Outcome & Destination

Status: A&E Treatment complete
Outcome: Discharged - no follow up
Follow up:
Left Department: 08 May 2025 21:52

TTO Detail

E-Notes

RAT Comments:

ED Clinician Notes:

Principal Presenting Problem: Chest and abdo pain
History of Presenting Problem: 2 days of intermittent sharp right sided abdominal pain. Occuring approx twice per day lasting few minutes at a time. No exacerbating/relieving factors. Also very mild nagging chest pain. No vomiting/diarrhoea. Also reports reduced urinary flow, shaking. No dysuria. When asked what patient is worried about he states "cancer". No change in bowel habit. Reports 1 year history of unintentional weight loss. Admits to severe health anxiety
Observations and General Examination: Observations within normal range.
Chest Examination: Chest clear to auscultation. HS I+II+0
Abdominal Examination: SNT. No distension. NO masses. Not cachectic
Other Examination: ECG normal sinus rhythm.
Differential Diagnosis: In context of frequent attender plan, these non specific symptoms likely due to health anxiety
Management or Treatment Plan: Reassured, advised GP follow up for severe anxiety.

Speciality Notes:

THINK BLOOD CLOTS
Hospital stay increases your risk, know the signs and symptoms to look out for. Scan the QR to find out more:

North West Anglia
NHS Foundation Trust

Dept of Gastroenterology + Hepatology 302
Consultant: Dr. I. Amin

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Direct Line: 01733 677527
Fax: 01733 676786
Switchboard: 01733 678000
Email: nwangliaft.gastro@nhs.net

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 08 Jan 2018
Priority **urgent**

Transcribed: 08 Jan 2018
Reference: IA/NS

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Mr./Ms. Pooled Boroughbury

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

I had the pleasure of seeing Mr Dean in the clinic today. He has been investigated for history of weight loss and constipation. He had some history of oesophageal dysmotility seen on gastroscopy recently. However the upper GI tract was normal. He is feeling better in himself. His weight loss seems to have plateaued. His current weight was 93kg and his bowels are open acceptably with a combination of Glycerin suppositories and Movicol. At present he denies any history of dysphagia.

In light of this I will cancel his oesophageal PH manometry studies. I do not think any further tests are required and in light of the fact that weight loss is stable I have discharged him back to your care. I would be grateful if you could monitor his weight and drop me a line if there is any further issues related to GI tract.

With many thanks.

Kind regards.

Yours sincerely

Electronically approved by Miss Nikki Savage
Secretarial Assistant on behalf of
Dr I Amin
Consultant Gastroenterologist

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to
capccg.boroughburymedicalcentre@nhs.net

EMERGENCY DEPARTMENT
el. No. (01733) 673285

ONSULTANT: DR D WILBRAHAM↕

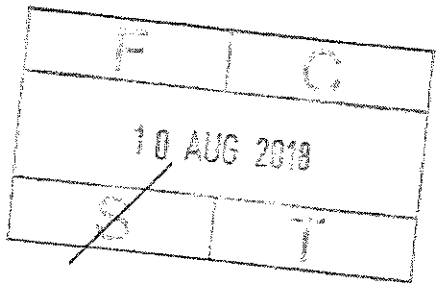
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ



8th AUGUST 2018↕

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear POOLED BOROUGHBURY ↕

our patient attended our Department on WEDNESDAY 8th AUGUST 2018 at
:03 pm

eferred by: SELF

LINICAL DETAILS
heir presenting complaint was:- CHEST PAIN

n examination I found:-
PIGASTIC PAIN

atient declared allergies at ED attendance: PENICILLIN↕

nvestigations: 12 LEAD ECG PERFORMED

nvestigations: X-RAY

nvestigations: BIOCHEMISTRY ↕

Diagnosis: OTHER - MEDICAL, ↕

mmunisation: ↕

reatment: MEDS - ORAL

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: ALLOWED HOME↕

ours sincerely

M CHAUDHRY, M - ST3 EM
Automatically generated and therefore unsigned.

↕EMERGENCY DEPARTMENT
el. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

ONSULTANT: DR D VIJAYASANKAR↕

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ
Tel: 01733 678000
(If DDI prefix extension number with 67)

F | C
10 AUG 2016
S | T

8th AUGUST 2016↕

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NOT ON PHONE ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear POOLED BOROUGHBURY ↕

our patient attended our Department on MONDAY 8th AUGUST 2016 at
:40 pm

eferred by: SELF

heir presenting complaint was:-
BDO PAIN

n examination I found:-
ELLULITIS
↕

nvestigations: NONE/NO FURTHER INVESTIGATIONS ↕

iagnosis: INFECTION/CELLULITIS, ↕

mmunisation: ↕

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL ↕

isposal: DISCHARGED TO CARE OF GP↕

ours sincerely

RAJARAJAN - SHO ED
utomatically generated and therefore unsigned.

spire

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 **Fax:** 01733 349 221
Free phone: 0800 111 4354

Letter to GP

Date 08 August 2012

Dear Doctor

Ref:	**Dean Richard**
DOB	**30-09-1962**
Address	**19 Adelaide Peterborough PE3 9PG**

The above named client was seen in clinic on 8th August, on 80mls methadone

Current Drug/Alcohol Use (Including Drug Screening Result)
Heroin use – not use for 8 months, prescribed diazepam 17mg by GP

Drug use history
Heroin use started 7 years, started injecting 15 years ago with speed. Hep C positive- diagnosed 2 years ago, vaccinated against Hep B 6 years ago, no alcohol use.

Physical Health Issues (and medications)
Hep C positive, septicaemia 3 years ago. Feels short of breath and tired – asked to come to see you about this, and also get LFT's checked since Hep C positive.

