Ref: HM/EM
CHI: 210 467 3933
Date: 15 April 2026

PRIVATE & CONFIDENTIAL
Mr Andrew Shaw
Flat 1
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ

Dear Mr Shaw

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

Date:	**22-Apr-2026**
Time:	**1:30pm**
Appointment with:	**HealthCareAssistant Heather McInnes**
Location:	**IN YOUR OWN HOME**
Contact details:	**01698 754100**

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.

Yours sincerely

Team Medical Secretary

COPY

NHS Greater Glasgow & Clyde
Mental Health Services

REQUEST TO PRESCRIBE MEDICATION

EASTVALE RESOURCE CENTRE
Health and Social Care Partnership

Address 130 Stonelaw Rd
Glasgow G72 2PQ
Tel: 01698 754 100

NHS Greater Glasgow and Clyde

Dear Dr Canning / Partner

Date: 02/04/2026

Patient: Andrew Shaw	**CHI:** 210 467 3933

Would you kindly consider prescribing the following medication change for the above individual, if there are no contraindications.

Routine (for next blister pack)

Please

1. Add Aripiprazole 5mg/day

Yours sincerely,

Dr G McMillan
BSc (Hons), MB.ChB, FRCPsych
Consultant Psychiatrist
Eastvale Resource Centre

Approved By Prescribing Management Group (Mental Health) June 2018
Review date December 2020

→ Drs McMillan/Emery

Clinical letter - Others:

→ emie

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
Cardiology
[redacted]

Dr Sarah Thomson
Consultant Psychiatrist
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU

Main Switchboard:	
Department:	
Contact Tel:	
Enquiries to:	
Letter Date:	04/03/2026
Reference:	SR/LK
Dictated Date:	02/03/2026
Transcribed Date:	04/03/2026

Dear Dr Thomson ,

Andrew Martin Shaw; D.O.B: 21/04/1967; CHI: 2104673933
Flat 1, 14 Hillhead Avenue, Glasgow, Lanarkshire, G73 4NJ

Mr Shaw failed to attend his cardiology outpatient appointment once more and will not be reappointed routinely.

Clearly risk factor modification is paramount here and I have copied this letter to Andrew's primary care team who may be better placed to engage with him.

With kind regards,

RECEIVED 10 MAR 2026

Yours sincerely

Dr Sam Rodgers

Consultant Cardiologist

Electronically Signed: ,

cc. COPY TO GP

COPY

Ref: DWW/EM
CHI: 210 467 3933
Date: 18 February 2026

PRIVATE & CONFIDENTIAL
Mr Andrew Shaw
Flat 1
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ

Dear Mr Shaw

As you will be aware, you have been referred to our service for an outpatient consultation. Arrangements have been made for you to be seen on:

Date:	**03-Mar-2026**
Time:	**11:00am**
Appointment with:	**OT Deborah Wills & OT Student Lesley Miller**
Location:	**IN YOUR OWN HOME**
Contact details:	**01698 754100**

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. If applicable, any specific requirements for your attendance will be noted on an enclosed page.

Yours sincerely

Team Medical Secretary

Cc Dr J Canning
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

LANARKSHIRE PSYCHOLOGICAL THERAPIES TEAM REFERRAL FORM

NAME: Mr Andrew Shaw
DATE OF REFERRAL: 10/02/2026
D.O.B 21/04/1967

ADDRESS:
Flat 1
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ
(07346) 705842

CHI: 210 467 3933

PRESENTING PROBLEMS – *main difficulties and symptoms, onset, progression, impact on functioning*
Has residual schizophrenia and on depot medication. Referral is for functional needs assessment with a view to SW input. Very isolated and struggles to maintain any routine. Can become easily anxious and seeks help frequently. Treating team feel that he would likely benefit from supportive service involvement.

BRIEF BACKGROUND HISTORY - *including significant medical history*
Previous extensive Hx of community and in-patient forensic psych involvement predominantly car crime related and never really felt to fit the forensic services. TF to us 2 years ago from in-pt forensic unit after a further car crim involving dangerous driving and theft.

Fixated on cars and I suspect he has ASD but has never formally been diagnosed. Engaged now with depot treatment, CPN, HCA and medical intervention.

CURRENT INPUT &EXISTING DIAGNOSIS – *are any other agencies involved; level of their input; current medication*

Seen in Medical OPC, CPN, HCA and depot clinic

PREVIOUS INPUT – *has the patient received any low or high intensity intervention previously? What was their level of motivation/engagement in the intervention and outcome?*

None from OT.
Allocated to Mark and Heather at present and seen both at home and via the depot clinic.

GOALS & EXPECTATIONS OF PSYCHOLOGICAL INPUT –*Specific goals for psychological input (achievable and defined goals e.g. if it is to be happy, what does happiness mean to them)? Patient expectations of the referral & possible input?*

To obtain functional needs assessment as part of a potential SW referral.

PSYCHOLOGICAL READINESS – *is the patient ready and motivated to engage (no significant substance misuse, stability in mental health (i.e. no acute crisis), in agreement of referral, resources of support for recovery?*
Has accepted need for potential further support and intervention.

RISK - *risk to self or other, forensic history, anger/aggression, substance misuse*
No current risks -previous forensic Hx involving car crime and lack of engagement.
Would suggest joint visit with familiar key worker e.g. HCA in the first instance and Andrew can become quite nervous and guarded with unfamiliar others.

LANARKSHIRE PSYCHOLOGICAL THERAPIES TEAM REFERRAL FORM

REFERRED BY: Graham McMillan **DATE:** 09/02/2026	**DISCUSSED WITH:** [redacted]
OUTCOME: **TB C**	

NHS
Greater Glasgow and Clyde

CONFIDENTIAL

Dr Jordan
Drs Jordan and Canning
Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
Glasgow
City Of Glasgow
G73 2PQ

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
G73 2PQ

Tel: 01698-754100

Date: 5 February 2026
Dict: 4 February 2026
Ref: GMC/AM
CHI: 210 467 3933

Dear Dr Jordan

ANDREW SHAW 21.04.67
FLAT 1 14 HILLHEAD AVENUE RUTHERGLEN GLASGOW G73 4NJ

(Request for cardiac meds review)

I am writing separately for Andrew Shaw whom I met with in clinic today on the 4th of February 2026.

Mr Shaw is continuing to complain of symptoms suggestive of unstable angina. As you will know he suffers from diabetes and is already prescribed a GTN spray for angina. He has a high cardiac risk profile.

He is describing symptoms of central chest pain emerging on minimal exertion. These are associated with sweating and shortness of breath and last approximately half an hour. Sometimes the pain can be quite excruciating.

Given Andrew's condition and general lack of insight and blunting he does not use his inhalers or GTN spray at all, although I have encouraged him to do so today. I have also alerted him to the fact that he is at high cardiac risk. He is overweight and continues to drink vast amounts of full sugar coke and other fizzy juice per day. He relies on takeaways almost exclusively for his calorific intake out with that.

I appreciate that it is always difficult to try and engage individuals with residual schizophrenia in a cardiac risk monitoring programme, however I think that given the risks that Andrew poses and his advancing symptoms, I would be grateful if you could try to find some way of monitoring his cardiac risk in the community and perhaps arranging for him to be examined and his cardiac medications reviewed.

I have reduced his medication which will hopefully make some impact on his symptom profile and medication burden. However, there is a limit to how far we can take this given how unwell Andrew can become.

I will request an outpatient ECG in addition but would be grateful in the meantime if you could arrange for him to be examined and his cardiac medications reviewed.

Yours sincerely

Dr G McMillan
Consultant Psychiatrist
BSc.(Hons), MB. ChB. FRCPsych

CC Charge Nurse Mark Hume, CPN, Eastvale Resource Centre

NHS
Greater Glasgow and Clyde

CONFIDENTIAL

Dr Jordan
Drs Jordan and Canning
Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
Glasgow
City Of Glasgow
G73 2PQ

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
G73 2PQ

Tel: 01698-754100

Date: 5 February 2026
Dict: 4 February 2026
Ref: GMC/AM
CHI: 210 467 3933

Dear Dr Jordan

ANDREW SHAW 21.04.67
FLAT 1 14 HILLHEAD AVENUE RUTHERGLEN GLASGOW G73 4NJ

Diagnosis:	Residual schizophrenia
Changes to Psychiatric Medication:	1. Zuclopenthixol decanoate depot reduced to 600 mg fortnightly 2. Continues Venlafaxine MR 300 mg daily 3. Continues Procyclidine 5 mg qds 4. Continues Zopiclone 3.75 mg nocte
Follow Up:	6 months' time

I met with Andrew Shaw for review here at Eastvale, on the 4th of February 2026. Mr Shaw has now been discharged from hospital for several months and on the whole has been doing relatively well with just residual symptoms experienced.

He describes hearing an internal voice which he attributes to God. Most of the things that this voice tells him are simply recollections of his past day or 2 reflective of his memory. I pointed out to Mr Shaw that the reality of this is probably just an internal voice reflecting memories of the last few days which he seemed to take on board. Nevertheless, he does experience some distress at times when the voice tells him something more meaningful such as going to visit his mother's grave.

He lives a very sedentary and quite isolated lifestyle. He was amenable today to considering additional support from the Richmond Fellowship. To get this started I will ask my OT colleagues here at Eastvale to carry out a functional needs assessment which Andrew was in agreement with today.

His physcial health is really quite appalling. He does not eat regularly and drinks vast amounts of high sugar coke and iron bru. He is significantly overweight and is diabetic.

He is describing regularly chest pains, predominantly coming on with mild exercise and lasting approximately half an hour. Sometimes these are associated with sweating and shortness of breath.

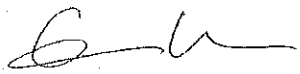
On checking he does not use any of his inhalers and I have encouraged him to use the red inhaler once a day as prescribed and the blue inhaler as needed. He is also on GTN spray and I have encouraged him to take this whenever the chest pain comes on as again he has not been using this at all.

Hopefully, with some additional support coming in we can facilitate a more healthy lifestyle for Mr Shaw going forwards, along with being able to support him to other appointments such as diabetic appointments if required.

In the meantime, I think I will now reduce his depot dose down to 600 mg fortnightly. He is really struggling to maintain a weekly adherence to this and is complaining of significant fibrosis affecting the injection sites. He was quite keen to go back onto Olanzapine today, however I explained to Andrew that whilst this maybe a possibility, at the moment it may compromise his cardiovascular and diabetes risks further.

I will review Andrew again in due course but in the meantime, he continues to attend now fortnightly for his depot and is reviewed on a regular basis by my colleagues Charge Nurse Mark Hume and Healthcare Assistant Heather McInness.

Yours sincerely



Dr G McMillan
Consultant Psychiatrist
BSc.(Hons), MB. ChB. FRCPsych

CC Charge Nurse Mark Hume, CPN, Eastvale Resource Centre

COPY

NHS
Greater Glasgow and Clyde

CONFIDENTIAL

ECG Department
New Victoria Hospital
55 Grange Road
Glasgow
G42 9LL

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
G73 2PQ

Tel: 01698-754100

Date: 5 February 2026
Dict: 4 February 2026
Ref: GMC/AM
CHI: 210 467 3933

Dear Colleague

ANDREW SHAW 21.04.67
FLAT 1 14 HILLHEAD AVENUE RUTHERGLEN GLASGOW G73 4NJ

I am writing to request an outpatient ECG for Mr Shaw. He is a man who suffers from angina and has significant risk factors in the form of diabetes, being overweight and a very sedentary lifestyle. He is also on a range of medications including psychotropic medications which can contribute to his cardiac risk.

His cardiac symptoms have escalated since his discharge from hospital last year. I would be grateful therefore if an ECG could be undertaken and reviewed by your Cardiology team with any further investigations you deem required thereafter being put in place.

I have also asked Mr Shaw's GP to monitor his cardiac profile in the community.

Yours faithfully

Dr G McMillan
Consultant Psychiatrist
BSc.(Hons), MB. ChB. FRCPsych

CC Dr Jordan, Jordan and Canning Practice, RHC
CC Charge Nurse Mark Hume, CPN, Eastvale Resource Centre

www.nhslanarkshire.org.uk
Community Addiction Recovery Service (CAReS)
0141 584 2515

[redacted]

Cambuslang Gate
Lower Ground Floor
27 Main Street
G72 7EX

NHS Lanarkshire

Dr Sarah Thomson
Consultant Psychiatrist
Ward 4B Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU

Date Dictated: 20/01/2026
Date Typed: 20/01/2026
Ref: 101984830
Letter Ref: GMcH/DW
CHI Barcode: *2104673933*

Consultant:

Dear Dr Thomson

Patient Name: Andrew Shaw
Patient date of birth: 21/04/1967
Patient Address: Flat 1, 14 Hillhead Avenue, Glasgow, G73 4NJ

Thank you for your letter dated 7th January 2026, which we received today, regarding the above named gentleman.

We received a referral for Mr Shaw whom we attempted to contact on 18th November 2025 and 2 subsequent occasions without success. Due to no contact being made, he was subsequently discharged from the CAReS service.

As per the contents of your letter stating Mr Shaw has not used cocaine since his discharge from yourselves, he would not meet the criteria for CAReS and would be signposted to other agencies for input.

Yours sincerely

Gillian McHugh

Authorised on 20/01/2026 11:12:53 by Typist Deborah Whyte, not verified by Consultant.

RECEIVED 21 JAN 2026

Ref: **gmc/am/**
CHI: **210 467 3933**
Date: **7 January 2026**

PRIVATE & CONFIDENTIAL
Mr Andrew Shaw
Flat 1
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ

Dear Mr Shaw

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

Date:	**04-Feb-2026**
Time:	**9:30am**
Appointment with:	**Consultant Graham McMillan**
Location:	**Eastvale Resource Centre**
Contact details:	**01698 754100**

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.

Yours sincerely

Team Medical Secretary

Community Depot Prescription and Administration Record

NHS Lanarkshire

Team: EASTVALE ADULT CMHT.	**Drug Allergies/Sensitivities** ☐ None known ☑ Yes (provide details below) PENECILLIN
First name: ANDREW Last name: SHAW Date of Birth: 21/04/67 Sex: ☒ M ☐ F	Community Nurse: MICHAEL BRENNEN Psychiatrist: DR G McMILLAN
CHI number: 2104673933	
Address and phone number: FLAT 1, 14 HILLHEAD AVENUE, GLASGOW G73 6NT	Additional Information/Instructions:

Prescriptions are valid for a maximum of 6 months and must be reviewed/re-prescribed at regular intervals. Discontinue prescriptions following inpatient admission and re-prescribe following discharge.

TEST DOSE INJECTIONS OR ONCE ONLY DRUGS

Date	Drug	Dose	Route (and site*)	Prescriber (print and sign)	Date given	Time	Given by (print and sign)

REPEAT DEPOT AND LONG ACTING INTRAMUSCULAR INJECTIONS

Drug PALIPERIDONE			Date due	15/01	19/01	19/02	19/3	23/4	21/5	18/6	23/7	20/8	17/9	22/10	19/11
Dose 150mg	Route (and site*) IM (✓ DG)	STOPPED Date:	Date given	19/01	19/01	14/2	19/3	23/4	21/5	18/6	23/7	20/8	17/9	22/10	19/11
Frequency MONTHLY		Initials:	Site*	DG	DG	DG	DG	DG	DG	DG	DG	DG	DG	DG	DG
Date 15/01/24	Pharmacy Cavendale		Side	R	L	R	L	R	L	R	L	R	L	R	L
Prescriber (print and sign) G. McMILLAN			Given by (initials)	MS	MS	MK	MK	MA	M	MW	MK	M	MK	MA	MA

Drug			Date due	24/12/24									
Dose	Route (and site*) IM ( )	STOPPED Date:	Date given										
Frequency		Initials:	Site*										
Date	Pharmacy		Side										
Prescriber (print and sign)			Given by (initials)										

Drug			Date due										
Dose	Route (and site*) IM ( )	STOPPED Date:	Date given										
Frequency		Initials:	Site*										
Date	Pharmacy		Side										
Prescriber (print and sign)			Given by (initials)										

Date:	Comments: (including any adverse effects)
Date:	Comments: (including any adverse effects)

Follow NHS Lanarkshire 'Policy for Unlicensed Medicines' when using unlicensed depot administration site. All use of medicines must comply with the Medicines Code of Practice.

*Abbreviations: DEL = Deltoid (upper arm) DG = Dorsogluteal (upper outer quadrant of buttock) VG = Ventrogluteal (hip site) VL = Vastus Lateralis (thigh)

NOTE: To discontinue a prescription, initial and date appropriate boxes, draw diagonal line through section

Pub. date: Jul. 2018 | Review date: Jul. 2021 | Issue No: 01

NMAHP.CDEPPR.17_18088.L CAT69

CHI no 210467 3933	CMHT: EASTVALE
First name ANDREW DOB 21.04.67	CPN: Mark Heeme
Last name SHAW Sex: ☑M ☐F	T2/ T3 certificate (date):
Address FLAT 1 11 HILLHEAD AV GLASGOW G73 4NS	Consultant psychiatrist: Dr McMillan
or attach addressograph label here	

NHS Lanarkshire

Community Depot and Long-acting Antipsychotic Injection Prescription and Administration Record

Identifies as .....

