3/9, last dose to be given 8/9/25 AM dose as per kardex Reconciliation History 05-Sep-2025 Added - [redacted]
Dermol 500 lotion (Dermal Laboratories Ltd) BRAND RESTRICTED TOPICAL 1 application when required as a soap substitute PRN	**Dermol 500 lotion (Dermal Laboratories Ltd)** BRAND RESTRICTED SUPPLY TOPICAL 1 application when required as a soap substitute PRN Supply: Own at home
Fluoxetine 20mg capsules ORAL 3 capsules once daily, via compliance aid	**Fluoxetine 20mg capsules** RX ORAL 3 capsules once daily, via compliance aid Supply: 21 Script Details: M
Folic acid 5mg tablets ORAL 1 tablet once daily except day of methotrexate (Tuesdays), outwith compliance aid	**Folic acid 5mg tablets** SUPPLY ORAL 1 tablet once daily except day of methotrexate (Tuesdays), outwith compliance aid Supply: Own at home
Generic Aveeno cream TOPICAL 1 application when required for dry skin PRN	**Generic Aveeno cream** SUPPLY TOPICAL 1 application when required for dry skin PRN Supply: Own at home
Generic Epaderm cream DEVICE TOPICAL 1 application twice daily	**Generic Epaderm cream** DEVICE SUPPLY TOPICAL 1 application twice daily Supply: Own at home
Liquid paraffin light 63.4% bath additive DEVICE TOPICAL 1 application twice weekly	**Liquid paraffin light 63.4% bath additive** DEVICE SUPPLY TOPICAL 1 application twice weekly Supply: Own at home
Metformin 500mg tablets ORAL 1 tablet once daily, via compliance aid	**Metformin 500mg tablets** RX ORAL 1 tablet once daily, via compliance aid Supply: 7 Script Details: M

THIRD PARTY COPY

[redacted]

NHS Confidential: Personal data about a patient

GRATTON, Leon J - [redacted] (CHI) [redacted]

Methotrexate 2.5mg tablets
ORAL 4 tablets once a week on a Tuesday, outw ith compliance aid

Methotrexate 2.5mg tablets SUPPLY
ORAL 4 tablets once a week on a Tuesday, outw ith compliance aid
Supply Own at home

Omeprazole 20mg gastro-resistant capsules
ORAL 1 capsule once daily, via compliance aid

Omeprazole 20mg gastro-resistant capsules RX
ORAL 1 capsule once daily, via compliance aid
Supply 7
Script Details M

Paracetamol 500 mg Caplets
ORAL 1 - 2 tablets four times daily PRN, acute Rx 01/07/25
Max 8 tablets per 24 hour(s)

Paracetamol 500 mg Caplets SUPPLY
ORAL 1 - 2 tablets four times daily PRN, acute Rx 01/07/25
Max 8 tablets per 24 hour(s)
Supply Patient Pack / TTO

Salbutamol 100micrograms/dose inhaler CFC free
INHALATION 2 puffs four times daily PRN, Max 8 puffs per 24 hour(s)

Salbutamol 100micrograms/dose inhaler CFC free SUPPLY
INHALATION 2 puffs four times daily PRN, Max 8 puffs per 24 hour(s)
Supply Patient Pack / TTO

Simvastatin 40mg tablets
ORAL 1 tablet once daily at night, via compliance aid

Simvastatin 40mg tablets RX
ORAL 1 tablet once daily at night, via compliance aid
Supply 7
Script Details N

Soprobec 100micrograms/dose inhaler (Glenmark Pharmaceuticals Europe Ltd)
BRAND RESTRICTED
INHALATION 2 puffs twice daily

Soprobec 100micrograms/dose inhaler (Glenmark Pharmaceuticals Europe Ltd) BRAND RESTRICTED SUPPLY
INHALATION 2 puffs twice daily
Supply Patient's Own Supply

Authorising Clinician
[redacted] 05 Sep 2025 14:04
Prescriber Contact Number
[redacted]
Pharmacy Verification Required
Yes

Community Pharmacy
Community Pharmacy Name
Rowlands Pharmacy - Cupar
Contact Number
[redacted]

Medicines Supply
Compliance Aid

Details
Note also receives separate NOMAD from QMH (collects from Weston Day Hospital) containing clozapine, unable to contact pharmacy on discharge, new nomad supplied from VHK disp 5/9/25 no reg med changes but unable to contact pharmacy for redelivery of community nomad for pt going home. L.
[redacted]

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

GRATTON, Leon J - [redacted](CHI) [redacted]

Mental Health template required
No

Nursing Information Required
No

Ward Discharge

Pharmacy Comments
Professionally checked in VHK dispensary without access to medical notes or kardex. Patient supplied ONE WEEK NOMAD on discharge ([redacted]05/09/2025 @14:35)

I confirm that medications issued for this patient discharge have been checked in accordance with the local policy and medication issued for discharge has been discussed with the patient and/or their representative.

I Confirm
Yes

Registered Healthcare Practitioner (e.g. Nurse)
[redacted] 05 Sep 2025 17:48

Secondary Registered Healthcare Practitioner
[redacted] 05 Sep 2025 17:51

THIRD PARTY COPY

[redacted]

NHS Confidential: Personal data when printed

Acute Services Division

NHS Fife

V Emergency Department

KJ MacLaren
20413/1
Bank Street Medical Group
The Health Centre
Bank Street
Cupar
Cupar
KY15 4JN

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Leon Gratton
[redacted]

[redacted]
ED Consultant:Dr Rajendra Raman

The above patient attended the V Emergency Department on 30/08/2025 at 08:57. I outline below some information regarding this attendance.

Present Complaint: Sepsis

Diagnosis:			
Description	Body Site	Laterality	Comments
ED diagnosis - Respiratory - Lobar pneumonia			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
Your patient has been admitted to hospital for further investigations/treatment. A final discharge letter will be issued from the admitting specialty team.

Senior Review:
Senior Review Comments:

Yours sincerely

[redacted]

Version 1 Page 1 of 2

THIRD PARTY COPY

NHS Confidential: Personal data when printed

Acute Services Division

NHS Fife

[redacted]

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife KY12 0SU

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife KY2 5AH

[redacted]

NHS Fife

ACCIDENT & EMERGENCY DEPARTMENT

Dr. Somerville
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
Fife
KY11 1NU

Date: 16 August 2011
CHI: [redacted]

[redacted]

Dear Dr Somerville

Mr Leon Gratton - DOB: 17/03/1975

[redacted]

The above patient attended the A&E Department on 16/08/2011 at 12.30. I outline below for your information some information regarding this attendance.

Presenting Complaint:	HEAD INJ
Diagnosis:	OTHER ORTHOPAEDIC DIAGNOSIS
Body Site:	RIGHT SIDE OF SCALP
Investigations:	None
Treatment(s):	VERBAL ADVICE
Discharge Type:	DISCHARGED - WITH FOLLOW UP BY PRIMARY TEAM
Referred To:	Not Applicable
Discharge Destination:	PRIVATE RESIDENCE - USUAL PLACE OF RESIDENCE

Additional notes (for GP)

Attended 2 days post head injury, c/o vomiting since this morning, no visual changes, no neurological symptoms, mild postural dizziness, heavy drug use (cannabis, ecstasy, amphetamine, cocaine) and ETOH O/E 4 staples to right parietal region, clean, non-infected, GCS 15/15, no focal neurology I: mild concussion, CT head not indicated, discharged with px for anti-emetics, advised to see GP for follow up re mental health issues/drug use as lost contact with support services previously in place and states he would like to re-start these.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Yours sincerely

[redacted]

ROBBINS,DR Sophie
A&E DEPARTMENT

17 AUG 2011

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife KY2 5AH
[redacted]

NHS Fife

ACCIDENT & EMERGENCY DEPARTMENT

Dr. Somerville
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
Fife
KY11 1NU

Date: 14 August 2011
CHI: [redacted]

Dear Dr Somerville

Mr Leon Gratton - DOB: 17/03/1975
[redacted]

The above patient attended the A&E Department on 14/08/2011 at 03.32. I outline below for your information some information regarding this attendance.