Mental Health Issues
Mood has been low – found two dead bodies on 2 consecutive Christmases 9 1.5 years and 2 years ago)
Meds Diazepam 17mg and mirtazapine 15mg

Social and current legal issues
Accommodation ok, no partner, 3 grown up daughters

Significant Risks Identified and Management Plan(s) (ECG if needed for Torsades de pointes risk)
Safe storage discussed

Treatment Plan
Continue on 80mls methadone
Regular review with key worker for support and psychosocial intervention to look at drug and other issues

Should you require further information, please do not hesitate to contact me.
Yours sincerely,

Dr R S Basi (GP with a specialist interest in drug addiction)

change, grow, live

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax: 01733 349 221
Freephone: 0800 111 4354

Private and Confidential

Date. 08/04/2020

Dear, Colleagues

Re: RICHARD DEAN **Dob:** 30/09/1962

Address: 1H DRAYTON BRETTON PBORO PE3 9XN

I am writing to inform you that I have assessed the above for treatment of their substance misuse problem.

Please can you provide details of:

- **Medication currently prescribed**
- **Any current medical conditions**

This information is essential to ensure clinical safety.

I will of course keep you informed of their progress and any medication prescribed. If you would like any further information please don't hesitate to contact myself or the team.

Yours sincerely,

PRINT NAME: PHILIP MCNEE

Patient Consent:

I give consent for information to benefit my safe treatment and care to be shared with the above named service.

Print Name: RICHARD DEAN VERBAL CONSENT OVER THE PHONE

Sign Name: _____ Date: 08/04/2020

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax: 01733 349 221
Freephone: 0800 111 4354

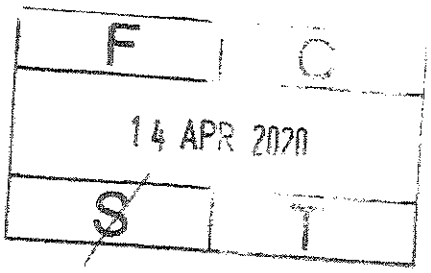
spire

cgl

Dear Colleague

Boroughbury Medical Centre

Re: Richard Dean DOB: 30/09/1962



Date seen: telephone consultation on 8th April 2020

Recovery worker: Tanya, not present.

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of opioid

Impression
Richard is not currently prescribed methadone as he over used his prescription and ran-out 4 days ago. I advised him that we could prescribe some symptomatic medications to support him with his last withdrawals but he is demanding opiates. He denies using any illicit opiates but had some 'tabs' Monday and states he is very unwell. He is requesting methadone is prescribed and I have agreed but also advised him that this was discussed with the Consultant and he will be on daily pick-up which he is not happy with. Alternative treatment also discussed and he is aware Espranor would have less pharmacy attendance. He will consider the options and I will ring him back for a decision.

Management plan
1. I will ring him on 9/4/2020 and he will decide which treatment he wants prescribed. Methadone will be 15mls daily or Espranor will be 4mg initially. He will be on daily pick-up of medication initially.
2. Naloxone discussed and refused.
3. Recovery plan to be formulated. Will have daily phone calls from Tanya initially.
4. Next medical review in 3 months or earlier if needed
5. Letter to GP

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment

options available.

Current prescription from CGL
To be confirmed.

Current prescription from GP
Omeprazole, Tamsulosin 400mcg, anticoagulant and Mirtazapine 45mg

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

GP, please would you forward a copy of the medical summary and any blood results?

Please take care when prescribing other medications that may have misuse potential e.g. benzodiazepines, opioid analgesia, pregabalin etc.

Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences.

Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Current substance use
Heroin: none for 'ages'. Previous IVDU. Other illicit drugs: nil reported. Over the counter medication: nil. Tobacco: nil. Alcohol: nil.

Physical health
Hep C positive, diagnosed 8 years ago, last PCR negative. He also had history of DVT, last episode 3 years ago. Hepatitis B vaccination completed five years ago. Allergy to penicillin. No family history of CVD.

Mental health
Depression and anxiety 'bout 30 years', currently under the care of his GP. He reports no history of self-harm or suicide attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal

thought disorder or perceptual disturbances. Difficult to engage. Mood was slightly low.

Social history
He lives in a shared accommodation. He has no driving licence. He has adult children and he has regular contact with them. He is currently on ESA. Doesn't drive. No forensic history.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client.

Discussion
1. I have explained to him the risks of using illicit substances and prescribed medication.
2. The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Karen Tomlinson
Non-Medical Prescriber

MERGENCY DEPARTMENT
el. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

ONSULTANT: DR C THOMPSON

o: Dr M BOROWICZ
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE

PE1 2SF

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ
Tel: 01733 678000
(If DDI prefix extension number with 67)

7th MAY 2015

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NOT ON PHONE

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear Dr BOROWICZ

our patient attended our Department on THURSDAY 7th MAY 2015 at
:48 am

eferred by: SELF

heir presenting complaint was:-
ABDO PAIN (10 DAYS)

n examination I found:-

nvestigations: CT SCAN

nvestigations: BIOCHEMISTRY

nvestigations: CLOTTING STUDIES

iagnosis: PULMONARY EMBOL.,

mmunisation:

reatment: INTRAVENOUS CANNULA

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL

isposal: MEDICAL ASSESSMENT UNIT

ours sincerely

BOMFORD, LINDSAY - ED DOCTOR
tomatically generated and therefore unsigned.

North West Anglia
NHS Foundation Trust

Dept of Urology 202
Consultant: Mr. S. Sharma

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No:	DIS0529177	Direct Line:	01733 677482
NHS No:	498 167 2195	Fax:	01733 676741
Clinic Date:	07 Jun 2019	Switchboard:	01733 678000
Priority	**routine**		

Transcribed: 19 Jun 2019
Reference: AI/RC

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Doctor

Mr. Richard C DEAN DOB 30 Sep 1962
14 Drayton, South Bretton, Peterborough, PE3 9XL

Mr Dean unfortunately did not attend his appointment for flexible cystoscopy today. We are going to send him another appointment in due course.

Kind regards

Yours sincerely

Electronically signed by
Mr Ahmed Ibrahim
Speciality Doctor

As this is a clinical letter written from one professional to another it is likely to contain some technical information. If you do not understand any part of this letter and wish to obtain specific explanation regarding the contents please discuss this with your GP.