Additional info	Drug allergies/ Sensitivities
	Penicillin

Test dose/Once only injections

Date	Drug	Dose	Route	Prescriber (print and sign)	Date given	Site/ Side	Given by (print and sign)
			IM				
			IM				
			IM				

Repeat Depot and Long-acting Intramuscular injections

Drug: PALIPERIDONE

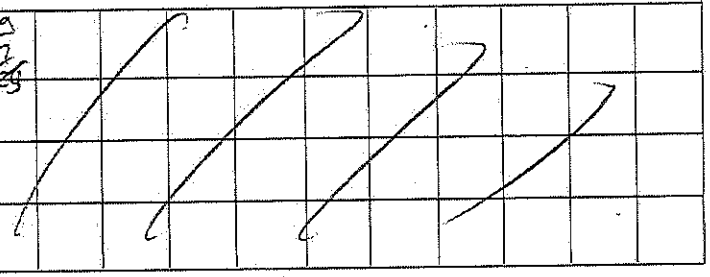
Dose: 150mg via IM

Frequency: Monthly

Prescriber: (print & sign) DRSMA Date:

STOPPED Date: 23/10/25 Initials: GM

Due date	24/12	28/01	18/2	18/3	23/4	23/5	24/6	29/7
Date given	28/12	31/1	18/02	18/3	23/4	23/5	24/6	
Site/Side	DG L	DG R	DG L	DG R	DG L	DG R	DG L	
Given by (initials)	MM	MM	JJ	MM	MM	CM	MM	



CAT169

Prescriptions are valid for a maximum of 12 months and must be reviewed at regular intervals. Discontinue prescriptions following inpatient admission and re-prescribe following discharge. Follow NHS Lanarkshire Guidance for the Use of Antipsychotic Depot and Long-Acting Injections (LAI)

Abbreviations; DEL- deltoid (upper arm); VG – ventrogluteal (hip site); DG – dorsogluteal (upper outer quadrant of buttock); VL- vastus lateralis (thigh)

R – right side; L – left side CMHT -Community Mental Health team CPN - Community Psychiatric nurse IM - Intramuscular Code
(A)- not given. Refer to nursing notes for full details/information

NMAHP:CDEPPR.24_12563.L

Pub. date: May. 2024 | Review date: May. 2029 | Issue No: 01

COPY

NHS Lanarkshire

CONFIDENTIAL

Mr Andrew Shaw
Flat 1
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
GLASGOW
G73 2PQ

Date: 12 December 2025
Ref: SLM/AB
CHI: 210 467 3933

Tel: 01698 754100

Dear Mr Shaw

I note from our records that your depot injection is now overdue. Please contact the Resource Centre at the telephone number above to make arrangements for its administration.

If you have any other concerns or queries please contact your Key Worker who will be happy to discuss these with you.

Yours sincerely

Secretary
On behalf of Multi Disciplinary Team

cc. Dr John Canning
Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Health&Social Care
North Lanarkshire

North Lanarkshire Council

NHS Lanarkshire

CONFIDENTIAL

Mr Andrew Shaw
Flat 1
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
GLASGOW
G73 2PQ

Date: 28 November 2025
Ref: JS/AB
CHI: 210 467 3933

Tel: 01698 754100

Dear Mr Shaw

I note from our records that your depot injection is now overdue. Please contact the Resource Centre at the telephone number above to make arrangements for its administration.

If you have any other concerns or queries please contact your Key Worker who will be happy to discuss these with you.

Yours sincerely

Secretary
On behalf of Multi Disciplinary Team

cc. Dr John Canning
Drs Tierney and Canning
Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Health&Social Care
North Lanarkshire

North Lanarkshire Council

NHS Greater Glasgow & Clyde

Mental Health Services

Date: 28-Nov-2025

CANNING, John (Dr)

Rutherglen Primary Care Centre

130 Stonelaw Road

Rutherglen

Glasgow

City Of Glasgow

G73 2PQ

Dear Dr Canning

Patient: SHAW, Andrew (Mr)	**CHI**: 210 467 3933

Your above named patient was assessed by telephone consultation by Christopher Brolly Crisis Practitioner on 27/11/2025 Patient had extended post discharge support following length admission to leverndale hospital. This was extended due to his non concordance with medication. This has now been resolved and he is concordant with all prescribed medication. Continues to experience auditory hallucinations, but these are long standing and manageable. Patient has no thoughts of dsh or suicidal ideation. No use of drugs or alcohol noted either.

Diagnosis: Paranoid schizophrenia
Current medication: See IDL and on depot
Risk management: risk of deterioration in mental health if using drugs or non-concordant with medication
Action required by GP: none
Follow up planned: Patient has regular cpn contact and depot

Please do not hesitate to get in touch if you need any further information on 0141 232 7060

Yours sincerely

BROLLY, Christopher (Crisis Practitioner)

NHS Greater Glasgow & Clyde

Mental Health Services

Glasgow City Health and Social Care Partnership
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU

www.glasgow.gov.uk
www.nhsggc.org.uk

Strictly Private and Confidential

Direct Dial: [redacted]

Dr J Canning
Drs Tierney and Canning
Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Our Ref: BC/sn
CHI: 210 467 3933

Date: 27th November 2025

Dear Dr Canning

Re: Andrew Shaw – Date of Birth 21/04/1967 (3933)
Flat 1, 14 Hillhead Avenue, Rutherglen, Glasgow, G73 4NJ

Admitting Hospital and ward:	*Ward 4B, Leverndale Hospital*
Diagnosis:	*Schizophrenia, harmful pattern of use of cocaine, Continuous and complex PTSD*
ICD-11 code:	*6A20, 6C45.11, 6B41*
Other diagnoses:	*Coronary artery vasospasm associated with cocaine misuse.* *?Asthma* *High BMI*
Date of Admission:	*2nd July 2025*
Date of Discharge:	*18th November 2025*
Legal Status:	*Informal*
Medications:	*1. Amlodipine 10mg od* *2. Atorvastatin 20mg od* *3.Diazepam 4mg od (night), Diazepam 2mg od (morning)* *4. GTN spray*

5. Isosorbide mononitrate 20mg bd
6. Lorazepam 1.5mg od
7. Metformin 1g MR od
8. Omeprazole 20mg od
9. Paracetamol 1g prn
10. Procyclidine 5mg qds
11. Salbutamol inhaler prn
12. Venlafaxine 300mg od
13. Zopiclone 3.75mg od
14. Clopixol depot 450mg once weekly

Medication stopped during Admission and reason:

Aripiprazole discontinued – initially prescribed for hyperprolactinaemia, however this has resolved.

Requests for Primary Care Review:

1. Blood tests following statin prescription – LFTs and repeat lipid profile due week starting 24th November 2025.
2. Awaits cardiology, respiratory and weight management clinic follow up.

Follow-up Arrangements:

1. Crisis Team support on discharge.
2. Review appointment at the post discharge clinic on 25th November 2025, thereafter outpatient clinic.
3. CAReS Addiction Service referral on discharge.
4. Community Psychiatric Nurse.

Reason for Admission

Referred to the Crisis Team by Community Psychiatric Nurse due to poor sleep, increased auditory hallucinations of the voice of God commanding him to harm self and others. Informal admission arranged. Andrew described feeling that God's disciples were following him and that his auditory hallucinations were worse than on his previous hospital admission. He said that he did not wish to harm himself or others, but that he was fearful that he would act on the commands. There was significant stress noted related to his brother and his brother's health issues. There was difficulty with self-care and activities of daily living prior to admission.

Progress on Ward

Andrew was changed from Paliperidone to Clopixol depot and required frequent 'as required' medication throughout admission for distress related to auditory hallucinations. His Clopixol depot was eventually increased to the point where he is now taking 450mg once weekly. We note that he has relied on regularly prescribed benzodiazepines in the community.

His mood was low at times throughout the admission, which he attributed to his hallucinations. Venlafaxine was therefore up-titrated to 300mg. Andrew did require ongoing 'as required' benzodiazepines to assist with his mental state given his ongoing auditory hallucinations. A trial of Olanzapine was initiated and stopped due to unwanted side effects.

Andrew would use overnight passes to visit his home. A friend had been living in Andrew's flat during his admission. Andrew attended some of the parties involving Andrew's brother (who was over from Ireland and his brother's friends). Initially Andrew was able to distance himself from this situation, but eventually started taking cocaine with them whilst out on pass. He underplayed his cocaine use, saying that 'a line' does not count.

Andrew is a significantly overweight man with a fairly high risk cardiovascular profile. QRISK scoring was completed for Andrew and he was deemed suitable for prescription of a statin. With concurrent high blood pressure, he was also up-titrated on Amlodipine. Given Andrew's continued intermittent cocaine use, he was suffering from chest pain felt likely to be coronary artery vasospasm that, on the advice of cardiology, we have prescribed an oral nitrate tablet for. Andrew has also been referred into the weight management service and prescribed daily Metformin to assist with weight loss. Andrew has been advised and repeatedly informed of the risks of continued usage of drugs (cocaine in particular).

Relevant Investigations carried out and results

ECGs – QTc has bordered on high, Promethazine suspended.
Referred for spirometry – awaited.
Cardiology appointment – awaited.

Past Psychiatric History

Paranoid Schizophrenia and complex PTSD. First presented to services at 18 years old. IPCU in 1997 Harwoodhill – long admission. Admitted to Gartnavel Hospital in 2005, 2006 and 2007. Custody in 2010-2011 then under Forensic Services with PD diagnosis. 2016 Beckford Lodge. 2020 psychotic episode resultant in admission to Hairmyres Hospital for three years. Previously subject to a Compulsory Treatment Order in 2021 and 2025.

Previously trialled medication:
2006 – Trazodone and Risperidone 4mg at night, plus 15mg Risperidone depot fortnightly.
2007 – Flupenthixol depot 40mg.
2020 – Clozapine – stopped due to over sedation and autonomic depression.
2020-2023 – Risperidone, Paliperidone and Haloperidol.
2024 – Aripiprazole dose reduced from 15mg to 10mg due to EPSEs.

Past Medical History

HTN, obesity, hypercholesterolaemia.

Alcohol and Drug History

Previous polysubstance misuse. Cocaine misuse throughout this admission.

Personal and Family History

Andrew was born in Bellshill and grew up in Hamilton. His mother died when he was aged 8, she worked as a cleaner. Dad was employed in the steelworks; he died of cancer a number

of years ago. He was an alcoholic with domestic violence between parents resulting in his mother's death.

He was a victim of sexual assault when he was 10 years old by an older brother. The brother that committed this assault died by means of suicide. Two other older siblings. No family or close friends.

Social History

Andrew lives alone. He has a brother (who lives in Ireland) in close contact. His brother's friend has been staying in Andrew's flat with his 2-year-old daughter – known to use drugs in the flat.

Forensic History

Numerous driving offences and assaults in the past, more than 50 police offences related to driving. Theft of vehicle, driving without insurance, fraudulent number plate, dangerous driving, assault to endangerment of life, assault and permanent disfigurement. Multiple periods of incarceration.

Risk

Risk of drug and alcohol abuse. Risk of deliberate self-harm and harm to others via instructions from auditory hallucinations.

Prior to Discharge from Hospital

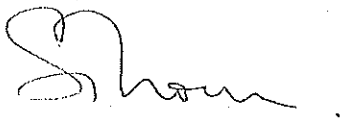
Andrew has been up-titrated on a Clopixol depot during admission (to 450mg weekly now) and although initially had a poor response has turned a corner. He is brighter and more reactive, and describes a reduction in the intensity of the voices in his head.

On his pass, prior to discharge, Andrew did report that he had used cocaine and while this was previously usually associated with a fluctuation in his mental state, he seemed in good spirits and felt fit for discharge – he was advised of the risks of repeated use of cocaine. He will be referred to CAReS Addiction Service on discharge.

He will attend the depot clinic in Eastvale Resource Centre and will be for twice weekly dispensing of his medications by his local pharmacy. He is for weaning in the community of his Lorazepam and Diazepam, which he has been on long term.

Written by: Dr Benjamin Clarke, FY2 to Dr S Thomson Consultant Psychiatrist

Signed:



Dr Sarah Thomson
Consultant Psychiatrist

c.c. CAReS Team, Cambuslang Gate, 27 Main Street, Cambuslang, Glasgow, G72 7HB.

NHS Greater Glasgow & Clyde
Mental Health Services

REQUEST TO PRESCRIBE MEDICATION

EASTVALE RESOURCE CENTRE
Health and Social Care Partnership

Address 130 Stonelaw Rd
Glasgow G72 2PQ
Tel: 01698 754 100

NHS Greater Glasgow and Clyde

Dear Dr. Canning / partner

Date: 25/11/2025

Patient: Andrew Shaw	**CHI: 2104673933**

Would you kindly consider prescribing the following medication for the above individual, if there are no contraindications:

- **Routine**

1. **Please reduce lorazepam by 0.5mg every two weeks until stopped**
2. **Please then reduce diazepam slowly over time – 2mg every 2 weeks if tolerated**

Yours sincerely

Dr M Mitchell
GPST2 to Dr Graham McMillan, Consultant Psychiatrist

Glasgow City Health and Social Care Partnership
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU

www.glasgow.gov.uk
www.nhsggc.org.uk

Strictly Private and Confidential

Direct Dial: [redacted]

Dr J Canning
Drs Tierney and Canning
Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Our Ref: MM/sn
CHI: 210 467 3933

Date: 25th November 2025
Verified: 7th January 2026

Dear Dr Canning

Re: Andrew Shaw – Date of Birth 21/04/1967 (3933)
Flat 1, 14 Hillhead Avenue, Rutherglen, Glasgow, G73 4NJ

Diagnosis: *Schizophrenia, harmful pattern of use of cocaine, Continuous and complex PTSD*

ICD-11 code: *6A20, 6C45.11, 6B41*

Other diagnoses: *Coronary artery vasospasm associated with cocaine misuse.*
?Asthma
High BMI

Medications:
1. Amlodipine 10mg od
2. Atorvastatin 20mg od
3.Diazepam 4mg od (night), Diazepam 2mg od (morning)
4. GTN spray
5. Isosorbide mononitrate 20mg bd
6. Lorazepam 1.5mg od
7. Metformin 1g MR od
8. Omeprazole 20mg od
9. Paracetamol 1g prn
10. Procyclidine 5mg qds
11. Salbutamol inhaler prn
12. Venlafaxine 300mg od
13. Zopiclone 3.75mg od
14. Clopixol depot 450mg once weekly

Follow-up Arrangements:

1. *Crisis Team support on discharge.*
2. *CAReS Addiction Service referral on discharge.*
3. *Community Psychiatric Nurse, Eastvale Resource Centre.*
4. *Outpatient clinic at Eastvale Resource Centre.*

I reviewed Andrew in the post discharge clinic, via Near Me, on 25th November 2025. Andrew was at home and reported that he has been spending most of his time at home indoors, watching TV and eating takeaways.

His friend is still living with him but is moving out next week. His friend's daughter is no longer there, but visits once or twice a week.

Overall, Andrew's mental state is largely unchanged from prior to discharge; the voices are ongoing but tolerable and he is finding it easier to deal with them. He is euthymic, but can have down days when the voices are particularly bad.

Andrew reported no chest pain since his discharge, that his breathing is good and that his physical health overall is stable. He is still awaiting input from cardiology and respiratory.

I note input from the Crisis Team who state non-compliance with medications over the weekend. Andrew reported that this was due to fears that the medication had been tampered with, the blister pack was unexpected and he was suspicious of this. This was discussed with Dr McMillan via the Crisis Team and Andrew is agreeing to take medications as prescribed in pack, with a new blister pack being delivered today. Andrew was reassured by the explanation of blister pack and stated that he will comply with his prescribed medication. I have reiterated that if he has ongoing paranoid or anxious thoughts he can contact the Community Mental Health Team.

Andrew reported no cocaine use since his discharge. CAReS Team have yet to make contact but a referral has been made.

Andrew appeared his usual self; euthymic, mostly one word answers to questions, not voicing concerns / fears, no delusional thinking although I noted paranoia around the blister pack, however this was resolved with reassurance. He reported that his ongoing auditory hallucinations are manageable, he retains insight and his cognition was intact.

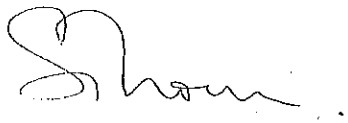
Plan

I will write a prescription request to the GP to advise weaning from Lorazepam 0.5mg every two weeks and then aim to wean Diazepam in a similar fashion thereafter.

There is ongoing support from the Crisis Team and his Community Psychiatric Nurse. He awaits input from CAReS, respiratory and cardiology.

Written by: Dr Martin Mitchell, GPST2

Signed by:



Dr Sarah Thomson
Consultant Psychiatrist

c.c. CAReS, Cambuslang Gate, 27 Main Street, Cambuslang, Glasgow.

Adult Mental Health – SSA – Care Plan

Name	SHAW, Andrew (Mr)	CHI	210 467 3933

Need
D/C from Leverndale Nov 2025 after psycotic symptoms-hearing good/evil encourging him to harm others.Currently on oral meds and 2 weekly depot.

Interventions Required
Andy to attend depot clinic 2 weekly for clopixol 600mgs. Monthly HV review by CPN to monitor if not seen at clinic. Encourge Andy to be more independnet and active-trying to improve health and has been buying Wiltshire meals. CSW weekly input to increase activity levels. DrMcMillan has referred to OT. Advised Andy to avoid cocaine use-declined CAREs. O/P review.

Patient/Carer's View/Understanding of Interventions
Andy ubnderstanding of above.

