RENFREWSHIRE ADRS TREATMENT REQUEST FORM (TRF)

Worker Requesting Prescription	J.TATE (AN)	**Senior approving**		**Today's Date**	18/06/26	**Care Manager** (if not the requester)	J.Tate (AN)

Client Name	MCGEOWN, David (Mr)	**Client CHI**	081 275 3232
Community Pharmacy	Boots, Piazza, 28 Central Way, Paisley PA1	**UDS recorded on EMIS?**	Yes completed 01/04/26
Current dose ORT (if applicable)	Buvidal 128mg		
Request including relevant information i.e. UDS results Dispensing arrangements If missed doses, when was last dose & what substances have been used	Patient looking for reduction of Buvidal from 128mg to 96mg. Last administered on 27/05/26 – Buvidal 128mg. UDS completed on 01/04/26 and positive for Buprenorphine and Cocaine. Last drug use: sniffed 0.5g prop cocaine on 26/05/26, consumed x2 5mg diverted benzodiazepine on 26/05/26 and consumed 0.5g speed on 27/05/26. COWs not completed as not required. Nil apparent withdrawal symptoms present. Chemist contacted and has available stock.		

PRESCRIPTION DETAILS (to be completed by worker requesting prescription)

Start date of medication(s)	Medication	Dose	Instalment wording (including days of collection)	Prescription Details (to be completed by business support)
24/06/26	Buvidal	96mg	Monthly.	

Prescriber Authorising		**Date Authorised**	18/6/26
Business Support Completing		**Date Completed**	

Renfrewshire Health & Social Care Partnership

Billy McClean
Chief Officer

Our Ref: DS
Job ID: 100944285
Date: 15/04/2026

PRIVATE & CONFIDENTIAL

Dr DJ Boyd
The Kelburn Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Alcohol & Drug Recovery Service
20 Back Sneddon Street
Paisley
Renfrewshire

PA3 2DJ
0300 300 1199 (option 2)
www.nhsggc.org.uk

Dear Dr Boyd,

Re: David McGeown DOB: 08/12/1975 CHI: 0812753232

Address: 9B Stevenson Street, Paisley, PA2 6BW

Date of Assessment/Appointment:	**15/04/2026 (DNA)**
Type of Assessment:	**Routine Medical Review**
Diagnosis:	
Current Medication:	**Buvidal 128mg monthly**
Follow-up:	**In due course, if needed**

David did not attend a medical review appointment with me at the ADRS Back Sneddon Street Clinic. This is his first missed appointment with me. No contact was made to cancel this appointment ahead of time.

He continues on Buvidal at 128mg monthly. He seems stable in terms of opiate use currently.

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Billy McClean
Chief Officer

At the time of writing there is nil of concern noted on clinical portal.

His Care Manager is aware and a further review appointment will be offered, if needed.

Yours sincerely,

Dr Roddy McDermid
ADRS
Authorised on 13/05/2026 14:29:00 by Roderick McDermid.

Renfrewshire
Health & Social Care
Partnership

Ref: BO/DS
CHI: 081 275 3232
Date: 4 March 2026

PRIVATE & CONFIDENTIAL
Mr David McGeown
9B Stevenson Street
Paisley
PA2 6BW

Dear Mr McGeown,

A medical review appointment has been made for you to be seen by the ALCOHOL & DRUG RECOVERY SERVICE as follows:

Date:	**Wednesday 15th of April 2026**
Time:	**11:00am**
Appointment with:	**Dr Brian O'Neill**
Location:	**ADRS, 20 Back Sneddon Street Clinic, Paisley PA3 2DJ**
Contact details:	**0300 300 1199 (option 2)**

If this appointment is not suitable, please telephone me on the above number AS SOON AS POSSIBLE so alternative arrangements can be made and this appointment can be offered to someone else on our waiting list.

Yours sincerely,

Medical Secretary

RENFREWSHIRE ADRS TREATMENT REQUEST FORM (TRF)

Worker Requesting Prescription	Frances McPherson	**Senior approving**		**Today's Date**	08/1/26	**Care Manager** (if not the requester)	**Sandra Hamilton**

Client Name	~~[illegible]~~ DAVID McGEOWN	**Client CHI**	081 275 3232
Community Pharmacy	Boots Piazza	**UDS recorded on EMIS?**	yes
Current dose ORT (if applicable)	Buvidal 160mgs		
Request including relevant information i.e. UDS results Dispensing arrangements If missed doses, when was last dose & what substances have been used	Seeking reduction in buvidal to 128mgs wrong client.		

PRESCRIPTION DETAILS (to be completed by worker requesting prescription)

Start date of medication(s)	Medication	Dose	Instalment wording (including days of collection)	Prescription Details (to be completed by business support)
4/2/26	Buvidal	128mgs		

Prescriber Authorising		**Date Authorised**	
Business Support Completing		**Date Completed**	

Declined.
This client on Suboxone.

apologies wrong name.
on Buvidal.

updated on Kardex + PCS – Bus Support pls print w/c 26/1 FM

RENFREWSHIRE ADRS TREATMENT REQUEST FORM (TRF)

Worker Requesting Prescription	Stephanie Robertson	**Senior approving**		**Today's Date**	12/11/25	**Care Manager** (if not the requester)	Annemarie Boyle

Client Name	David McGeown	**Client CHI**	081 275 3232
Community Pharmacy	Boots Piazza	**UDS recorded on EMIS?**	Unable to provide UDS. To attend service tomorrow to provide UDS.
Current dose ORT (if applicable)	160mg Buvidal injection		
Request including relevant information i.e. UDS results Dispensing arrangements If missed doses, when was last dose & what substances have been used	Liberated from HMP Low Moss on 11/11/25. Prison confirmed 160mg Buvidal, last dose 20/10/25. Due again on 17/11/25.		

PRESCRIPTION DETAILS (to be completed by worker requesting prescription)

Start date of medication(s)	Medication	Dose		Prescription Details (to be completed by business support)
12/11/25	Buvidal	160mg	Dispense 160mg every 28 days.	

Prescriber Authorising		**Date Authorised**	12-11-25
Business Support Completing		**Date Completed**	

Referrals for patients to go on EMIS Renfrewshire ADRS

Name	David McGeown
Date of Birth	08/12/1975
CHI	0812753232
GP & Surgery	Dr Boyd; Drs Crampsey & Galloway
Patient Address	9B Stevenson St., Paisley PA2 6BW
Phone Number	(07562) 235232 (07578) 707148
Referral Date	06/11/25
Referral Source	Prison / Low Moss via Paul McGivney OPS Manager ADRS

To have a referral added to EMIS please fill out this document and send it to:-

ggc.healthrecords.dykebarhospital@nhs.scot

Renfrewshire Health & Social Care Partnership

CIRCLE

81 Glasgow Road
Paisley
Renfrewshire
PA1 3PE

Tel: 0300-300-1199 (Option 2 then 4)
Email: ci.circle.recovery@nhs.scot

Strictly Private & Confidential **Date: 18th September 2024**

Mr David McGeown
9B Stevenson Street
Paisley
PA2 6BW

Dear Mr McGeown,

We have been advised by your Recovery Worker that you no longer require a service.

We are writing today to wish you well in your onward recovery and offer you the opportunity to contact the service in future should you require any further support.

Please find enclosed a leaflet providing contact details for crisis services, should you ever require access to these.

Yours sincerely,

Derek Kennedy
Team Lead
Renfrewshire Alcohol and Drug Recovery Service

CIRCLE Discharge Form

To be completed by allocated Recovery Worker and counter-signed by CIRCLE Service Lead

Client Name:	David McGeown	**CHI: ECLIPSE ID:**	08L 275 3232.
Date Opened to CIRCLE:	14.05.24 **Referred by:**	Judith Presague (ADRS)	
Allocated Worker:	Nora Doherty	**Co-worker/Service:**	

If unallocated give reason:

Is Client open to Psychology/OT? ☐ Yes ☒ No **Note: (If yes, case should not be closed to CIRCLE)**

Open active referrals at time of proposed closure		**Consultation/Action taken with services pre-closure**
Children and Families (C&F)	☐	
Criminal Justice	☐	
Occupational Therapy/ Psychology	☐	
CMHT/Mental Health/Crisis Services	☒	
Other Services (Police/Social Work etc)	☒	

Service user has current relationship recorded within ECLIPSE/EMIS with Child/Children: Yes ☒ No ☐ N/A ☐

	Child ECLIPSE ID:	**Childs Name:**	**Open to C&F Service:**
Child 1 age:	PER237173	Alicia McGeown	Yes ☐ No ☐
Child 2 age:	PER12327	Kiera McGeown	Yes ☐ No ☐
Child 3 age:			Yes ☐ No ☐
Child 4 age:			Yes ☐ No ☐

Details of worker and treatment contact prior to case closure (including issues with regard to child/children):

Reason for Discharge: (as recorded on EMIS and Eclipse by Recovery Worker)		**COMMENTS**
Recovery plan met	☐	
Volunteering/education/employment	☐	
Referred to more appropriate service/area	☐	
Declined service involvement	☐	
Requested discharge	☐	
No contact despite assertive outreach	☐	
Moved to new local authority	☐	
Prison admission for more than 6 months	☒	- UNABLE TO DETERMINE ADRS CLOSED
Client has died	☐	

Has Client been referred on to other Team or Service? Yes ☒ No ☐ (Provide details/outcome of referral)

Did CIRCLE make a referral on for child/children Yes ☐ No ☒ (Provide details/outcome of referral)

Sections below to be completed by CIRCLE Service Lead:

Discharge NOT approved by Service Lead(s) for following reasons and recommended action:

N/A - DISCHARGE APPROVED - CUSTODIAL SENTENCE

Discharge Date Approved by Service Lead(s)	**Signature/Name of Service Lead approving discharge**

Has a final observation /consultation – giving reason(s) for discharge been entered by Recovery Worker on:

EMIS Yes ☒ No ☐
ECLIPSE Yes ☒ No ☐

Referrer and Client have been notified of discharge by Recovery Worker by:

Telephone call by Recovery Worker ☐
Discharge Letter ☒
N/A – Client has died ☐

Note: Circle Service Lead to upload the agreed and completed discharge form to EMIS, notify Business Support to close to worker on ECLIPSE and Recovery Coordinator/CIRCLE Lead to be advised to update CIRCLE Client Database.

Renfrewshire
Health & Social Care
Partnership

CIRCLE

81 Glasgow Road
Paisley
Renfrewshire
PA1 3PE

Tel: 0300-300-1199 (Option 2 then 4)
Email: ci.circle.recovery@nhs.scot

Mr David McGeown
9B Stevenson Street
Paisley
Renfrewshire
PA2 6BW

Dear Mr McGeown,

I would like to offer an appointment to see you on:

Date: **Monday 9th September 2024**

Time: **1.30pm**

Location: **CIRCLE, 81 Glasgow Road, Paisley, Renfrewshire, PA1 3PE**

I look forward to seeing you then. If you are unable to attend, I would be grateful if you could contact me on **0300 300 1199 (Option 2, Option 4)** to let me know.

Yours sincerely,

Nora Nacheva
Recovery Worker

Person Centred Care Plan

Full Name:	Mr David McGeown	Preferred Name:	David	DOB:	08-Dec-1975	CHI:	081 275 3232

For care planning in conjunction with patient and/or carers, prioritise the themes from assessment and care plan accordingly, numbering each theme.
THEMES 1. Physical Health, **2**. Mental & Psychological Health, **3.** Substance / Alcohol Use, **4.** Social Issues, **5.** Legislation/Legal Aspects of Care, **6**. Spiritual Issues

Date, Name & Designation	Identified Need (including review frequency)	Person Centred Goal/idea of recovery	Family/Carer Views	Person Centred Interventions	Date ended
	Theme(s) covered: **Review Frequency:**				
	Theme(s) covered: **Review Frequency:**				
	Theme(s) covered: **Review Frequency:**				
	Theme(s) covered: **Review Frequency:**				

Reviews

The identified needs and interventions will be reviewed, where possible, by the named nurse and in partnership with the patient/carers to assess for continued relevance and to record interventions that have ended or been added as required.
An entry in the chronological account of care will record that a care plan review has been completed.

Review Date	Reviewer	Summary of progress (including patient/carer view)

Person Centred Care Planning

Quick Guide

Identified Need

- Consider each of the themes identified on the template and within the guidance (which also has examples). Using the assessment information, does the patient have a need within that theme?
- At the bottom of the Identified Need, document how often that need is to be reviewed. Each need may have a different review frequency.
- New needs can be added in a care progress and other needs may resolve and so should be ended with a date of when it stopped

Person Centred Goal/idea of recovery

- Ask your patient what their goal is in relation to their identified need, what is 'recovery' for them? Document if none given.
- Patient involvement, please record here if patient is unwilling/unable to engage in care plan and the reason why.