Presenting Complaint:	head inj/ taken drugs
Diagnosis:	LACERATION
Body Site:	SCALP
Investigations:	None
Treatment(s):	STAPLE

Discharge Type:	DISCHARGED - NO FOLLOW UP
Referred To:	Not Applicable
Discharge Destination:	PRIVATE RESIDENCE - USUAL PLACE OF RESIDENCE

Additional notes (for GP)

PATIENT REPORTS ASSAULT - HIT WITH POOL CUE AND PUNCHED. NO LOC. NO VOMITING. HEAVY DRUG USE PRIOR TO ASSAULT. LAC TO SCALP - 4 STAPLES APPLIED.

Yours sincerely
[redacted]
MACDONALD, Chris
A&E DEPARTMENT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife KY2 5AH
[redacted]

NHS Fife

ACCIDENT & EMERGENCY DEPARTMENT

Dr. Somerville
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
Fife
KY11 1NU

Date: 05 October 2010
CHI: [redacted]
CRN: [redacted]
Enquiries to:
Victoria Hospital: [redacted]
Queen Margaret Hospital: [redacted]
Fax No

Dear Dr Somerville

Mr Leon Gratton - DOB: 17/03/1975
[redacted]

The above patient attended the A&E Department on 05/10/2010 at 02.04. I outline below for your information some information regarding this attendance.

Presenting Complaint:	OD
Diagnosis:	OTHER PSYCHIATRIC DIAGNOSIS
Body Site:	
Investigations:	
Treatment(s):	NOT TREATED
Discharge Type:	DISCHARGED - NO FOLLOW UP
Referred To:	General Practitioner
Discharge Destination:	PRIVATE RESIDENCE - USUAL PLACE OF RESIDENCE

Additional notes (for GP)

Angry this evening because he found out that [redacted] was putting up his [redacted] Took 40 mg diazepam, 10 mg nitrazepam, 40 mg citalopram and 4mg of trihexyphenidyl. No alcohol. Taken 6 hours prior to presentation. not premeditated. No suicidal intent. Schizophrenic on clopixol depot injections. Has appointment with his psychiatrist on Wednesday. ECG normal. No ataxia or nystagmus. Observatins normal. Paracetamol and salicylate undetected. Discharged home. Told to keep his appointment on Wednesday.

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Operational Division

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife KY2 5AH
[redacted]

NHS Fife

ACCIDENT & EMERGENCY DEPARTMENT

Dr. Somerville
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
Fife
KY11 1NU

Date: 17 September 2010
CHI: [redacted]
[redacted]
Enquiries to:
Victoria Hospital: [redacted]
Queen Margaret Hospital: [redacted]
Fax No

Dear Dr Somerville

Mr Leon Gratton - DOB: 17/03/1975
[redacted]

The above patient attended the A&E Department on 17/09/2010 at 02.20. I outline below for your information some information regarding this attendance.

Presenting Complaint:	OD
Diagnosis:	DSH
Body Site:	
Investigations:	
Treatment(s):	VERBAL ADVICE
Discharge Type:	DISCHARGED - WITH FOLLOW UP BY PRIMARY TEAM
Referred To:	Not Applicable
Discharge Destination:	PRIVATE RESIDENCE - USUAL PLACE OF RESIDENCE

Additional notes (for GP)

Admitted after taking overdose of street diazepam with suicidal intentions. Clinically stable. Discharged still stable about 9hrs post-ingestion after being assessed by psychiatry

Yours sincerely

[redacted]

MTHETHWA,DR Jabulile
A&E DEPARTMENT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Acute Hospitals
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

ACCIDENT & EMERGENCY DEPARTMENT

Dr. Somerville	Date: 19 June 2010
Inverkeithing Medical Centre 5 Friary Court Inverkeithing Fife KY11 1NU	[redacted]
	Fax No

Dear Dr Somerville

Mr Leon Gratton - DOB: 17/03/1975
[redacted]

The above patient attended the A&E Department on 19/06/2010 at 04.32. I outline below for your information some information regarding this attendance.

Presenting Complaint:	inj (R) foot
Diagnosis:	SOFT TISSUE INJURY
Body Site:	
Investigations:	None
Treatment(s):	ADVICE
Discharge Type:	DISCHARGED - NO FOLLOW UP
Referred To:	Not Applicable
Discharge Destination:	PRIVATE RESIDENCE - USUAL PLACE OF RESIDENCE

Additional notes (for GP)

Soft tissue injury to right foot. RICE advice.

Yours sincerely

[redacted]

HENDERSON,DR Iain
A&E DEPARTMENT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Acute Hospitals
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

ACCIDENT & EMERGENCY DEPARTMENT

Dr. Somerville Inverkeithing Medical Centre 5 Friary Court Inverkeithing Fife KY11 1NU	Date: 24 December 2009 CHI: [redacted] CRN: [redacted] [redacted] Fax No

Dear Dr Somerville

Mr Leon Gratton - DOB: 17/03/1975

[redacted]

The above patient attended the A&E Department on 24/12/2009 at 19.57. I outline below for your information some information regarding this attendance.

Presenting Complaint:	OD
Diagnosis:	POISONING
Body Site:	
Investigations:	Biochemistry
Treatment(s):	VERBAL ADVICE
Discharge Type:	DISCHARGED - WITH FOLLOW UP BY PRIMARY TEAM
Referred To:	Not Applicable
Discharge Destination:	PRIVATE RESIDENCE - USUAL PLACE OF RESIDENCE

Additional notes (for GP)

Spont overdose - not requiring treatment. Discharged home. CPN follow up

Yours sincerely

[redacted]

A&E DEPARTMENT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Acute Hospitals
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

ACCIDENT & EMERGENCY DEPARTMENT

Dr. Somerville Inverkeithing Medical Centre 5 Friary Court Inverkeithing Fife KY11 1NU	Date: 06 December 2009 CHI [redacted] CRN [redacted] Enquiries to: [redacted] Extension: Direct Line Fax No

Dear Dr Somerville

Mr Leon Gratton - DOB: 17/03/1975
[redacted]

The above patient attended the A&E Department on 06/12/2009 at 01.51. I outline below for your information some information regarding this attendance.

Presenting Complaint:	left sided chest pain
Diagnosis:	GASTRO OESOPHOGEAL REFLUX (GORD)
Body Site:	
Investigations:	ECG
Treatment(s):	VERBAL ADVICE
Discharge Type:	DISCHARGED - WITH FOLLOW UP BY PRIMARY TEAM
Referred To:	Not Applicable
Discharge Destination:	PRIVATE RESIDENCE - USUAL PLACE OF RESIDENCE

Additional notes (for GP)

Imp: Gastritis. 3/12 Chest/epigastric pain, worse when smokes, occasional reflux. Given lansoprasole 30mg PO, has GP FU mane.

Yours sincerely
[redacted]

KEVERN,DR Liam
A&E DEPARTMENT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Acute Hospitals
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

ACCIDENT & EMERGENCY DEPARTMENT

Dr. Somerville Inverkeithing Medical Centre 5 Friary Court Inverkeithing Fife KY11 1NU	Date: 20 October 2009 CHI: [redacted] CRN: [redacted] Enquiries to [redacted] Extension [redacted] Direct Li [redacted] Fax No

Dear Dr Somerville

Mr Leon Gratton - DOB: 17/03/1975

[redacted]

The above patient attended the A&E Department on 20/10/2009 at 04.23. I outline below for your information some information regarding this attendance.