Name	Mark Hume	Designation	CPN
Signature		Date	21/5/26
Signature of Patient		Date	

CHI No:	210 467 3933	**Date:**	19/11/25
Surname:	Shaw	**Date of Birth:**	21-Apr-1967
First Name:	Andrew	**Gender:**	M
Address & Post Code:	Flat 1 14 Hillhead Avenue Rutherglen Glasgow G73 4NJ		
Phone No:	 07346705842	**Legal Status (MHA, AWI, Guardianship):**	Informal
Ethnicity:	Other ethnic grp: any other ethnic grp- Scotland 2011 census	**Nationality:**	British
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:	Declined for Crisis to contact any relatives and refused for info to be shared with anyone.		
Communication needs:	 Nil communication issues		
Next of Kin / Carer contact details:	Declined to provide *Carer contact details listed below:*		

Alerts *(history of violence, offending history)*
Forensic history related to driving offenses, assault and car theft. Has served custodial sentences in prison in relation to charges.
Reason for referral *(referrer's reason[s] for requesting assessment)*
Referred to the Crisis Team for post-discharge support from 4B Leverndale.
Reason for attendance *(Description of individuals main concerns, their perceptions of difficulties and hopes from the service)*
Andrew was referred to Crisis for post-discharge support to monitor his mental state, associated risks and medication concordance. Andrew had presented with increased psychotic symptoms on admission with persecutory beliefs and command hallucinations to harm himself on admission to hospital therefore Crisis will monitor

for any symptoms of further relapse in mental state on discharge.Crisis will encourage Andrew's engagement in his treatment plan as he has historically disengaged with services and been non-concordant with medication. Andrew has utilised cocaine while on pass from hospital - has denied any use since discharge however does not appear motivated to remain abstinent. Has limited insight into the impact illicit substance misuse can have on his physical and mental health.

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)*

Diagnosis of Paranoid Schizophrenia and PTSD.
Established on 450mg Clopixol depot weekly.
Open to Eastvale CMHT - weekly depot clinic, CPN input and medic review.
Historic DSH/suicide attempt by means of overdose and attempted hanging.
Has served custodial sentences in prison.
Several admissions to psychiatric hospital's over several years both informally and under detention of the mental health act.

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

Nil known.

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

Medication	Dose	Frequency	Duration	Response
Clopixol depot	450mg	weekly		
Diazepam	2mg	3x daily	To be reduced in the community	
Venlafaxine MR	150mg	2tabs OD		
Lorazepam	1.5mg	OD		
SEE ECS.				

Allergies:	Nil		
Dispensing frequency:	2x weekly	**Medication concordance:**	Concordant at present

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:				
Description of functioning before current difficulties:				
Substance use: *(caffeine, alcohol, tobacco, non-prescribed drugs, novel psychoactive substances)*				
Pattern of current use				
Impact on individual				
Previous history				
Mental State Examination:				
Appearance				
Behaviour				
Mood & Affect				
Speech				
Thought form				
Thought content				
Perceptions				
Cognition				
Insight				
Carers / Next of Kin / others views, concerns and expectations from services				
Additional notes:				

Summary

Name: SHAW, Andrew (Mr)		**CHI:** 210 467 3933	
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:**	

Ref: MM/sn
CHI: 210 467 3933
Date: 19 November 2025

PRIVATE & CONFIDENTIAL
Mr Andrew Shaw
Flat 1
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ

Dear Mr Shaw

Further to your recent inpatient stay, a post discharge review has been arranged for you. This will be via **'Near Me' and a link will be sent to your mobile phone prior to the appointment**. The appointment will take place as follows –

Date:	**Tuesday, 25th November 2025**
Time:	**9:30am**
Appointment with:	**Dr Martin Mitchell,** **GPST2 to Dr S Thomson Consultant Psychiatrist**
Location:	**Consultation via 'Near Me'** **(link will be sent on day of appointment)**
Contact details:	**0141-211 6531**

The telephone number(s) we have listed for you are:

Home:
Mobile: 07836718126

Please advise if these numbers are no longer up to date.

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. If we have your mobile number a text reminder will be sent to you.

Yours sincerely

Susan Neilly

Medical Secretary

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

JOHN JOSEPH CANNINGDrs Jordan, Canning & Foy,Rutherglen Primary Care Centre,130 Stonelaw Road, Rutherglen, Glasgow, G73 2PQ

Main Switchboard:
Date of Completion: 18-Nov-2025

Dear JOHN JOSEPH CANNING,

Name	CHI	DoB	Address
Andrew Shaw	**2104673933**	**21-Apr-1967**	**Flat 1, 14 Hillhead Avenue, Glasgow, Lanarkshire, G73 4NJ**

Admitted	Type	Discharged	Destination
02-Jul-2025 16:00	IP	18-Nov-2025	

Specialty	Consultant	Ward	Telephone
Psychiatry	Thomson	Leverndale Ward 4B - G1	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Benjamin Clarke (Benjamin Clarke - FY1) on 18 Nov 2025 09:19

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
.Pharmacist comment	Route unspecified	New twice weekly dispense of lorazepam, diazepam and zopiclone (to be Tuesday and Friday). Leverndale dispensary to supply Tuesday - Friday morning worth of above. To continue weekly dispense of all other medications from Burns Pharmacy Braemar Road 0141 634 2750					Added
Amlodipine 10mg tablets	oral	1 tablet once daily , Morning	Yes				Added
Atorvastatin 20mg tablets	oral	1 tablet once daily , Night	Yes				Added
Diazepam 2mg tablets	oral	1 tablet once daily , Morning - to attempt wean in community	Yes				Added
Diazepam 2mg tablets	oral	2 tablets once daily , Night - to attempt wean in community	Yes				Added
Easyhaler Salbutamol sulfate 200micrograms/ dose dry powder inhaler (DE Pharmaceuticals)	inhalation	1 dose as required for breathlessness when required , Use one puff of inhaler as required for breathlessness. Can be repeated up to 10 times	Yes				Added Amended
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	sublingual	1-2 sprays to be administered under tongue and then close mouth, dose may be repeated at 5 minute intervals if symptoms haven't resolved, max 3 sprays in total; urgent medical advice if symptoms haven't resolved 5 minutes after 2nd dose, or earlier if pain worse	Yes				Added Amended

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Isosorbide mononitrate 20mg tablets	oral	1 tablet twice daily , Morning and lunch	Yes				Added
Lorazepam 1mg tablets	oral	1.5 tablets once daily , Take one and a half tablets regularly each morning	Yes				Added
Metformin 1g modified-release tablets	oral	1 tablet once daily at teatime	Yes				Added Amended
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily , morning	Yes				Added
Procyclidine 5mg tablets	oral	1 tablet four times daily , morning, lunch, dinner and bedtime	Yes				Added
Venlafaxine 150mg modified-release tablets	oral	2 tablets once daily , morning	Yes				Added
White soft paraffin 50% / Liquid paraffin 50% ointment	topical	1 application once daily	Yes				Added
Zopiclone 3.75mg tablets	oral	1 tablet once daily , at night	Yes				Added
Zuclopenthixol decanoate 500mg/1ml inj ampoules	intramuscular	450 mg once a week , Last administered 12/11/25, will get in depot clinic at Eastvale on 20/11/25	No	Other see comments	**Dispensing Details:** Not supplied		Added Amended

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
2025-11-18	Diazepam 5mg tablets	oral	1 tablet twice daily , Last dose 21/11/20 morning. , Fixed Period 1 Day(s) from 20 Nov 2020		Superseded by HEPMA medications
2025-11-18	Lorazepam 1mg tablets	oral	2 tablets every four hours , Take up to 2 tablets as required for agitation every four hours as needed. Do not exceed 6 tablets in a day.		not indicated

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Admitting Hospital and ward: 4b#Leverndale Hospital Diagnosis: Schizophrenia, harmful pattern of use of cocaine, continuous and complex PTSD ICD-11code: #6A20, 6C45.11, 6B41 Date of Admission: #02/07/2025 Date of Discharge: #18/11/2025 Legal Status: Informal Medication on Discharge: Amlodipine 10mg OD Atorvastatin 20mg OD

Diazepam 4mg OD (night), Diazepam 2mg OD (morning)
GTN spray
Isosorbide mononitrate 20mg BD
Lorazepam 1.5mg OD
Metformin 1g MR OD
Omeprazole 20mg OD
Paracetamol 1g PRN
Procyclidine 5mg QDS
Salbutamol inhaler PRN
Venlafaxine 300mg OD
Zopiclone 3.75mg OD
Clopixol Depot 450mg once weekly

Medication stopped during admission and reason:

Aripiprazole discontinued – initially prescribed for hyperprolactinaemia however this has resolved

Requests for Primary Care Review:

Blood tests following statin prescription – LFTs and repeat lipid profile due week starting 24/11/25

Follow-up Arrangements:

CARES referral on discharge
Awaits cardiology, respiratory and weight management clinic follow-up
Eastvale post-discharge clinic

Reason for Admission:#Referred to CRISIS by CPN due to poor sleep, increased auditory hallucinations of the voice of God commanding him to harm self and others. Informal admission arranged. Andrew described feeling that Gods disciples were following him and that his auditory hallucinations were worse than on his previous hospital admission. Says he does

not wish to harm himself or others but is fearful he will act on the commands. Significant stress related to brother and his respective health issues. Difficulty with self care and ADLs prior to admission.

Progress on the Ward:
Andrew was changed from paliperidone to clopixol depot and required frequent PRNs throughout admission for distress related to auditory hallucinations. His clopixol depot was eventually increased to the point where he is now taking 450mg once weekly. We note that he has relied on regularly prescribed benzodiazepines in community. His mood was low at times throughout admission – which he attributes to his hallucinations. Venlafaxine was therefore up-titrated to 300mg. Andrew did require ongoing PRN benzodiazepines to assist with his mental state given his ongoing auditory hallucinations. A trial of olanzapine was initiated and stopped due to unwanted side effects.

Andrew would use overnight passes to visit his home. His brother's friend had been living in Andrew's flat during his admission and there would be frequent drug use and parties. Initially Andrew was able to distance himself from this situation but eventually started taking cocaine with them whilst out on PASS.

Andrew is a significantly overweight man with a fairly high risk cardiovascular profile. QRISK scoring was completed for Andrew and was deemed suitable for prescription of a statin. With concurrent high blood pressure he was also up-titrated on amlodipine. Given Andrew's continued intermittent cocaine use he was suffering from chest pain felt likely to be coronary artery vasospams that, on the advice of cardiology, we have prescribed an oral nitrate tablet for. Andrew has also been referred into the weight management service and prescribed daily metformin to assist with weight loss. Andrew has been advised and repeatedly informed of the risks of continued usage of drugs (cocaine in particular).

Past Psychiatric History:
Paranoid schizophrenia and complex PTSD. First presented to services at 18 years old. IPCU in 1997 Hartwoodhill – long admission. Admitted gartnavel 2005, 2006, 2007. Custody in 2010-2011 then under forensics with PD diagnosis. 2016 Beckford lodge. 2020 psychotic episode resultant in admission to Hairmyres for 3 years. Previously subject to CTO in 2021 and 2025.

Previously trialled medication:
2006 – trazodone + risperidone 4mg night + 15mg risperidone depot fortnightly
2007 – flupenthixol depot 40mg

2020 – clozapine – stopped due to oversedation and autonomic depression
2020-2023 – risperidone, paliperidone and haloperidol
2024 – aripiprazole dose reduced from 15mg to 10mg due to EPSEs

Past Medical History:
#HTN, obesity, hypercholesterolaemia

Alcohol and Drug History:
previous polysubstance misuse. Cocaine misuse throughout this admission

Personal History and Family History:
Born in Bellshill, grew up in Hamilton. Mother died when he was 8, worked as a cleaner. Dad worked in steelworks, died of cancer a number of years ago – alcoholic. Domestic violence between parents resulting in mothers death. Victom of sexual assault when 10 years old by older brother. Brother that commited assault died by means of suicide. Two other older siblings. No family or close friends nearby.

Social History:
lives alone, brother in close contact. Brothers friend has been staying in Andrews flat with his 2 year old daughter – known to use drugs in the flat.

Forensic History:
numerous driving offences and assaults in past. >50 police offences related to driving. Theft of vehicle, driving without insurance, fraudulent number plate, dangerous driving, assault to endangerment of life, assault and permanent disfigurement. Multiple periods of incarceration.

Risk:
Risk of drug and alcohol abuse. Risk of DSH and harm to others via instructions from auditory hallucinations

Prior to Discharge from Hospital:
Andrew has been uptitrated on a clopixol depot during admission (to 450mg weekly now) and although initially had a poor response has turned a corner. He is brighter and more reactive and describes a reduction in the intensity of the voices in his head. On his pass prior to discharge Andrew did report he had used cocaine and while this was previously usually associated with a fluctuation in his mental state he seemed in good spirits today and felt fit for discharge – he was

	advised of the risks of repeated use of cocaine. He will be referred to CARES on discharge. He will attend depot clinic this Thursday and will be for twice weekly dispensing of his medications by his local pharmacy. He is for weaning in the community of his lorazepam. Written by:#Ben Clarke
Discharge Comments:	
Follow Up:	Yes CARES referral on discharge Awaits cardiology, respiratory and weight management clinic follow-up Eastvale post-discharge clinic
Results Awaited:	Yes Repeat LFTs and lipid profiles
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Benjamin CLARKE

Prescription Review
Medications reviewed by pharmacist: Gemma Henderson4 (Specialist Clinical Pharmacist)
Checked by: Sam HICKS (Pharmacy Technician)
Discharged by: Charlotte MCCALL (Staff Nurse)

Patient Name: Andrew Shaw

CHI: 2104673933

Location: Ward 4b Leverndale

To whom it may concern,

I'm referring this patient for consideration of review at the rapid access chest pain clinic / general cardiology clinic for episodic chest pain.

He's currently an inpatient at Leverndale Ward 4B and is unlikely to be discharged in the near future.

He has no significant cardiac history and has been reporting episodes of chest pain for the last few months. The nature of the chest pain can vary:

Approximately a month ago he had an episode of sharp, pleuritic anterior chest pain associated with shortness of breath, worse when lying flat and relieved by sitting forward that lasted hours. His observations and examination was normal, his bloods and ECG were unremarkable including negative troponin and inflammatory markers. He was given 2 weeks of ibuprofen for this episode due to concern re pericarditis. He did admit to using cocaine whilst out on PASS around this time. The last time he used cocaine was three weeks ago

He reported another episode whilst out on PASS 4 days ago that was different in nature – this occurred whilst carrying shopping home and was heavy in nature, radiating from the right side of his chest over the left and down his right arm. It was worse on inspiration and associated with breathlessness. Again, this lasted hours and eventually subsided. He tells me that episodes of pain are usually like this one.

He tells me that the episodes are always exertional, never occur at rest and are usually severe. He is able to exert himself without chest pain however.

PMH: treatment-resistant schizophrenia, currently being titrated on zuclopenthixol, multiple sclerosis, obesity, HTN, hypercholesterolaemia

SH: non smoker, drug and alcohol dependence in the past – recent cocaine use but has had chest pain weeks after he last took cocaine.

Family History: Brother has had PCI x 2, mother died at age 42 of an MI.

Medications: Zuclopenthixol decanoate 400mg IM every 2 weeks, amlodipine 10mg OD, atorvastatin 20mg OD, zopiclone 3.75mg NOCTE, metformin 500mg OD, lorazepam 1.5mg OD, omeprazole 20mg OD, venlafaxine 300mg OD, diazepam 2mg OD, diazepam 4mg NOCTE, procyclidine 5mg QDS

I had referred on trakcare and the responding registrar felt this was likely to be coronary vasospasm and had suggested either a stress test or starting the patient on isosorbide mononitrate to review his response. I requested an exercise stress test and it was suggested by Dr. Murdoch to refer to cardiology clinic instead. I have been unable to get access to SCI gateway to refer. Given this patient's significant risk factors and family history, I'm concerned about possible underlying ischaemic heart disease and we'd be very grateful for your urgent review.

I've started him on isosorbide mononitrate 20 mg BD and we will assess his response.

Yours sincerely,
Dr Martin Mitchell
GPST2
Ward 4B, Leverndale

[redacted]

DEPARTMENT OF CLINICAL PSYCHOLOGY
Leverndale Hospital
510 Crookston Road
GLASGOW
G53 7TU

0141 211 6629

MN/EW/210 467 3933

20th October 2025

STRICTLY CONFIDENTIAL
Dr Thomson
Consultant Psychiatrist
Leverndale Hospital

Dear Dr Thomson

ANDREW SHAW D.O.B. 21.04.1967 3933
Flat 1, 14 Hillhead Avenue, Rutherglen, Glasgow, G73 4NJ

As you are aware, Andy was recently referred to our 'What is real and What is not' psychology group. I am writing to update you around his progress with the group.

The 'What is real and What is not' group is a four-session programme designed to help individuals with psychosis manage their experiences. The group aims to discuss and normalise different ways of understanding unusual experiences, to help reduce distress and improve daily life. Participants are encouraged to monitor their experiences and any triggers, and supported to learn various methods of coping. The group was facilitated by myself and Dr Danielle Graham (Consultant Clinical Psychologist). Jemma Young (Quality Improvement Nurse) was also present for session one to co-facilitate.

Andy attended 1/4 sessions; he did not return to the group after session one. During session one, he was a quieter group member, however he did share some of his personal experiences when the discussion centred around normalising unusual experiences. After his peers spoke about hearing voices, Andy reported that he has heard voices for 30 years. They are often very loud, shout at him and say derogatory things to him which he understandably finds very difficult.

Andy appeared tired and uncomfortable at times and got up to use the toilet twice in a 40 minute period. He left the group slightly early, stating he just felt he had to return to the ward. I understand that ward staff attempted to encourage Andy to attend future sessions, however he declined.

In order to assess outcomes we used three outcome measures during the group: the Mental Health Confidence Scale; the Beliefs Questionnaire and the Voices Questionnaire. Unfortunately as Andy did not engage with the majority of the sessions, we are unable to provide outcome data. It is difficult to

ascertain Andy's suitability for future psychological input due to his poor engagement, however it's possible the group setting felt overwhelming for him. From reviewing his notes I can see that Andy reported experiencing distressing auditory hallucinations around this time period and using cocaine when out on pass to cope, which likely impacted his ability to engage.

We shall now discharge Andy from the Leverndale Inpatient Psychology service. Please do not hesitate to contact me should you have any questions.