Family/Carer Views

- Family and carer input offers valuable personal information to assist in the delivery of safe and person-centred care. This may be suggestions on what has helped to support the patient currently or in the past e.g., Joe likes to take his tablets with juice rather than water. Please record reason if no family/carers have been involved.

Person Centred Interventions

- These will be a mix of steps that staff will take to support patient with their identified need and actions that the patient, and if applicable, carers will take also.
- What are their preferences within this need? E.g. they would like a quiet room when experiencing hallucinations, no PRN medication. They want staff to visit in their own clothes, not their uniform.

Reviews

- These are set times for staff to sit with their patient (or family/carers if relevant) to go through each identified need and all interventions, assess progress and if anything needs to be added/removed.

Link to further guidance on Sharepoint (Ctrl + Click to follow the link):
Person Centred Care Planning Quick Guide

Person Centred Care Planning Guidance Document

Care Manger	Worker requesting Px		Pharmacy Address & Postcode	EMIS updated before making request?	COMMENTS	Team Leader (print sheet, date & sign as agreed for prescriber)	
Judith Presague Sorribes	Judith Presague Sorribes		6 Neilston Road, Paisley PA2 6LN	yes	Patient has asked if his Diazepam prescription can be moved to a pharmacy closer to his new flat. From BOOTS 66 Nethehill Road, Paisley to 6 Neilston Road, Paisley PA2 6LN	Cheryl Mullin	ADMIN Please notify Prescriber / MO for signing as soon as printed

DATE PrescriptionStarts	EVENT CODE	CLIENT NAME	Patient CHI NUMBER	Cows Score	When last used drugs?	Urine result on EMIS	Face to Face Y/N & when		No of DAYS	DOSE	REASON CODE	INSTALLMENT WORDING	Prescriber agreeing to request (Sign & date for admin)	PRESCRIPTION NUMBER
02/09/2024	1	David McGeown	0812753232		n/a	n/a	y (scheduled for today	Diazepam		same as current	7			
										30mg weekly, Monday - From 09/09 CG Please confirm pharmacy.				
												20 days.		

Renfrewshire Health & Social Care Partnership

Ref: **BO/DS**
CHI: **081 275 3232**
Date: **2 July 2024**

PRIVATE & CONFIDENTIAL
Mr David McGeown
9b Stevenson Street
Paisley
PA2 6BW

Dear Mr McGeown,

A follow up medical appointment has been made for you to be seen by the Alcohol & Drug Recovery Service as follows:

Date:	**Thursday 12th of September 2024**
Time:	**11:30am**
Appointment with:	**Dr Brian O'Neill**
Location:	**ADRS, 20 Back Sneddon Street Clinic, Paisley PA3 2DJ**
Contact details:	**0300 300 1199 (option 2)**

If this appointment is not suitable, please telephone me on the above number ASAP so alternative arrangements can be made.

Yours sincerely,

Medical Secretary

Renfrewshire Health & Social Care Partnership

Alcohol & Drug Recovery Service
Back Sneddon Centre
20 Back Sneddon Street
PAISLEY
PA3 2DJ

0300 300 1199 (option 2)

Date: 15/08/2024
Ref.: BO/DS
CHI: 081275-3232

PRIVATE & CONFIDENTIAL
David McGeown
9B Stevenson Street
Paisley
PA2 6BW

Dear Mr McGowan,

Due to unforeseen circumstances, your next appointment with the Alcohol & Drug Recovery Service has been rescheduled. I apologise for any inconvenience this may cause.

Old Appointment:	**Thursday 12th of September at 11.30am**
New Appointment:	**Friday 4th of October at 11.30am**
Appointment with:	**Dr O'Neill**
Location:	**Back Sneddon Clinic, 20 Back Sneddon Street, Paisley, PA3 2DJ**

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made.

Yours sincerely,

D. Stewart

Alcohol & Drug Recovery Service

Renfrewshire Health & Social Care Partnership

Shiona Strachan
Interim Chief Officer

Our Ref: SO/JP
Date: 11/07/2024

20 Back Sneddon Street
Paisley
PA3 2DJ
Telephone: 0300 300 1199 Option 2

www.nhsggc.org.uk

PRIVATE & CONFIDENTIAL

Mr David McGeown
9B Stevenson Street
Paisley
PA2 6BW

Dear David,

You have a booked appointment for a physical health assessment appointment.

I would like to offer you an appointment on -

Date: Tuesday 6th August 2024
Time: 2:30pm
Venue: 10-12 New Sneddon Street, Paisley. PA3 2AD.
Practitioner: Rosie McDonald

If you are unable to attend, could I ask that you telephone to rearrange appointment.

Shannon O'Connor
Health Care Support Worker

xRenfrewshire Alcohol and Drug Recovery Service
Psychological Therapies Referral Checklist

Please consider the following as guidance for your ADRS Psychology referral

You are not required to submit this form in order to refer

Referral discussed with Psychologist (all referrals must be discussed before forms are submitted)	x
Recent Mental Health Assessment completed (Not required for online group)	x
Internal Referral Form for RADRS Psychology	
Up-to-date CRAFT	
Suitable rationale for referral Patient's motivation, treatment goals, mental health needs, desire for positive change for example	x
Suitable stability for individual therapy - Abstinent from significant alcohol or substance misuse - Demonstrates **some** resilience to adversity - No ongoing criminal justice or child protection issues - Stable home and finances - Not enduring acute abuse or exploitation	x
The patient wants to attend psychology and understands the commitment (one hourly session per two weeks, often emotionally taxing)	x
Is the patient interested in psychology skills groups?	Would prefer 1-to-1 support
Are there any anticipated barriers to engagement with psychology? Work, childcare, medical issues, disabilities, avoidant tendencies, mistrust of workers for example	No

For referral support please contact Dr Ailie Mitchell ailie.mitchell@ggc.scot.nhs.uk 07971468302	

Renfrewshire Health & Social Care Partnership

Renfrewshire ADRS
Psychological Therapies Internal Referral Form

Discussion with Psychologist prior to referral is essential
Email to: jonathan.mckay@ggc.scot.nhs.uk and maureen.mcginley3@ggc.scot.nhs.uk

Include: Mental Health Assessment and Risk Assessment.

Service User Details	Name of Addiction Team:
Surname: McGeown	First Name: David
Address: 9B Stevenson Street Paisley	
Postcode: PA2 6BW	Tel: (home)
Tel: (mobile) 07562 235232	Carefirst/Swift No:
Eclipse PER:	CHI No: 081 275 3232
Care Manager / Keyworker Details	**GP Details**
Name: Judith Presague Sorribes	Name: Dr. Donna Boyd
Location: Renfrewshire ADRS 20 Back Sneddon Street Paisley, PA3 2DJ	Address: The Kelburn Practice Northcroft Medical Centre 2-4 North Croft Street Paisley, PA3 4AD
Tel: 07811056512	Tel: 0141 889 3356
Referred by: (if not care manager named above)	Date of Referral: 26/06/2024

Referral Details – Main reason for referral and why now is a suitable time for referral?

David has been working and engaging very well with ADRS since March 2024. Since the beginning of treatment and psychosocial support, David has shown his dedication to his recovery by attending every appointment and following the advice provided by myself and other workers. David was living in homeless accommodation until recently when he was offered a flat and is now settled in his home. David has also now had a mental health assessment and an appointment with the ADRS doctor to discuss and arrange suitable medication. David is currently on monthly Buvidal and reports that this has been great and has supported him further in his recovery.

I believe now that David has been able to settle in his home and is stable in recovery is a good time to get him the psychological support that he has needed for a long time. David is very independent and able to manage a schedule, make appointments and take care of his finances and home.

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Referrer's reasons and expectations of the referral?
After working with David for a few weeks I have been able to see his resilience to adversity. When he first attended the service, he was living in homeless accommodation and struggling with various substances. In just a few months he is now in secure stable housing, is not using illicit substances (aside from occasional opportunistic cocaine use, which we are working together on reducing) and is engaging with various services to receive support. Despite all of his efforts and due to being in recovery, David is still struggling with his mental health and getting flashbacks from childhood trauma. While growing up, David experienced a lot of trauma which he has been trying to cope with for years. David has now been stable on treatment since March 2024. After engaging with ADRS for a few months last year, David attended rehab and as part of the conditions, he had to stop taking any medications or treatments that he was on. David has told me that this brought back a lot of the trauma he suffered to the surface and after attending rehab, when he was back in the community, he started experiencing flashbacks and feeling really anxious. This was what ultimately made him relapse. Since engaging with ADRS and treatment this year, all of his feelings are also back but he is working really hard to manage them as well as using all the available support. David is receiving support from CIRCLE Recovery Hub, ADRS, Turning Point and First Advocacy.
Service User's Expectations / Change Goals?
David and I have had lengthy conversations about the expectations of receiving psychology support and why he needed to find some stability ahead of the referral. David has understood this from the start and is aware that psychology support can be extremely difficult but has stated that he is willing to try anything that will help him stay abstinent and improve his mental health. His goal is for psychology to help maintain his recovery as well as provide him with the tools and coping skills to improve his mental health in the long term. Is the service user in agreement with the referral? Yes **x**□ No □
Alcohol and/or Drug Use:
Main Substance of Use Alcohol □ Drugs □X Both □ **Brief Description of recent use /current, please include any addiction related prescribing:** **Since March 2024, David has been in treatment, first in Espranor for a few weeks and currently on Buvidal LAI monthly. David reports that this has been great, and he does not experience cravings at all. Since March, David has only used heroin once while on Espranor after finding his niece deceased.** **David has now ceased his use of illicit Valium as he has been provided with a prescription that works for him following a mental health assessment and an appointment with the ADRS doctor.** **David has stated that he occasionally uses cocaine when he is offered it but reports does not buy it for himself. This is something that we have been working on and he understands the risks and is working on cutting it out completely.**

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Mental Health / Psychological Difficulties:

David believes that when he attended rehab last year, they 'opened pandora's box'. He has explained that they took all his medication away and then when he was back out in the community and sober, he really struggled with his mental health and traumatic flashbacks. David reports that he has experienced perceptual disturbances for a long time and after rehab and coming of his Quetiapine he really struggled with them again. David has been struggling with his mental health for a long time and has now found some stability again and is ready to receive the support he needs.

David is currently prescribed Diazepam and takes it as prescribed.

Physical Health Conditions/Difficulties:

No formal diagnosis and no regular medications prescribed. David has explained that he has sustained a head injury in the past from a previous brain operation. David has a cyst removed from his head in 2008 which has left him with chronic pain. Reports that he has been offered pregabalin and gabapentin for the pain by his doctor but that he did not want it as he had known people that have become dependent and he did not want that. Recently David explained that he is considering contacting his GP to get support for his head pain and may accept prescribed Pregablin if offered as he is struggling with the pain. Reports doctors have told him that there is nothing that can be done about the pain aside from pain management with medication.

Medication details and concordance:

Buvidal monthly injection 96mg – stable and dosing as prescribed

Diazepam 30mg daily – stable and using as prescribed

Current Social Difficulties:

Renfrewshire Health & Social Care Partnership

Recently moved into his own flat. Flat is secure and safe and he has just received his community care grant goods. Reports he is feeling so much better since moving into the flat by himself.

David has cut out a lot of people in his life due to not wanting to be around drugs and antisocial behaviour, reports he can feel a bit lonely. Has his dog and this has been a big aid on getting him out of the house.

Risk Assessment

Are there any areas of identified risk?

No, David has always presented well and has never raised any concerns for the referrer.

If yes, please specify

Suicidal/self harm ☐ Violence ☐ GBV ☐ Child Protection ☐ Adult Protection ☐ Other ☐

Provide brief detail, including approximate dates:

Court case pending. Currently on RLO with a curfew 7am to 7pm.

Other Professionals Currently Involved in Providing Care /Treatment

Alex – Turning point **07580020458**

Nora Nacheva – CIRCLE **nora.nacheva@ggc.scot.nhs.uk**

For Office Use

Date received:

Screened by (print name): Date screened:

Decision:

Charlotte Flynn

From: O'neill, Brian [redacted]
Sent: 13 June 2024 16:15
To: MBX-SW BS addictions
Subject: David Mc-GEOWN 0812753232

Categories: Charlotte

Please from 17/06 diazepam 30 mg daily - weekly dispensing. Julie.