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to
capccg.boroughburymedicalcentre@nhs.net

Mr. Richard C Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
14 Drayton
South Bretton
Peterborough
PE3 9XL

Ward/OPD Referral to Anticoagulant Service

Patient Details:

Casenote Number: DIS0529177
NHS Number: 4981672195
ICE Order Number: RGN00/17198805

Title: MR
Forename: RICHARD C
Surname: DEAN
Date of Birth: 30/09/1962
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH, PE3 8RA.

Category: NHS

GP Details:
POOLED BOROUGHBURY
BOROUGHBURY MEDICAL CENTRE
CRAIG STREET
PETERBOROUGH
PE1 2EJ
01733 571110

Requestor/Source Details:

Routine

Date/Time: 06 Feb 2017 18:09:55
Location: PCH Ambulatory Care Unit
Consultant: DR SATEESH NAGUMANTRY

Order No:
17198805
Requestor: Jayne Sansby
Contact Number: 7779

Request:
A/C Therapy Mgmt Request (ACTM)

Clinical Details: Previous DVT's on long term warfarin. Attended ACU for ? DVT, on USVN old thrombus noted. Normally on postal service for INR follow up. Advised to go back to GP practice for next INR. Was commenced on loading dose warfarin 10/5/5mg. Known ex IVDU.

Referral Information:
Special Requirements:=no
Is patient taking Aspirin=No
LMWH:=No
patient currently on LMWH=
Condition:=Recurrence of VTE - (whilst on Anticoagulant)
Target INR:=2.5
Duration of treatment:=Long Term
Therapy Commenced?=Yes
Date Warfarin Commenced:=02 Feb 2017
Date Dosage Given:=02/02/17/ 10/ 1.7
Date Dosage Given:=05/02/17/ 3/ 3.4
Date Dosage Given:=06/02/17/ 3/ 3.1
maintenance Dosage on Dsc=3
Date next INR Required:=09 Feb 2017
Patient Status:=Ward Discharge
Previously on Warfarin?=Yes
Warfarin Stopped?=No

F | C
-8 FEB 2017
S | T

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102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax: 01733 349 221
Freephone: 0800 111 4354

cgl

F	C
-8 MAY 2018	
S	T

Private and confidential

Boroughbury MC

Re: Richard Dean DOB: 30/09/1962
Address: 19 Adelaide, Bretton, Peterborough, PE3 9PG

Richard was seen on the 1st of May, 2018 for medical review in Peterborough.
His worker Tanya was unable to attend the appointment.

Summary for GP

Diagnosis
F11.24 Mental and Behavioural Disorder due to the use of opioids

Management plan

1. **To get a replacement script for today**
2. **Regular reviews with recovery worker.**
3. **Agreed to attend for psychosocial interventions to aid with recovery**
4. **Next medical review in 3 months or sooner if needed.**
5. **Safe storage of medication discussed**
6. **Advice about lifestyle, smoking, diet and sleep given today.**
7. **Overdose risks discussed and understood. Client aware of early signs of overdose and know to seek medical help if needed.**

Current prescription from CRI
35mls of methadone
Current prescription from GP
Diazepam
Mirtazepine

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential e.g. benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his treatment for opiate dependency as drug interactions may potentially

have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Assessment

Current Substance Use
Results from most recent drug test: tested positive for methadone and benzos, He is prescribe diazepam and methadone, he stated that he last took illicit substances 4 years ago. Richard had a mishap yesterday. He stated that his dog bumped into him and his methadone fell and spilt as such he is short of one dose for today. I discussed with Dr Amy and agreed to replace it as it is the first time it has happened. He engages very well with his Keyworker Tanya.

We discussed the risks of taking illicit drugs.

Over the counter medication - no
Tobacco – smokes about 2 roll ups a day, smoking cessation discussed
Alcohol: non drinker
We discussed the effects of alcohol on his health.

Method of funding drug use – not taking drugs

Physical Health

Client reported that he feels weak most of the time, he went to hospital recently and he said that the hospital did not find anything wrong with him. He is aware to go back to his gp if the symptoms continue.
BBV Status and Hepatitis B vaccination – client reported that he was fully vaccinated against hepatitis.
Drug allergies - penicillin

Family History
Client reported that there is no history of sudden death in the family

Mental Health
He reported to have a diagnosis of depression, he was discharged back to his gp. Client presented as anxious as he was not sure if I will replace his methadone. I reassured him and informed him that I will replace it. He interacted and behaved appropriately during the consultation. He denied any self-harming or suicidal ideation.
Social History
Client lives alone in stable accommodation, he has 2 children who are all above 30 years they are independent., currently unemployed and on benefits

Forensic History
Any pending legal issues – no
Reported no involvement in the criminal justice system.
He reported no history of involvement in domestic violence.

Risks identified
Risk of tolerance and accidental overdose discussed, Contact with children or carer responsibilities – client reports that he is not in contact with children. We discussed substance safekeeping: discussed need to keep Methadone /buprenorphine away from children and also not to get intoxicated when supervising them. Client was offered a take home naloxone kit and refused.
DVLA – legal issues discussed
No concerns around mental capacity – client agreed to the management plan above.

I have explained to him the risk of using illicit substance and prescribed medication.
He has been informed about the medication with regards to its side effects and potential interactions with other medication.

Physical examination:
Client presented as alert, he was not intoxicated and he was not in withdrawals
Injection sites – non injector

Investigations and Medical interventions
Liver function tests - no
ECG – no
BBV testing – offered and refused
Hepatitis A and B immunisations – fully vaccinated

Discussion

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

See management plan and summary at top of document.