Yours sincerely

Dr Mhairi Nisbet

Principle Clinical Psychologist

COPY

Ref: **gmc/am/**
CHI: **210 467 3933**
Date: **10 September 2025**

PRIVATE & CONFIDENTIAL
Mr Andrew Shaw
Flat 1
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ

Dear Mr Shaw

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

Date:	**20-Oct-2025**
Time:	**3:30pm**
Appointment with:	**Consultant Graham McMillan**
Location:	**Eastvale Resource Centre**
Contact details:	**01698 754100**

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.

Yours sincerely

Team Medical Secretary

Dr Thomson MDT Consultant notes –

Present: SN Moore, Nursing student Jodie (writing notes), Gemma Henderson pharmacist, Dr Thomson Consultant

Andrew Shaw

Nursing Notes:

Auditory hallucinations are contributing to low mood. Maxing out PRNs. Utilising communal areas. Declined pass home due to last one not going well.

MDT:

Reports not getting on well. Voices are bad. Voices got worse again at weekend – voices had initially lessened after the test dose of clopixol. Very anxious during conversation – fidgeting with hands and did not maintain eye contact. States that voices "quiet down" when he gets his depot. Agreeable to getting an extra depot tomorrow (06/08). Reports he has been incontinent 4 times since commencing on antipsychotic. ? incontinence due to stress and medication changes-keep under review. Denies having any other worries. Does not want to make any changes to his pass/time off the ward at this time.

PLAN:

- Depot tomorrow
- Increase to weekly depot clopixol 200mg
- No changes to time out
- Keep diazepam dose same until review on Friday
- Discontinue aripiprazole
- ECG due to increased frequency of depot

NHS Greater Glasgow & Clyde

Mental Health Services

NHS
Greater Glasgow
and Clyde

Date: 03-Jul-2025

CANNING, John (Dr)

Ruthergien Primary Care Centre

130 Stonelaw Road

Rutherglen

Glasgow

City Of Glasgow

G73 2PQ

Dear Dr Canning

Patient: SHAW, Andrew (Mr)	**CHI**: 210 467 3933

This is a brief communication to update you that following South Crisis review on 02/07/25, the above patient was admitted informally to Ward 4B Leverndale and has now been discharged from South Crisis.

Diagnosis: Paranoid Schizophrenia
Current medication: Vencarm XL 225mgs daily, Aripiprazole 10mgs daily, Diazepam 5mgs twice daily, Lorazepam 1mgs daily, Paliperidone 150mgs depot monthly (administered by CMHT). See ECS for full details.
Risk management: Ongoing suicidal ideation in the context of Psychotic symptoms. Self-neglect. Thoughts of harming others.
Action required by GP: None.
Follow up planned: Informal Admission to Ward 4B.

Please do not hesitate to get in touch if you need any further information on 0141 232 7060

Yours sincerely

GORDON, Hamish (SnrCrisisPractitioner)

Person Specific (Inpatient) Moving and Handling Assessment Form

Person's Name:	Mr Andrew Shaw	Named Nurse:	Lauren Moor	Person is totally independent (tick here and go to date box)	☒

1. General Information

Body Build		Problems with comprehension, behavior, co-operation (specify):
Weight	Height	
124 Kg	176.7 cm	
BMI: 41.6		Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
Risk of Falls: Yes ☐	No ☒	

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist ☐	Standaid ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☒
Model		Aid Type	People: 1 ☐ 2 ☐ >3 ☐		
Sling type		Additional Information / Equipment:			
Sling Size					

3. Toileting

Hoist ☐	Standaid ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☒
See No 2 Sit to Stand Transfers		see 'sit to stand transfers'	People: 1 ☐ 2 ☐ >3 ☐		
		Additional Information:			

4. Move on / off bed pan

Hoist ☐	Maneuver ☐	Assistance ☐	Supervision ☐	N / A ☒
See No 2 Sit to Stand Transfers	Roll patient ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Monkey pole ☐	Additional Information:		
	Independent bridging ☐			

5. Move up / down bed

Hoist ☐	Handling Aids ☐	Assistance ☐	Supervision ☐	Independent ☒
See No 2 Sit to Stand Transfers	Sliding sheets ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Monkey pole ☐	Additional Information:		
	Rope ladder ☐			

6. Lateral Transfer to / from trolley / bed

Hoist ☐	Handling Aids ☐	Assistance ☐	Supervision ☐	Independent ☒
See No 2 Sit to Stand Transfers	Rigid Transfer Board ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Other (Please specify) ☐	Additional Information / Equipment (eg sliding sheets):		

7. Sit up over side of bed

	Bed Rest ☐	Assistance ☐	Supervision ☐	Independent ☒
		People: 1 ☐ 2 ☐ >3 ☐		
		Additional Information / Equipment (eg rope ladder, swivel cushion):		

8. Into Bath or Shower

Equipment ☐	Handling Aid ☐	Assistance ☐	Supervision ☐	Independent ☒
Shower ☐	Shower chair ☐	People: 1 ☐ 2 ☐ >3 ☐		
Variable / Fixed height bath ☐	Shower trolley ☐	Additional Information / Equipment (eg sling lifting hoist after risk assess):		
Bed bath ☐	Bathing hoist (eg Alent) ☐			

9. Walking

No Walking ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☒
	see 'sit to stand transfers'	People: 1 ☐ 2 ☐ >3 ☐		
	Additional Information / Equipment (eg hoist with walking sling, dist. Walked):			

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X	A
Date Assessed:	02/07/2025	20/10/2025	
Assessor's signature:	C.Muir	SN L Moore	
Proposed Review date:	14/09/2025	20/01/2026	

Continuation Sheet

1. General Information (Only complete this section if changed from over page)

Body Build		Problems with comprehension, behavior, co-operation (specify):
Weight	Height	
Kg	cm	
BMI:		Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
Risk of Falls: Yes ☐	No ☐	

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist ☐	Standaid ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
Model		Aid Type	People: 1 ☐ 2 ☐ >3 ☐		
Sling type		Additional Information / Equipment::			
Sling Size					

3. Toileting

Hoist ☐	Standaid ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 ☐ 2 ☐ >3 ☐		
		Additional Information:			

4. Move on / off bed pan

Hoist ☐	Maneuver ☐	Assistance ☐	Supervision ☐	N / A ☐
See No 2 Sit to Stand Transfers for details	Roll patient ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Monkey pole ☐	Additional Information:		
	Person bridges ☐			

5. Move up / down bed

Hoist ☐	Handling Aids ☐	Assistance ☐	Supervision ☐	Independent ☐
See No 2 Sit to Stand Transfers for details	Sliding sheets ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Monkey pole ☐	Additional Information:		
	Rope ladder ☐			

6. Lateral Transfer to / from trolley / bed

Hoist ☐	Handling Aids ☐	Assistance ☐	Supervision ☐	Independent ☐
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Other (Please specify) ☐	Additional Information / Equipment (eg sliding sheets):		

7. Sit up over side of bed

	Bed Rest ☐	Assistance ☐	Supervision ☐	Independent ☐
		People: 1 ☐ 2 ☐ >3 ☐		
		Additional Information / Equipment (eg rope ladder, swivel cushion):		

8. Into Bath or Shower

Equipment ☐	Handling Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
Shower ☐	Shower chair ☐	People: 1 ☐ 2 ☐ >3 ☐		
Variable / Fixed height bath ☐	Shower trolley ☐	Additional Information / Equipment (eg sling lifting hoist after risk assess):		
Bed bath ☐	Bathing hoist (eg Aleni) ☐			

9. Walking

No Walking ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
	see 'sit to stand transfers'	People: 1 ☐ 2 ☐ >3 ☐		
	Additional Information / Equipment (eg hoist with walking sling, dist. Walked):			

10. Other Instructions / Observations / Equipment Used

	4th Assessment	5th Assessment	6th Assessment
Recording Symbol:	/ Forward slash	X	A
Date Assessed:			
Assessor's signature:			
Proposed Review date:			

CHI No:	210 467 3933	**Date:**	01/07/2025
Surname:	Shaw	**Date of Birth:**	21-Apr-1967
First Name:	Andrew	**Gender:**	M
Address & Post Code:	Flat 1 14 Hillhead Avenue Rutherglen Glasgow G73 4NJ		
Phone No:	07564932067	**Legal Status (MHA, AWI, Guardianship):**	Informal
Ethnicity:	Other ethnic grp: any other ethnic grp- Scotland 2011 census	**Nationality:**	Scottish
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:	No consent given to share information		
Communication needs:	Good verbal communication		
Next of Kin / Carer contact details:	No NOK given today - has brother who lives in Ireland, did not wish to give details *Carer contact details listed below:*		

Alerts *(history of violence, offending history)*
Forensic hx ?all driving offences Risk assessment vaguely mentions previous assault
Reason for referral *(referrer's reason[s] for requesting assessment)*
Referred due to increase in psychotic symptoms.
Reason for attendance *(Description of individuals main concerns, their perceptions of difficulties and hopes from the service)*
Andy reported an increase in psychotic symptoms; auditory hallucinations telling him to harm himself or harm others. Has good insight and is able to challenge thoughts. Is currently staying in his house - reported he does not want to harm anyone.

Reported poor sleep habits, voiced he did not go to sleep last night. Poor appetite - was offered toast yesterday made by CPN but did not eat it - has had nothing to eat since. Lacks structure / routine to his day; reported he spends the majority of his day sitting on the sofa with little to no stimulation. Would usually enjoy watching movies, however, has not being doing this recently.

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)*

Psychiatric hx well documented on EMIS
Open to Eastvale CMHT

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

Medication	Dose	Frequency	Duration	Response
See EMIS				

Allergies:	Unknown		
Dispensing frequency:	Weekly dispense	**Medication concordance:**	Condordant with depot injection - variable concordance with oral meds

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:

No caring responisibilites for children under aged 18. No known risk to children.

Description of functioning before current difficulties:

Reported he usually functions well - gets out the house and engages with household chores.

Substance use: *(caffeine, alcohol, tobacco, non-prescribed drugs, novel*

psychoactive substances)	
Pattern of current use	Denied current use of drugs /alcohol
Impact on individual	N/A
Previous history	Well documented on EMIS
Mental State Examination:	
Appearance	Appeared unkempt, clothes visibly dirty with food stains.
Behaviour	Agitated throughout appointment, hands red from scratching
Mood & Affect	Euthymic in mood, reactive affect
Speech	Normal RRT, nil spontaneous conversation, short answers given throughout appointment
Thought form	All in logical order
Thought content	Suicidal ideation; thoughts to end life via hanging
Perceptions	Reports auditory hallucinations; voices telling him to harm himself or others
Cognition	Alert and orientated, cognition not formally tested
Insight	Good insight displayed
Carers / Next of Kin / others views, concerns and expectations from services	
None present and no consent given to contact / share information. Reported brother is currently in hospital in Ireland.	
Additional notes:	

Summary

Name: SHAW, Andrew (Mr)	**CHI:** 210 467 3933
Summary of assessment *(Key findings, relevant negatives, initial formulation considering predisposing, precipitating, perpetuating and protective factors)*	
Attended today for planned H/V - writer and SCP F. Downie in attendance. Andrew appears slightly agitated, although looking at previous notes this appears to be inkeeping with Andrews usual presentation. Appeared unkempt, clothes had food stains although Andrew reports he has no appetite and has not eaten since he was offered toast yesterday by CPN. Is drinking fluids (tea). Home environment tidy. Engaged well throughout appointment, looked to the floor for the majority of the appointment and made brief eye contact when answering questions. Andrew reports worsening to psychotic symptoms for around 2 weeks. Reports auditory hallucinations telling him to harm himself or harm others. Has no plans to do this has displayed good insight into mental state today. Reported he spends the majority of the day sitting on his sofa as he is currently not leaving the house due to the voices telling him to harm others. Andrew reported he usually gets his oral medication delivered, however, the delivery driver is off on holiday for the next 2 weeks with no alternative to home delivery. Writer and SCP FD attended Burns Pharmacy to collect script who confirmed there is no alternative and other arrangements would need to be made to collect the script next week. Voicing suicidal thoughts; thoughts of hanging. Nil fixed plans or intent and has no means to do this. Removed cover that was over smoke alarm - Andrew reported the painters covered the alarm and forgot to remove the cover. Andrew agreeable to further appointment tomorrow. Given contact details of crisis team, Andrew agreeable to contact if required.	
Overall impression of risk *(CRAFT to be completed separately)*	
Increase in auditory hallucinations Dx Paranoid Schizophrenia Suicidal ideation	
Immediate actions *(including information provided)*	
Further H/V tomorrow @ 1pm	
Outcome of MDT discussion/ Treatment plan *(including follow up arrangements if relevant)*	

Primary Diagnosis:	Paranoid Schizophrenia
Any additional diagnoses:	
Suitable for psychological therapies (Y/N):	

Name:	Chanel O'Hara	**Designation:**	Senior Crisis Practitioner
Signature:		**Date:**	01/07/2025

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NHS Greater Glasgow & Clyde
Mental Health Services

REQUEST TO PRESCRIBE MEDICATION

EASTVALE RESOURCE CENTRE
Health and Social Care Partnership

Address 130 Stonelaw Rd
Glasgow G72 2PQ
Tel: 01698 754 100

NHS Greater Glasgow and Clyde

Dear Dr Canning / Partner

Date: 10/06/2025

Patient:	**CHI:**
Andrew Shaw	**210 467 3933**

Would you kindly consider prescribing the following medication for the above individual, if there are no contraindications.

Routine

Please

1. **Reduce aripiprazole to 10mg/day**
2. **Increase Procyclidine to 5mg tid**

Yours sincerely,

Dr G McMillan
BSc (Hons), MB.ChB, FRCPsyc
Consultant Psychiatrist
Eastvale Resource Centre

NHS
Greater Glasgow and Clyde

CONFIDENTIAL

Mental Health Tribunal Service
Hamilton Business Park
Bothwell House
Caird Park
Hamilton
ML3 0QA

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
G73 2PQ

Tel: 01698-754100

Date: 19 May 2025
Dict: 19 May 2025
Ref: GMC/AM
CHI: 210 467 3933

Dear Sir/Madam

ANDREW SHAW 21.04.67
FLAT 1 14 HILLHEAD AVENUE RUTHERGLEN GLASGOW G73 4NJ

I have been informed that my Revocation form for Andrew Shaw which was sent on the 8th of April 2025 has not been processed. This form was originally signed and sent to Leverndale Hospital Medical Records who realised that the patient was still listed as being under Beckford Lodge. The form was forwarded on to Beckford Lodge by Medical Records at Leverndale Hospital. Since then I had assumed that the Revocation had gone through.

I am told however that you have not received the Revocation.

I enclose a copy of the original form for information, but the signed original copy should be with Medical Records at Beckford Lodge. I can confirm the intention is to revoke his Compulsion Order.

Yours sincerely

Dr G McMillan
Consultant Psychiatrist
BSc.(Hons), MB. ChB. FRCPsych

enc

[redacted] *Mental Health Officer, Eastvale Resource Centre, 130 Stonelaw Road, Glasgow*
CC Medical Records, Leverndale Hospital, 510 Crookston Road, Glasgow, G53 7TU
CC Medical Records, Beckford Lodge, 105 Caird Street, Hamilton, ML3 OAL

The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act)

Revocation / Termination

REV2

Compulsory Treatment Order / Interim Compulsory Treatment Order / Compulsion Order

Instructions v7.1

The following form is to be used:

to record the decision by the AMP / RMO to revoke a compulsory treatment order, an interim compulsory treatment order, or a compulsion order, and
to give notice of the termination of any of these certificates, whether as a result of revocation or any other reason

There is no statutory requirement that you use this form but you are strongly recommended to do so.
This form draws attention to some procedural requirements under the Mental Health (Care and Treatment)(Scotland) Act 2003.
Failure to observe procedural requirements may invalidate the notification/record

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example: 25 MARKET ST

Shade circles like this -> ●
Not like this -> ⊗ ✓

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number: 2104673933

Surname: SHAW

First Name(s): ANDREW

Other / Known As:

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title: MR

Gender: ● Male ○ Female ○ Prefers not to say ○ Not listed

If not listed, please specify:

DoB (dd / mm / yyyy): 21 / 04 / 1967

Patient's home address:

FLAT 1
14 HILLHEAD AVENUE
RUTHERGLEN

Postcode: G73 4NJ << Please enter NF1 1AB if no fixed abode

Order Details

The patient is subject to:

○ an interim compulsory treatment order
○ a compulsory treatment order
● a compulsion order

Start date of order: 19 / 05 / 2021

The patient is detained in, or under the care / management of:

Hospital: LEVERNDALE

If the RMO is revoking the order please go to Part 1 (page 2)

If this order is terminating for any other reason please go to Part 2 (page 4)

Part 1: Revocation of Order — **To be completed by RMO**

RMO Details

Surname: MCMILLAN

First Name: GRAHAM

Title: DR

GMC Number: [redacted]

Hospital: LEVERNDALE HOSPITAL

Hospital address: 510 CROOKSTON ROAD
GLASGOW

Postcode: G53 7TU

Telephone No.: 0169875410 0

e-mail address: [redacted]

Approved under section 22 of the Act by:

Health Board: NHS GREATER GLASGOW & CLYDE

Part 1: Revocation of Order — To be completed by RMO

Review Of Order

I, the RMO named above, carried out an examination of the patient, OR

I agreed for the following approved medical practitioner to examine the patient:

Doctor's name

Approved by Health Board **NHS**

I am revoking the patient's interim CTO / CTO / CO, for the reasons stated below, as I am ***no longer satisfied*** that:

● the patient's condition meets the criteria for compulsion (see notes)

○ it is necessary for the patient to be subject to compulsory measures

1	Mr Shaw demonstrates good insight and engagement with his treatment over the past 2 years in the community. he has shown a recognistion of the past risks that a deterioration in his mental state may lead to and is aware of the benefits of continuing treatment and engagement with services without the need for compulsion.