Thanks

Brian

Care Manger	Worker requesting Px		Pharmacy Address & Postcode	EMIS updated before making request?	COMMENTS	Team Leader (print sheet, date & sign as agreed for prescriber)	
Judith Presague Sorribes	Judith Presague Sorribes		BOOTS chemist, 66 Netherhill Road Paisley	yes	Patient presented on 10/06 and explained that the white goods for his new home are arriving Friday 14/06 and Saturday 15/06 and he has to stay home all day to wait for them. Request for patient to pick up his medication on Thursday for Thursday, Friday, Saturday and Sunday. **Patient seeing the ADRS medic on Thursday for medic and medication review.**	*Cheryl Mullin*	**ADMIN Please notify Prescriber / MO for signing as soon as printed**

DATE Prescription Starts	EVENT CODE	CLIENT NAME	Patient CHI NUMBER	Cows Score	When last used drugs?	Urine result on EMIS	Face to Face Y/N & when		No of DAYS	DOSE	REASON CODE	INSTALLMENT WORDING	Prescriber agreeing to request (Sign & date for admin)	PRESCRIPTION NUMBER
13/06/2024	*1*	*David McGeown*	*0812753232*		*n/a*		*yes 10/06 /2024*	*Diazepam*			*5*			
												13, 14, 15, 16		

Contact Event Codes:

CHI No:	081 275 3232	**Date:**	
Surname:	McGeown	**Date of Birth:**	08-Dec-1975
First Name:	David	**Gender:**	M
Address & Post Code:	69b Dundonald Road Paisley PA3 4NB		
Phone No:	07562235232 07578707148	**Legal Status (MHA, AWI, Guardianship):**	
Ethnicity:	White: Scottish - Scotland ethnic category 2011 census	**Nationality:**	
Have you or a close family member ever been a part of the UK Armed Forces?		*Select as appropriate	YES ☐ NO ☒ UNKNOWN ☐
Are you a carer of someone who is in the Armed Forces or is a veteran?		*Select as appropriate	YES ☐ NO ☐ UNKNOWN ☐
Consent to sharing info:			
Communication needs:			
Next of Kin / Carer contact details:	*Carer contact details listed below:*		

Alerts *(history of violence, offending history)*
Reason for referral *(referrer's reason[s] for requesting assessment)*
is looking to be re commenced on his quetiapine and looking for councilling for his trauma
Reason for attendance *(Description of individuals main concerns, their perceptions of difficulties and hopes from the service)*
Psychiatric history *(previous/ongoing mental health problems, diagnoses and interventions, via GP or mental health services, and their impact; h/o self harm/attempted suicide; previous admission/detentions)*

previouslt diagnosised with manic depression when he was 10.

Medical history *(prior/pre-existing/ongoing physical health problems, diagnoses and interventions and their impact)*

Current medication details as given by individual *(prescribed, over-the-counter, complementary, drug allergies)*

Medication	Dose	Frequency	Duration	Response
buvidal				
diazepam				

Allergies:			
Dispensing frequency:		**Medication concordance:**	

Family History *(relationships; h/o MH problems, medical, substance use problems; h/o suicide)*

Personal History:

Childhood / development / relationships	spent his childhood in and out of care. went into care at the age of 3. mother was a drug user and earliest memory was helping his mother during an OD aged3. was physical and sexually assaulted
Childhood trauma / neglect / abuse	

Education / employment	throughout his time in care
Adult relationships	previously relationship partner was also a drug user
Adult trauma / abuse / vulnerability	oldest child died only 4hrs old due drug withdrawal
Personal strengths / Hopes for the future	
Current social circumstances:	
Housing	has recently moved house struggling with his Gas and eletric sorted
Employment / Employability	unemployed
Finances	has his benefits
Support	has a worker from turing point
Interests / current activities	

Any children/ dependents under the age of 18?				
	Child 1	**Child 2**	**Child 3**	**Child 4**
Name				
Age				
Address if different:				
Child protection concerns/agencies involved:				

Impact of mental health on parenting and/or potential risk to children:
has 6 children who he has no contact with any of them
Description of functioning before current difficulties:
Substance use: *(caffeine, alcohol, tobacco, non-prescribed drugs, novel psychoactive substances)*

Pattern of current use	is sporadicly injection cocaine
Impact on individual	
Previous history	

Forensic history: *(charges, fines, convictions, h/o violence)*
has a pending chanrge for possesion of class A drug and offensive weapon is currently out on bail. has a 7-7 curfue
Legal issues: *(driving, capacity, detention, vulnerability, other orders)*

Individual expectation of service:

Mental State Examination:	
Appearance	clean and tidy, dressed apropriatly for weather. appeared under weight
Behaviour	appropriate thoughout
Mood & Affect	mood low 4/10 anxiety 4/10
Speech	normal rate and tone
Thought form	stated that thoughts are chaotic finds it difficult to focus on a task.
Thought content	paranoid thoughts of people being after him
Perceptions	advised that he is getting ideas of referance from the TV. no longer has a tv.does not recognise the voice. also experiences a sulphar taste and experiences feeling of spider webs on his face
Cognition	fully orientated to time and place
Insight	

Carers / Next of Kin / others views, concerns and expectations from services

Additional notes:
is looking to be recommenced on quetiapine and get support to cope with his trauma past

Summary

Name: MCGEOWN, David (Mr)	**CHI:** 081 275 3232
Summary of assessment *(Key findings, relevant negatives, initial formulation considering predisposing, precipitating, perpetuating and protective factors)*	
Overall impression of risk *(CRAFT to be completed separately)*	
Immediate actions *(including information provided)*	
Outcome of MDT discussion/ Treatment plan *(including follow up arrangements if relevant)*	

Primary Diagnosis:			
Any additional diagnoses:			
Suitable for psychological therapies (Y/N):			
Name:		**Designation:**	
Signature:		**Date:**	

Renfrewshire Health & Social Care Partnership

Ref: BON/DS
CHI: 081 275 3232
Date: 23 May 2024

PRIVATE & CONFIDENTIAL
Mr David McGeown
69b Dundonald Road
Paisley
PA3 4NB

Dear Mr McGeown

An appointment has been made for you to be seen as follows:

Date:	**Thursday 13-Jun-2024**
Time:	**3:30pm**
Appointment with:	**Mr Brian ONeill**
Location:	**BACK SNEDDON CENTRE, 20 BACK SNEDDON STREET, PAISLEY, PA3 2DJ**
Contact details:	**0300 300 1199 (Option 2)**

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made.

Yours sincerely

Debra Smith

Medical Secretary

Mental Health Directorate, Renfrewshire Alcohol & Drug Recovery Service,
20 Back Sneddon Street, Paisley, PA3 2DJ
Telephone: 0300 300 1199

Appendix 3: Buvidal Informed Consent Form

Name: DAVID McGEOWN CHI: 0812753282

Consent to Opioid Replacement Treatment – Buvidal

Choice to transfer to injectable prolonged release buprenorphine
Benefits of optimal treatment dose
Reduction of harm, lifestyle stabilisation, abstinence
Likely time frame and potential for relapse on cessation
Advised of potential local injection site reactions

Requirements of Treatment

To provide contact details and agree to regular contact between treatment appointments
Importance of attending clinical appointments to ensure continuity of treatment.
Provide samples for screening
Share information with other care providers

Risks Associated with Buprenorphine ORT

1. Ongoing dependence
    a. Loss of tolerance on cessation and risks of o/d and relapse
    b. Risks of missed doses

2. Respiratory Depression
    a. Enhanced risk with use of other drugs and/or alcohol
    b. Intercurrent illness
    c. Asthma/COPD compliance with therapy, seek medical advice if exacerbation

3. Impairment of cognitive and motor functioning

4. Potential risks and benefits in pregnancy
    a. Report if planning or are pregnant

5. Issues with analgesia
    a. Long acting nature of product
    b. Importance of discussing with other clinicians i.e. pain consultant

Fitness to Drive

I have discussed topics 1 - 5 with BRIAN O'NEILL on 26/4/24

I confirm that I have explained the purpose, risks and benefits of Buvidal including that it is administered via sub-cutaneous injection.

They have confirmed to me that they understand the information discussed, have been provided with printed patient information and that they wish to proceed with treatment.

During Covid-19 contingency, this verbal consent to treatment replaces service user signed consent.

Staff signed ..... Name DAVID McGEOWN Date 26/4/24

EMIS MH upload code ESCTIN24

Appendix 2

ADRS consent to collect Buvidal on behalf of a patient

Dear Pharmacist,

Pharmacy Name ...BOOTS PHARMACY (66 Netherhill Rd, PA3 4RZ)

Patient Name	DAVID McGEOWN
DOB/CHI	081 275 3232
Address	69B DUNDONALD ROAD PAISLEY, PA3 4NB
ADRS Team	RENFREWSHIRE ADRS

I authorise an ADRS staff member to collect named patient Buvidal on my behalf.

Patient's signature.....

Date.....1 May 2024.....

EMIS Web upload code : EMISNQC0276

Renfrewshire Health & Social Care Partnership

Shiona Strachan
Interim Chief Officer

Our Ref: CT
Date: 11/03/2024

20 Back Sneddon Street
Paisley
PA3 2DJ

Telephone: 0300 300 1199 Option 2

www.nhsggc.org.uk

PRIVATE & CONFIDENTIAL

Mr David McGeown
69 Dundonald Road
Paisley
PA3 4NB

Dear David,

I have been trying to contact you with regards to a referral we received for support from our service. I have been unable to contact you via telephone.

Could you call the above number to arrange a suitable appointment to attend ADRS service with regards to commencing treatment. It is important you call as your case can not be allocated or closed until we hear from you.

If we do not hear from you we may have to carry out a home visit in order to confirm your welfare

Claire Thomson
Senior Alcohol & Drug Recovery Nurse
Alcohol and Drug Recovery Service (ADRS)

Linda Higgins

From: Adetola, Abayomi [redacted]
Sent: 13 March 2024 13:31
To: MBX-SW BS addictions
Subject: TRF

Hi

MCGEOWN, David (Mr)
081 275 3232
08-Dec-1975 (48y)

Espranor 8mg daily SODOC from 14/03/24
Diazepam 10mg 3x daily from 14/03/24; Reduce diazepam dose by 5mg every month

Thanks
Dr Yomi

Change of address also

sd 14/3 [redacted] 28d

Linda Higgins

From: Thomson, Claire [redacted]
Sent: 13 March 2024 13:40
To: MBX-SW BS addictions
Subject: David McGeown 081 275 32 32

Hello,

Chemist for David McGeown is BOOTS Pharmacy 66 Netherhill Rd Paisley 0141 561 1020

Regards

Claire Thomson

Senior Addiction Nurse
Renfrewshire ADRS
20 Back Sneddon Street
Paisley
PA3 2DJ
0300 300 1199 Option 2

Mental Health Services

Renfrewshire Drug Service
Back Sneddon Centre
20 Back Sneddon Street
Paisley
PA3 2DJ

Date: 02/04/24
Our Ref: AA/KE
Your Ref:
Enquiries: 0300 300 1199 (Option 2)

Strictly Private & Confidential

Dr G Gibson
The Kelburn Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Dear Dr Gibson,

Re: David McGeown DOB: 08/12/75 CHI: 0812753232
Address: 69d Dundonald Road, Paisley, PA3 4NB

Date of Assessment: 13/03/24

Type of Assessment: MAT

Diagnosis: Opiate dependence syndrome; benzodiazepine dependence

Current Medication: Nil

Follow up: Review in 3 months

I assessed the above-named patient at my outpatient clinic at Back Sneddon Street on the 13th of March 2024.

Mr McGeown is well known to the Renfrewshire Alcohol and Drug Recovery Service and was previously in treatment for opiate dependence. His care was transferred to a Rehabilitation Centre in Bolton where he is reported to have completed a 12 month program. Following his discharge, he reported maintaining abstinence from illicit drugs before suffering a relapse in December 2023.

Mr McGeown currently reports injecting 1 bag of heroin daily (previously used about 1.2grams but has been cutting down); he occasionally uses cocaine but uses street Diazepam daily (he reported using up to 10 tablets of 10mg Diazepam daily) and Gabapentin. He stopped consuming alcohol several weeks ago.

No physical health concerns were reported asides from a wound on his left arm. His left arm is currently in a sling following removal of a cyst. He is getting support from the district nurse for wound care and dressing.

Although Mr McGeown has no formal mental health diagnosis he reported experiencing paranoid ideations. He also has a history of attempted suicide and drug overdoses; his last reported incident was 3 weeks ago.

Renfrewshire Health & Social Care Partnership

He currently denies having any active thoughts of self-harm or suicide.

During my consultation today, we discussed his treatment options and Mr McGeown requested for Espranor with the possibility of switching to Buvidal in the future

Plan

1. Commence on Espranor 8mg daily SODOC from tomorrow. Dose to be reviewed and consider increase if clinically indicated.
2. Consider switching to Buvidal in the future.
3. Commence on Diazepam reduction regime. Start on Diazepam 10mg TDS for 4 weeks. To be followed by a reduction of 5mg every month.