Presenting Complaint:	OD
Diagnosis:	POISONING
Body Site:	
Investigations:	ECG
Treatment(s):	ADVICE
Discharge Type:	DISCHARGED - WITH FOLLOW UP BY PRIMARY TEAM
Referred To:	Not Applicable
Discharge Destination:	PRIVATE RESIDENCE - USUAL PLACE OF RESIDENCE

Additional notes (for GP)

Patient took an OD of non-hormonal anabolic complex. He said that he did it because is having auditive, visul and olfactory hallucinations. He was medically fit. He was assessed by the psychiatric team. He will be seen on Wed 21/10/09 by the consultant. Doesn't intend to harm himself again.

Yours sincerely

[redacted]

LOCUM 1 AE,DR Locum Ae
A&E DEPARTMENT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Acute Hospitals
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

ACCIDENT & EMERGENCY DEPARTMENT

Dr. Somerville	Date: 29 September 2009
Inverkeithing Medical Centre	CHI: [redacted]
5 Friary Court	CRN [redacted]
Inverkeithing	
Fife	Enquiries to: [redacted]
KY11 1NU	Extension: [redacted]
	Direct Line: [redacted]
	Fax No

Dear Dr Somerville

Mr Leon Gratton - DOB: 17/03/1975

[redacted]

The above patient attended the A&E Department on 29/09/2009 at 17.02. I outline below for your information some information regarding this attendance.

Presenting Complaint: od
Diagnosis: DELIBERATE
Body Site:
Investigations: Biochemistry
Treatment(s): VERBAL ADVICE

Discharge Type: DISCHARGED - NO FOLLOW UP
Referred To: Not Applicable
Discharge Destination: PRIVATE RESIDENCE - USUAL PLACE OF RESIDENCE

Additional notes (for GP)

Presents with overdose of four paracetamol and four simvastatin. Paracetamol level below treatment line. Seen by psychiatry no need for admission, follow up as planned with CPN.

Yours sincerely

[redacted]

LESLIE,DR Anita
A&E DEPARTMENT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Fife Acute Hospitals
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
[redacted]

NHS Fife

ACCIDENT & EMERGENCY DEPARTMENT

Dr. Somerville	Date: 23 September 2009
Inverkeithing Medical Centre	CHI: [redacted]
5 Friary Court	CRN: [redacted]
Inverkeithing	
Fife	Enquiries to [redacted]
KY11 1NU	Extension: [redacted]
	Direct Line [redacted]
	Fax No

Dear Dr Somerville

Mr Leon Gratton - DOB: 17/03/1975

[redacted]

The above patient attended the A&E Department on 23/09/2009 at 09.32. I outline below for your information some information regarding this attendance.

Presenting Complaint:	PSYCH PROB
Diagnosis:	OTHER PSYCHIATRIC DIAGNOSIS
Body Site:	
Investigations:	None
Treatment(s):	VERBAL ADVICE
Discharge Type:	DISCHARGED - WITH FOLLOW UP BY PRIMARY TEAM
Referred To:	Not Applicable
Discharge Destination:	PRIVATE RESIDENCE - USUAL PLACE OF RESIDENCE

Additional notes (for GP)

Attended with paranoid ideation, attendance recommended by police who attended his home. No active hallucination in dept, no immediate danger to himself. Fit for diacharge with review Friday by community team.

Yours sincerely

[redacted]

BONSALL,DR Alexandra
A&E DEPARTMENT

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

C1.

ACCIDENT AND EMERGENCY DEPARTMENT
Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU

GP NAME AND ADDRESS
Dr David Somerville
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
Fife
KY11 1NU
[redacted]

PATIENT DATA

DOB **17/03/1975**
Unit No **D659366L**
CHI No [redacted]
Surname **Gratton**
Forename(s) **Leon**
Address [redacted]
Phone No
School
Occupation
Religion
Next Of Kin Address [redacted]
Relationship
Home Phone [redacted]

Date & Time of Attendance	Date and Time of Accident
08/06/2008 12.50	**08/06/2008 11.45**

TYPE OF INCIDENT (R.T.A: Work: Home: Sport: Other *(Specify)*)
OTHER

LOCATION	SOURCE OF REFERRAL
HOME	**EMERGENCY SERVICES**

CRIS Number [redacted]
Name of doctor
Presenting Comp [redacted]
Time seen 13 : 47 hours
OD
T.
P. 75
R. 15.
B.P. 109/71
BM
O2 Sats 100%

Investigation(s):
MSU - will need paracetamol levels at 1515

Diagnosis:
Paracetamol OD.

Treatment:
Admit

Follow-up:
+ medicine

D659366T 17/03/75 1703751191

Tick once copy has been sent to GP/School/Health Visitor

Reason For Reattendance	Date Of Reattendance	Time Of Reattendance
A&E clinic		
A&E clinic		
A&E clinic		

45 Whitefield Road
TOWNHILL
KY11 1DZ

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS

GARMANY, D
INVERKEITHING MEDICAL CENTRE
5 FRIARY COURT

INVERKEITHING
KY11 1NU [redacted]

PATIENT DATA

D.O.B. 17-MAR-75 Unit No [redacted]
Surname GRATTON
Forename(s) JOHN
Address [redacted]
Occupati
Phone N
Consulta
Next of K
Home Ph
Work Ph

Date and Time of Attendance	Date and Time of Accident
27/04/07 02:40	27/04/07 02:10

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

OTHER

LOCATION	SOURCE OF REFERRAL
headache and chest	NHS 24

98% on 4lo air.

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT: Yes

T. P 83 R. B.P. 120/71

INVESTIGATIONS - *(Please tick)*

Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS

Headaches and chest pain

TREATMENT - *(Please tick)*

Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics IATS
Prescription Issued:

Parac 1g/4o
Inj Amitrip 50mg IM stat
D/W Reassure
(P) Diazepam

TIME FIRST SEEN BY DOCTOR

HISTORY/CLINICAL DETAILS

Missed his medications today as the pharmacy had closed when he arrived there (receives daily dose of diazepam + nitrazepam).
O 32 40
Refers hitting of chest pain and generalised headache since 2 days ago, intermittent could not sleep tonight & called NHS 24 because he felt extremely anxious about the nature of the chest pain. Reckons he has had similar pain before & medications (benzodiazepines) control it.
PMHx: Depression (unspecified → under Dr. Cavanagh, has CPN), insomnia, ? ora tading
Meds: Oxazepam, nitrazepam, ? loratadine.
Extremely anxious.
O/E: JVP ↔
HS I+II+0
Signature ECG: Sinus rhythm
GSx1, no ischaemic changes.