Notes

The criteria for compulsion are:

a) That the patient has a mental disorder;

b) that medical treatment which would be likely to prevent the mental disorder worsening; or alleviate any of the symptoms, or effects, of the disorder, is available for the patient;

c) that if the patient were not provided with such medical treatment there would be a significant risk to the health, safety or welfare of the patient; or to the safety of any other person; and

for patients subject to interim CTO / CTO only

d) that because of the mental disorder, the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.

Part 1: Revocation of Order (cont) — To be completed by RMO

Confirmation / Notification

I confirm that I will give notice of this revocation and send a statement of the reasons for it to parties (a) to (e) within seven days beginning with the day on which the revocation was made:

(a) the patient;

(b) the patient's named person (if any);

(c) any guardian of the patient (see notes);

(d) any welfare attorney of the patient (see notes);

(e) the patient's MHO;

I confirm it is my responsibility to ensure that notice (in the form of a copy of this document) will be sent to the following parties within seven days of the revocation of this certificate:

Note that hospital managers should complete Part 2 prior to notifying the Commission and Tribunal

(f) the Mental Welfare Commission;

(g) the Mental Health Tribunal for Scotland

Signed
by the RMO

Date
dd / mm / yyyy 0 8 / 0 4 / 2 0 2 5

Part 2: Record of Termination — To be completed by the Hospital Managers

The above certificate ceased to authorise compulsory measures on / / for the following reason:

- ○ Expiry of authority to detain
- ○ Revocation by patient's AMP or RMO
- ○ Revocation by the Mental Welfare Commission
- ○ Revocation by the Mental Health Tribunal for Scotland
- ○ Transfer out of Scotland
- ○ Unauthorised absence for a period of greater than 3 months (only applicable to CTO)
- ○ Death of patient
- ○ Termination for other reasons (give details below)

2

Completed by

Job Title

Signed

Date
dd / mm / yyyy / /

Notes

"Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

"Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

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NHS
Greater Glasgow and Clyde

CONFIDENTIAL

Dr Jordan
Drs Jordan and Canning
Rutherglen Primary Care Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
G73 2PQ

Tel: 01698-754100

Date: 8 April 2025
Dict: 8 April 2025
Ref: GMC/AM
CHI: 210 467 3933

Dear Dr Jordan

ANDREW SHAW 21.04.67
FLAT 1 14 HILLHEAD AVENUE RUTHERGLEN GLASGOW G73 4NJ

Diagnosis:	Paranoid schizophrenia (currently in partial remission)
Psychiatric Oral Medication:	Venlafaxine XL 225 mg/day
	Aripiprazole 15 mg od
	Procyclidine 5 mg bd
	Lorazepam 1 mg/day
	Diazepam 5 mg bd
	All above medications provided in a weekly blister pack
Additional IM Medication	Paliperidone Depot 150 mg/month
Follow up:	6 months' time

I met with your patient Mr Andrew Shaw at home today, accompanied by my colleague [redacted] Mental Health Officer, on the 8th of April 2025. Mr Shaw was a transfer of care from the Forensic Service on a Compulsion Order following a traffic offence for which he was placed in Beckford Lodge having been unwell with paranoid schizophrenia at the time of the offence.

His mental state is quite stable. He still gets residual auditory hallucinations but has grown very used to these over the years. They no longer distress him and he can live with them reasonably well. He is on high dose antipsychotic medication and does exhibit some extrapyramidal symptoms but these tend to fluctuate depending on how anxious he is at any given time.

His main vulnerability at the moment remains being open to people simply coming to his door and asking for help. There have been a number of individuals recently who have taken up residence

with Mr Shaw after he initially invited them in only for a short period of time. These vulnerabilities have been pointed out to him and he is aware of turning people away now. He remains on CPA.

He is fully accepting of his medication and recognises the past risks he ran when he became more psychotically unwell. He tends to keep himself very much to himself, but does engage fully with his medication and engagement with services.

We felt today that there was no longer any need for a Compulsion Order to be in place and I have revoked this today. We will continue to monitor Mr Shaw in the community and ensure that he continues with medication.

I will see him again for further review in due course.

Yours sincerely

Dr G McMillan
Consultant Psychiatrist
BSc.(Hons), MB. ChB. FRCPsych

CC Charge Nurse Mark Hume, CPN, Eastvale Resource Centre
CC [redacted] *MHO, Eastvale Resource Centre*

COPY

Ref: **gmc/am/**
CHI: **210 467 3933**
Date: **18 March 2025**

PRIVATE & CONFIDENTIAL
Mr Andrew Shaw
Flat 1
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ

Dear Mr Shaw

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

Date:	**01-Apr-2025**
Time:	**12:30pm**
Appointment with:	**Consultant Graham McMillan**
Location:	**Eastvale Resource Centre**
Contact details:	**01698 754100**

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.

Yours sincerely

Team Medical Secretary

CAMGLEN CMHT/PTT REFERRAL FORM

NAME: ANDY SHAW **CHI No:** 210467 3933

DATE OF REFERRAL: 25/10/24

ADDRESS: FLAT 1 14 WILLIAM AVE, R/GLEN G73 4TJ

REFERRAL TO: ✓ HENDRICK.

CPN ☐ HCSW ☑ OT ☐ PTT (T2, T3.Int, T3 CMHT?) ☐ PSYCHIATRY ☐

PRESENTING PROBLEMS – *main difficulties and symptoms*

PSYCHOTIC ILLNESS. COMPULSION GROOM., DEBT

SOCIALLY ISOLATED

BRIEF BACKGROUND HISTORY

TRANSFER FROM FORENSIC.

CURRENT INPUT & EXISTING DIAGNOSIS – *are any other agencies involved; level of their input?*

CPN 2 WEEKLY CONTACT - DEBT MANAGEMENT.

FORENSIC CONSULTANT MASTER IN NEXT FEW WEEKS

PREVIOUS INPUT – *has the patient received any intervention previously? What was their level of motivation/engagement in the intervention and outcome?*

LONG HISTORY OF PSYCHOTIC CONTACT. NUMEROUS INPATIENT TERMS. DRIVING OFFENCES

GOALS & EXPECTATIONS OF INPUT – *goals for input (e.g. SMART goals)? Patient expectations of the referral & possible input?*

↑ INDEPENDENCE, SOCIAL SKILLS, ACTIVITY LEVELS

READINESS - *is the patient ready and motivated to engage? (For PTT referrals: is the person psychologically minded, no significant substance misuse, degree of stability (no acute crisis), in agreement with referral.)*

AGREED TO ENGAGE

RISK ISSUES?

NO THOUGHTS/PLANS OSH OR VIOLENCE BUT EXTENSIVE FORENSIC HISTORY + REMAINS UNDER THEIR CONSULTANT AT PRESENT

PLEASE DISCUSS ANY REFERRAL WITH CLINICIAN FROM RELEVANT SERVICE IN THE FIRST INSTANCE

REFERRED BY: MARK HUME **DISCUSSED WITH:**

DESIGNATION: CPN **DATE DISCUSSED:** ✓

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Dr Laura Steven
Consultant Forensic Psychiatrist
Caird House
Beckford Lodge
Caird Street
Hamilton
ML3 0AL

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
GLASGOW
G73 2PQ

Date: 04 June 2024
Ref: MH/em
CHI: 210 467 3933

Tel: 01698 754100

Dear Dr Steven

MR ANDREWS SHAW (21.04.67)
FLAT 1 14 HILLHEAD AVENUE RUTHERGLEN GLASGOW G73 4NJ

Just a short note to highlight an issue that we have been aware of with Andrew's care.

He has been engaging well with CPN and seems to be functioning at a reasonably good level, however he seems to regularly be struggling with anxiety at the end of each week after using his weekly PRN of Lorazepam in the first few days after receiving his prescription. I have discussed this with Dr McMillan and felt it was worth highlighting to yourself.

If you require any further information please do not hesitate to contact me on the above number.

Yours sincerely

Mark Hume
Community Psychiatric Nurse

CONFIDENTIAL

Dr J Canning
Drs Tierney & Canning
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
Glasgow
G73 2PQ

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
GLASGOW
G73 2PQ

Date: 25 March 2024
Ref: MH/em
CHI: 210 467 3933

Tel: 01698 754100

Dear Dr Canning

MR ANDREW SHAW (21.04.67)
FLAT 1 14 HILLHEAD AVENUE RUTHERGLEN GLASGOW G73 4NJ

Your above named patient was assessed by myself.

Enclosed is a summary of the completed assessment.

If you have any queries regarding this, please get in touch with Eastvale Resource Centre.

Yours sincerely

Mark Hume
Community Psychiatric Nurse

Enc. 1

SUMMARY Of Assessment & Initial Intervention Plan

CHI Number	210 467 3933	**CMHT Name**	Eastvale
Patients Name:	SHAW, Andrew (Mr)	**CMHT Address:**	130 Stonelaw Rd Rutherglen
Address:	Flat 1 14 Hillhead Avenue Rutherglen Glasgow G73 4NJ		
Patient Telephone No	07568789187	**CMHT Telephone No**	01698754100

Referrer Name & Designation		**Date Referral Received**	

Date of Allocation	**Date of Assessment Offered**	**Date Assessment Completed**

ICD10 Code Primary		**ICD10 Code Secondary**	
HoNOS		**ICD10 Code Secondary 2**	

Other Rating Scales used			
Name:		**Outcome:**	
Name:		**Outcome:**	

Formulation:

Recent referral from Lanarkshire forensic CMHT to Eastvale.Long history of contact with MH services dating back to 1996.Most recent contact was in patirnt stay in Beckford Lodge (forensic) from 2021 -2023 after being psychotic and commiting numerous driving offences.Diagnosis of paranoid schizophrenia and complex PTSD.Currently on Compulsion Order and MHO is [redacted] at Hamilton.

Background/Contributory Factors:

Born and brought up in Lanarkshire.Difficult childhood, domestic violence at home, dad had alcohol problems and mum died when he was 8.3 brothers-CSA from brother when 10-he later completed suicide.Has 2 other brothers.Close to sister in law and also has friend who stays occasionally.Single but has had previous relationships.History of poly drug use.Has spent considerable amount of adult life in prison usually for car offences-first stole brothers car after CSA and felt "in control".Numerous MH contacts and admissions since 1996.From notes ususally presenting posychotic ,possible drugs and previous diagnosis was EUPD.Admits t 1 attempted hanging in past and OD of bezos and Ecsatcy in 2001.Seems failry isolated and reports he likes his own company .Denies current alcohol or drug use.Meds from letter 29/11/23 are paliperidone 150mgs monthly,aripirazole 10mgs mane,efexor XL 225mgs,procyclidne 5mgs bd,zopiclone 7.5mgs and haloperidol 5mgs and lorazepam 1mg as prn.For physical health take atrovastatin,colecalcifol,metformin and tamsulosin.

Risk Factors and Interventions:

Long forensic history -drug use-psychotic symptoms.

Other identified needs/interventions:

Andy tends to be quiet but was more open today.He spoke about long term hallucinations -"Id miss them if they went away competely after 40 years" but admist content of "voices" can be distressing eg encourging self harm.No delusional ideas today but previous religious,paranoid and persecutory.Believed he had microchip in head.Ideas of reference form TV persist and tends to watch car programmes with volume down.Mood generally seems quite low and affect blunted.Sleeps with aid of zopiclone but still probematic.Apeteite fair, concentarion and motivation low long term.Denies current thoiughts or plan of DSH or aggresion.Manner pleansat with staffbut can appear agitated on occasion.

Outcome/Follow up:

Andy agreeable to monthly depot at Eastvale and CPN visits in between which can increase if needed.Not keen on additional activities at present but may be worth consdering OT at later date if agreeable.To attend O/P and continue with meds.Has MHO [redacted] due to compulsion order and I woul imagine his care would be transferred to local team.

Completed by:	
Name (please print): Mark Hume	Designation:CPN
Signature:	Date:22/3/24
Countersigned by:	
Name (please print):	Designation:
Signature:	Date:

Detailed Print

Case Details:

Case No.	User Description
7221456	Derek Sproul (Pwp Call Taker) ()

Patient's Name: Andrew Shaw
Address: Flat 1 14 Hillhead Avenue
Rutherglen Glasgow

G73 4NJ

Tel: 07568 789187
Call Origin
Caller Name: Andrew

Date of Birth: 21/04/1967
Own Doctor: Canning,John
Surgery:
Confidential: True

Tel:

Derek Sproul (Pwp Call
NHS 24 Assessment

Start Time: 28/01/2024 12:27
End Time: 28/01/2024 12:48

PT ISNT FEELING WELL AND THINKS THAT BAD PEOPLE ARE GOING TO COME AND GET HIM.

Clinical summary created by: Derek Sproul (Pwp Call Taker) () [28/01/2024 12:48:43]
Reason for call: PT ISNT FEELING WELL AND THINKS THAT BAD PEOPLE ARE GOING TO COME AND GET HIM.Confirmed Symptom(s):
Endpoint Management Selected (CT)

History and Mental state:
Engagement with services: CMHT - UNSURE OF UPCOMING APPOINTMENTS.
Main problem: PT REPORTS HE THINKS PEOPLE ARE COMING TO GET HIM.
PT REPORTED AUDITORY HALLUCINATIONS - THESE HAVE BEEN ONGOING FOR A LONG TIME.
PT REPORTS VOICES HAVE BEEN MORE INTESIVE SINCE FRIDAY.
PT PRESENTS AS BEING DISTRESSED DURING CALL.

DX OF PARANOID SCHIZOPHRENIA AND PTSD.

RAG History and mental state: Red
Medication: PT TAKES MEDICATION AS PRESCRIBED.

Public protection considerations:
Child protection: NO CARE RESPONSIBILITIES
Adult protection: PT REPORTS HE HAS ALWAYS STRUGGLED WITH SLEEP PATTERN.

Detailed Print

Case Details:

Case No. **User Description**
7221456

Patient's Name: Andrew Shaw
Address: Flat 1 14 Hillhead Avenue
Rutherglen Glasgow

G73 4NJ

Tel: 07568 789187
Call Origin
Caller Name: Andrew

Date of Birth: 21/04/1967
Own Doctor: Canning,John
Surgery:
Confidential: True

Tel:

PT HAS HAD REDUCED APPETITE.
PT IS ABLE TO LOOK AFTER PERSONAL CARE.
Harm to others risk: PT REPORTS NO RISK OF HARM TO OTHERS
RAG Child protection: Green
RAG Adult protection: Amber
RAG Harm to others: Green

Suicide or self-harm:
Self-harm risk: PT REPORTS NO CURRENT THOUGHTS OR INTENT OF DSH.
HX OF DSH.
RAG Suicide: Amber
RAG Self-harm: Green
Suicide risk: PT REPORTS NO CURRENT THOUGHTS OR INTENT OF SUICIDE.
HX OF SUICIDE ATTEMPTS - ATTEMPTED HANGING IN 2020.

Social and personal risks:
Housing and finances: PT REPORTS NO HOUSING OR FINANCIAL CONCERNS.
RAG Social and personal risks: Green
Occupation/activity: NOT ASSESSED
Support network: PT REPORTS NO SOCIAL SUPPORT.
Physical health: PT REPORTS NO PHYSICAL HEALTH CONCERNS.

Risk from substance misuse:
RAG Risk from substance misuse: Green
Substance abuse risk: PT REPORTS NO ALCOHOL OR ILLICIT SUSBTANCES

Any other issues:
Other issues: NIL
RAG Any other issues: Not known

Detailed Print

Case Details:

Case No. **User Description**
7221456

Patient's Name: Andrew Shaw
Address: Flat 1 14 Hillhead Avenue
Rutherglen Glasgow

G73 4NJ

Tel: 07568 789187
Call Origin
Caller Name: Andrew

Date of Birth: 21/04/1967
Own Doctor: Canning,John
Surgery:
Confidential: True

Tel:

Overall impression:
Overall impression: PT REPORTS HE THINKS PEOPLE ARE GOING TO COME AND GET HIM.
PT STATES NO CURRENT THOUGHTS OR INTENT OF DSH OR SUICIDE.
NO ALCOHOL OR ILLICIT SUBSTANCES.
PT STATES HALLUCINATIONS HAVE GOT MORE INTENSE SINCE FRIDAY. PT REPORTED THAT VOICES ARE SAYING PEOPLE ARE COMING TO GET HIM.
PT PRESENTED AS BEING DISTRESSED DURING ASSESSMENT.
D/W MHNP E ALLEN
PT AGREES WITH SAFETY PLAN
WORSENING STATEMENT GIVEN
OUTCOME CPN2
RAG Overall impression: Amber
RAG Summary: Red:1 Amber:3 Green:5 Not known:1

Call Detail(s):
Call reason: Psychotic symptoms
Clinical supervisor: Allen Emma ALLENE Cardonald
28:01:2024 12:49:10 SPROULD.. PT STATES HALLUCINATIONS HAVE GOT MORE INTENSE SINCE FRIDAY. PT REPORTED THAT VOICES ARE SAYING PEOPLE ARE COMING TO GET HIM... PT PRESENTED AS BEING DISTRESSED DURING ASSESSMENT... D/W MHNP E ALLENPT AGREES WITH SAFETY PLANWORSENING STATEMENT GIVENOUTCOME CPN2..
Outcome: CPN (Dr) to phone patient within 2 Hrs

Case type set to Mental Health

Start Time: 28/01/2024 12:54
End Time: 28/01/2024 12:54

Priority On reception set to within 2 hours

Start Time: 28/01/2024 12:54
End Time: 28/01/2024 12:54

Detailed Print

Case Details:

Case No. **User Description**
7221456

Patient's Name: Andrew Shaw
Address: Flat 1 14 Hillhead Avenue
Rutherglen Glasgow

G73 4NJ

Tel: 07568 789187
Call Origin
Caller Name: Andrew

Date of Birth: 21/04/1967
Own Doctor: Canning,John
Surgery:
Confidential: True

Tel:

Non-disclosure set to True

Start Time: 28/01/2024 12:54
End Time: 28/01/2024 12:54

Case status set to COMPLETE

Start Time: 28/01/2024 12:54
End Time: 28/01/2024 12:54

Special Patient Notes

NHS
Greater Glasgow and Clyde

TELEPHONE REFERRAL FORM

Referrer Name & Organisation:	NHS 24	**Contact Number:**	
Date:	28/01/2024	**Time:**	1340
Patient Name:	Mr Andrew Shaw	**Tel No:**	/ 07568789187
DOB:	21-Apr-1967	**CHI:**	210 467 3933
Address:	14 Hillhead Avenue, Rutherglen, Glasgow, G73 4NJ	**Postcode:**	G73 4NJ

Ambulance, ED, GP only		**Police only**	
Is the patient medically fit to be assessed/transferred? (e.g intoxicated, overdose, covid symptoms, waiting on blood results, wounds requiring treatment?)	Y ☐ N ☐	Incident No:	
		Shoulder No:	
Mental Health triage and risk assessment tool completed (from ED only)	Y ☐ N ☐	Is the patient intoxicated?	Y ☐ N ☐
Glasgow Coma Scale below 15 (ED/SAS Only)	Y ☐ N ☐	Is the patient on a 297?	Y ☐ N ☐
Do you wish to receive feedback following the completion of the MHAU assessment? (ED/GP only)	Y ☐ N ☐	Is the patient under arrest?	Y ☐ N ☐
Safe mode of transport:	Taxi		☐
	Ambulance		☐
	Police		☐
	Own transport		☐

Presenting Complaint: *Please tick only one box*

Episode of Self Harm	☐	Other Mental Health Issues	☐		
Addiction Issues	☐	Social Stressors/Distress	☐	Alcohol/ Drugs	☐

Presentation/comment:

PT ISNT FEELING WELL AND THINKS THAT BAD PEOPLE ARE GOING TO COME AND GET
HIM.