Yours sincerely,

A. Adetola

Dr A Adetola
Consultant Addictions Psychiatrist

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Renfrewshire ADRS
GGC Mental Health

— **Consultant / receiving practitioner** and/or **specialty clinic**

Alcohol and Drug Recovery Services (ADRS)
SCI Gateway Virtual Location Code

— **Hospital** and **hospital address**

Hospital location code.
G004G

Email address
-

Urgency of referral	Routine		
Date of referral	04-Mar-2024	**Date sent**	04-Mar-2024

PATIENT DETAILS

Surname	McGeown
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	08-Dec-1975
CHI no.	0812753232
Area of Residence	-

Patient's address

My Motel Rm 215
2 Blackhall Street
Paisley
PA1 1TF

Contact number(s)

Voice: 07578 707148

1010323480008 Unique Care Pathway Number: 1010323480008

REGISTERED GP DETAILS

Name	Dr Donna Boyd		
GMC code	4582801	GP code	37141
Practice name	The Kelburn Practice (3659)		
Practice code	87521		

Practice address

Northcroft Medical Centre
North Croft St
Paisley
PA3 4AD

Contact number(s)

Voice: 0141 889 3356
Facsimile: 0141 887 5526

REFERRING GP DETAILS

Name	Dr. George Gibson		
GMC code	7133600	GP code	34215
Practice name	The Kelburn Practice (87521)		
Practice code	87521		

Practice address

Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Contact number(s)

Voice: 0141 889 3356
Facsimile: 0141 887 5526

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Review

Comment: Dear Doctor,

I would be most grateful for your assessment of this 48 year old gentleman who re-joined the practice after moving to Bolton for rehab through a Christian organisation.

Mr McGeown tells me he was with the rehab group for around 12 months. Mr McGeown had previously been known to your service and prescribed Methadone and Quetiapine- he tells me he was previously in receipt of 120mls Methadone daily.

Mr McGeown moved back to Paisley in June last year, and unfortunately relapsed around Christmas last year. He was smoking x1 bag Heron per/day and drinking x1 bottle of Buckfast per/day when first saw him again last month. He has family in the area. He is currently residing in homeless accommodation.

Mr McGeown was admitted to a&e over the weekend following an infected injection site over his left upper arm. He admits to injecting Heroin- last injected 2/7 ago.

I saw Mr McGeown for review today. He is keen to re-engage with your service for help with his addiction.

Yours Sincerely,

George Gibson
GP

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Cellulitis and abscess NOS	-	04-Mar-2024	04-Mar-2024
[D]Drop attack	RECURRENT	14-Dec-2021	14-Dec-2021
[D]Fit (in non epileptic) NOS	-	02-Jun-2021	02-Jun-2021
[D]Hallucinations, auditory	-	30-Nov-2020	30-Nov-2020
Closed fracture of carpal bone (Left)	exl scaphoid	10-Oct-2018	10-Oct-2018
Cellulitis NOS	-	21-Nov-2017	21-Nov-2017
Fracture of thumb	-	18-Dec-2016	18-Dec-2016
Cellulitis NOS	leg	20-Dec-2013	20-Dec-2013
Chest pain	-	12-Aug-2012	12-Aug-2012
Chest pain	-	22-Jan-2012	22-Jan-2012
Memory loss symptom	-	30-Sep-2011	30-Sep-2011
[D]Blackout	frequent	01-Jan-2009	01-Jan-2009
[X]Assault	-	01-Sep-2008	01-Sep-2008
Cellulitis NOS	-	26-Jul-2008	26-Jul-2008
Drug dependence	Opiate and Benzodiazepine	03-Apr-2008	03-Apr-2008
Asthma resolved	-	03-Apr-2008	03-Apr-2008
Neurotic depression reactive type	-	09-Apr-1997	09-Apr-1997
Assault by cutting and stabbing instruments	-	14-Aug-1996	14-Aug-1996

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Computerised tomograph scan	head/ didnot show any interval changes	08-Mar-2021	08-Mar-2021
ECG normal	-	12-Aug-2012	12-Aug-2012
Implantation of insertable loop recorder	-	22-Sep-2011	22-Sep-2011
Computerised tomograph scan	no change from previous scan 04/06/2009	25-Feb-2010	25-Feb-2010
[SO]Ventricle of brain	ventricular colloid cyst excised	01-Jan-2009	01-Jan-2009
Craniotomy	excised benign infratenorial tumour	28-Nov-2008	28-Nov-2008

Family conditions (All priorities)

Description	Date of Onset
FH: Ischaemic heart dis. <60	28-Oct-2019
FH: CVA/stroke	28-Oct-2019
FH: Asthma	28-Oct-2019

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	04-Mar-2024	04-Mar-2024
Paracetamol Tablets 500 mg	56	56 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	04-Mar-2024	04-Mar-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Oct-2019	120	82

Body Measurements

Date Recorded	Height	Weight	BMI
28-Oct-2019	180	69	21.3

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:		28-Oct-2019
Teetotaller:		28-Oct-2019

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:No
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Care Manger	Worker requesting Px		Pharmacy Address & Postcode	EMIS updated before making request?	COMMENTS	Team Leader (print sheet, date & sign as agreed for prescriber)	
Ashleigh Watt	Ashleigh Watt		Lloyds Love Street	Yes	David states that he has been reducing his daily Methadone consumption himself. He believes he has been taking around 10mls less every day. He is requesting a 10ml reduction from 110mls to 100mls daily. David is currently working at Port Ban caravan site in North Scotland and is returning home on 3/9/22. F2F arranged for 5/9/22.		**ADMIN Please notify Prescriber / MO for signing as soon as printed**

DATE Prescription Starts	EVENT CODE	CLIENT NAME	Patient CHI NUMBER	Cows Score	When last used drugs?	Urine result on EMIS	Face to Face Y/N & when	MEDICATION (delete as apropriate)	No of DAYS	DOSE	REASON CODE	INSTALLMENT WORDING	Prescriber agreeing to request (Sign & date for admin)	PRESCRIPTION NUMBER
6.9.22	1	David McGeown	081 275 3232	n	na	n	y - 5/9/22	Methadone	28	100mls		Please supply Methadone 100mls Daily. Please supply Methdone 700mls on Tuesday.	Reneed see Emis	
6.9.22	1	David McGeown	0812753232	n	na	n	y- 5.9.22	Quetiapine	28	75mgs		Please supply Quetiapine 75mgs Daily. Please supply Quetiapine 525mgs on Tuesday.	BdW	
6.9.22	1	David McGeown	0812753232	n	na	n	y- 5.9.22	Diazepam	28	20mg		Please supply Diazepam 20mg Daily. Please supply Diazepam 140mg on Tuesday.	BdW	

Contact Event Codes:

McGeown, David
Male
08.12.1975 (46 Year)

Location: 876

Vent. rate	63	BPM
PR interval	168	ms
QRS duration	102	ms
QT/QTc-Baz	418/427	ms
P-R-T axes	70 98	54

Patient ID: 0812753232
Normal sinus rhythm
Rightward axis
Borderline ECG

03.05.2022 13:15:10
RAH CARDIOLOGY

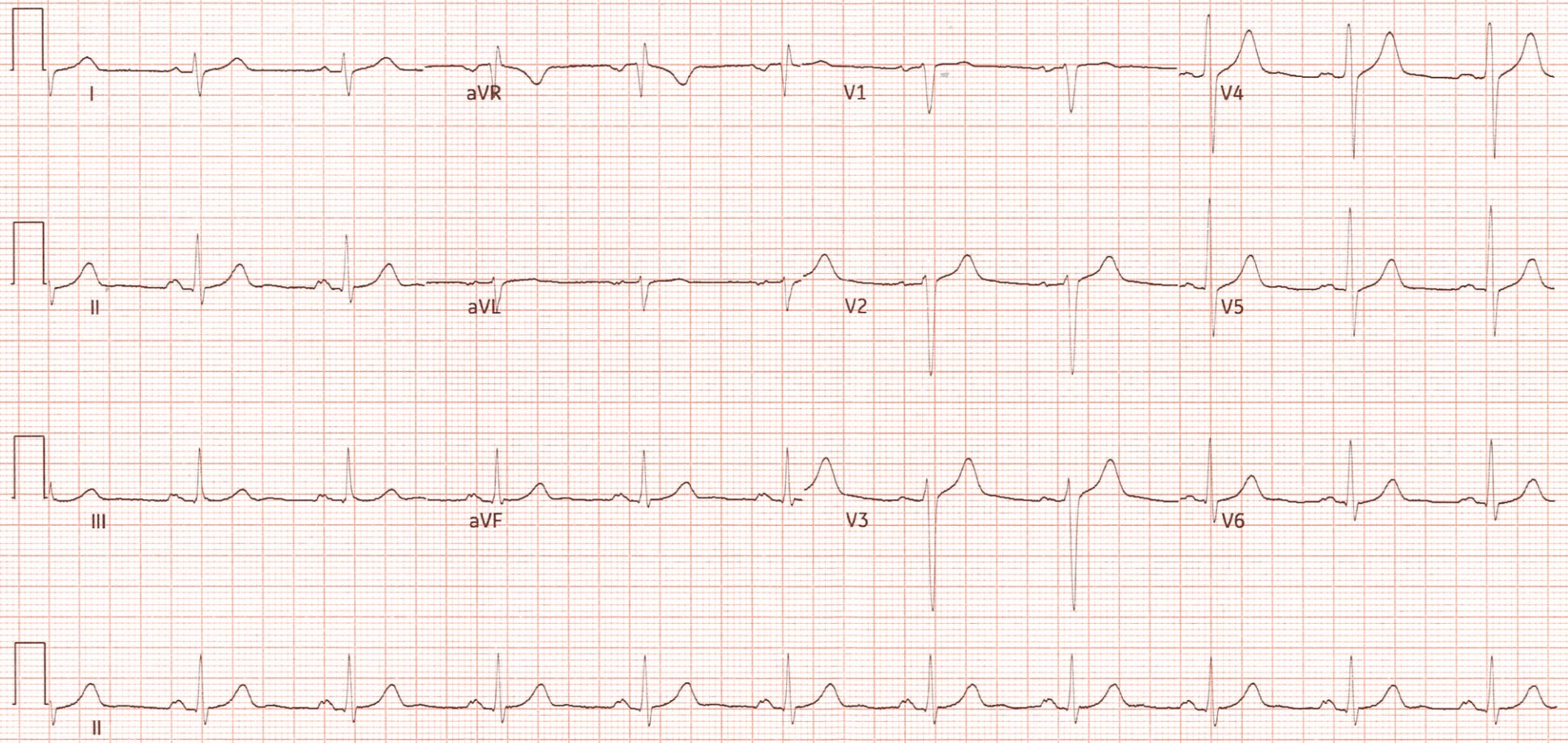
Technician ID: 876

Location: RAPDS
Comments:

Test Indication: QT

Referred By: Swhann

Unconfirmed



25mm/s 10.0mm/mV 0.56-40Hz 50Hz MAC™ VU360 1.01 SP07 12SL v23 4 by 2.5s + 1 rhythm ld

Drug	MIMAZARINE					
Next due	Dose	No. days	Special Instructions	Script no.	Issued by	Date of issue
10/3/22	~~4.5~~	28				
7/4/22	45	28	~~DAILY~~ MON · THURS.			
5/5/22	45	28	MON · THURS.			

Drug						
Next due	Dose	No. Days	Special Instructions	Script no.	Issued by	Date of Issue

Drug						
Next due	Dose	No. days	Special Instructions	Script no.	Issued by	Date of issue

Drug	METHADONE					
Next due	Dose	No. days	Special Instructions	Script no.	Issued by	Date of issue
10/3/22	50	28	MON | THUR.			
~~7/4/22~~	~~50~~	~~28~~	~~DAILY~~			
~~14/7/22~~	~~50~~	~~21~~	~~MON | THUR~~			
~~14/7/22~~	~~50~~	~~28~~	~~MON · THUR~~			
21/3/22	50	17	MON · THURS.			
7/4/22	50	28	MON · THURS.			
5/5/22	50	28	MON · THURS.			

Drug	DIAZAPAM					
Next due	Dose	No. Days	Special Instructions	Script no.	Issued by	Date of Issue
10/3/22	15mg	28	MON | THUR.			
7/4/22	15mg	28	~~DAILY~~. MON | THUR.			
5/5/22	15mg	28	MON | THURS.			

Drug	QUETIAPINE 25mg					
Next due	Dose	No. days	Special Instructions	Script no.	Issued by	Date of issue
10/3/22	25mg x7	28	MON. THUR.			
7/4/22	25mg x7	28	~~DAILY~~ MON | THUR.			
5/5/22	25mg x7	28	MON · THURS			

Prescription Record

Date: 25.4.22.