Yours sincerely

Sibonile Mandizvidza
(Non-Medical Prescriber)

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax: 01733 349 221
Freephone: 0800 111 4354

16 SEP 2019

Date 06/09/2019

Dear Colleague
Boroughbury MC

Re: Richard Dean DOB: 30/09/1962
Address: 19 Adelaide, Bretton, Peterborough, PE3 9PG

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of opioid

Impression
Mr Dean presented slightly low in mood and unkempt. He was polite and cooperative throughout the consultation. No evidence of intoxication or withdrawal symptoms. He was started on a rapid reduction for no engagement , despite he has been reduced to 15ml he managed to remain abstinent but he is struggling with the current dose agreed to increase to 20ml stabilise and re-start with a reduction of 2ml 2/52

Management plan

1. We have agreed to increase to 20ml methadone mixture 1mg/1ml stabilise for 6/52 and start reducing by 2ml 2/52
2. Naloxone discussed and declined
3. GP: May I kindly ask you to send me a copy of the last available ECG and an updated medical summary
4. Next medical review in 12/52 or earlier if needed
5. Letter to GP

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CRI
Methadone mixture 1mg/1ml 15ml

Current prescription from GP
Diazepam 15mg OD; Anticoagulant; Mirtazapine 15mg

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: No
Other: Nil
Over the counter medication: Nil
Tobacco: he stopped smoking
Alcohol: No

Urine drug screening positive for: Methadone/Benzodiazepine

Physical Health
Hep C positive, diagnosed 7 years ago, last PCR 08/2017 negative. He also had history of DVT, last episode two years ago, he has had also a CT scan two years ago for a suspect pulmonary embolism, negative. Hep B vaccination completed five years ago. **Allergy to penicillin.**

Mental Health
He has been diagnosed with depression/anxiety long time ago, currently under the care of his GP. He reported no history of self-harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was evidence of mild anxiety.

Social History
He lives in a shared accommodation. He has no driving licence. He has six adult children and he has regular contact with them. He is currently on ESA.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client. QTc interval prolongation risk discussed with the client, ECG few weeks ago in hospital.
No recent forensic history disclosed.

Investigations:
Nil

Discussion

1. I have explained him the risk of using illicit substances and prescribed medication.
2. The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

North West Anglia
NHS Foundation Trust

Dept of Diabetes & Endocrinology 309
Consultant: Dr. S. Seechurn

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No:	DIS0529177	Direct Line:	
NHS No:	498 167 2195	Fax:	
Clinic Date:	31 Aug 2018	Switchboard:	01733 678000
Priority	**routine**		

Transcribed: 06 Sep 2018
Reference: SS/SN

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Colleague

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

Current medication:
Methadone, Diazepam, Apixaban

Many thanks for referring the above named patient, who for the last year has been feeling generally tired. His other symptoms are he feels his stomach is rumbling and he feels full sometimes. This feeling of general tiredness happens all over the day and is not related to his mealtimes. Looking at the blood test results and previous letters he has been seen by different specialities. He has been investigated by the gastroenterologists and a possible diagnosis of constipation was put down. Today in clinic he told me that none of his medication has been reduced or changed. He denies using any other medication. He told me his appetite has come down hence his weight loss. He does not have any diarrhoea but instead he gets constipated. From time to time he does feel shaky.

His other past medical history is Hepatitis C. There is no family history of any Endocrinopathy apart from diabetes. Today in clinic he told me he is feeling quite tired as well. We checked his blood sugar which was 7.6. His blood pressure was 135/87 and his heart rate was 110.

On examination he looks well otherwise. His abdominal examination was unremarkable.

I am not sure what exactly his endocrine problem is. I am checking his thyroid function test. He would need a morning cortisol and a morning testosterone. I gather you did a battery of tests all of which came back normal. If his morning cortisol, testosterone and his TSH come back normal including his calcium then I will discharge him. He wanted to get admitted to have these blood tests done and walked out of the consultation, when he was given a negative reply.His post clinic blood tests did not materialise.

Yours sincerely

Electronically signed by
Dr. Shiv Seechurn
Consultant Endocrinology and Diabetes

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard C Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895624
F: 01733 349221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

Change Grow Live | Aspire Recovery Service
Peterborough City Centre

PRIVATE AND CONFIDENTIAL
Date/Time:06/06/2025

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

Please be aware that this letter has been generated from medical notes and sent without signing to avoid delay.

Dear Dr

Date 06/06/2025

Re: Richard Dean DOB: 30/09/1962
Address: 14 Drayton, Bretton, Peterborough, PE3 9XN

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of heroin

F13.2 Mental and Behavioural Disorder due to the use of benzodiazepine

Impression
Richard attended on time and presented as visibly stressed and low in mood. He expressed significant concern regarding an upcoming biopsy scheduled for next week, sharing fears that the outcome may confirm a cancer diagnosis. He reported

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using additional Espranor at night to help him relax and sleep, due to heightened anxiety and difficulty coping.

In response to his current level of distress, we agreed to increase his Espranor dose to 8mg daily, and I will review him again next Friday to monitor his response. We also agreed to pause the diazepam reduction for the next two months, as this was identified as an additional source of stress for him.

We discussed the emotional burden of not sharing this health concern with his daughter, and he was encouraged to consider disclosing the situation to her, as keeping it hidden appeared to be contributing to further unnecessary stress.

He remained polite and cooperative throughout the consultation.

Management plan

Espranor dose increased to 8mg daily in response to current stress and anxiety; to be reviewed next Friday.

Diazepam reduction paused for two months due to reported distress; tapering plan to be re-evaluated thereafter.

Patient to remain on weekly pickup.

Discussed the importance of attending regular medical reviews to ensure treatment decisions are made collaboratively and not in the patient's absence.

Naloxone discussed and already issued.

Next medical review scheduled in one week.

A letter will be sent to the GP summarising the current clinical position and treatment plan.

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options,

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what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CGL
Espranor 6mg od
Diazepam 6mg od reducing by 2mg monthly

Current prescription from GP
Omeprazole 20mg od; Tamsulosin 400mcg; Anticoagulant; Mirtazapine 45mg;

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: No
Other: Nil

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Over the counter medication: Nil
Tobacco: he stopped smoking
Alcohol: No

Urine drug screening positive for: Buprenorphine/Benzodiazepine

Physical Health
Hep C cleared in 2023, last BBVs test 11/2024 negative. He also had history of DVT, last episode four years ago, he has had also a CT scan two years ago for a suspect pulmonary embolism, negative. He is under investigation for a possible lung cancer. Hep B vaccination completed. Allergy to penicillin.