Contact Type:	Telephone	☐	Face to face	☐	
Interpreter required			Primary language	unknown	

Outcome of assessment:

NHS
Greater Glasgow and Clyde

Referral passed to South Crisis Team							
Time arrived		Time assessed		Time left			
Completed by:	[redacted]		**Date:**	28/01/2024	**Time:**	14:10	

COPY

Ref: **MB/HC**
CHI: **210 467 3933**
Date: **15 January 2024**

PRIVATE & CONFIDENTIAL
Mr Andrew Shaw
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ

Dear Mr Shaw

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

Date:	**19-Jan-2024**
Time:	**3:00pm**
Appointment with:	**StaffNurse Michael Brennen**
Location:	**Eastvale Resource Centre**
Contact details:	**01698 754100**

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.

Yours sincerely

Team Medical Secretary

COPY

ommunity Depot Prescription and Administration record

NHS Lanarkshire

CHI No: 2104673933
SHAW ANDREW
21/04/1967 M
FLAT 1
14 HILLHEAD AVENUE
GLASGOW
G73 4NJ

Date of Birth: ...../...../.....
Sex: [X] M [ ] F

Drug Allergies/Sensitivities
[ ] None known [✓] Yes (provide details below)
PENICILLIN

Community Nurse: MMARDOUGALL
Psychiatrist: DR L. STEVENS

Address and phone number:

Additional Information/Instructions:

Prescriptions are valid for a maximum of 6 months and must be reviewed/re-prescribed at regular intervals. Discontinue prescriptions following inpatient admission and re-prescribe following discharge.

TEST DOSE INJECTIONS OR ONCE ONLY DRUGS

Date	Drug	Dose	Route (and site*)	Prescriber (print and sign)	Date given	Time	Given by (print and sign)

REPEAT DEPOT AND LONG ACTING INTRAMUSCULAR INJECTIONS

Drug PALIPERIDONE

Dose 150mg | Route (and site*) IM (✓) | STOPPED Date: Initials:

Frequency MONTHLY

Date 07/06/23 | Pharmacy

Prescriber (print and sign) LSTEVEN

Date due	29/6	27/7	24/8	21/9	19/10	16/11/23						
Date given	27/6	27/7	23/8	21/9	19/10	16/11/23						
Site*	RDG GMR	LDG GMR	DG	DG	DG	DG						
Side	R	(L)	R	L	(R)	(L)						
Given by (initials)	MMD	JM	MMD	MMD	MMD	MMD						

Drug

Dose | Route (and site*) IM ( ) | STOPPED Date: Initials:

Frequency

Date | Pharmacy

Prescriber (print and sign)

Date due												
Date given												
Site*												
Side												
Given by (initials)												

Drug

Dose | Route (and site*) IM ( ) | STOPPED Date: Initials:

Frequency

Date | Pharmacy

Prescriber (print and sign)

Date due												
Date given												
Site*												
Side												
Given by (initials)												

Date:	Comments: (including any adverse effects)
Date:	Comments: (including any adverse effects)

Follow NHS Lanarkshire 'Policy for Unlicensed Medicines' when using unlicensed depot administration site. All use of medicines must comply with the Medicines Code of Practice.

*Abbreviations: DEL = Deltoid (upper arm) DG = Dorsogluteal (upper outer quadrant of buttock) VG = Ventrogluteal (hip site) VL = Vastus Lateralis (thigh)

NOTE: To discontinue a prescription, initial and date appropriate boxes, draw diagonal line through section

NMAHP.CDEPPR.17_18088.L CAT169

Pub. date: Jul. 2018 | Review date: Jul. 2021 | Issue No: 01

High Dose Antipsychotic Treatment (HDAT) Guidelines

NHS Lanarkshire

Patient name:	CHI:	Consultant psychiatrist:

High Dose Antipsychotic Treatment Review and Monitoring Record

- Baseline (before increasing to HDAT)
- At one month
- At 3 months
- 3 monthly (3-6 monthly if stable)
- After dose increase
- After change in interacting medicine

MORE FREQUENTLY WHERE THERE ARE CONCERNS

Details of abnormal results should be documented in patient notes along with a management plan

		Rational for initiation/ continuing justified & documented	Consent/ T2/T3 still valid?	Change to risk factors including dose change or new interacting medicine *(document details on page 1)*	ECG		LFTs & U&Es, Mg, Ca				Temp (°C)	Pulse and Blood Pressure	Date GASS completed	Date next review due
					Date ECG card given	Enter QTc Interval normal Male <440ms Female <470ms	Date bloods Taken	Review by Psychiatrist: U&E	Mg Ca	LFTs				
Current Cumulative % maximum ____ %	Date, tick and/or enter details where indicated	Yes	T3	No	Declined Mng + See appointment		15/8/23	✓	✓	✓		34.9	135/95	✓	NOV 23.
	Signature	MMcD	MMcD	MMcD		JM	MMcD	MMcD	MMcD	MMcD		MMcD	MMcD	MMcD	
Concerns / Abnormal results/ Follow-up															
Current Cumulative % maximum ____ %	Date, tick and/or enter details where indicated	Yes	T3	No	Declined		16/11/2023	✓	✓	✓		35.9	146/130	16/11/23 ✓	FEB 2023
	Signature	MD	MD	MD			MD	MD	MD	MD		MD	MD	MD	MD
Concerns / Abnormal results/ Follow up															
Current Cumulative % maximum ____ %	Date, tick and/or enter details where indicated														
	Signature														
Concerns / Abnormal results/ Follow up															
Current Cumulative % maximum ____ %	Date, tick and/or enter details where indicated														
	Signature														
Concerns / Abnormal results/ Follow up															

High Dose Antipsychotic Treatment (HDAT) Guidelines

NHS Lanarkshire

Tool 1

HDAT Review Review and Monitoring Form

At each HDAT review update Side A and complete review and monitoring parameters on side B

CHI No: 2104673933
SHAW ANDREW
21/04/1967 M
FLAT 1
14 HILLHEAD AVENUE
GLASGOW
G73 4NJ
(patient label)

Consultant Psychiatrist: Dr L Steven

Is this a continuation from a previous HDAT Monitoring & Review form? Yes ☐ No ☒

If yes, when was HDAT first initiated?

Name of person giving consent or T2/T3

Is HDAT for the acute short term use of as required medication or temporary to allow cross–titration? Yes ☐ No ☒
T4 if appropriate ☐

Relevant allergies or ADRs

Risk Factors (see section 6.3.1)	Details
Cardiac History ☐ Abnormal electrolytes* ☐☐ Hepatic Impairment ☐ Renal Impairment ☐ Alcohol ☐ smoking ☐ Illicit drugs ☐ Obese ☑ Learning Disability ☐ Elderly ☐ Under 18y ☐ *correct low potassium and magnesium	BMI – 41

Details of acute as required antipsychotics or cross titration of antipsychotics which have the potential to cause temporary HDAT. Baseline parameters should be carried out before HDAT use (document reasons if this is not possible and do as soon as it is possible) Blood pressure, temperature, ECGs and GASS during temporary period of HDAT	Potential % cumulative maximum

Date Started	Antipsychotic	Daily Dose	% Maximum Dose	Cumulative % maximum of current antipsychotics	Date stopped	Interacting Medicines	Start Date or note if 'Pre HDAT'	Date stopped
26/8/23	Paliperidone	150 1/2 150		100.42				
1'	Aripiprazole	5mg		125.42				
				WITH PRN				

Ensure this tool is double sided printed so monitoring record is on the reverse of this page

Side A

Adult Mental Health – SSA – Care Plan

Name	SHAW, Andrew (Mr)	CHI	210 467 3933

Need
Andrew has diagnosis of paranioid schizophrenia and complex PTSD Andrew is currently under a community based cumpulsion order

Interventions Required
Andrew is prescribed paliperidone 150mgs depot which he will attend Eastvale to receive. Review for side effecst of meds-RMO remains fornesic consutant and following discussion with DrMcMillan any additional checks should be arramged by RMO. CPN will visit Andy at home between depots giving him opportunity to vent and build therapeutic relationship. Encourge Andy to increase activity levels-he has agreed to consider additional input to get out more. Professionals to liase-MHO has recently been transferred to [redacted] in Eastvale-RMO remains forensic consultant.

Patient/Carer's View/Understanding of Interventions

Name	Mark Hume	Designation	CPN
Signature		Date	23/4/24
Signature of Patient		Date	

COPY

Ref: MB/AB
CHI: 210 467 3933
Date: 28 December 2023

PRIVATE & CONFIDENTIAL
Mr Andrew Shaw
14 Hillhead Avenue
Rutherglen
Glasgow
G73 4NJ

Dear Mr Shaw

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

Date:	**15-Jan-2024**
Time:	**11:00am**
Appointment with:	**Staff Nurse Michael Brennen**
Location:	**Eastvale Resource Centre – for administration of Depot Injection**
Contact details:	**01698 754100**

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.

Yours sincerely

Team Medical Secretary

NHS Lanarkshire

Lanarkshire Forensic Mental Health Service

Caird House, Beckford Lodge
Caird Street
Hamilton
ML3 0AL
www.nhslanarkshire.co.uk

CONFIDENTIAL

Dr JJ Canning
Drs Jordan & Canning
Rutherglen Primary Care Centre
130 Stonelaw Road, Rutherglen
Glasgow
G73 2PQ

Date Dictated: 29/11/2023
Date Typed: 29/11/2023
Our Ref: LS/cs
CHI No: 2104673933
Enquiries to: [redacted]
Direct Line: 01698 456248
Email: [redacted]

Dear Dr Canning

NAME: Andrew Shaw
D.O.B: 21/04/1967
ADDRESS: Flat 1, 14 Hillhead Avenue, Glasgow, G73 4NJ
DIAGNOSIS: Paranoid Schizophrenia, Complex PTSD
LEGAL STATUS: Community based Compulsion Order,

MEDICATION:
Paliperidone Palmitate depot, 150mg monthly
Aripiprazole 10mg mane
Venlafaxine XL 225mg mane
Procyclidine 5mg bd
Zopiclone 7.5mg nocte (weekly scripts delivered)
Haloperidol 5mg & Lorazepam 1mg PRN (provided weekly, used daily)
Atorvastatin 10mg nocte
Colecalciferol 800u mane
Metformin 1g bd
Tamsulosin 400mcg mane

I reviewed Mr Shaw as planned at his home address on 28/11/23. He presented well and appeared bright and reactive. He was well kempt and made good eye contact. He was humorous in conversation and stated things are much the same with good and bad days. He denied any particular stressors at present. He has decided not to sell his flat which was causing him some anxiety. He has been getting out the house more and visiting his friend's garage where he helps out occasionally. He reported he enjoys the company but has not had any thoughts of driving a car. He advised this is the longest spell he has had out of hospital or prison and the most stable he has ever felt. His pseudo-hallucinations remain at a manageable level just now and he makes good use of his PRN lorazepam and haloperidol daily. He reported things are a bit easier day to day

now he has these. His sleep is much improved with the addition of Zopiclone and this does seem to go some way to making it more manageable for him to cope day to day.

He reported he has not had any issues collecting his medication and gets his weekly prescription of Zopiclone, lorazepam and haloperidol by delivery. This appears to be working well. He denied any issues or side effects with his medication. He was unable to identify any benefit from the recent increase in aripiprazole. We agreed on balance he did seem more motivated and brighter so we left this unchanged. He has continued receiving his depot Paliperidone monthly at Eastvale Resource Centre.

He does occasionally use cocaine and reported he last used this 2 weeks ago. He stated his use is under control and that he does not use regularly like he had been for a while. He demonstrated insight that whilst cocaine does seem to ease his symptoms at the time they do return worse than before during "the come down". His Brother has also limited his access to money to minimise the risk of regular use of cocaine.
His Brother does seem to be supportive of his recovery and encourages him to remain engaged with mental health services and avoid drugs.

He recently had a tribunal and his Compulsory Treatment Order was converted to community based. He remains in transition from the Forensic Community Mental Health Team to Eastvale Community Mental Health Team. He will be discharged from his FCPN's caseload on 14/12/23 but I will retain RMO responsibility into the New Year. I will review him again on 19/12/23 at 9.30am at his home address.

Yours sincerely,

Authorised on 05/12/2023 11:09:57 by Laura Steven.

Dr Laura Steven
Consultant Forensic Psychiatrist

(P) Michael Brennan
CPN
Eastvale Mental Health Resource Centre
130A Stonelaw Road
Rutherglen Glasgow
G73 2PQ

(P) FCPN Maxine MacDougall
Caird House
Beckford Lodge
Caird Street
HAMILTON
ML3 0AL

(P) Dr Graham McMillan
Consultant Psychiatrist
Eastvale Resource Centre
130 Stonelaw Road
RUTHERGLEN
G73 2PQ

CONFIDENTIAL

Dr L Steven
Consultant Forensic Psychiatrist
Beckford Lodge
Caird House
Hamilton
ML3 OAL

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
G73 2PQ

Tel: 01698 754100

Date: 25 July 2023
Dict: 24 July 2023
Ref: GMC/AM
CHI: 210 467 3933

Dear Dr Steven

ANDREW SHAW 21.04.67
14 HILLHEAD AVENUE RUTHERGLEN GLASGOW G73 4NJ

Thank you for discussing Mr Shaw's case with me today, on the 24th of July 2023. I put in writing below what we agreed as a plan moving forward for Mr Shaw and his ultimate transition to Community Mental Health General Adult Services.

Context

We briefly discussed your current involvement of weekly assessment of Mr Shaw via your outpatient clinic and also weekly contact with his CPN, Charge Nurse Maxine McDougall. I explained that our own service is extremely stretched. I am the only Consultant Psychiatrist within this team with no plan to replace my colleague who left earlier this year. As such I am responsible for a caseload of over 850 patients. I am supported in this work by a full-time Staff Grade Psychiatrist who does not have his Royal College membership. There is also a part-time Locum Staff Grade, who is available to us only on a very temporary basis over the next several months. As such, I am not in a position to be able to equal the current involvement provided by the Forensic Services. The most frequently I would realistically be able to see Mr Shaw as an outpatient would be 3 monthly.

Likewise our own CPN team is extremely stretched. They are operating with extensive caseloads and again realistically our own CPN service would only be able to see Mr Shaw on a once monthly basis going forward. I have requested the appointment of an additional CPN, alongside Staff Nurse Michael Brennan to provide some provisional cover in his own named CPN's absence.

The reason I have put this in writing is that as you know, I had raised considerable concerns about the potential risk for Mr Shaw relapsing with all of the know risks, following transfer to a General Adult Community Team. This was based on his past history and my own discussions with his former Forensic Consultants in the community prior to moving into Beckford Lodge. They had suggested a minimum period of 6-9 months transition would be required for the safest approach in

terms of transferring care, but his past history suggests that he does not adhere well to transition to general adult services.

You did however, reassure me that his past disengagement has largely been due to unfamiliarity with the teams that have taken over his care in the past and that he is more likely to remain engaged if a transition of care plan can be put in place, which is what we agreed. There does however remain considerable risk both to Mr Shaw and to the general public should he relapse and this is clearly documented in your own records as well as our past histories available to us.

Agreed Plan

We agreed that a period of joint working would take place over the next 6 months. There was a provisional date set for January for a transitional CPA to take place, after which Mr Shaw would move over entirely to the General Adult Psychiatry Team if it can be shown that he has meaningfully engaged with his care plan in the face of a gradually reduced frequency of input. Up until that point I agreed that joint clinic appointments between myself and yourself could be set up for Mr Shaw here at Eastvale Resource Centre as he does struggle to travel through to Hamilton.

I will be in contact with you regarding provisional dates for these arrangements but as above I would not be able to match your weekly to monthly appointments.