Name: DAVID M'GROWN
D.O.B: 08.12.75
Address:

C.H.I: 3232
SWIFT:

Keyworker: Ashleigh Watt
Change of KW:

Prescribing Dr:
Change of Dr:
Change of Dr:

GP:
Add:

Tel:

Chemist:
Address:

Tel:

Change of Chemist:
Address:

Tel:

Drug Methadone

Next due	Dose	No. days	Special Instructions	Script no.	Issued by	Date of issue
26.4.22	110ml	7	Weekly - Tuesday			
3.5.22	110ml	28	Weekly - Tuesday			

Drug Quetiapine

Next due	Dose	No. Days	Special Instructions	Script no.	Issued by	Date of Issue
26.4.22	75 mg	7	Weekly - Tuesday			
3.5.22	75 mg	28	Weekly - Tuesday			

Drug			Diazepam				
Next due	Dose	No. days	Special Instructions	Script no.		Issued by	Date of issue
26·4·22	5mg x4	7	Weekly - Tuesday				
3·5·22	5mg x4	28	Weekly - Tuesday				

Drug							
Next due	Dose	No Days	Special Instructions	Script no.		Issued by	Date of Issue

Drug							
Next due	Dose	No. days	Special Instructions	Script no.		Issued by	Date of issue

Ref: BON/JRP
CHI: 081 275 3232
Date: 22 June 2022

PRIVATE & CONFIDENTIAL
Mr. David McGeown
33B Mossvale Street
Paisley
PA3 2LR

Dear Mr. McGeown

A follow up appointment has been made for you to be seen as follows:

Date:	**22-Aug-2022**
Time:	**11:30am**
Appointment with:	**Dr. Beate Beck-Schwahn - SD1**
Location:	**New Sneddon Clinic, 8 New Sneddon Street, Paisley, PA3 2AD**
Contact details:	**0300 300 1199**

If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team.

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made.

Please note these points before attending your appointment:

- If you have symptoms of COVID 19, you should not attend, but contact us on the above number to rearrange your appointment.
- Patients should only bring one other person to their appointment.
- Patients and anyone accompanying them should wear a mask/ face covering to their appointment unless exempt.
- Please arrive as close to your appointment time as possible and remain in waiting area until called.

Yours sincerely

Team Medical Secretary

Prescription Record

Date: 24/1/20

Name: DAVID McGOWN
D.O.B: 8/12/75
Address:

C.H.I: 0812753232
SWIFT:

Keyworker: FIONA CONNAN
Change of KW:

Prescribing Dr: KAE
Change of Dr:
Change of Dr:

GP:
Add:

Tel:

Chemist: BOOTS
Address: 142-146 PAISLEY RD WEST

Tel: 0141 885 1544

Change of Chemist: LLOYDS
Address: COVE ST

Tel: 0141 889 5741

Drug METHADONE

Next due	Dose	No. days	Special Instructions	Script no.	Issued by	Date of issue
24/1/20	30	3				24/1/20
27/1/20	40	4				27/1/20
31/1/20	40	14				31/1/20
14/2/20	40	31				14/2/20
13/3/20	50	12				13/3/20
25/3/20	60	28				24/3/20
22/4/20	60	28			JC	25/3/20
20/5/20	60	28	DAILY			15/5/20
17/6/20	60	28	Delivered			
15/7/20	60	28				10/7/20

Drug

Next due	Dose	No. Days	Special Instructions	Script no.	Issued by	Date of Issue
~~24/8/20~~	70	~~14~~				
~~7/8/20~~						
29/7/20	80	x7	SODC	Delivered		27/7/20
5/8/20	90	x28	SODC	" "	"	" "
2/9/20	90	28		"	"	
30/9/20	90	28		"	"	18/9/20
28/10/20	90	28		OFD		26/10/20
18/11/20	90	28		Delivered		13/11/20
17/12/20	90	28				
14/1/21	90	x28	"	OFD	Delivered 13/1/21	

14/2/21 90 x28

Drug	DIAZAPAM					
Next due	Dose	No. days	Special Instructions	Script no.	Issued by	Date of issue
6/11/20	4x5mg	14		Delivered		5/11/20
19/11/20	4x5	28		Delivered		23/11/20
17/12/20	4x5	28				
14/1/21	4x5	28		OFD		
11/2/21	5x4	28	SAT FOR SUN DAILY COLLECTION	OFD		5/2/21
11/3/21	5x4	28	" " " "			
8/4/21	5x4	28	" " " "			
6/5/21	5x4	28	" " " "			
3/6/21	5x4	28	" " " "			
1/7/21	5x4	28	" " " "			

Drug	QUETIAPINE					
Next due	Dose	No. Days	Special Instructions	Script no.	Issued by	Date of Issue
17/12/20	50mg 25mg	28				
14/1/21	25mg	28		OFD		
11/2/21	75	28		OFD		5/2/21
11/3/21	75	28	SAT FOR SUN DAILY COLLECTION			
8/4/21	75	28	" " " "			
6/5/21	75	28	" " " "			
3/6/21	75	28	" " " "			
1/7/21	75	28	" " " "			
29/7/21	75	28	" " " "			
26/8/21	75	28	" " " "			

Drug	METHADONE					
Next due	Dose	No. days	Special Instructions	Script no.	Issued by	Date of issue
8/4/21	90	28	DAILY COLLECTION SAT FOR SUN			
6/5/21	90	28	" " " "			
3/6/21	90	28	" " " "			
1/7/21	100	28	" " " "			
29/7/21	100	28	" " " "			
26/8/21	100	28	" " " "			
23/9/21	100	28	" " " "			
21.10.21	100	28	Daily	SODOC		

NHS Greater Glasgow and Clyde

Mental Health Services

Prescription Sheet No._____ of_____

NAME	CHI (10 digits)	WARD/HOSPITAL	CONSULTANT	DATE REWRITTEN
DAVID MCGEOWN	0812753232.			

REGULAR PRESCRIPTIONS

PHARMACY		START DATE	MEDICINE (Block letters) - APPROVED NAME	DOSE	ROUTE	TIMES (24 hour) 0900	1300	1700	2200	OTHER TIMES			PRESCRIBER'S SIGNATURE	DISCONTINUED DATE	INITIALS
	A	25/4/22	METHADONE	40mls	O.	weekly							Bald		
	B	25/4/22.	QUETIAPINE	75 mg	O.	weekly							Bald		
		25/4/22	DIAZEPAM	5mgsx4	O	weekly.							Bald		
	D														
	E														
	F														
	G														
	H														
	J														
	K														
	L														
	M														
	N														
	O														
	P														

	AS REQUIRED PRESCRIPTIONS	DOSE	ROUTE	INDICATION	DOSE INTERVAL	MAX DOSE IN 24HRS
Q						
R						
S						
T						
V						
W						

	DEPOTS/LONG-ACTING INJECTIONS	DOSE	FREQUENCY
X			
Y			
Z			

DATE	ONCE ONLY MEDICATIONS	DOSE	ROUTE	TIME	SIGNATURE	GIVEN BY	TIME GIVEN

ADDITIONAL INFORMATION

LLOYDS LOVE STREET PHARMACY.
9/5/22
Ashleigh

GGC0022 05197

APPROPRIATE ALERT STICKERS

HIGH DOSE ANTIPSYCHOTIC THERAPY	T2/T3	RISK OF INFECTION	KNOWN ALLERGY/ADVERSE DRUG REACTION - DETAILS

Renfrewshire Health & Social Care Partnership

Shiona Strachan
Interim Chief Officer

Our Ref: BBS/HM
Job ID: 267976
Date: 14/05/2021

PRIVATE & CONFIDENTIAL

Dr DJ Boyd
The Kelburn Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Alcohol Drug Recovery Service
20 Back Sneddon Street
Paisley
PA3 2DJ

Dear Dr Boyd

Re: David McGeown DOB: 08/12/1975 CHI: 0812753232
Address: 33B Mossvale Street, Paisley, PA3 2LR

Diagnosis:	**Opiate Dependence Syndrome** **Benzodiazepine Dependence Syndrome** **Non epileptic seizures**
Current Medication:	**Methadone 90ml** **Diazepam 5mg x4** **Quetiapine 75mg**
Follow-up:	**Keyworker** **Outpatient review to be arranged**

I attempted to review David on 13th May 2021. He was out in the street when he was contacted for a telephone review and agreed to make himself available later in the afternoon however was then not contactable. His keyworker advised that Mark had reported a relapsed with heroin and optimisation of Methadone was advocated.

I note that a diagnosis of non-epileptic attacks and review by Neurology in February 2021 who recommended a re-referral to Cardiology to exclude underlying cardiac issues. There is no appointment scheduled on portal as yet.

He will be re-appointed in clinic in due course.

Yours sincerely

Dr Beate Beck-Schwahn
Consultant Psychiatrist

Authorised on 02/06/2021 10:28:18 by Beate Beck-Schawn.

West of Scotland Specialist Virology Centre.
Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER
Tel: 0141 201 8722 e-mail:west.ssvc2@nhs.scot

Surname	Forename	CHI	DOB/Age	Sex
MCGEOWN	DAVID	0812753232	08.12.75	M

Source	Consultant
Renfrewshire Drug Se	Not known

Specimen

DRIED BLOOD SPOT	WoSSVC Lab No.	Source no.	Report Status
	V,21.1801426.G		Authorised

Hepatitis C RNA : Not detected

PCRHCV: In the absence of RNA (by RT-PCR) there is no evidence of ongoing hepatitis C infection.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a DRIED BLOOD SPOT sample.

Date collected	Date received	Date authorised
31.03.21	01.04.21	14.04.21

Authorised by
Ms J Bell

Report for: Renfrewshire Drug Service

[CDOAS Run: 815]

S O U T H G L A S G O W H O S P I T A L S
B I O C H E M I S T R Y R E P O R T

Surname: MCGEOWN
Forename: DAVID
DOB/Age: 08.12.75 Sex: Male
CHI/Unit No: 0812753232
Address: 33B MOSSVALE STREET
Details: OPIATE REPLACEMENT THERAPY

Location: Renfrewshire Drug Service
20 Back Sneddon Street
Paisley
Greater Glasgow & Clyde
Requestor: Not known
Ext Labno:

Screening Tests

	[[CURRENT]]			
Lab No	B,20.0407819.Z	B,20.0405248.G	B,20.0403756.P	B,20.0401565.N
Date/Time collected	30.11.20 14:30	27.07.20 15:05	13.03.20	30.01.20
Date/Time received	01.12.20 15:15	28.07.20 10:52	13.03.20 14:42	31.01.20 11:52
Specimen type	Urine	Urine	Urine	Urine
Urine Amphetamines	Negative	To Follow	Negative	Negative
Urine Benzodiazepine	Positive	Positive	Negative	Positive
Urine Cocaine	Negative	Negative	Positive	Negative
Urine Methadone	Positive	Positive	Positive	Positive
Urine Opiates	To Follow	Positive	Positive	Positive
Urine Cannabinoids				
Urine Barbiturates				
Urine Alcohol				
Urine Buprenorphine				
Ur T/cyclic Antideps				
Urine Creatinine (mmol/L)	3.3	20.8	19.0	9.0

Result Comments:
30.11.20 Opiates : Interim report: Confirmation of opiate screen to follow.

Reported: 02.12.20 Authorised by: Allan Dunlop Tel: 0141 354 9060 Option 4

[CDOAS Run: 23]

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: MCGEOWN
Forename: DAVID
DOB/Age: 08.12.75 Sex: Male
CHI/Unit No: 0812753232
Address: 33B MOSSVALE STREET
Details:

Location: Renfrewshire Drug Service
20 Back Sneddon Street
Paisley
Greater Glasgow & Clyde
Requestor: Not known
Ext Labno:

Screening Tests

	[[CURRENT]]			
Lab No	B,21.0402036.P	B,20.0407819.Z	B,20.0405248.G	B,20.0403756.P
Date/Time collected	31.03.21 10:20	30.11.20 14:30	27.07.20 15:05	13.03.20
Date/Time received	01.04.21 12:03	01.12.20 15:15	28.07.20 10:52	13.03.20 14:42
Specimen type	Urine	Urine	Urine	Urine
Urine Amphetamines	Negative	Negative	To Follow	Negative
Urine Benzodiazepine	Positive	Positive	Positive	Negative
Urine Cocaine	Negative	Negative	Negative	Positive
Urine Methadone	Positive	Positive	Positive	Positive
Urine Opiates	Negative	To Follow	Positive	Positive
Urine Cannabinoids				
Urine Barbiturates				
Urine Alcohol				
Urine Buprenorphine				
Ur T/cyclic Antideps				
Urine Creatinine (mmol/L)	4.8	3.3	20.8	19.0

Result Comments:

Reported: 06.04.21 Authorised by:

Tel: 0141 354 9060 Option 4

West of Scotland Specialist Virology Centre.
Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER
Tel: 0141 201 8722 e-mail:west.ssvc2@nhs.scot

Surname	Forename	CHI	DOB/Age	Sex
MCGEOWN	DAVID	0812753232	08.12.75	M

Source	Consultant
Renfrewshire Drug Se	Not known

Specimen	WoSSVC Lab No.	Source no.	Report Status
DRIED BLOOD SPOT	V,21.1801426.G		Authorised

HIV antibody/antigen Not detected
Anti-HBcore IgG : Not detected

HBV: No evidence of previous exposure to HBV.
This is a DRIED BLOOD SPOT sample.
HIV: This is a DRIED BLOOD SPOT sample.