Mental Health
He has been diagnosed with depression/anxiety long time ago, currently under the care of his GP. He reported no history of self-harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was low and there was evidence of mild anxiety.
Capacity: I had no concerns regarding capacity during the consultation today. The client was able to comprehend and retain information, weigh up the consequences of his choices and communicate his decisions

Social History
He lives on his own. He has no driving licence. He has six adult children, and he has regular contact with them. He is currently on ESA.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client.

No recent forensic history disclosed.

Investigations:
Nil

Discussion

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Aspire
Recovery Service
Peterborough City Centre

I have explained him the risk of using illicit substances and prescribed medication.

The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Advised to contact the service, his keyworker, or his GP if any concerns, after hours to contact A&E or mental health crisis team and call 111 option 2.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

↕↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANT: DR A BHANOT↕

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(if DDI prefix extension number with 67)

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

F C 6 JULY 2017
10 JUL 2017

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY ↕

Your patient attended our Department on THURSDAY 6th JULY 2017 at 5:13 pm

Referred by: General Practitioner

CLINICAL DETAILS
Their presenting complaint was:- UNWELL

On examination I found:-
PLEASE CONSIDER REF TO HEPATOLOGIST IN VIEW OF HEP C.
PROPRANOLOL STOPPED DUE TO FEELING WEAK - PLEASE REVIEW

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: BIOCHEMISTRY

Investigations: HAEMATOLOGY

Investigations: URINE TESTING ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: ALLOWED HOME↕

Yours sincerely

D ONYEBUCHI-IWUDIBIA - GPVTS ED
Automatically generated and therefore unsigned.

NHS

INHEALTH ENDOSCOPY

Community Endoscopy Service
Patient Referral Centre
Sandbrook House
Sandbrook Park
Rochdale
OL11 1RY

Patient Information
Tel: 0333 202 3187
Email: INL.inhealthreferrals@nhs.net

Referrer Information
Tel: 0333 202 3187
Email: INL.inhealthreferrals@nhs.net

BOROUGHBURY MEDICAL CENTRE
BOROUGHBURY MEDICAL CENTRE
Craig Street
Peterborough,
PE1 2EJ

IMPORTANT PATIENT INFORMATION

'This page is likely to contain confidential personal patient information'

06/01/2021

Dear Referrer,

Thank you for your referring your patient to InHealth.

The diagnostic report is now complete,please note this may include an addendum, and is included with this communication.

Should you have any queries concerning the receipt of this report please contact the Patient Referral Centre on **0333 202 0297** Monday - Friday 8.00am to 8.00pm.

Yours sincerely

Adam Wallwork

Director of Patient Referral Management

Inhealth Patient Referral Centre

Thistlemoor Medical Centre Endoscopy Department

NHS No. 4981672195
Patient Name: Richard Dean
D.O.B.: 30/09/1962
Gender: Male

Patient Address
14 Drayton Bretton
PE3 9XL
PETERBOROUGH

GP:

Examination Details

Examination date: 06/01/2021
Examination time: 14:49
Colonoscope details: CF-HQ290L, 2611462

Medication
Entonox - inhalation.

Bowel prep
Bowel cleansing agent: Moviprep. Quality: Inadequate - <90% of mucosa seen, mixture of semisolid and solid stool that could not be suctioned or washed.

Indication
Patient source: Outpatient, routine.
Procedure intention: Diagnosis.
Service List (No trainee present).
Abdominal pain.
Defaecation disorder.
Stool became looser than normal a few months ago
Father died ca colon in 80's.

Comorbidity
Previous DVT/PE.
Hepatitis C.
Anxiety.
ASA Status 2 (mild systemic disease, compensated).

Report Details

Limit of Exam
The extent of examination was reached by the independent endoscopist.
The endoscope was introduced to the rectum. The withdrawal time was 1 mins.
The intended extent of examination was not reached due to inadequate bowel preparation.
Discomfort Score: Comfortable - talking / comfortable throughout.
A magnetic endoscope imager was used.
J manoeuvre/retroversion performed by - not performed.
Digital rectal examination performed.

Therapeutic Procedures
No therapeutic procedures performed.

Complications
There were no complications during the procedure.

Findings

TERMINAL ILEUM
The terminal ileum was not entered.

COLON:
The colon was normal to the point of insertion.

ANUS:
The anus was normal.

Polyp Record

Additional comments
Only managed one sachet of Moviprep, solid faeces present throughout
Will re-arrange appointment and try Citramag + Senna instead.

Aftercare and Treatment
Follow up Colonoscopy in 3 weeks.

Lab Tests **Results**
Requests
No biopsies taken.

Examined by

NHS No. 4981672195
Patient Name: Richard Dean
D.O.B.: 30/09/1962
Gender: Male

Patient Address
14 Drayton Bretton
PE3 9XL
PETERBOROUGH

GP:

Independent Endoscopist: Dr Mark Vorster.

Trainee:

Nursing staff
Sarah Ward-jones
Ana Decianu

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax: 01733 349 221
Freephone: 0800 111 4364

F	C
08 JAN 2020	
S	T

Private and Confidential
Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

6 January 2019

Dear Colleagues

Re: Richard Dean 14 Drayton, Bretton, Peterborough PE3 9XN

DOB: 30/09/1962

The above person had a BBV test with us and is negative to Hepatitis C, Hepatitis B and HIV. We are sending the results to you for your records.

We will give them the results with appropriate harm reduction information.

Please feel free to contact us if you have any queries.