Regarding CPN involvement I have spoken with Staff Nurse Michael Brennan who will be his named CPN. We will endeavour to engage an additional member of the team to act as cover for any period of time when Michael may not be present. I have asked Michael to make contact directly with your own nursing team, Charge Nurse Maxine McDougall to arrange joint working between our nursing teams over the next 6 months.

We agreed that an interim CPA would take place in approximately 1-2 months' time to check progress and that a final transition CPA would take place in January.

I will therefore be in touch with dates regarding outpatient appointments and my colleague Staff Nurse Michael Brennan with liaise with Charge Nurse McDougall regarding nursing input in the coming weeks.

Yours sincerely

Dr G McMillan
Consultant Psychiatrist
BSc.(Hons), MB. ChB. FRCPsych

CC Charge Nurse Maxine McDougall, CPN, Forensic Services, Beckford Lodge, Caird House Hamilton ML3 0AL
CC [redacted] Forensic Services, Beckford Lodge, Caird House, Hamilton, ML3 0AL
CC Senior Charge Nurse Stuart Whyte, Eastvale Resource Centre, Rutherglen Health Centre
CC Charge Nurse Nicole Ross, Eastvale Resource Centre, Rutherglen Health Centre

Andrew Shaw CHI 210 467 3933

REGIONAL SERVICES
Directorate of Forensic Mental Health

NHS
Greater Glasgow and Clyde
Douglas Inch Centre
West Glasgow Ambulatory Care Hospital
Dalnair Street
Glasgow
G3 8SJ

Tel: 0141 201 9250

Our Ref: LT/VH
Date: 7th June 2023

STRICTLY CONFIDENTIAL

Dr Laura Steven
Consultant Forensic Psychiatrist
Clinical Director for Forensics & Addictions in NHS Lanarkshire
Iona Low Secure Inpatient Unit
Beckford Lodge
Caird Street
Hamilton
ML3 0AL

Dear Dr Steven,

Re: Andrew Shaw DOB: 21/04/67 CHI: 2104673933
14 Hillhead Avenue, Rutherglen, G73 4NJ
C/o Iona Ward, Beckford Lodge, Hamilton

We discussed this referral today at our team meeting and thank you for your detailed referral letter. There was a consensus that he did not require follow up by the Forensic CMHT.

His recent charges were for driving offences which were not related to mental illness. He has progressed to 7 overnights unescorted TOW to his tenancy and is not considered to require additional support in the community, beyond medical and nursing follow up. He does not appear to present the level of risk that requires the forensic CMHT intensive approach to risk management.

Your original referral to Eastvale CMHT for follow up seems to be appropriate.

Yours sincerely,

L. Tuddenham

DR LAURENCE TUDDENHAM
Consultant Forensic Psychiatrist

Cc Dr Rona Gow, Clinical Director, Forensic Directorate

Referral to FCMHT

You replied on Tue 06/06/2023 15:23
You replied on Tue 06/06/2023 15:23

[redacted]

Tuddenham, Laurence
To:

- Steven, Laura - Consultant Forensic Psychiatrist

Cc: [redacted]

Dear Laura

We discussed this referral today at our team meeting and thank you for your detailed referral letter. There was a consensus that he did not require follow up by the forensic CMHT.

His recent charges were for driving offences which were not related to mental illness. He has progressed to 7 overnights unescorted TOW to his tenancy and is not considered to require additional support in the community, beyond medical and nursing follow up. He does not appear to present the level of risk that requires the forensic CMHT intensive approach to risk management.

Your original referral to Eastvale CMHT for follow up seems to be appropriate.

Kind Regards

Laurence

Dr Laurence Tuddenham | Consultant Forensic Psychiatrist | NHS Greater Glasgow & Clyde
Douglas Inch Centre | West Glasgow Ambulatory Care Hospital | Dalnair Street | Glasgow G3 8SJ
t: 0141 201 9243
[redacted]

Vanessa – for EMIS please.

From: Steven, Laura - Consultant Forensic Psychiatrist
Sent: 02 June 2023 10:35
To: Appan, Sivakumar [redacted]
Cc: Lee, Shelley [redacted] Mcdougall, Laura
[redacted] Macintyre, Rhona [redacted]
Sankey, Kalpana [redacted] Tuddenham, Laurence

[redacted]
Subject: Re: Hello

Thanks Siva, I attach a referral letter for consideration by the FCMHS. I will discuss potential move to an open ward but the main reason we haven't moved him is it takes him a long time to build rapport and he struggles with anxiety so the time it takes him to adjust would be as well spent adjusting to community services and transition. He now has 7 overnights pass to his tenancy.

Regards, .

Laura

Dr Laura Steven
Consultant Forensic Psychiatrist
Clinical Director for Forensics & Addictions in NHS Lanarkshire

Iona Low Secure Inpatient Unit
Beckford Lodge
Caird Street
Hamilton
ML3 0AL

Tel: 01698 687552

From: Appan, Sivakumar [redacted]
Sent: 02 June 2023 08:32
To: Steven, Laura - Consultant Forensic Psychiatrist [redacted]
Cc: Lee, Shelley [redacted] Mcdougall, Laura [redacted] Macintyre, Rhona [redacted] Sankey, Kalpana [redacted] Tuddenham, Laurence [redacted]
Subject: Re: Hello

Hi Laura,

Thanks for getting in touch. We receive and discuss referrals as a team so perhaps send us your referral directly? I have copied in relevant individuals.

Not wanting to preempt matters but just going by the info in your email, there's a good chance we will agree with your view regarding ongoing care in the community. It's more likely that Eastvale will accept from an open ward I reckon, so perhaps that's worth considering in the first instance.

Cheers
Siva

Dr Sivakumar Appan
|Consultant Forensic Psychiatrist | Medical Quality Improvement Lead for the Scottish Patient S afety Programme|
|Rowanbank Clinic |133C Balornock Road |NHS Greater Glasgow and Clyde |GLASGOW G21 3UL | t 0141 232 6449 |f 0141 232 6437 |
[redacted]

From: Steven, Laura - Consultant Forensic Psychiatrist [redacted]
Sent: 01 June 2023 19:29
To: Appan, Sivakumar [redacted]
Subject: Hello

Hi Siva,

Can you please advise me which consultant from the FCMHS would cover Rutherglen? And where I am best to send a referral for consideration. I should add I do not consider this patient needs forensic CMHS input but Eastvale CMHS have refused to accept him because he is transitioning to community from Iona Low Secure, Beckford Lodge. He hasn't transferred to an open ward as was going through psychology with us.

Regards,

Laura

Dr Laura Steven
Consultant Forensic Psychiatrist
Clinical Director for Forensics & Addictions in NHS Lanarkshire

Iona Low Secure Inpatient Unit
Beckford Lodge
Caird Street
Hamilton
ML3 0AL

01698 687552

NHS Lanarkshire

Lanarkshire Forensic Mental Health Service

GIGHA WARD / IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL

Date: 2nd June 2023
Our Ref: LS/CB
CHI No: 2104673933
Enquiries to: Admin. Staff
Direct Line: 01698 687552

Forensic CMHS
Rowanbank Clinic
133c Balornock Road
Glasgow
G21 3UL

Dear Colleague

ANDREW SHAW, DOB: 21/04/67. CHI: 2104673933. ADDRESS: 14 HILLHEAD AVENUE, RUTHERGLEN, G73 4NJ. CURRENTLY C/O IONA WARD, BECKFORD LODGE, HAMILTON

I write to refer the above named patient for consideration for follow up in the community under the care of the Forensic CMHS in Glasgow. Mr Shaw is a 56-year-old man who is currently an in-patient in Iona Ward (Low Secure), Beckford Lodge who is receiving treatment for Paranoid Schizophrenia and Complex PTSD. He is currently on a Compulsion Order and is currently transitioning into a new tenancy in the Rutherglen area.

BACKGROUND:

Mr Shaw was referred for admission by HMP Barlinnie in December 2020 presenting as acutely distressed and suicidal. He had been experiencing auditory hallucinations in internal and external space. He believed that God had a purpose for him to face Lucifer when he was dead. He had no insight into these symptoms. He was transferred to Iona Ward in January 2021 where he has remained since.

Mr Shaw was charged with various offences under the Road Traffic Act 1988, Criminal Justice and Licensing (Scotland) Act 2010 and Vehicle Excise and Registration Act 1994, including; theft of a vehicle, driving without

insurance, fraudulent alteration of a vehicle number plate, dangerous driving, failure to stop and assault to endangerment to life. Mr Shaw was remanded in HMP Barlinnie on 23rd November 2020. Mr Shaw's forensic history of offending relates to motor vehicle crime and associated offences, often of fraudulent activity. There has been some perpetration of violence while driving erratically to evade police and he also has two historical charges of assault including severe injury and permanent disfigurement.

PERSONAL & BACKGROUND HISTORY:

Mr Shaw was born in Bellshill but grew up in Hamilton. He lived with his mother, father and 3 elder siblings. His mother worked as a cleaner and his father worked in the steelworks. He was very close to his mother before she died at the age of 45 years when he was 8 years old. His father suffered from alcohol dependence and associated physical health complications. His mother died when he was 8 years old and his recollection of this time is rather traumatic. His father had been intoxicated with alcohol that night and a fight ensued between his parents. His mother assaulted his father with an ashtray and a physical altercation ensued ending in his mother's death. He is unclear what her exact cause of death was. There appears to have been domestic violence between his parents especially under the influence of alcohol. His father's alcohol dependence increased following his mother's death and his ability to care for the children reduced. Mr. Shaw recalls having to fend for himself.

Mr Shaw has 3 siblings. He was the youngest of 4 brothers with a significant age gap between him and his other Brother's (15, 17 and 18 years older). His brothers are now all in the army. One of his brother's returned to the family home when Mr. Shaw was aged 10 years and both physically and sexually abused him. Mr. Shaw stole his brother's car and crashed it and thereafter was placed into Geilsland List D School due to concerns from Social Work about the home environment. It was in this environment that he learned to drive starting with tractors on the land there. This appears to have contributed to his drive and urge to be driving as this was a particularly stable period in his life, a feeling he is desperately seeking. He later transferred to Borstal before returning to live with his father. His brother was no longer living in the family home but his father continued to suffer alcohol dependence and associated problems. Mr. Shaw reports that the brother who abused him committed suicide approximately 10 years ago. His father died of cancer 18 years ago and Mr. Shaw has struggled to settle anywhere since that time.

Mr Shaw has spent a considerable amount of his adult life in prison mainly as a result of car offences. He can make some links between the traumatic events in his childhood and his driving offences. He describes how driving cars allows him to feel in control when in most of the rest of his life he does not feel in control. More recently he has reported that driving is the only time his hallucinations stop and he feels at peace. He perceives that people are untrustworthy and likely to either abuse him or abandon him. Although he has had relationships with women, these have largely been problematic due to his poor self-esteem and lack of ability to trust.

EDUCATION & EMPLOYMENT:

Mr Shaw attended mainstream schooling including Glenlee Primary School and Earnock High School. He was later cared for in a List D school where he found some stability and was well engaged in activities and groups there. He struggled academically and failed to achieve any qualifications. He has never managed to sustain any periods of

employment. He tended to live and itinerant lifestyle between family and friends and has had multiple periods of incarceration.

DRUGS & ALCOHOL HISTORY:

Mr Shaw has a long history of polysubstance misuse as a means to 'blocking out the voices'. He has used significant amounts of cocaine and street Valium in the past. There have not been any issues with drug use during time out the ward during this admission.

PAST PSYCHIATRIC HISTORY:

Mr Shaw has had extensive contact with psychiatric services, both in Lanarkshire and in Glasgow. He had a prolonged admission to Hartwoodhill IPCU in 1997, the diagnosis at that time being of post traumatic phenomena secondary to multiple adverse childhood experiences and borderline personality disorder. In 2001 he took a significant overdose of Benzodiazepines and Ecstasy and required admission to hospital. On 31st October 2001 he presented as retarded, weepy, agitated and appeared suspicious and hallucinated. He complained of auditory and visual hallucinations and indicated that he could no longer cope. He was referred to Hairmyres Hospital for urgent assessment, but failed to attend. He presented again in June 2002 when he appeared quite paranoid, but did not comply with prescribed anti-psychotic medication.

He had a brief admission between 11th May 2005 and 25th May 2005 to Gartnaval Royal Hospital. It was concluded that he was not suffering from on-going psychotic illness. He was facing serious charges at the time.

Over the years, he has attracted different diagnoses at different times. However, the prevalent view in the past was that he suffers from Emotionally Unstable Personality Disorder and that at times he decompensates into psychotic illness. He has been treated with anti-psychotic medication over the years, since 2006. This has been both in the form of oral medication and depot antipsychotic medication. His compliance with services has been variable although if a good rapport is established he seems to engage better. He has struggled with the "abandonment" of changing consultants or staff leaving a service in the past having grown attached to the care giver. He tends to present in crisis and will accept medication. Although he often claims to get limited benefit from anti-psychotic medication, the notes suggest that these do have a stabilising effect on him. His contact with services has also been disrupted by periods of incarceration.

He had a period of admission to Iona Ward, Low Secure Inpatient Unit, Beckford Lodge in February 2016 until May 2016. He was suffering from paranoid delusional beliefs including a belief there was a microchip in his head controlling him, hallucinations of God and Prophets in both second and third person, formal thought disorder and struggled to function. He was treated with antipsychotic medication and discharged with follow up arranged in the community. He was incarcerated in August 2016 and released again January 2017 with a referral to the Forensic CMHT for follow up. He did engage reasonably well at that time. His care was transferred to East Kilbride Community

Mental Health Services in February 2017 however he failed to attend and was essentially lost to follow up until 2020.

His most recent admission to psychiatric hospital prior to this one was from 25th August 2020 until 29th September 2020. He had been admitted to Queen Elizabeth Hospital and was referred to the liaison psychiatry service since he was openly responding to visual and auditory hallucinations. He admitted use of Cocaine and street Valium and was treated with Dihydrocodeine and Diazepam for withdrawal symptoms. The diagnosis on discharge was of trauma reaction secondary to psycho-social events and chronic substance misuse.
He has accrued over 50 police charges for numerous offences including assault and assault with severe disfigurement. However, the vast majority of his offences related to road traffic offences. Whilst incarcerated in HMP Barlinnie he displayed symptoms suggestive of a psychotic illness including: hallucinatory experiences including auditory in the third person, tactile and visual; paranoid, suspicious and religious delusional beliefs; emotional withdrawal; and lability of mood. He was admitted to Iona Ward, Beckford Lodge on 25/01/2021 on Section 52D of the Criminal Procedure (Scotland) Act 1995 (Assessment Order). This was later converted to Section 52M of the Criminal Procedure (Scotland) Act 1995 (Treatment Order) and more recently a Compulsion Order.

PROGRESS ON THE WARD:

On admission in January 2021 Mr Shaw continued to present as acutely and floridly psychotic. He was suffering from paranoid and persecutory delusional ideation, was very withdrawn and disengaged, not self-caring and neglecting his own health. He struggled with hallucinations in several modalities including auditory, visual, olfactory and tactile. He suffered thought blocking and thought insertion and as his mental state has improved he has been able to report passivity of thoughts feeling an external source is trying to control his thoughts. He gets ideas of reference from the TV and radio. He has significantly decompensated in terms of his trauma symptoms with flashbacks, nightmares and associated anxiety and panic. He was treated initially with an oral antipsychotic, namely Risperidone, which over a number of weeks did have some effect and saw him more alert and able to come out his room and socialise around the ward. He was evidently less hallucinated although the residual psychotic symptoms were evident with continued hallucinations. As his mental state improved he was granted some time out with the ward to the local shops. Unfortunately, on 29/06/2021 Mr Shaw absconded and failed to return from this time out. It was our understanding he had purchased a car online and drove this despite not having a driving license or insurance and accrued further police charges. He was absent from the ward until 08/07/2021 and did not take any medication during this time. Unfortunately, on his return he was once again floridly psychotic with significant distressing symptoms. He reported that he has an urge to drive as this is the only time he is not hallucinated and distressed. He feels 'at peace' when driving cars.

Following his return to the ward we attempted to treat him with a stronger antipsychotic, namely clozapine however unfortunately he did not respond well to this with physical complications including significant over-sedation and autonomic depression. He has since been re-started on the antipsychotic risperidone given this has worked for him in the past and this is now administered as a depot intramuscular injection, Paliperidone. We further supplemented this for a while with additional oral antipsychotics namely haloperidol because he continued to complain of distressing symptoms which sounded psychotic in nature.

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We noted that his mental state did improve over time despite his continued denial of any improvement. He did intermittently continue to self-isolate in his room, complain of continued auditory and visual hallucinations and paranoid thoughts. He gradually began to interact more with staff and peers and was more evident around the ward. He was noted to be reactive in mood and affect at these times. Subjectively, he has continued to complain of symptoms and reports little to no improvement however we have objectively observed significant improvement. We have trialled numerous different combinations of medication to find the best combination to treat his Paranoid Schizophrenia, complex PTSD and anxiety. He has a significant history of trauma and appears troubled by this on a daily basis. Any stressors tend to destabilize him and he experiences an increase in hallucinatory experiences and has poor sleep often seeking PRN. He will self-isolate at these times.

Mr Shaw engaged reasonably well with psychology throughout his time in hospital. He has undergone extensive safety and stabilization work to provide him with the coping skills and strategies needed before progressing on to do more trauma focused therapy that had a particular focus on CBT for psychosis. He needed significant encouragement to use his time out the ward and even still opts to remain in the ward unless there is a purpose to going out. We recognize he enjoys "the patient role" and seeks to remain in the security and comfort of the h ospital. However, we have had to progress his time out the ward with significant encouragement. He has delayed as best he can any progress in his tenancy to make it suitable for overnights. He may be institutionalized to a degree given the lengthy admission. Despite this, he has remained mentally stable and at his baseline. He will continue to have episodes of "breakthrough" pseudo-hallucinations and this appears more often than not to be linked to stress.