Date collected	Date received	Date authorised
31.03.21	01.04.21	07.04.21

Authorised by
Ms J Bell

Report for: Renfrewshire Drug Service

Shiona Strachan
Interim Chief Officer

Our Ref: BB-SHP
Job ID: 221561
Date: 03/12/2020

PRIVATE & CONFIDENTIAL

Dr DJ Boyd
The Kelburn Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Mental Health
20 Back Sneddon Street
Paisley
PA3 2DJ
Telephone: 0300 300 1199 Option 2
www.nhsggc.org.uk

Dear Dr Boyd

Re: David McGeown DOB: 08/12/1975 CHI: 0812753232
Address: 33B Mossvale Street, Paisley, PA3 2LR

I saw / reviewed the above named client on **30/11/2020**.

Diagnosis &relevant clinical information
Opiate Dependence Syndrome Benzodiazepine Dependence Syndrome
Follow Up
Weekly with key worker Phone review: 1 month
Current Psychotropic Medication
Methadone 90mls daily supervised Diazepam 5mgs x 4 daily Quetiapine 25mgs x 2 added
Management Plan / identified risk / follow up / discharge
I reviewed David on 30th November 2020 in the New Sneddon Centre Outpatient Clinic in the presence of Fiona Connor Addiction worker. He provided a urine sample which tested positive for Methadone, Benzodiazepine and Morphine in a dip test and has been sent to the lab for confirmation. David couldn't account for his positive urine test however he indicated he may have used Cocodamol for headache instead of Paracetamol. He has recently been commenced on prescribed Diazepam to stabilise illicit use and reported to desist from additional Diazepam since. He awaits a neurology appointment following an urgent referral by the surgery. David had past neurosurgery for colloid cysts and since suffers from chronic headache. However of late he experienced episodes of confusion and collapse. He is anxious about his physical health, intends to attend appointments after previous poor engagement with Neurology. David did complain of variable mood and more recently has been feeling paranoid. He further described hyper vigilance when going out and gets flash backs in relation to childhood trauma. He is seeing his Mother in flashbacks who died from a drug related death. He further reports

new onset of hearing voices in internal space in recent months.
Initially hallucinations were infrequent however they have become a more regular. He describes hearing different voices he does not recognise in external space which he describes as derogatory and commanding in nature, telling him to harm himself. Although he manages to distract from the voices he feels they have become more intrusive.

He denies suicidal ideation and was looking for help.

His sleep is poor quality and he complaint of initial insomnia. He does keep a regular diet and there are no changes in his weight.

On review David was well related. There were no signs of intoxication. He established good eye contact and there were good facial expression. He didn't appear irritable or distracted. His speech was normal in all qualities. Objectively affect was euthymic. Normal thought process and content. He didn't respond to stimuli.

My impression today was that David seems to have addressed his Benzodiazepine dependence although his urine sample was positive for Morphine which he attributed to taking a mone off Cocodamol and there have been no concerns regarding additional Heroin use.
He presented with paranoia, auditory hallucination and described post traumatic symptoms in relation to childhood trauma.
He is awaiting an appointment with Neurology for investigation of episodes of confusion and collapse with previous hx of colloid cysts.
I did suggest to add a small dose of Quetiapine 25mgs bd and increases to 75mgs daily. He will be followed up closely by his key worker and I shall review him again with a phone consultation in 1 months time. His keyworker has provided him with crisis numbers and he knows to contact the service should his symptoms deteriorate.

Yours sincerely

Beate Beck-Schwahn
Consultant Psychiatrist

Authorised on 11/12/2020 16:15:06 by Beate Beck-Schawn.

REFERRAL

What Service/Discipline is referral for:	Renfrewshire Drug Service		
Date Assessed:	11/11/20	Time of Assessment:	15:10

Personal Details			
Surname:	McGeown	CHI Number:	0812753232
Forename:	David	Relationship Status:	Single
Dob:	08/12/75	Sex:	Male
Age:	44	Referral Urgency:	Non-Urgent
E-Mail Address:		Registered GP :	Kelburn Practice
Clients Address:	33b Mossvale St Paisley	Practice Code:	
		Client Telephone No:	07840593923
Post Code:	PA3 2LR	Client Mobile No:	

Additional Information			
Children:	Yes - Not at home	SW Involvement:	No
Legislation:	Informal	Involved Parties:	Other (please specify)
Risk Factors:	Other (Please state)	Disabilites:	N/a
Assessment Documentation:	**All Referrals must be accompanied by a Glasgow Risk Screen**. Additional information must be completed for the services below;		

Service	**Assessment Required**
Network Services	Network Service Profile
Addictions	DAST/AUDIT
Doing Well	PHQ
CMHT	GAD7

Consent to Referral:	Patient is aware of referral	
Brief History/Current Issues/Known Forensic History Risks:	David is open to Renfrewshire Drugs Service and attends the chemist daily for methadone. Addictions nurse Fiona Connar has advised that she plans to request a face to face meeting for David however as she feels he recently has become more forgetful and chaotic. She will be making a request for a CT scan as it's not clear if the recent changes are related to drug use or his brain injury. David himself feels that his memory is deteriorating and that he needs more support - reportedly nearly set his house on fire on 2 occasions. Also input from Criminal Justice social worker, Monica O'hara.	

Reason for Referral: David is open and known to the Renfrewshire Alcohol and Drug Recovery Service. A police welfare concern report was submitted from the 8 Nov after David reported that money had been stolen from him but police were unable to establish any crime due to inconsistencies and gaps in his report. Evidence of increased vulnerabilities and risks. David has young children but currently has no contact with them. Agreed with duty SW TL Pamela Bailey to refer for specialist addiction social work allocation for a fuller assessment of needs and risk.

Referred By: May Jasper
Location: Alcohol and Drug Recovery Service
Designation: Duty social worker
Contact Information/Number: 0141 618 5600 / 07483358075
Date Referred: 12/11/20

Email to: healthrecords.dykebarhospital@ggc.scot.nhs.uk
Council Staff Email to: gg-uhb.DykebarHealthRecords@nhs.net

PLEASE NOTE: ALL REFERRALS SUBMITTED WITHOUT THE RELEVANT ASSESSMENT DOCUMENTATION WILL NOT BE PROCESSED!

Version 2, Dec 13

Renfrewshire Health & Social Care Partnership

Mental Health Services

Date: 31.07.20
Date Dictated: 27.07.20
Our Ref: BB-S/JH/0801753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

Private & Confidential
Dr Boyd
Drs Crampsey, Galloway & MacFarlane
Kelburn Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Dear Dr Boyd

Re: David McGeown; CHI: 0812753232, 47A Dundonald Road, Paisley, PA3 4NB

Psychiatric Diagnosis:	F11.2 Opiate Dependence F13.2 Benzodiazepine Dependence
Current Psychotropic Medication:	Methadone 80mls daily supervised, dose adjusted today Prenoxad kit issued
Follow up:	Weekly with Key Worker Out patient clinic three months

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I reviewed David on the 27.07.20 in a face to face clinic at New Sneddon Centre, on request of Fiona Connar, keyworker who was present. There had been some concerns regarding his presentation recently in relation to suspected substance use. He recently moved to his own accommodation and complaints were received from housing regarding his erratic behaviour in the neighbourhood.

He did provide a urine sample which tested positive for Morphine, Amphetamines, Methadone and ? Benzodiazepines in a dip test. David showed injection stigmata of different ages in both forearms and acknowledged a relapse to daily IV Heroin use. He feels his substance use has escalated for at least five weeks. He states to use two ten pound bags on a daily basis, in addition to illicit Diazepam that he obtains from the street, fifty to sixty tablets daily. He dabbles with Amphetamine however denied to be using regularly.

David presented as a small slim man who reported weight loss, likely secondary to substance use. He complaint of a poor appetite and diet. Things seem to have deteriorated since he fell out with his sister, with whom he resided prior to the move to his own accommodation. He described difficulties with the neighbourhood and states that a window in his flat had been smashed. He denied to having accumulated debts secondary to substance use, but informed that he had been charged with theft earlier today.

Re: David McGeown; CHI: 0812753232, 47A Dundonald Road, Paisley, PA3 4NB

As you may be aware David had left residential rehabilitation in England at the beginning of the year, relapsed with Opiates shortly after and was subsequently initiated on ORT. He appears quite unstable at present with poly substance use and injecting behaviour. We did talk about the risk of unintentional overdose, particularly with his pattern of poly substance. David was agreeable for a further titration of his Methadone dose, to 80mls from the 28.07.20. He is likely to require further dose adjustment. He is using needle exchange and was given harm reduction advice and advise to avoid injecting. He was further encouraged to curtail illicit Diazepam use and his Key Worker will support him with this. Naloxone training was updated and he received a Prenoxad kit.

David is Hep C positive and HCV assessment bloods were obtained today by the Hepatitis C Nurse with the view of commencing treatment once results are available. He will be closely followed up by his Key Worker with weekly contact and followed up in the out patient clinic in three months' time.

Please do not hesitate to contact me if there is anything you wish to discuss in the meantime.

Yours sincerely

Dr med Beate Beck-Schwahn
Consultant Psychiatrist

Renfrewshire Health & Social Care Partnership

Mental Health Services

Date:	29 January 2020
Date Dictated:	24 January 2020
Our Ref:	LR/typist/CHI:
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

Private & Confidential
Dr Boyd
Drs Crampsey, Galloway & MacFarlane
Kelburn Practice
Northcroft Medical Centre
Paisley
PA3 4AD

Dear Dr Boyd

Re: David McGeown; CHI: 081 275 3232, 47A Dundonald Road, Paisley, PA3 4NB

Psychiatric Diagnosis: F11.2: Opiate Dependence
F13.2: Benzodiazepine Dependence

Current Psychotropic Medication: Nil

Recommendations

1. Start Methadone (1mg/1ml) titration today at 30ml OD for 3 days. He will attend twice weekly for review. If ok – then increase to 40ml for 4 days, then 50ml for 5 days and 60mls for 7 days.
2. Urine drug screen obtained today and will be obtained regularly.
3. Commencing on Hep C treatment today arranged by BBV Nurse - many thanks.
4. Harm reduction advice re illicit Valium use.
5. I will request Key Worker to check that he has been trained on Naloxone and provide with a Naloxone kit.
6. Outpatient clinic to be arranged depending on progress.

Date of Next Appointment: TBA

I reviewed Mr McGeown at the RDS on the 24 January 2020 alongside his Key Worker, Fiona Connar. Mr McGeown has been previously known to RDS with opiate dependence and was on Methadone treatment previously. I was updated by Fiona prior to the review that he was recently an inpatient at “Rehab Viking Challenge”; however, he discharged himself against medical advice after 4 weeks. He stated he discharged himself as his sister was the victim of domestic abuse.

At review, Mr McGeown tells me that he is currently living in homeless accomodation in Dundonald Road. He refused the offer of a flat in Thrushcraig Crescent as previously in the area he was the victim of physical attacks. He states he was attacked because he was not from that area. He had requested the areas of Gallowhill and Seedhill in his housing application, and he plans on speaking to his housing officer, Margaret, today.

Since his discharge from rehab, Mr McGeown has slowly been increasing his drug use. He is currently injecting two bags of Heroin daily. Additionally, he is using 40 x white street Diazepam tablets daily, reporting to attempts to spread these out over the course of the day. He will start by taking a couple of tablets about 9/10am then will wait for a few hours and take the next couple. However, as soon as he becomes intoxicated he doesn't remember taking the rest and is unsure if he takes them all in the one go. He denies any recent seizures. He does not drink alcohol and denies other illicit drug use: "Only smack and vallies".

Mental State Examination
Mr McGeown was pleasant and cooperative and a good rapport was established. There were no signs of intoxication; nor of psycho-motor agitation or self-neglect. He maintained eye contact and offered spontaneous conversation. His subjective mood was okay; this was congruous with his euthymic and reactive affect. There were no signs of formal thought disorder or psychotic phenomena. He was alert and orientated to time, person and place. Cognition was not formally assessed. He is willing to engage with RDS and management.

Impression and Management
Mr McGeown is a 44 year old gentleman known to the RDS with opiate dependence and Benzodiazepine dependence syndromes. He attends today wishing to start on Opioid Replacement Treatment and his preference today is for Methadone. I have informed him of the risks and benefits of Methadone Treatment, as well as the required monitoring and supervision of this medication. He has the capacity to retain information and make an informed choice, and provided his written consent for this treatment today. He has agreed to engage with our service including attending for reviews, and the provision of drug screens when requested. Mr McGeown has agreed to start Methadone at 30ml today for 3 days. If he is ok at review his Methadone will be increased to 40ml for 4 days. The plan is for twice weekly increases of 10ml until at 60ml OD. If further increases are required to maintain stability, this would a slower titration by 10ml/week to a maximum of 100ml before medical review.