A & E

MS 137

PLEASE USE BALLPOINT PEN

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS
TAYLOR, David
INVERKEITHING MEDICAL CENTRE
5 FRIARY COURT
INVERKEITHING
KY11 1NU [redacted]

PATIENT DATA
D.O.B. 17-MAR-75 Unit N [redacted]
Surname GRATTON
Forename(s) LEON
Address [redacted]
Occupation Religion
Phone No.
Consultant
Next of Kin
Home Phon [redacted]
Work Phond

Date and Time of Attendance	Date and time of Accident
11/03/07 20:42	11/03/07 16:00

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
OTHER

LOCATION	SOURCE OF REFERRAL
O.D.	EMERGENCY SERVI

ALLERGIES - Penicillin
OTHER - *(Specify)*
NKDA
ALERT
Yes

T. 35.6°C P. 81 R. 14 B.P. 116/75 SpO2.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS
O.D.

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR

Prescription issued:

HISTORY/CLINICAL DETAILS
31 yo ♂ Took 250 mg of loratadine between 16:00 and 17:00 "because the ones upstairs & next door were laughing at him". Also took 4-5g of paracetamol. Phoned NHS 24 & ambulance was sent to him. Refers headache at present, mainly occipital.
PMHx: Schizophrenia
Borderline personality disorder
Eczema
Asthma
Smoker 40 cig/d
alcohol binge drinks
Meds: Clopixol weekly → not had 7/7 for 2 wks
Nitrazepam
O/E: GCS 15/15 dehydrated
PEARL
VS Good AE
ECG: NAD.
JVP ↔ Lochs
Nystagmus I+II+0
Abdo
Neuro grossly intact.
Paracetamol level 0.18 → D/W Dr. Sinnasamy - discharge → low risk → NO NEED FOR TX
Signature
A.S.E.I.

MS 137 (P) Referred to PLEASE USE BALLPOINT PEN ADMIT WDR.

THIRD PARTY COPY

EMIS attachment reference code
13-Mar-2026 *****
Additional: EMIS attachment reference code
DMARD letter
Filename: DMARD letter.doc
Extension: .tif
Pages:



Bank Street Medical Group
The Health Centre
Bank Street
CUPAR KY15 4JN
[redacted]

13 03 2026

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

DMARD Monitoring

The Practice is continually monitoring its repeat prescribing to ensure that treatment is given safely and effectively.

I am writing to inform you that in order for us to continue to issue your prescription for Methotrexate, we require you to have a blood test taken on a regular basis. We would ask that you make the necessary arrangements to have this done.

Yours sincerely

Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
17-Sept-2025 *****
Additional:EMIS attachment reference code
asthma 2nd
Filename: asthma 2nd.doc
Extension:.tif
Pages:



Bank Street Medical Group
The Health Centre
Bank Street
CUPAR KY15 4JN
[redacted]

17 09 2025

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

Annual review of Asthma – reminder

I am writing to advise you that your asthma review is now overdue. You may have an appointment booked but if not please contact the surgery to arrange a 15 minute appointment with the Practice Nurse. Alternatively, if your asthma is under control please book a 10 minute telephone consultation with the Practice Nurse.

The Doctors strongly recommend that you attend the surgery for your review appointments as this allows us the opportunity to check and alter your medication if necessary. However, if you are unable to attend and have had Asthma for more than 2 years please complete the Asthma Review Form available on our practice website.

If you do not wish to attend please complete and return the slip below.

Yours sincerely

Dr Iain Gourley
GP Partner

Name..... Date of Birth ...../...../.....

☐ I do not wish to have an asthma review this year

☐ I do not wish to have an asthma review this year as I am under the care of a hospital doctor/consultant for my asthma. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

EMIS attachment reference code
17-Sept-2025 *****
Additional:EMIS attachment reference code
diabetes 2nd
Filename: diabetes 2nd.doc
Extension:.tif
Pages:



Bank Street Medical Group
The Health Centre
Bank Street
CUPAR KY15 4JN
[redacted]

17 09 2025

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

Annual review of Diabetes – reminder

I am writing to remind you that your annual review is now overdue. You may have appointments booked but if not please contact the surgery to book a 20 minute pre-clinic blood test with either our CTAC Service or Phlebotomist and a 20 minute follow-up appointment with the Practice Nurse at least one week later.

Whilst you are with the Nurse she will also check your health record and if you have any other health conditions such as Heart Disease, Kidney Disease, Stroke, Hypothyroidism or Hypertension a review of these will also be undertaken.

Additional information:	• Please bring an early morning urine sample with you to the appointment for testing

The Doctors strongly recommend that you attend the surgery for an annual review appointment as this allows us the opportunity to check your bloods and alter your medication if necessary.

If you do not wish to attend please complete and return the slip below.

Yours sincerely

GP Partners

Name:..... Date of Birth:.....

☐ I do not wish to have an annual review this year

☐ I do not wish to have a review this year as I am under the care of a hospital doctor/consultant/diabetes nurse specialist for my diabetes. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

EMIS attachment reference code
08-July-2025 *****
Additional: EMIS attachment reference code
DMARD blood appt due
Filename: DMARD blood appt due.doc
Extension: .tif
Pages:



Bank Street Medical Group
The Health Centre
Bank Street
CUPAR KY15 4JN
[redacted]

08 07 2025

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

DMARD Monitoring

The Practice is continually monitoring its repeat prescribing to ensure that treatment is given safely and effectively.

I am writing to inform you that in order for us to continue to issue your prescription for Methotrexate, we require you to have a blood test taken on a regular basis. We would ask that you make the necessary arrangements to have this done.

Yours sincerely

Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
05-Jun-2025 *****
Additional: EMIS attachment reference code
Diabetic Foot Screening Invitation
Filename: Diabetic Foot Screening Invitation.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

05 06 2025

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

Diabetic Foot Screening

Your medical record shows that you are eligible for diabetic foot screening.

If you would like to attend an appointment for this please telephone the Practice [redacted] to arrange an appointment.

Appointments can only be made for a Friday afternoon.

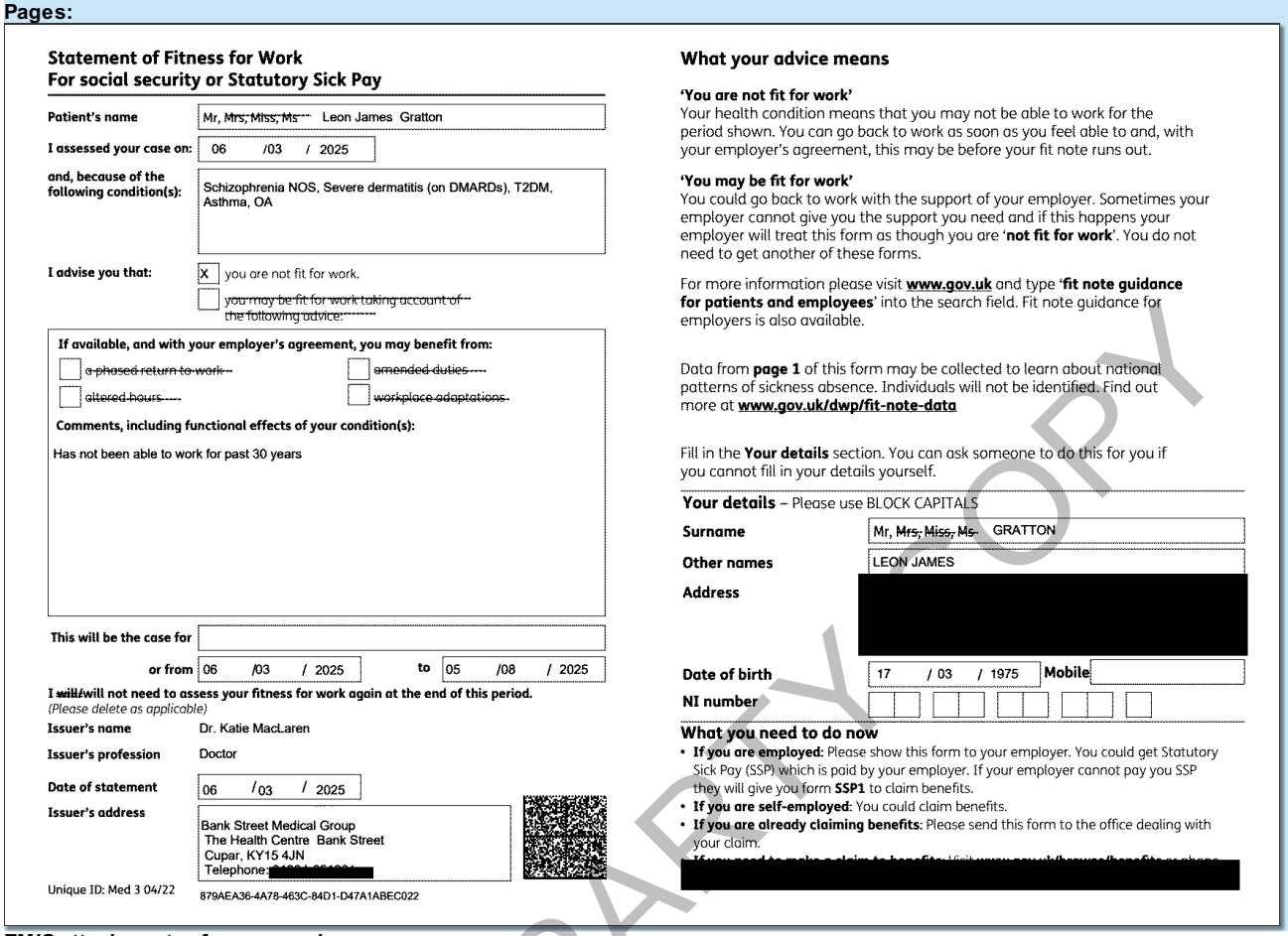
Kind regards.