Yours sincerely

Jan Cottrell

Health Care Assistant

T: 01733 895624

Change Grow Live Peterborough, Central Hub, 102-104 Bridge Street, Peterborough PE11DY

Change Grow Live

www.changegrowlive.org

MANCHESTER MEDICAL MICROBIOLOGY PARTNERSHIP
Partners: Manchester University NHS Foundation Trust and Public Health England

RECEIVED 23 DEC 2019 2

)EAN RICHARD
)OB/Age: 30.09.62 Sex:M

ZZ1
'atient No.: P0705
IHS No.: ILOG:

Request by : Not Stated
Referred by :
CGL Peterborough SMS

This copy to : CGL Peterborough SMS

HCV antibody DETECTED by dry blood spot testing
HCV RNA not detected by dry blood spot testing
Results consistent with past resolved HCV infection
Advise repeat in 3 months to confirm

Hepatitis B surface antigen NOT detected.
Hepatitis B core antibody DETECTED.
Suggests hepatitis B infection at some time.

HIV 1+2 antibody and p24 antigen NOT detected by dry blood spot testing.

FINAL REPORT

SPECIMEN	COLLECTED	RECEIVED	REPORTED	SOURCE REF.NO.	OUR LAB.NO.
Dried Blood Spot	10.12.19	14.12.19	19.12.19		M,19.6070024

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-011344-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 06 Feb 2020 10:20
Type: New Attendance
Previous Attendances: 82
Presented With:(complaint) abdo pain
Incident Type: Other than above
ED Clinician: Helen Cooper

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. No abnormality detected **Qualifier:** Confirmed diagnosis

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Discharged - no follow up
Follow up:
Left Department: 06 Feb 2020 11:27

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: Epigastric pain
Constipation
History of Presenting Problem: Patient has epigastric pain and BNO from Saturday. Seen in ED - discharged with movicol. Patient has taken 5 scahets of movicol yesterday and used a suppositry. Nauseous, no vomiting.
Drinking lots of water, passing urine well.
Patient states his stomach pain is severe and that there is definately something wrong, that things arent being done properly.

Past Medical History: EX IVDU on methadone
Hep C
COPD
Current Medications: Omeprazole
Methoadone
Movicol
Smoking, Alcohol, Drugs, Family and Social History: Ex smoker, ex IVDU
Observations and General Examination: Observations - HR 125 (agitated at time), rest normal
Chest - clear.
Abdo - soft, non tender
GCS 15
Declined PR as done yesterday
Differential Diagnosis: Constipation
Chronic abdominal pain
Management or Treatment Plan: Patient wants more to be done about his abdominal pain. I explained examination and observations are reassuring that nothing life threatening happening. Also that we have seen him lots of times with abdominal pain and normal bloods.
I advised we could prescribe a phosphate enema but patient declined.
Unhappy with options presented to him, wants further investigation. I stated we would not do that. Patient has been discharged and left department.

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-011397-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 06 Feb 2020 12:36
Type: New Attendance
Previous Attendances: 83
Presented With:(complaint) GPL SURGICAL - ABDO PAIN
Incident Type: Other than above
ED Clinician:

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Direct admit to a specialty **Qualifier:** Confirmed diagnosis

INVESTIGATIONS:
1. Amylase*
2. Calcium (Tot & Corrected)*
3. Group and Save*
4. Coagulation Screen
5. Full Blood Count (FBC)

Bed Side:

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:
Request: Surgical Team

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Admitted
Destination: Ambulatory Care **Ward:** 0
Follow up:
Left Department: 06 Feb 2020 16:35

TTO Detail:

CLINICIAN E-NOTES:

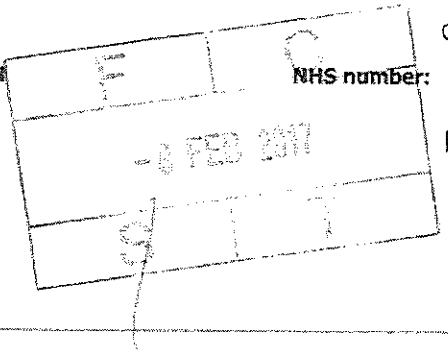
Surgical Notes: Illingworth - FY1-on-call

Patient has had 2 months of abdominal pain which is epigastric and radiates to the right hand side (hypochondrium) this is preceded by eating food and not affected by position. Dull crampy pain that also spreads to the flanks. Lasts for about 1 min then resolves.
Not passed stool since Saturday, not passed wind either - complete constipation (regular habit is 2-3 days)
No blood PR or PU, no dishcarge PR or PU
Noted rusty coloured urine with sediment, has pain after passing urine, increased frequency of urination
drinking about 3L per day on doctor's advice
Nauseous but no vomiting, notes episodes of hot/sweaty/tremulous associated with abdominal pain
Weight loss of 15Kg over 2 years
Headaches occpital - to right hand side, relieved by drinking water, increasing frquency over the last few months
PMH: Hepatitis C, Emphysema, AKI with dialysis (~10 years ago)
Has recently diagnosed DVT in Right Leg,
FHx: Cancer on father's side, Mother had TB
SHx: Smokes 1 cigarrette/day, No alcohol, No use of illicit drugs currently
On movicol for 1 day (taken 5 sachets)
10mL methadone (previously 80mL over the last few years), 5mL diazepam (previously on 30mL), Tamulosin, Omeprazole?
Some breathlessness - at baseline, no chest pain
Worried about Liver or pancreas cause for current presentation

Abdominal Examination:
Tender over epigastrium and in right flank, otherwise soft
Loud bowel sounds, patient able to pass wind prior to examination
PR: externally: red sore skin around anus, empty rectum, no masses, smooth prostate, no blood on withdrawal of finger, good sphincteric tone
Chaperone: King RGN

Impression:
1) Constipation secondary to opiate (methadone) use rule out obstructive cause such as cancer/TB given fevers/weight loss
2) Renal Stones

Plan:
1) Senior Review
2) Bloods inc. CEA, Ca, PO4, LFTs
3) Obs and urine dip
4) AXR
5) Imaging CTAP/KUB OP



RICHARD C DEAN NHS number: 4981672195 Hospital Number: DIS0529177

Copy to GP

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Ambulatory Care Unit
Telephone: 01733 677779