Mr McGeown is aware of the recent outbreak of HIV in Renfrewshire and has been provided with harm reduction advice in terms of not sharing any equipment. I asked him to keep a record/diary of his street valium use included timings, dosage and effects. I have advised him to hide half of the tablets away as he starts with the right idea and ends up taking the rest when intoxicated; this will be harder to do if tablets are not within reach. He is also starting on Hep C treatment today which has been arranged by BBV Nurse, many thanks. We have obtained urine drug screen today and will obtain regularly. He will attend RDS twice weekly for review during the initial titration period. An outpatient clinic appointment will be arranged depending on the progress.

Yours sincerely

Dr L Rae
Specialty Doctor Addiction Psychiatry (Locum)

Dr med Beate Beck-Schwahn
Consultant Psychiatrist

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Renfrewshire Drug Service
GGC Mental Health

— **Consultant / receiving practitioner** and/or **specialty clinic**

CAT (Community Addiction Team)
SCI Gateway Virtual Location Code

— **Hospital** and **hospital address**

Hospital location code.
G004G

Email address
-

Urgency of referral Routine
Date of referral 03-Dec-2019 **Date sent** 05-Dec-2019

PATIENT DETAILS

Surname	McGeown
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	08-Dec-1975
CHI no.	0812753232
Area of Residence	-

Patient's address

67a Dundonald Road
PAISLEY
PA3 4NB

Contact number(s)

Voice: 07856955459

101020182692O Unique Care Pathway Number: 101020182692O

REGISTERED GP DETAILS

Name	Dr Donna Boyd		
GMC code	4582801	GP code	37141
Practice name	The Kelburn Practice (3659)		
Practice code	87521		

Practice address

Northcroft Medical Centre
North Croft St
Paisley
PA3 4AD

Contact number(s)

Voice: 0141 889 3356
Facsimile: 0141 887 5526

REFERRING GP DETAILS

Name	Dr. Donna Boyd		
GMC code	4582801	GP code	37141
Practice name	The Kelburn Practice (87521)		
Practice code	87521		

Practice address

Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Contact number(s)

Voice: 0141 889 3356

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: smoking heroin and requesting detox

Comment: Dear Colleague

I am wondering if you might review this 43 year old gentleman who is newly registered at the surgery. We do not have any of his past medical records. He has self reported problems with headaches following surgery in 2008 for which he has self medicated with smoking heroin. He did apparently have Methadone previously under the care of RDS but did not get on well with this. I believe he had rehab a few months ago in the Scottish Borders but having returned to the local area and with ongoing issues with headache he has started to smoke heroin once again. He has DNA' d Neurosurgery in the past but has been offered re-referral.

Apparently he arranged the rehab previously and he tells me that they are happy to see him once again. He has filled in the majority of the paper work and brought a form in to me requesting it be filled however I don't know this gentleman and I don't have his records. We will try and chase these up however I wondered as you had him under your care previously if you might be able to see him with a view to facilitating his access to rehab.

I am grateful for your help in his care.

Kind regards.

Yours sincerely,

Dr. Donna Boyd.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Family conditions (All priorities)

Description	Date of Onset
FH: Ischaemic heart dis. <60	28-Oct-2019
FH: CVA/stroke	28-Oct-2019
FH: Asthma	28-Oct-2019

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

Date Recorded	Systolic	Diastolic
28-Oct-2019	120	82

Body Measurements

Date Recorded	Height	Weight	BMI
28-Oct-2019	180	69	21.3

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:		28-Oct-2019
Teetotaller:		28-Oct-2019

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Risk of Suicide:No

Past history of suicide attempt:Don't Know
Risk of deliberate self harm:No
Is patient responsible for children?:Don't Know
Risk to others including children/dependents/clinicians/other:Don't Know
Risk from others:Don't Know
Risk of Self Neglect:Don't Know
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Renfrewshire Health & Social Care Partnership

Mental Health Services

Renfrewshire Drug Service
Back Sneddon Centre
20 Back Sneddon Street
Paisley
PA3 2DJ

Date: 08/01/2020
Our Ref: 0812753232
Enquiries: 0141 618 2585
Tel: 0141 618 2585
Email:

Strictly Private & Confidential
David McGeowan
Flat 67a 67/69 Dundonald Road
PA3 4NB

Dear David

You self referred to Renfrewshire Drug Service on 9th December 2019. If you wish to proceed with referral can you please contact Denise McDaid on 0141 618 2585 before Friday 17th January 2020

Your sincerely,

Denise McDaid
Addiction Recovery Worker
Intake Team

Renfrewshire Health & Social Care Partnership

Mental Health Services

Date: 5 March 2019
Date Dictated: 21 February 2019
Our Ref: CMcM/SMA/081 275 3232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

Strictly Private & Confidential
Dr ROBINSON
Kingsinch Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr Robinson

RE: David McGeown CHI: 0812753232 C/O Breslin G-2 23 Renfield Street, Renfrew PA4 8RJ

Psychiatric Diagnosis: Opiate Dependence

Current Psychotropic Medication: **Methadone 30mls daily**

Next Clinic Appointment:

I saw David at the Renfrewshire Drug Service on the 21 February 2019. David is maintained on his medication as noted above. We did not have a productive meeting today. David is very clear that he does not want to see me or does not want to discuss any aspect of his health and wellbeing. He is unhappy about information I provided social work some years ago. Under the circumstances I have arranged a further medical review, which will take place with Dr Sykes.

Yours sincerely

Dr Charles McMahon
Consultant Psychiatrist

Renfrewshire Health & Social Care Partnership

Mental Health Services

Date: 27th April 2018
Date Dictated: 6th April 2018
Our Ref: RS/AN/0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

Strictly Private & Confidential

Dr Robinson
Kingsinch Medical Practice
10 Ferry Rd, Renfrew

Dear Dr Robinson

RE: David McGeown dob 08/12/1975	0D Jessimen Square, Renfrew, PA4 8EB
Psychiatric Diagnosis:	F11.22 Opiate Dependence Syndrome
Current Psychotropic Medication:	Methadone 30mls Daily
Next Clinic Appointment:	To be arranged in 2 month

I reviewed this patient with key worker Jocelyn Walker on 6th April 2018.

There have been some issues with him providing urine screens positive for amphetamines. He admits that this is a long term problem for him. He declined to provide a specimen today and he did appear somewhat volatile and over talkative suggesting that he may be continuing to use amphetamines although he denies this today.

He has been involved in unfortunately committing domestic violence once again. He was convicted of assaulting his ex partner recently. Currently he is on a "Tag" restricting his movements out with the home. Despite this he has been trying to work in a job via an agency. He may run into problems with work pattern as he is also on a Community Payback Order and has to do unpaid work. He is trying to negotiate this with his criminal justice worker in Glasgow. I understand that he is currently living in Cardonald and Jocelyn will be taking up the issue on where he should receive his treatment. Giving the difficulty in establishing a rapport with David, however the plan would be to address this with him over the next few months. There is also the continuing issue of access to his 5 year old daughter and he is not been coping well with no interactions with Social Work. I gathered there is potentially a court case regarding his access to the child. He will be seen again at the clinic in about 2 months.

Yours sincerely

Dr Roger Sykes
Consultant Psychiatrist

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date:	10th May 2017
Date Dictated:	4th May 2017
Our Ref:	BO'N/LF/ 0812753232
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

PRIVATE & CONFIDENTIAL
Mr John Gardner
John Gardner & Company
12a Moss Street
Paisley
PA1 1BL

Dear Mr Gardiner,

RE: David McGeown, DoB: 08.12.1975, 10D Jessiman Square, Renfrew, PA4 8EB

I refer to your letter dated 26th April 2017 addressed to my Key Worker colleague David Hamilton. I see this gentleman at Renfrewshire Drug Service and I am his Medical Officer in Addiction Psychiatry. He attends on a regular basis and has done so with myself since June 2015. He has been diagnosed with opiate dependence syndrome and amphetamine misuse. Throughout this time he has attended every 2-3 months for a medical review but seen Mr David Hamilton, his Key Worker more frequently. I note that over the past 16 months he has made considerable improvement as far as his drug taking behaviour is concerned. Corroborated by our clinical impression and urinary drug screens he has been able to desist from illicit substances with the help of a Methadone prescription.

It is important to emphasise that his all round well being has improved substantially. Throughout this time a significant motivating factor is that he would in a position to look after his daughter and this continues to be his wish although he is realistic about the present situation.

Mr McGeown has done all that is suggested, has engaged well attending appointments and accepting psycho social advice from myself and his Key Worker.

I hope this information is helpful to you and I require no fee for this letter.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

Renfrewshire Health & Social Care Partnership

Mental Health Services

Date: 13th November 2017
Date Dictated: 10th November 2017
Our Ref: RS/SR/0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

Strictly Private & Confidential
Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr Anderson

David McGeown, DoB: 08.12.1975, 10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: F11.22 Opiate Dependence Syndrome

Current Psychotropic Medication: Methadone 30mls, daily supervised

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I reviewed David with his Key Worker, Jocelyn Walker on the 10th November 2017. He reported that he has been doing well and avoiding illicit drugs apart from some cannabis. Unfortunately one of his urine screens turned up positive for amphetamines and the patient has queried this and asked if it could be repeated. There is of course an issue with regards to drug use and his application to the court to oppose the adoption of his 5 year old daughter.

He has previously said to Jocelyn that he is not happy at disclosing information regarding these issues as he feels that the information will be relayed to Social Work. This uncomfortable dynamic has continued for some time now.

The most pressing issue today was that he is due to start work, he says, at a processing factory in Queenslie in Glasgow. This will involve potentially lengthy shifts but we have arranged that he can collect his prescription from a late opening Pharmacy. He will be reviewed in due course.

Yours sincerely

Dr Roger Sykes
Consultant Psychiatrist

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date:	11th July 2017
Date Dictated:	7th July 2017
Our Ref:	RS/DJC/CHI 0812753232
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

PRIVATE & CONFIDENTIAL

Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW
PA4 8RU

Dear Dr Anderson

David McGeown, dob 08.12.75	10D Jessiman Square, Renfrew, PA4 8EB
Psychiatric Diagnosis:	F11.22 – Opiate Dependence Syndrome
Current Psychotropic Medication:	Methadone 40mls daily dispensed Tues /Friday
Next Appointment:	6th October 2017 at 11.15am

I reviewed this patient with his keyworker Elaine Fitzpatrick on 07.07.17. He reports remaining drug free and appears to be stable in terms of his lifestyle. He said that he gets support from an ex partner from years ago and his grown up daughter.

As you may be aware there has been an ongoing process about which he is very angry to do with access to his young daughter. I understand there is a court hearing in October in this regard. The patient was barely able to suppress his anger about this.

He remains keen to reduce his Methadone in a progressive fashion. We were planning to reduce further to 35mls next time. I gave an outline of my concerns regarding the risks as his dose reduces. He does have some insight about this but one would have some concerns as his dosage reduces further. I think in particular he may be somewhat unrealistic about the process of detoxifying. He was telling me that he had a colloid cyst removed in 2006 and still experiences a lot of headache pain. He made brief reference to being advised that he might go on to Amatriptyline or Gabapentinoid which so far he is resisting. He will be seen again in two months.

Yours sincerely

Dr Roger Sykes
Consultant Psychiatrist

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date: 24th March 2017
Date Dictated: 20th March 2017
Our Ref: BO'N/AMMc/0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

PRIVATE & CONFIDENTIAL

Dr Anderson
Renfrew Health Centre
10 Ferry Road
RENFREW

Dear Doctor Anderson

David McGeown D/B: 08/12/75 10d Jessiman Square, Renfrew

Psychiatric Diagnosis:	Opiate Dependence Syndrome Amphetamine Misuse
Current Psychotropic Medication:	Methadone 45mls daily supervised
Next Clinic Appointment:	Thursday June 8th 2017

I reviewed this gentleman with his stand-in Key Worker, Mhairi Thompson at Renfrewshire Drug Service on 16th March 2017.

Corroborated with urinary drug screen, it seems this gentleman has desisted from all illicit drugs including heroin, valium, amphetamines and cannabis.

David has progressed well and has regular reductions in his Methadone given his long term desistance from heroin. As can be the case, discussions centre on his dissatisfaction with the views surrounding the future adoption of his daughter. He seems to be much more accepting given that his life is good in other domains including the reconciliation with his older child. Today, David is reactive, euthymic and there are no signs of any mental illness. He has hope and optimism for the future and is keen to continue to engage in a good manner which has been consistent certainly over the past year.