Yours sincerely

Bank Street Medical Group

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
06-Mar-2025 Dr. Katie MacLaren (KM)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Schizophrenia NOS, Severe dermatitis (on DMARDs), T2DM, Asthma, OA; Duration: 06/03/2025 - 05/08/2025)
Filename: FitNote.pdf
Extension:.tif
Pages:



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

Patient's name Mr, ~~Mrs, Miss, Ms~~ Leon James Gratton

I assessed your case on: 06 /03 / 2025

and, because of the following condition(s): Schizophrenia NOS, Severe dermatitis (on DMARDs), T2DM, Asthma, OA

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):
Has not been able to work for past 30 years

This will be the case for
or from 06 /03 / 2025 **to** 05 /08 / 2025

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr. Katie MacLaren
Issuer's profession Doctor
Date of statement 06 /03 / 2025
Issuer's address Bank Street Medical Group
The Health Centre Bank Street
Cupar, KY15 4JN
Telephone: [redacted]

Unique ID: Med 3 04/22
879AEA36-4A78-463C-84D1-D47A1ABEC022

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, ~~Mrs, Miss, Ms~~ GRATTON
Other names LEON JAMES
Address [redacted]
Date of birth 17 / 03 / 1975 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.

[redacted]

THIRD PARTY COPY

EMIS attachment reference code
15-Feb-2024 *****
Additional:EMIS attachment reference code
Clenil to Soprobec switch.doc Clenil to Soprobec switch
Filename: Clenil to Soprobec switch.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

15 02 2024

Mr Leon James Gratton

[redacted]

Dear Mr Gratton

Clenil inhaler to Soprobec inhaler

In the interests of patient care, NHS Fife is continually reviewing medicine options to ensure prescribing is done within national clinical guidance. We are also keen to ensure that all our patients receive the best quality of treatment, whilst making the best use of NHS resources available to us.
A new inhaler has become available to us and as a result, your medication has been reviewed and identified as being clinically appropriate to switch.

Your current inhaler **Clenil**, contains the active ingredient Beclometasone, and from your next prescription, you will note that the brand of this inhaler will change to **Soprobec**. Soprobec contains exactly the same active ingredient, at exactly the same strength and it is therefore expected to control your symptoms in the same way as before. Please finish any supplies of Clenil you still have before starting Soprobec.

Please note your repeat medication list has now been updated at the surgery and if you order your medication online through Patient Access, then your medication will now show Soprobec as detailed above. If you receive your medication via a serial prescription (CMS), a new prescription will have been sent to your chemist in preparation.

If you wish to discuss this change further, you can:

- Speak to your community pharmacist
- Contact the surgery and request a call back from the practice pharmacy team

Yours sincerely
Practice Pharmacy team

THIRD PARTY COPY

EMIS attachment reference code
15-Feb-2024 *****
Additional: EMIS attachment reference code
Clenil to Soprobec switch
Filename: Clenil to Soprobec switch.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN

15 02 2024

Mr Leon James Gratton

Dear Mr Gratton

Clenil inhaler to Soprobec inhaler

In the interests of patient care, NHS Fife is continually reviewing medicine options to ensure prescribing is done within national clinical guidance. We are also keen to ensure that all our patients receive the best quality of treatment, whilst making the best use of NHS resources available to us.
A new inhaler has become available to us and as a result, your medication has been reviewed and identified as being clinically appropriate to switch.

Your current inhaler **Clenil**, contains the active ingredient Beclometasone, and from your next prescription, you will note that the brand of this inhaler will change to **Soprobec**. Soprobec contains exactly the same active ingredient, at exactly the same strength and it is therefore expected to control your symptoms in the same way as before. Please finish any supplies of Clenil you still have before starting Soprobec.

Please note your repeat medication list has now been updated at the surgery and if you order your medication online through Patient Access, then your medication will now show Soprobec as detailed above. If you receive your medication via a serial prescription (CMS), a new prescription will have been sent to your chemist in preparation.

If you wish to discuss this change further, you can:

- Speak to your community pharmacist
- Contact the surgery and request a call back from the practice pharmacy team

Yours sincerely
Practice Pharmacy team

THIRD PARTY COPY

EMIS attachment reference code
19-Jan-2024 *****
Additional:EMIS attachment reference code
Appt request
Filename: Appt request.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

19 01 2024

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice and arrange an appointment with the Practice Nurse at your earliest convenience.

This appointment is for a blood test.

I would be very grateful if when telephoning the Practice you could briefly advise our receptionist of the reason for making the appointment. This ensures that you see the correct person when you arrive for your appointment.

Kind regards.

Yours sincerely

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
16-Aug-2023 *****
Additional: EMIS attachment reference code
bloods
Filename: bloods.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

16 08 2023

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice and arrange an appointment with Phlebotomist at your earliest convenience.

This appointment is in connection with D-MARD bloods.

I would be very grateful if when telephoning the Practice you could briefly advise our receptionist of the reason for making the appointment. This ensures that you see the correct person when you arrive for your appointment.

Yours sincerely

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
03-Aug-2023 *****
Additional: EMIS attachment reference code
tma
Filename: tma.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

03 08 2023

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice and arrange an appointment with Practice Nurse at your earliest convenience.

This appointment is in connection with Diabetic and Asthma review.

I would be very grateful if when telephoning the Practice you could briefly advise our receptionist of the reason for making the appointment. This ensures that you see the correct person when you arrive for your appointment.

Unfortunately when there has been telephone appointments booked our number does not connect so can an in person appointment please be made.

Yours sincerely

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
05-Apr-2023 *****
Additional: EMIS attachment reference code
dmards due
Filename: dmards due.doc
Extension: .tif
Pages:



Bank Street Medical Group
The Health Centre
Bank Street
CUPAR KY15 4JN
w[redacted]

05 04 2023

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I note from your medical records that you are taking methotrexate. Due to this, you are required to have regular blood tests. However, as your tests have been fine for a number of months, you no longer need to have a blood test every month. Please now arrange to have your blood tests carried out every two or three months.

If you have any questions regarding this, please arrange a telephone consultation with myself or if you have an appointment with your specialist they would be happy to discuss this with you.