Outpatient Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	19 ADDERLEY BRETTON PETERBOROUGH PE3 8RA	**Date of birth**	30/09/1962
		Patient marital status	Single
		NHS number	498 167 2195
		Other identifier	DIS0529177
		Patient telephone number	NOT ON PHONE (Home)

Admission details

Appointment Date 06/02/2017 10:00

Main Diagnosis

US Compression venography lower limb Rt

Painful swollen rt leg. Previous DVT's on long term warfarin but recently INR sub therapeutic. Previous IVDU.
ENTERED BY: Jayne Sansby
BLEEP: [NOT KNOWN]
Clinical History :
Painful swollen rt leg. Previous DVT's on long term warfarin but recently INR sub therapeutic. Previous IVDU.
ENTERED BY: Jayne Sansby
BLEEP: [NOT KNOWN]
US Compression venography lower limb Rt : Difficult scan as difficult to demonstrate the common femoral vein. Possibly old thrombus noted from a previous DVT. Difficult to exclude any new thrombus as vessel poorly demonstrated.
The Superficial femoral, popliteal and calf veins appeared patent.
Conclusion: Old thrombus noted in the common femoral vein, difficult to exclude new thrombus here. Remainder of veins are patent.
This examination has been reported by Samantha O'Herlihy, Advanced Practitioner - Ultrasound
Reported by: O'HERLIHY SAMANTHA / RA36549
06/02/2017 10:24:00

Reason for Attendance/Clinical Summary - Suspected Deep Vein Thrombosis

Relevant History
Previous VTE
Ex IVDU

Investigations / Procedure / Results of Investigations - Doppler Ultrasound

[321030/1]

RICHARD C DEAN **NHS number:** **4981672195** **Hospital Number:** **DIS0529177**

Full Blood Count

Full Blood Count

WBC	*	11.4	10^9/L	4.0 - 11.0	02/02/2017 15:28:00
RBC		4.96	10^{12}/L	4.40 - 6.50	02/02/2017 15:28:00
Hb		157	g/L	130 - 180	02/02/2017 15:28:00
HCT		0.435		0.400 - 0.530	02/02/2017 15:28:00
MCV		87.7	fl	80.0 - 100.0	02/02/2017 15:28:00
MCH		31.7	pg	27.0 - 33.0	02/02/2017 15:28:00
MCHC		361	g/L	318 - 364	02/02/2017 15:28:00
RDW		12.5		11.5 - 15.0	02/02/2017 15:28:00
PLT		189	10^9/L	150 - 400	02/02/2017 15:28:00
Lymphs		1.8	10^9/L	1.4 - 4.8	02/02/2017 15:28:00
Monos		0.8	10^9/L	0.1 - 0.8	02/02/2017 15:28:00
Neuts	*	8.7	10^9/L	1.8 - 7.7	02/02/2017 15:28:00
Eosins		0.1	10^9/L	0.1 - 0.6	02/02/2017 15:28:00
Basos		0.0	10^9/L		02/02/2017 15:28:00

Management and Progress
Continue long term warfarin therapy

Anticoagulation Patients only - Follow up with GP

Follow Up Arrangements & Discharge Details - Return to referrer

Allergies & Adverse Reactions - Penicillin

Advice to Patient - Anticoagulation counselling

Potential memory concern identified? - No

GP practice

GP practice details X Boroughbury Medical
BOROUGHBURY MEDICAL CENTRE
CRAIG STREET
PETERBOROUGH

PE1 2EJ
Phone: 01733 571110

GP practice identifier D81026

Discharge details

Discharging consultant DR SATEESH NAGUMANTRY

Discharging specialty/department General Medicine

Clinic PCH Ambulatory Care Unit

Date of discharge 06/02/2017 12:00

Person completing record

Name Jayne Sansby

Designation or Discharge role Dept\Ward R& Disch

Date completed 06/02/2017 13:50

Distribution list

Copy-to: GP / Patient (Delete as appropriate) Specify additional Copy-to recipients if required:

Letter Ref 321030/1

Date Printed 06/02/2017 13:50

Signed Jayne Sansby [Dept\Ward R& Disch]

[321030/1]

Biggs Sue (NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG)

From: Aistrup, Jacqueline <Jacqueline.Aistrup@pbh-tr.nhs.uk>
Sent: 06 April 2016 09:11
To: Biggs Sue (NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG)
Subject: Emailing: Transfer to GP letter

Peterborough and Stamford Hospitals

Dr A Hussain
Boroughbury Medical Centre
Craig Street
Peterborough
Cambs
PE1 2EJ

06 April 2016

Transfer of Anticoagulant Care from PSHFT Anticoagulant Service to GP.

Dr Hussain

Please be aware: As you requested the following patient has been discharged from PHSFT Anticoagulant Service back to your care for Anticoagulation monitoring.

Mr Richard Dean
19 Adderley
North Bretton
Peterborough
Cambs, PE3 8RA

Hosp No: DIS0529177
NHS No: 4981672195
Date of Birth: 30/09/1962

Current Anticoagulant History

Anticoagulant:	Warfarin
Diagnosis	DVT
Target INR Range:	2.0 - 3.0 (2.5 Target)
Date therapy commenced:	23/06/2014
Duration or therapy:	Indefinite

Most recent result and dose instructions given:

DATE: 15/02/2016 **INR:** 2.7 **DOSE:** 3.50 **mg DAILY** **Next test due:** 11/04/2016

Previous 2 results and dose instructions given

Date	INR Result	Dose
25/01/2016	3.0	3mg/4mg ALTERNATE DAYS
21/12/2015	2.5	3mg/4mg ALTERNATE DAYS

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-096389-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, SOUTH BRETTON, PETERBOROUGH PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 05 Nov 2019 13:14
Type: New Attendance
Previous Attendances: 74
Presented With:(complaint) HEAD PAIN
Incident Type: Other than above
ED Clinician: Michelle Cheung

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Direct admit to a specialty **Qualifier:** Suspected diagnosis