I have no concerns at this present stage and will continue to review him, seeing him again in 3 months time.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

cc Mhairi Thompson, Key Worker, Renfrew Drug Service

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date:	28th November 2016
Date Dictated:	24th November 2016
Our Ref:	BO'N/SR/0812753232
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

PRIVATE & CONFIDENTIAL
Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW
PA4 8RU

Dear Dr Anderson

David McGeown, DoB: 08.12.1975, 10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome
Amphetamine Misuse

Current Psychotropic Medication: Methadone 50mls daily supervised (reduced today)

Next Clinic Appointment: 16th February 2017

I reviewed this gentleman with his Key Worker, David Hamilton at the Renfrewshire Drug Service on the 24th November 2016.

He continues to desist from all illicit drugs including heroin, valium, amphetamines and cannabis. This is corroborated by urinary drug screens.

David is consistent with regards to drug taking behaviour and has made significant progress over the last year. Issues regarding his daughter's adoption, clearly dominate his thoughts most of the time. He is quite determined not to relapse and not to offend in order that the Social Work Department would have one over him in Court. It is clear that he feels that authority and the collective who are in authority are prejudice against his case. He would, as he states just require a chance to prove that he can look after his daughter and be involved in her life. He is however gradually accepting that this may not be the case but is not deterred with regards to his attendance at the clinic and doing all that has been advised. It is acknowledged that on occasions during Social Work reviews he can appear aggressive. This has never been the case with regards to his presentation to his Key Worker or in the Medical review.

David is aware that his continued progress requires him to do all that I have suggested and as he states he is happy in all domains of his life except regarding the custody issues regarding his child. We have arranged to see him again on the 16th February 2017 and we will keep you updated as to his progress.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

cc David Hamilton, Key Worker, Renfrewshire Drug Service

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date:	25th May 2016
Date Dictated:	12th May 2016
Our Ref:	BO'N/SR/0812753232
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

PRIVATE & CONFIDENTIAL
Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr Anderson

David McGeown, DoB: 08.12.1975, 10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome
Amphetamine Misuse

Current Psychotropic Medication: Methadone 65mls, daily supervised
Mirtazapine 15mgs, nocte

Next Clinic Appointment: 6th June 2016

I reviewed this gentleman with his Key Worker, David Hamilton at the Renfrewshire Drug Service on the 12th May 2016.

He reports continued desistance from heroin use, benzodiazepines and alcohol. He admits to smoking cannabis occasionally. The focus of the consultation centred on discrepancies surrounding his urinary drug screens, which are monthly. Those taken on the 17th March 2016 and the 12th April 2016 showed the presence of amphetamines. But of most concern was his last specimen from the 5th May 2016, which while positive for cannabis, was negative for Methadone. While this may be an erroneous sample it suggests a possibility of tampering given that it does not show amphetamines which he has disclosed he is using now and again.

He is aware how these discrepancies may be interpreted and has insight into the necessity to validate any drug screening more robustly. His Key Worker and myself shall discuss his management and the best way to take this forward – whether to directly supervise urinary sampling or use buccal measurements.

Again this gentleman presents extremely well. Despite this obvious disappointment he has hope and optimism for the future and indeed has been in contact with his 21 year old child and certainly he feels that this is positive. He expresses that this is the best that he has been for such a long time. We shall contact you with an update. I have arranged to see him again on the 6th June 2016.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

cc David Hamilton, Key Worker, Renfrewshire Drug Service

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date:	10th August 2016
Date Dictated:	4th August 2016
Our Ref:	BO'N/DJC/CHI 0812753232
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

PRIVATE & CONFIDENTIAL

Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW
PA4 8RU

Dear Dr Anderson

David McGeown, dob 08.12.75 – 10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome, Amphetamine Misuse

Current Psychotropic Medication: Methadone 60mls daily supervised

Next Appointment: 27.10.16 at 1.20pm

I reviewed this gentleman with his keyworker David Hamilton at Renfrewshire Drug Service on 04.08.16. He continues to desist from all illicit drugs including heroin, valium, amphetamines and cannabis. He denies any alcohol use also.

Today his demeanour is objectively very good. He is articulate, euthymic and appropriate. He is presently experiencing a significant improvement in all domains of his life. I note that his reporting is corroborated by urinary drug screens which we have repeated today. His ex partner is 27 weeks pregnant and he is coping with this situation in a very reasonable and accepting manner. He is trying to avoid confrontation and being embroiled in controversy. It is clear that since his last medical review in May he has developed a great deal of self efficacy and believes he can continue with his aims in life as far as his children and family are concerned and his arrest of drug taking behaviour.

We decided today that a reduction of 5mls in his Methadone prescription would be appropriate. He will let David his keyworker know if this is satisfactory and we shall review him again in three months time.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

c.c. David Hamilton, keyworker, Renfrewshire Drug Service

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date: 28th January 2016
Date Dictated: 21st January 2016
Our Ref: BO'N/DJC/CHI 0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

PRIVATE & CONFIDENTIAL

Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW
PA4 8RU

Dear Dr Anderson

David McGeown, dob 08.12.75 -10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome, Amphetamine Misuse

Current Psychotropic Medication: Methadone 70mls daily supervised, Mirtazapine 15mgs nocte

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I reviewed this gentleman with his keyworker David Hamilton in Renfrewshire Drug Service on 21.01.16.

He remains well and his drug screens continue to verify his version of events which is that he has desisted from heroin, valium and cannabis and this has been the case for some time. What is of small concern is his seemingly irregular self administration of co-codamol which he obtains from a relative. It is not quite clear why he chooses co-codamol rather than paracetamol for the various episodic painful maladies that he experiences.

He consistently reports good mood and we shall be stopping his Mirtazapine 15mgs today as his sleep has improved.

He is reactive and co-operative and is due to attend an LAC hearing to-morrow. He continues to remain optimistic in the medium to long term future with regards to his daughter Aleisha.

We have removed a urinary drug screen today and shall keep you updated as to his progress. He would like to continue with small reductions in his Methadone provided his mental state remains stable. David has an appointment in two month's time.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

c.c. David Hamilton, keyworker, Renfrewshire Drug Service

Renfrewshire
Health & Social Care Partnership

20 Back Sneddon Street
Paisley PA3 2DJ

Date:	13 August 2015
Date Dictated:	06 August 2015
Our Ref:	BO'N/KAC/CHI 0812753232
Enquiries:	Renfrewshire Drug Service
Tel:	0141-618-2585

Private & Confidential

Dr A Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr Anderson

David McGeown (0812753232)
10D Jessiman Square, Renfrew PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome, Amphetamine Misuse

Current Psychotropic Medication: Methadone 75 mls daily supervised

I reviewed this gentleman with his key worker David Hamilton on 06 August 2015 at Renfrewshire Drug Service. David continues to progress well. He reports no illicit heroin use since December 2014, confirmed by urine drug screens. He also denies illicit Valium, cannabis and alcohol. I note that he is coping with the legal rigors of a pending children's panel regarding his daughter Alicia.

His mood today is 8.5 out of 10 and he has hope and optimism for the future. I note that in the past there has been a tendency for him to be aggressive if his expectations have not been met. Perhaps of the stabilisation of his illicit drug use he is much more capable of controlling his emotions appropriately.

We had a discussion today with regards to the possible future reductions of his Methadone prescription and agreed to revisit this at his next medical appointment. We shall keep you updated with regards to his progress.

Yours sincerely

Dr Brian O'Neill
Specialty Doctor
Addiction Psychiatry

Dr Charles McMahon
Consultant Psychiatrist

cc: David Hamilton, RDS

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date: 2nd December 2014
Date Dictated: 20th November 2015
Our Ref: BO'N/SR/0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

PRIVATE & CONFIDENTIAL
Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr Anderson

David McGeown, DoB: 08.12.1975, 10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome, Amphetamine Misuse

Current Psychotropic Medication: Methadone 70mls daily supervised, Mirtazapine 15mgs nocte

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I reviewed this gentleman with his Case Worker, David Hamilton on the 29th October 2015.

Mr McGeown has not used heroin since December 2014. He denies valium or cannabis use over the last few months. He did take co-codamol for a episodic painful illness. His history is collaborated by urinary drug screens.

His mood today is 7/10, although he is not making progress with regards to his insomnia and I have prescribed him Mirtazapine 15mgs in order to assist with regards to this.

He is reactive, cooperative and there is hope and optimism for the future with regards to expectations regarding his daughter.

We shall keep you updated as to his progress.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

c.c. David Hamilton, Key Worker, RDS

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: CD/KAC/CHI 0812753232
Date: 22 September 2014
Date Dictated: 22 September 2014

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-618-5267

PRIVATE & CONFIDENTIAL

Dr. Coyle
Kings Inch Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW PA4 8RU

Dear Dr. Coyle

David McGeown (0812753232)
10 D Jessiman Square, Renfrew PA4 8EB

Psychiatric Diagnosis: F19 – Opiate Dependence, Amphetamine Misuse

Current Psychotropic Medication: Methadone 55 mls daily supervised

I reviewed Mr McGeown at Renfrewshire Drug Service on 22 September 2014. Unfortunately he had been injecting heroin again for the past 3 weeks or so. He describes that he has been injecting approximately 1 x £10 bag every 2 days or so. I was able to inspect the Injections sites at his left arm today. He last used 2 days ago. He is also using speed occasionally again this was at the weekend. He denies the use of Valium, cocaine and alcohol. He describes his increased use of heroin to ongoing access difficulties to his children.

Social Work services have been informed regarding his current illicit drug use. I believe his young children are now in the care of his ex-partner and her mother. In order to support his stability, we have recently increased his daily supervised Methadone – he is currently on 55 mls Methadone per day. We will continue to support him with regular input form his key worker David Hamilton. We will update you with regards to his progress.

Yours sincerely

Dr Clare Duncan
Locum Specialty Doctor

Dr Charles McMahon
Consultant Psychiatrist

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: CD/SJ/CHI 0812753232
Date: 02.03.15
Date Dictated:

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-840-5729

PRIVATE & CONFIDENTIAL

Dr. Coyle
Kings Inch Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW PA4 8RU

Dear Dr. Coyle

David McGeown (0812753232)
9e Ferguson Street, Renfrew

Psychiatric Diagnosis: F19 – Opiate Dependence, Amphetamine Misuse

Current Psychotropic Medication: Methadone increased to 75 mls daily.

I saw Mr. McGeown at Renfrewshire Drug Service for further review on the 23.02.15. Mr McGeown told me that he hasn't used any Heroin since before Christmas. he said however he has been feeling somewhat unsettled and agitated and would like the dose to be increased. On examination he didn't appear impaired. He was thin however. His arms showed the presence of stigmata from injecting. I thought some of these were relatively recent perhaps less than 2 months but Mr McGeown was adamant that he had not been injecting. This is perhaps something that we many need to monitor carefully.

He says he remains very focused on obtaining custody of his 3 year old daughter. He is pursuing legal channels for this.

I have increased his Methadone up to 75mls today and I will see him again in due course.

Yours sincerely

Dr. Charles McMahon
Consultant Psychiatrist

c.c. David Hamilton, keyworker, Renfrewshire Drug Service

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: JMACP/DC/CHI 0812753232
Date: 15th January 2014

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-618 5267

Date Dictated: 14th January 2014

PRIVATE & CONFIDENTIAL

Dr. Coyle
Kingsinch Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW PA4 8RU

Dear Dr. Coyle

David McGeown (0812753232)
9e Ferguson Street, Renfrew

Psychiatric Diagnosis: F19 – Opiate Dependence, Amphetamine Misuse

Current Psychotropic Medication: Methadone 35 mls (reduced today)

I met this man for the first time at Renfrewshire Drug Service today, having been transferred from the DTTO service. David tells me he has not had Heroin for more than a year and is not currently using any Valium. He did admit that he was using Speed once weekly and that this was while he was drinking alcohol at the pub.

He smokes 10-20 cigarettes daily and uses Cannabis at night.

David currently lives with his partner and he has a fourteen-month-old daughter who has recently been returned to his care from foster care. He also had two older children who currently live with their mother and he has no contact with them. His girlfriend also has three children two of whom are under the age of sixteen and both he and his girlfriend have contact with these children. There is a Social Worker already involved who will be doing appropriate Social Work checks since she is aware of the situation with David's drug use.

David has current ongoing charges for police assault, possession of a weapon and breach of the peace.

PHYSICAL HEALTH

As you are aware, David had a colloid cyst removed in 2008 and is still having follow-up at the Southern General with regard to this. He tells me that he is possibly awaiting a pacemaker insertion, although he was unsure as to why this was.

Cont'd/… …

Dr. Coyle
Renfrew Health Centre

Today David was keen to reduce his Methadone and I have therefore agreed to a 5 ml. reduction to 35 mls.

He will be reviewed by his key worker David Hamilton in two week's time and I have obviously encouraged him to reduce his Amphetamine and Alcohol use in the meantime. I will keep you informed of his progress.

Yours sincerely

Dr. Jane MacPhillimy
Medical Officer

Dr Charles McMahon
Consultant Psychiatrist