Yours sincerely

Dr Shanti Das

THIRD PARTY COPY

EMIS attachment reference code
17-Mar-2023 *****
Additional:EMIS attachment reference code
appt reminder - patient request
Filename: appt reminder - patient request.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

17 03 2023

Mr Leon James Gratton
[redacted]

Dear Mr Gratton,

As requested, this letter is to remind you of your appointment with Christine on the 18th of April 2023 at 9.10am.

Kind regards.

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
16-Mar-2023 *****
Additional:EMIS attachment reference code
mh reminder
Filename: mh reminder.doc
Extension:.tif
Pages:



Bank Street Medical Group
The Health Centre
Bank Street
CUPAR KY15 4JN
[redacted]

16 03 2023

Mr Leon James Gratton
[redacted]

Annual review of mental health - Reminder

I am writing to remind you that your annual review is now overdue. You may have an appointment booked but if not please contact the practice to book a 15 minute appointment with the Practice Nurse.

It has been shown that people with mental health problems have an increased risk of physical health problems; it is therefore important that you are seen on a regular basis to look out for any developing symptoms.

If you do not wish to attend please complete and return the slip below.

Yours sincerely

Dr Shanti Das
GP Partner

Name..... Date of Birth ...../...../.....

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation

Signature _____ Date _____

THIRD PARTY COPY

EMIS attachment reference code
10-Mar-2023 *****
Additional:EMIS attachment reference code
tma cd
Filename: tma cd.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

10 03 2023

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice and arrange an appointment with Christine our nurse at your earliest convenience.

This appointment needs to be for 30 minutes and is in connection with recent blood results . This is routine and not urgent.

I would be very grateful if when telephoning the Practice you could briefly advise our receptionist of the reason for making the appointment. This ensures that you see the correct person when you arrive for your appointment.

We did try to contact you by phone but were not able to be connected.

Kind regards.

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
14-Feb-2023 *****
Additional: EMIS attachment reference code
tma tc
Filename: tma tc .doc
Extension: .tif
Pages:

TELEPHONE



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

14 02 2023

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice and arrange a telephone appointment with practice nurse at your earliest convenience.

This appointment is in connection with an inhaler request .

I would be very grateful if when telephoning the Practice you could briefly advise our receptionist of the reason for making the appointment. This ensures that you see the correct person when you arrive for your appointment.

Kind regards.

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
23-Dec-2022 *****
Additional:EMIS attachment reference code
bloods
Filename: bloods.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

23 12 2022

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice and arrange an appointment with Phlebotomist at your earliest convenience.

This appointment is in connection with blood test.

I would be very grateful if when telephoning the Practice you could briefly advise our receptionist of the reason for making the appointment. This ensures that you see the correct person when you arrive for your appointment.

Yours sincerely

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
13-Sept-2022 *****
Additional: EMIS attachment reference code
asthma
Filename: asthma.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

13 09 2022

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice and arrange an appointment with Practice Nurse at your earliest convenience.

This appointment is in connection with asthma review.

I would be very grateful if when telephoning the Practice you could briefly advise our receptionist of the reason for making the appointment. This ensures that you see the correct person when you arrive for your appointment.

Yours sincerely

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
30-Jun-2022 *****
Additional: EMIS attachment reference code
bloods
Filename: bloods.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

30 06 2022

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice and arrange an appointment with Phlebotomist at your earliest convenience.

This appointment is in connection with blood test.

I would be very grateful if when telephoning the Practice you could briefly advise our receptionist of the reason for making the appointment. This ensures that you see the correct person when you arrive for your appointment.

Yours sincerely

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
10-Mar-2020 *****
Additional:EMIS attachment reference code
copy of ABP report sent to Dr Olley
Filename: copy of ABP report sent to Dr Olley.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

KM/JS

10th March 2020

Dr Christopher Olley
Specialty Doctor in Psychiatry
Department of Psychiatry
Stratheden Hospital
Cupar
Fife

Dear Dr Olley

Re: Leon Gratton D.O.B 17/03/1975 [redacted]

With reference to your letter dated 5th March 2020. Please find attached a copy of this gentleman's ambulatory blood pressure report from November 2019.

Kind regards

Yours sincerely

Bank Street Medical Group

THIRD PARTY COPY

Mental health monitoring first letter
13-Feb-2020 *****
Additional: Mental health monitoring first letter
.
Filename: ..doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

13 02 2020

Mr Leon Gratton
[redacted]

Dear Mr Gratton

A review of your mental health is now due. Please contact the surgery to book a 20 minute appointment with the Practice Nurse.

At your review your physical health will be assessed. This is because it has been shown that patients with mental health problems have an increased risk of physical health problems and it is important to look out for any developing symptoms.

Additional information:	Please bring an early morning urine sample with you to this appointment

If you do not wish to attend for your review please complete and return the slip below.

Also we would like to send appointment information to you by text to your mobile phone. Please advise the receptionists of the correct telephone number when you next attend.

Yours sincerely

Dr Shanti Das
GP Partner

[redacted]

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

EMIS attachment reference code
21-Jun-2019 *****
Additional: EMIS attachment reference code
letter to Dr Olley SE
Filename: letter to Dr Olley SE.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

KM/JS

21st June 2019

Dr Olley
Consultant Psychiatrist
Department of Psychiatry
Stratheden Hospital
Cupar
Fife

Dear Dr Olley

Re: Leon Gratton D.O.B 17/03/1975 [redacted]

Many thanks for your handwritten note regarding Leon. We will arrange a 24 hour BP and then manage his hypertension from here.

Kind regards

Yours sincerely

Dr K MacLaren

THIRD PARTY COPY

Mental health monitoring second letter
28-Feb-2019 *****
Additional: Mental health monitoring second letter

Filename: Reminder letter.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

28 02 2019

Mr Leon Gratton
[redacted]

Dear Mr Gratton

Annual review of mental health – reminder

According to our records you are now overdue your mental health/medication review. The doctors would strongly recommend that you attend for your review appointment as this allows us the opportunity to check your bloods and alter your medication if necessary.

Please contact the surgery to arrange a 20 minute appointment with the Practice Nurse.

If you do not wish to attend please complete and return the slip below.

Yours sincerely,

Dr Shanti Das
GP Partner

[redacted]

Annual review of Mental Health

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

Mental health monitoring first letter
01-Feb-2019 *****
Additional: Mental health monitoring first letter
.
Filename: ..doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

01 02 2019

Mr Leon Gratton
[redacted]

Dear Mr Gratton

A review of your mental health is now due. Please contact the surgery to book a 20minute appointment with the Practice Nurse.

At your review your physical health will be assessed. This is because it has been shown that patients with mental health problems have an increased risk of physical health problems and it is important to look out for any developing symptoms.

Additional information:	Please bring an early morning urine sample with you to this appointment

If you do not wish to attend for your review please complete and return the slip below.

Yours sincerely

Dr Shanti Das
GP Partner

[redacted]

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

EMIS attachment reference code
06-Jun-2018 *****
Additional: EMIS attachment reference code
GP appt letter
Filename: GP appt letter.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

06 06 2018

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice to arrange for a routine appointment with any GP. This appointment is to discuss your recent clinic appointment with Dr Olley.

Yours sincerely

Medical Administration

THIRD PARTY COPY

Mental health monitoring second letter
15-Mar-2018 *****
Additional: Mental health monitoring second letter
.
Filename: ..doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

15 03 2018

Mr Leon Gratton
[redacted]

Dear Mr Gratton

Annual review of mental health – reminder

According to our records you are now overdue your mental health/medication review. The doctors would strongly recommend that you attend for your review appointment as this allows us the opportunity to check your bloods and alter your medication if necessary.

Please contact the surgery to arrange a 20 minute appointment with the Practice Nurse.

If you do not wish to attend for review please complete the enclosed slip and send it back to the surgery.