INVESTIGATIONS:
1. C Reactive Protein*
2. Calcium (Tot & Corrected)*
3. Full Blood Count (FBC)
4. Urea*
5. Creatinine & Electrolytes*

Bed Side:
1. Urinalysis
2. ECG

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: Streamed to Ambulatory Emergency Care service
Outcome: Admitted
Destination: Ambulatory Care **Ward:** 0
Follow up:
Left Department: 05 Nov 2019 16:29

TTO Detail:

CLINICIAN E-NOTES:

History of Presenting Problem: 3 week history of headache. started in the right ear, radiating around to the back of the head. gradually worsening. unable to describe. pain not made better or worse by anything. never had a headache before. has seen the GP who has organised a CT Head in october which was normal and GP has organised an MRI. no change in vision. no cough or coryza. feels hot and feverish and sweats all over
is also concerned because urine is like custard, no pain PU. but is difficult to pass sometimes. GP has referred to a urologist who has said there is no problem.
Past Medical History: ex IVDU. COPD. Hep C
Current Medications: methadone. apixiban. tamsulosin. dizepam. ALLERGY: PENICILLIN
Smoking, Alcohol, Drugs, Family and Social History: ex smoker. no drugs or alcohol. lives alone.
Observations and General Examination: B: chest clear.
C: HS 1+2+0 HR 114 BP 114/89
abdo SNT
PEARL. normal eye movements. fundoscopy: NAD
ears: NAD
No facial asymmetry. sensation normal
power 5/5. intention tremor. sensation nromal. gait normal
Differential Diagnosis: 1) chronic headache - being ix by GP
2) urine symptoms
Management or Treatment Plan: in view of tachycardia and urinary symptoms - bloods taken. saw frequent care plan after I had taken bloods. AWBR. urine dip. ECG
Progress Note 1: MC - ECG NSR. HR 88. Urine NAD. AWBR - if normal can go home and continue FU with GP - is awaiting a MRI brain.

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 **Fax:** 01733 349 221
Freephone: 0800 111 4354

Date 05/05/2017

Dear Colleague
Boroughbury MC

Re: Richard Dean DOB: 30/09/1962
Address: 19 Adelaide, Bretton, Peterborough, PE3 9PG

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of opioid

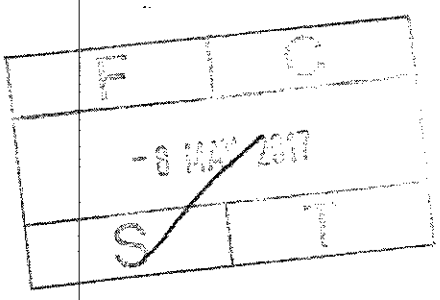
Impression
Mr Dean presented slightly low in mood and unkempt. He was polite and cooperative throughout the consultation. No evidence of intoxication or withdrawal symptoms.

Management plan
1. I have agreed to continue with the same regime until next review
2. Key worker appointment for support and psychosocial intervention to continue
3. GP: May I kindly ask you to send me a copy of the ECG carried out in hospital recently
4. Next medical review in 12/52 or earlier if needed
5. Letter to GP

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CRI
Methadone mixture 1mg/1ml 35ml

Current prescription from GP
Diazepam 17mg OD; Warfarin; Mirtazapine 15mg



Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: No
Other: Nil
Over the counter medication: Nil
Tobacco: 5 cigarettes a day
Alcohol: No

Urine drug screening positive for: Methadone/Benzodiazepine

Physical Health
Hep C positive, diagnosed 7 years ago, he is currently under the care of the local specialist. He also had history of DVT, last episode two years ago, he has had also a CT scan two weeks ago for a suspect pulmonary embolism, negative. Currently under investigation, he has had a gastro/colonoscopy and biopsies. Hep B vaccination completed five years ago. Allergy to penicillin.

Mental Health
He has been diagnosed with depression/anxiety long time ago, currently under the care of his GP. He reported no history of self-harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was evidence of mild anxiety.

Social History
He lives in a shared accommodation. He has no driving licence. He has six adult children and he has regular contact with them. He is currently on ESA.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client. QTc interval prolongation risk discussed with the client, ECG few weeks ago in hospital.
No recent forensic history disclosed.

Investigations:
Nil

Discussion

1. I have explained him the risk of using illicit substances and prescribed medication.
2. The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

:↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR D VIJAYASANKAR↕

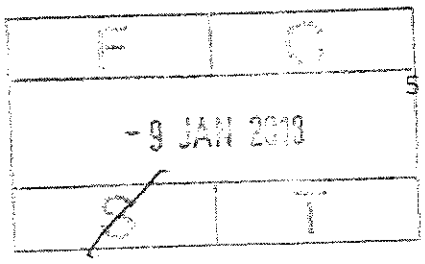
North West Anglia
NHS Foundation Trust

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)



5th JANUARY 2018↕

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY ↕

Your patient attended our Department on FRIDAY 5th JANUARY 2018 at 12:20 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- BILATERAL FLANK PAINS 2/7

On examination I found:-

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: ARTERIAL/CAPILLARY BLOOD GAS

Investigations: BIOCHEMISTRY

Investigations: CARDIAC ENZYMES ↕

Diagnosis: , ↕

Immunisation: ↕

Treatment: MEDS - INTRAVENOUS

Treatment: INFUSION FLUIDS

Treatment: INTRAVENOUS CANNULA

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: ALLOWED HOME↕

:rs sincerely

:NGELL - ED DOCTOR
:omatically generated and therefore unsigned.

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-011191-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 05 Feb 2020 17:35
Type: New Attendance
Previous Attendances: 81
Presented With:(complaint) ?
CONSTIPATION DIFFICULTY PAS
Incident Type: Illness
ED Clinician: Jubril Saliu

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Constipation **Qualifier:** Suspected diagnosis

INVESTIGATIONS:

Bed Side:
1. Urinalysis

TREATMENT:
Treatments:

Interventions:
1. Guidance / advice - written, Observation / cardiac monitor, pulse oximetry / head injury / trends