Yours sincerely,

Dr Shanti Das
GP Partner

Annual review of Mental Health [redacted]

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

Mental health monitoring first letter
15-Jan-2018 *****
Additional: Mental health monitoring first letter

Filename: 1st Letter.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

15 01 2018

Mr Leon Gratton
[redacted]

Dear Mr Gratton

A review of your mental health is now due. An appointment has been made for you with the Practice Nurse on:-

At your review your physical health will be assessed. This is because it has been shown that patients with mental health problems have an increased risk of physical health problems and it is important to look out for any developing symptoms.

Additional information:	Please bring an early morning urine sample with you to this appointment

We may not be sending reminders this year so please complete the slip below if you do not wish to attend for this review.

Yours sincerely

Dr Shanti Das
GP Partner

[redacted]

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

EMIS attachment reference code
26-July-2017 *****
Additional: EMIS attachment reference code
apt letter
Filename: apt letter.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

26 07 2017

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

We are writing to confirm your appointment with Dr Gourley on;

Monday August 7th at 8.50am

If this appointment is not suitable please contact the surgery to rearrange it.

Kind regards.

Yours sincerely

Medical Administration
Bank Street Medical Group

THIRD PARTY COPY

EMIS attachment reference code
01-Feb-2017 *****
Additional: EMIS attachment reference code
letter to patient
Filename: Document1.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

01 02 2017

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice and arrange an appointment with your GP at your earliest convenience.

This appointment is in connection with your recent call to the out of hours service.

I would be very grateful if when telephoning the Practice you could advise our receptionist of the reason for making the appointment. This ensures that you see the correct person when you arrive for your appointment.

Kind regards.

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

Mental health monitoring first letter
29-Dec-2016 *****
Additional: Mental health monitoring first letter

Filename: 1st Letter.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

29 12 2016

Mr Leon Gratton
[redacted]

Dear Mr Gratton

Your annual review is now due. An appointment has been made for you with the Practice Nurse on:-

At your review your physical health will be assessed. This is because it has been shown that patients with mental health problems have an increased risk of physical health problems and it is important to look out for any developing symptoms.

Additional information:	Please bring an early morning urine sample with you to this appointment

We may not be sending reminders this year so please complete the slip below if you do not wish to attend for this review.

Yours sincerely

Dr Shanti Das
GP Partner

[redacted]

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

EMIS attachment reference code
15-Dec-2016 *****
Additional:EMIS attachment reference code
letter to Dr Olley SE psychiatry
Filename: letter to Dr Olley SE psychiatry .doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

IG/JS

15th December 2016

Dr Olley
Consultant Psychiatrist
Department of Psychiatry
Stratheden Hospital
Cupar
Fife

Dear Dr Olley

Re: Leon Gratton D.O.B 17/03/1975 [redacted]

Thank you for your letter dated 8th December 2016.

In that letter there was a request to start Mr Gratton on a betablocker for tachycardia potentially due to Clozapine. Although this gentleman doesn't have a current diagnosis of asthma he has required Salbutamol inhalers in the past when he was younger. I am concerned about giving him a beta-blocker in case I induce bronchiospasm. Therefore I am writing a letter to advise that I haven't prescribed a beta-blocker.

Yours sincerely

Dr I Gourley

THIRD PARTY COPY

EMIS attachment reference code
05-Sept-2016 *****
Additional: EMIS attachment reference code
letter to Dr Dawe URGENT
Filename: letter to Dr Dawe URGENT .doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

URGENT

KT/JS

5th September 2016

Dr Dawe
Consultant Dermatologist
Department of Dermatology
Adamson Hospital
Bank Street
Cupar
Fife

Dear Dr Dawe

Re: Leon Gratton D.O.B 17/03/1975 [redacted]

This gentleman is well known to the dermatology department with extensive eczema. This has really gotten out of hand and is chronically impetiginised and affecting much of his body surface. He had been seen in Kirkcaldy recently and is awaiting review in Cupar. The main issue for him is he has chronic paranoid schizophrenia and needs quite a bit of help with attending appointments and so on. It is difficult for him to concord with treatment plans and to be honest even without his mental health problems I think it would be difficult to comply without some nursing assistance. He does not drive. He has carers from the Richmond Fellowship but they are not allowed to take him to appointments in their own vehicles. His CPN has been going beyond the call of duty and helping him to apply creams and dressings but this is not really his forte. What would be ideal would be a period of quite intensive out-patient nursing to try and improve his skin while being as close as possible to home. The only alternative unfortunately might be admission but he is keen to avoid this. I wondered if there would be any way for him to attend the dermatology nurse at St Andrews on a frequent basis perhaps alternating with local nurses in Cupar?

Yours sincerely

Dr K Taylor

THIRD PARTY COPY

EMIS attachment reference code
29-Aug-2016 *****
Additional:EMIS attachment reference code
apt letter
Filename: apt letter.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

29 08 2016

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

I would be very grateful if you could contact the Practice and arrange an appointment with your Doctor at your earliest convenience.

This appointment is in connection with a recent report we've received regarding your out of hours call.

I would be very grateful if when telephoning the Practice you could advise our receptionist of the reason for making the appointment. This ensures that you see the correct person when you arrive for your appointment.

Kind regards.

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

Mental health monitoring third letter
25-Feb-2016 *****
Additional: Mental health monitoring third letter
DOCMAIL
Filename: Reminder letter.doc
Extension: .tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

25 02 2016

Mr Leon Gratton
[redacted]

Dear Mr Gratton

Annual review of mental health – reminder

According to our records you are now overdue your mental health/medication review. The doctors would strongly recommend that you attend for your review appointment as this allows us the opportunity to check your bloods and alter your medication if necessary.

Please contact the surgery to arrange a 20 minute appointment with the Practice Nurse.

If you do not wish to attend for review or to have reminder letters sent to you, please complete the enclosed slip and send it back to the surgery.

Yours sincerely,

Dr Shanti Das
GP Partner

Annual review of Mental Health [redacted]

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

Mental health monitoring second letter
28-Jan-2016 *****
Additional: Mental health monitoring second letter
.
Filename: ..doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

28 01 2016

Mr Leon Gratton
[redacted]

Dear Mr Gratton

Annual review of mental health – reminder

According to our records you are now overdue your mental health/medication review. The doctors would strongly recommend that you attend for your review appointment as this allows us the opportunity to check your bloods and alter your medication if necessary.

Please contact the surgery to arrange a 20 minute appointment with the Practice Nurse.

If you do not wish to attend for review or to have reminder letters sent to you, please complete the enclosed slip and send it back to the surgery.

Yours sincerely,

Dr Shanti Das
GP Partner

Annual review of Mental Health [redacted]

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

Mental health monitoring first letter
13-Jan-2016 *****
Additional: Mental health monitoring first letter
.
Filename: ..doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

13 01 2016

Mr Leon Gratton
[redacted]

Dear Mr Gratton

Annual review of mental health

Your annual review is now due. An appointment has been made for you with the Practice Nurse on Monday 8th February 2016 at 11.30am.

At your review your physical health will be assessed. This is because it has been shown that patients with mental health problems have an increased risk of physical health problems and it is important to look out for any developing symptoms.

Additional information:	Please bring an early morning urine sample with you to this appointment

If you do not want to attend the clinic, or to have reminder letters sent to you, please complete the slip below and return it to the practice.

Yours sincerely

Dr Shanti Das
GP Partner
Bank Street Medical Group

[redacted]

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

THIRD PARTY COPY

Smoking cessation advice
23-Nov-2015 *****
Additional: Smoking cessation advice

Filename: Smoking Cessation Advice.doc
Extension:.tif
Pages:

BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]



23 11 2015

Mr Leon James Gratton
[redacted]

Dear Mr Gratton

Your medical record indicates that you are a cigarette or tobacco smoker. As a practice we are continually promoting smoking cessation and are writing to you to make you aware of the support that is available to you should you wish to consider stopping smoking. We hope that you do not find this offer intrusive, our aim is to provide helpful information and support should you wish it.

We now have a dedicated clinic operating in the practice with a specialist smoking cessation nurse advisor. Please find enclosed a leaflet form outlining some of the support and benefits you can expect should you wish to take up this offer. The service operates on a Monday afternoon between 1 p.m. and 5.30 p.m. (later appointments may be available if required). If you would like to make an appointment with the smoking cessation advisor then please contact the practice and we will be pleased to organise this for you.

We also appreciate that you may not wish to use the service, but would like to signpost you to the following website addresses that can provide you with useful information should you wish it in the future:

http://smokefree.nhs.uk/quit-tools
http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx

Finally, it may be some time since your last visit to the practice and you may have already stopped smoking. If that is the case then please accept our apologies for contacting you and let us know at your next consultation and we will update our records.

Yours sincerely

GP Partners
Bank Street Medical Group

THIRD PARTY COPY

Mental health monitoring second letter
31-Mar-2015 *****
Additional: Mental health monitoring second letter
.
Filename: ..doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

31 03 2015

Mr Leon Gratton
[redacted]

Dear Mr Gratton

REMINDER LETTER

According to our records you are now overdue your general health/medication review. The doctors would strongly recommend that you attend the surgery for your review appointments as this allows us the opportunity to check your bloods and alter your medication if necessary.

If you do not wish to attend for review or to have reminder letters sent to you, please complete the enclosed slip and send it back to the surgery.
Yours sincerely,

Dr Shanti Das
GP Partner
Bank Street Medical Group

[redacted]

☐ I do not wish to have a mental health review this year

☐ I do not wish to have a mental health review this year as I am under the care of a hospital doctor/consultant for my mental health. I am however aware that an annual review at the practice is still recommended in this situation.

Signature _____ Date _____

PLEASE TICK THE APPROPRIATE BOX THEN SIGN AND DATE THIS. RETURN THE COMPLETE LETTER TO THE PRACTICE.

THIRD PARTY COPY

Mental health monitoring first letter
10-Feb-2015 *****
Additional: Mental health monitoring first letter
.
Filename: ..doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

10 02 2015

Mr Leon Gratton
[redacted]

Dear Mr Gratton

Annual review of mental health

We would like to invite you to attend for your annual review.

At your annual review your physical health will be assessed. This is because it has been shown that patients with mental health problems have an increased risk of physical health problems and it is important to look out for any developing symptoms.

Appointment date:	
Appointment time:	
Appointment with:	Practice Nurse
Additional information:	Please bring an early morning urine sample with you to this appointment

It is important to let us know if you cannot attend the appointments on the dates/times below; this will allow the appointment/s to be used by someone else.

If you do not wish to attend the clinic, or to have reminder letters sent to you, could you please complete the slip below and send it back to the surgery.

Yours sincerely,

Dr Shanti Das
GP Partner

[redacted]

☐ I do not wish to have a mental health review this year

Signature _____ Date _____

PLEASE TICK THE APPROPRIATE BOX THEN SIGN AND DATE THIS. RETURN THE COMPLETE LETTER TO THE PRACTICE

THIRD PARTY COPY

Smoking cessation advice
20-Mar-2014 *****
Additional: Smoking cessation advice

Filename: Smoking 4.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

20 03 2014

Mr Leon Gratton
[redacted]

Dear Mr Gratton

Your medical record indicates that you are a cigarette or tobacco smoker. We are currently promoting smoking cessation and write to you with information about stopping smoking and support that is available to you. We hope that you do not find this information intrusive but helpful and informative and if you wish to discuss any of this further or have any related health concerns please make a routine appointment with a GP.

Please find enclosed a leaflet from the Smoking Cessation Service; this provides information about the support options available to you locally. We appreciate that you may not wish to use the service so have provided you with the following website addresses to provide you with useful information:

http://smokefree.nhs.uk/quit-tools
http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx

It may be some time since your last consultation at the practice and you may have already stopped smoking. I would be obliged if you could complete the section below to indicate your current smoking status and return this to the practice, this will allow us to update your records.

Yours sincerely

[redacted]
Practice Manager

[redacted]

CURRENT SMOKING STATUS
- ❑ Never smoked tobacco
- ❑ Roll own cigarettes
- ❑ Trivial smoker: 1 cig/day
- ❑ Light smoker: 1-9 cig/day
- ❑ Moderate smoker: 10-19 cigs/day
- ❑ Heavy smoker: 20-39 cigs/day
- ❑ Very heavy smoker: 40+ cigs/day
- ❑ Cigarette smoker
- ❑ Cigar smoker
- ❑ Pipe smoker

PAST SMOKER
- ❑ Ex-trivial smoker: 1 cig/day
- ❑ Ex-light smoker: 1-9 cig/day
- ❑ Ex-moderate smoker: 10-19 cigs/day
- ❑ Ex-heavy smoker: 20-39 cigs/day
- ❑ Ex-very heavy smoker: 40+ cigs/day
- ❑ Ex-cigarette smoker
- ❑ Ex-rolled tobacco smoker
- ❑ Ex-cigar smoker
- ❑ Ex-pipe smoker

Please tick the appropriate boxes

THIRD PARTY COPY

Smoking cessation advice
18-Mar-2014 *****
Additional: Smoking cessation advice

Filename: Smoking 4.doc
Extension:.tif
Pages:



BANK STREET MEDICAL GROUP
THE HEALTH CENTRE
BANK STREET
CUPAR KY15 4JN
[redacted]

18 03 2014

Mr Leon Gratton
[redacted]

Dear Mr Gratton

Your medical record indicates that you are a cigarette or tobacco smoker. We are currently promoting smoking cessation and write to you with information about stopping smoking and support that is available to you. We hope that you do not find this information intrusive but helpful and informative and if you wish to discuss any of this further or have any related health concerns please make a routine appointment with a GP.

Please find enclosed a leaflet from the Smoking Cessation Service; this provides information about the support options available to you locally. We appreciate that you may not wish to use the service so have provided you with the following website addresses to provide you with useful information:

http://smokefree.nhs.uk/quit-tools
http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx

It may be some time since your last consultation at the practice and you may have already stopped smoking. I would be obliged if you could complete the section below to indicate your current smoking status and return this to the practice, this will allow us to update your records.

Yours sincerely

[redacted]
Practice Manager

[redacted]

CURRENT SMOKING STATUS
- ❑ Never smoked tobacco
- ❑ Roll own cigarettes
- ❑ Trivial smoker: 1 cig/day
- ❑ Light smoker: 1-9 cig/day
- ❑ Moderate smoker: 10-19 cigs/day
- ❑ Heavy smoker: 20-39 cigs/day
- ❑ Very heavy smoker: 40+ cigs/day
- ❑ Cigarette smoker
- ❑ Cigar smoker
- ❑ Pipe smoker

PAST SMOKER
- ❑ Ex-trivial smoker: 1 cig/day
- ❑ Ex-light smoker: 1-9 cig/day
- ❑ Ex-moderate smoker: 10-19 cigs/day
- ❑ Ex-heavy smoker: 20-39 cigs/day
- ❑ Ex-very heavy smoker: 40+ cigs/day
- ❑ Ex-cigarette smoker
- ❑ Ex-rolled tobacco smoker
- ❑ Ex-cigar smoker
- ❑ Ex-pipe smoker

Please tick the appropriate boxes

THIRD PARTY COPY