MEDICATIONS:

Venlafaxine XL 225mg mane
Paliperidone 150mg monthly
Aripiprazole 5mg mane

MENTAL STATE EXAMINATION:

At assessment, Mr. Shaw was casually dressed and moderately well kempt. He made reasonable eye contact and did not appear to be openly responding to visual hallucination. He was alert and orientated to time, place and person. His speech was quiet and he was limited in his answers however when pushed he will respond in sentences. He demonstrates a lack of motivation and energy which can appear at times to be negative symptoms. He gets fleeting suicidal thoughts but denied any intent to act on these. He enjoys the noise of the road and the cars as a tool to self-soothe.

He described his mood as "alright" and rated it as 5 out of 10. Objectively he appeared low with a blunted affect. He stated his sleep is variable day to day and he spends a lot of time asleep during the day. He stated he likes to lie in the dark with his eyes shut to minimise the hallucinations. He stated he has a variable appetite and will tend to try and avoid eating at meal times. He does enjoy snacking, especially overnight.

NHS Lanarkshire

He has a tendency to have vague paranoid ideation and worries about "people" knowing his whereabouts. We do consider that Mr Shaw has had antisocial acquaintances in the past and that this is somewhat based in reality. There has not been any passivity for some time, no thought blocking and no ideas of reference from the TV. He does continue to suffer "voices" and we believe the residual voices and pseudo-hallucinations and are responsive to stress. His insight has improved regarding his diagnosis and he is accepting of care and treatment offered. He is willing to trial different combinations of medications to find what gives the best relief from his hallucinations.

SUMMARY:

Mr Shaw is a 56-year-old male who has a diagnosis of paranoid schizophrenia and complex PTSD. He was admitted from prison to Iona Low Secure Unit in January 2020 where he has remained since. He is now as mentally stable as he can be, although struggles with fluctuations in mood and pseudo-hallucinations in response to stressors. He is prescribed a depot antipsychotic and an antidepressant for generalised anxiety. He is now in the process of transitioning back to community living once again. He feels secure in 'the patient role' and can be resistant to attempts to rehabilitate him but we have now made some good progress. He has been allocated a tenancy in Rutherglen and is engaged with our OT. He does not have any care support needs as such but does require some encouragement and perhaps support with structure and routine. His MHO has intentions of continuing to review his situation as he transitions and seek the appropriate support if needed perhaps from charity organisations. He has a long history of offending in relation to fraudulently obtaining or theft of motor vehicles and road traffic offences for not stopping when asked to do so by police. This links somewhat to his traumatic past and he recognises that driving a car very fast has previously been one of his main coping strategies and further offending remains a risk going forward. He appears motivated to avoid this and uses the sound of cars and the road to soothe himself. I would expect he will require medical and nursing input in the first instance but may also benefit from OT and psychology if you deem this necessary.

We would be grateful for your consideration of following Mr Shaw up on discharge. We held a discharge CPA on 10/05/23 and had invited Eastvale CMHT however they have indicated that they would not accept Mr Shaw on the basis he is a forensic patient coming from a forensic ward. They request 6 months follow up in the community by Forensic services and if he has remained settled then consideration to transfer of care. His discharge date is 12/06/23.

If you have any further questions, please do not hesitate to contact me.

Yours sincerely

Dr Laura Steven

Health&Social Care North Lanarkshire

NORTH LANARKSHIRE COUNCIL

NHS Lanarkshire

Consultant Forensic Psychiatrist

Health&Social Care North Lanarkshire

NORTH LANARKSHIRE COUNCIL

CONFIDENTIAL

Dr L Steven
Consultant Forensic Psychiatrist
Forensic Mental Health Services
Gigha Ward/Iona Ward
Beckford Lodge
Caird Street
Hamilton
ML3 0AL

Eastvale Resource Centre
130a Stonelaw Road
Rutherglen
G73 2PQ

Tel: 01698 754100

Date: 1 June 2023
Dict: 30 May 2023
Ref: GMC/AM
CHI: 210 467 3933

Dear Dr Steven

ANDREW SHAW 21.04.67
CURRENTLY C/O IONA WARD
14 HILLHEAD AVENUE RUTHERGLEN GLASGOW G73 4NJ

I have been made aware of this referral for your patient who I understand is currently in a Forensic Inpatient Unit on a CO and has been so over the past two years. I understand that this is a man who committed a serious crime while psychiatrically unwell some years ago. He is due to be discharged on the 12th of June.

I am writing to reject the referral for our CMHT to pick up Mr Shaw following discharge from the Forensic Unit. This is based upon the fact that he has been an inpatient in a Forensic Unit with a history of serious violence who has never achieved a sustained period of community based care since he has been admitted. There must be due process in such transfers to ensure the safety of Mr Shaw and the public. In light of this, we would require the following prior to any further referral to our service being made.

1. That Mr Shaw is transferred to a community based Forensic Service for a period of no less than 6 months, on his current medication with an appropriate care plan in place and regular monitoring.

2. After this time, only if he has remained stable and not deemed a forensic risk, that a reconsideration of his referral will be discussed with senior members of this team face to face and a care plan and transfer process agreed. Contingency plans for any subsequent re-offending behaviours should be part of this discussion.

I have discussed this matter with my Clinical Director who is in agreement with this plan.

Yours sincerely

Dr G McMillan
Consultant Psychiatrist
BSc.(Hons), MB. ChB. FRCPsych

CC Dr J Loudon, Clinical Director, Leverndale Hospital, 510 Crookston Road, Glasgow
CC Senior Charge Nurse Stuart Whyte, Eastvale Resource Centre, 130 Stonelaw Road, Rutherglen

NHS Lanarkshire

Lanarkshire Forensic Mental Health Service

GIGHA WARD / IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL

Date:	1st May 2023
Our Ref:	LS/CB
CHI No:	2104673933
Enquiries to:	Admin. Staff
Direct Line:	01698 687552

Stuart Whyte
Team Leader
Eastvale Resource Centre
130 Stonelaw Road
Rutherglen
GLASGOW
G73 2PQ

Dear Colleague

ANDREW SHAW, CURRENTLY C/O IONA WARD, BECKFORD LODGE, HAMILTON
ADDRESS: 14 HILLHEAD AVENUE, RUTHERGLEN, G73 4NJ
DOB: 21/04/67

I write to refer the above named patient for consideration for follow up in the community under the care of Eastvale Resource Centre. Mr Shaw is a 56-year-old man who is currently an in-patient in Iona Ward (Low Secure), Beckford Lodge who is receiving treatment for Paranoid Schizophrenia and Complex PTSD. He is currently on a Compulsion Order and is currently transitioning into a new tenancy in the Rutherglen area.

BACKGROUND:

Mr Shaw was referred for admission by HMP Barlinnie in December 2020 presenting as acutely distressed and suicidal. He had been experiencing auditory hallucinations in internal and external space. He believed that God had a purpose for him to face Lucifer when he was dead. He had no insight into these symptoms. He was transferred to Iona Ward in January 2021 where he has remained since.

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PERSONAL & BACKGROUND HISTORY:

Mr Shaw was born in Bellshill but grew up in Hamilton. He lived with his mother, father and 3 elder siblings. His mother worked as a cleaner and his father worked in the steel works. He was very close to his mother before she died at the age of 45 years when he was 8 years old. His father suffered from alcohol dependence and associated physical health complications. His mother died when he was 8 years old and his recollection of this time is rather traumatic. His father had been intoxicated with alcohol that night and a fight ensued between his parents. His mother assaulted his father with an ashtray and a physical altercation ensued ending in his mother's death. He is unclear what her exact cause of death was. There appears to have been domestic violence between his parents especially under the influence of alcohol. His father's alcohol dependence increased following his mother's death and his ability to care for the children reduced. Mr. Shaw recalls having to fend for himself.

Mr Shaw has 3 siblings. He was the youngest of 4 brothers with a significant age gap between him and his other Brother's (15, 17 and 18 years older). His brothers are now all in the army. One of his brother's returned to the family home when Mr. Shaw was aged 10 years and both physically and sexually abused him. Mr. Shaw stole his brother's car and crashed it and thereafter was placed into Geilsland List D School due to concerns from Social Work about the home environment. It was in this environment that he learned to drive starting with tractors on the land there. This appears to have contributed to his drive and urge to be driving as this was a particularly stable period in his life, a feeling he is desperately seeking. He later transferred to Borstal before returning to live with his father. His brother was no longer living in the family home but his father continued to suffer alcohol dependence and associated problems. Mr. Shaw reports that the brother who abused him committed suicide approximately 10 years ago. His father died of cancer 18 years ago and Mr. Shaw has struggled to settle anywhere since that time.

Mr Shaw has spent a considerable amount of his adult life in prison mainly as a result of car offences. He can make some links between the traumatic events in his childhood and his driving offences. He describes how driving cars allows him to feel in control when in most of the rest of his life he does not feel in control. More recently he has reported that driving is the only time his hallucinations stop and he feels at peace. He perceives that people are untrustworthy and likely to either abuse him or abandon him. Although he has had relationships with women, these have largely been problematic due to his poor self-esteem and lack of ability to trust.

EDUCATION & EMPLOYMENT:

Mr Shaw attended mainstream schooling including Glenlee Primary School and Earnock High School. He was later cared for in a List D school where he found some stability and was well engaged in activities and groups there. He struggled academically and failed to achieve any qualifications. He has never managed to sustain any periods of employment. He tended to live and itinerant lifestyle between family and friends and has had multiple periods of incarceration.

NHS Lanarkshire

DRUGS & ALCOHOL HISTORY:

Mr Shaw has a long history of polysubstance misuse as a means to 'blocking out the voices'. He has used significant amounts of cocaine and street Valium in the past. There have not been any issues with drug use during time out the ward during this admission.

PAST PSYCHIATRIC HISTORY:

Mr Shaw has had extensive contact with psychiatric services, both in Lanarkshire and in Glasgow. He had a prolonged admission to Hartwoodhill IPCU in 1997, the diagnosis at that time being of post traumatic phenomena secondary to multiple adverse childhood experiences and borderline personality disorder. In 2001 he took a significant overdose of Benzodiazepines and Ecstasy and required admission to hospital. On 31st October 2001 he presented as retarded, weepy, agitated and appeared suspicious and hallucinated. He complained of auditory and visual hallucinations and indicated that he could no longer cope. He was referred to Hairmyres Hospital for urgent assessment, but failed to attend. He presented again in June 2002 when he appeared quite paranoid, but did not comply with prescribed anti-psychotic medication.

He had a brief admission between 11th May 2005 and 25th May 2005 to Gartnaval Royal Hospital. It was concluded that he was not suffering from on-going psychotic illness. He was facing serious charges at the time.

Over the years, he has attracted different diagnoses at different times. However, the prevalent view in the past was that he suffers from Emotionally Unstable Personality Disorder and that at times he decompensates into psychotic illness. He has been treated with anti-psychotic medication over the years, since 2006. This has been both in the form of oral medication and depot antipsychotic medication. His compliance with services has been variable although if a good rapport is established he seems to engage better. He has struggled with the "abandonment" of changing consultants or staff leaving a service in the past having grown attached to the care giver. He tends to present in crisis and will accept medication. Although he often claims to get limited benefit from anti-psychotic medication, the notes suggest that these do have a stabilising effect on him. His contact with services has also been disrupted by periods of incarceration.

He had a period of admission to Iona Ward, Low Secure Inpatient Unit, Beckford Lodge in February 2016 until May 2016. He was suffering from paranoid delusional beliefs including a belief there was a microchip in his head controlling him, hallucinations of God and Prophets in both second and third person, formal thought disorder and struggled to function. He was treated with antipsychotic medication and discharged with follow up arranged in the community. He was incarcerated in August 2016 and released again January 2017 with a referral to the Forensic CMHT for follow up. He did engage reasonably well at that time. His care was transferred to East Kilbride Community Mental Health Services in February 2017 however he failed to attend and was essentially lost to follow up until 2020.

His most recent admission to psychiatric hospital prior to this one was from 25th August 2020 until 29th September 2020. He had been admitted to Queen Elizabeth Hospital and was referred to the liaison psychiatry service since he was openly responding to visual and auditory hallucinations. He admitted use of Cocaine and street Valium and was treated with Dihydrocodeine and Diazepam for withdrawal symptoms. The diagnosis on discharge was of trauma reaction secondary to psycho-social events and chronic substance misuse.

He has accrued over 50 police charges for numerous offences including assault and assault with severe disfigurement. However, the vast majority of his offences related to road traffic offences. Whilst incarcerated in HMP Barlinnie he displayed symptoms suggestive of a psychotic illness including: hallucinatory experiences including auditory in the third person, tactile and visual; paranoid, suspicious and religious delusional beliefs; emotional withdrawal; and lability of mood. He was admitted to Iona Ward, Beckford Lodge on 25/01/2021 on Section 52D of the Criminal Procedure (Scotland) Act 1995 (Assessment Order). This was later converted to Section 52M of the Criminal Procedure (Scotland) Act 1995 (Treatment Order) and more recently a Compulsion Order.

PROGRESS ON THE WARD:

On admission in January 2021 Mr Shaw continued to present as acutely and floridly psychotic. He was suffering from paranoid and persecutory delusional ideation, was very withdrawn and disengaged, not self-caring and neglecting his own health. He struggled with hallucinations in several modalities including auditory, visual, olfactory and tactile. He suffered thought blocking and thought insertion and as his mental state has improved he has been able to report passivity of thoughts feeling an external source is trying to control his thoughts. He gets ideas of reference from the TV and radio. He has significantly decompensated in terms of his trauma symptoms with flashbacks, nightmares and associated anxiety and panic. He was treated initially with an oral antipsychotic, namely Risperidone, which over a number of weeks did have some effect and saw him more alert and able to come out his room and socialise around the ward. He was evidently less hallucinated although the residual psychotic symptoms were evident with continued hallucinations. As his mental state improved he was granted some time out with the ward to the local shops. Unfortunately, on 29/06/2021 Mr Shaw absconded and failed to return from this time out. It was our understanding he had purchased a car online and drove this despite not having a driving license or insurance and accrued further police charges. He was absent from the ward until 08/07/2021 and did not take any medication during this time. Unfortunately, on his return he was once again floridly psychotic with significant distressing symptoms. He reported that he has an urge to drive as this is the only time he is not hallucinated and distressed. He feels 'at peace' when driving cars.

Following his return to the ward we attempted to treat him with a stronger antipsychotic, namely clozapine however unfortunately he did not respond well to this with physical complications including significant over-sedation and autonomic depression. He has since been re-started on the antipsychotic risperidone given this has worked for him in the past and this is now administered as a depot intramuscular injection, Paliperidone. We further supplemented this for a while with additional oral antipsychotics namely haloperidol because he continued to complain of distressing symptoms which sounded psychotic in nature.

We noted that his mental state did improve over time despite his continued denial of any improvement. He did intermittently continue to self-isolate in his room, complain of continued auditory and visual hallucinations and paranoid thoughts. He gradually began to interact more with staff and peers and was more evident around the ward. He was noted to be reactive in mood and affect at these times. Subjectively, he has continued to complain of symptoms and reports little to no improvement however we have objectively observed significant improvement. We have trialled numerous different combinations of medication to find the best combination to treat his Paranoid Schizophrenia, complex PTSD and anxiety. He has a significant history of trauma and appears troubled by this on a daily basis. Any stressors tend to destabilize him and he experiences an increase in hallucinatory experiences and has poor sleep often seeking PRN. He will self-isolate at these times.

Mr Shaw engaged reasonably well with psychology throughout his time in hospital. He has undergone extensive safety and stabilization work to provide him with the coping skills and strategies needed before progressing on to do more trauma focused therapy that had a particular focus on CBT for psychosis. He needed significant encouragement to use his time out the ward and even still opts to remain in the ward unless there is a purpose to going out. We recognize he enjoys "the patient role" and seeks to remain in the security and comfort of the hospital. However, we have had to progress his time out the ward with significant encouragement. He has delayed as best he can any progress in his tenancy to make it suitable for overnights. He may be institutionalized to a degree given the lengthy admission. Despite this, he has remained mentally stable and at his baseline. He will continue to have episodes of "breakthrough" pseudo-hallucinations and this appears more often than not to be linked to stress.

MEDICATIONS:

Venlafaxine XL 225mg mane
Paliperidone 150mg monthly
Aripiprazole 5mg mane

MENTAL STATE EXAMINATION:

At assessment, Mr. Shaw was casually dressed and moderately well kempt. He made reasonable eye contact and did not appear to be openly responding to visual hallucination. He was alert and orientated to time, place and person. His speech was quiet and he was limited in his answers however when pushed he will respond in sentences. He demonstrates a lack of motivation and energy which can appear at times to be negative symptoms. He gets fleeting suicidal thoughts but denied any intent to act on these. He enjoys the noise of the road and the cars as a tool to self-soothe.

He described his mood as "alright" and rated it as 5 out of 10. Objectively he appeared low with a blunted affect. He stated his sleep is variable day to day and he spends a lot of time asleep during the day. He stated he likes to lie in the dark with his eyes shut to minimise the hallucinations. He stated he has a variable appetite and will tend to try and avoid eating at meal times. He does enjoy snacking, especially overnight.

He has a tendency to have vague paranoid ideation and worries about "people" knowing his whereabouts. We do consider that Mr Shaw has had antisocial acquaintances in the past and that this is somewhat based in reality. There has not been any passivity for some time, no thought blocking and no ideas of reference from the TV. He does continue to suffer "voices" and we believe the residual voices and pseudo-hallucinations and are responsive to stress. His insight has improved regarding his diagnosis and he is accepting of care and treatment offered. He is willing to trial different combinations of medications to find what gives the best relief from his hallucinations.

SUMMARY:

Mr Shaw is a 56-year-old male who has a diagnosis of paranoid schizophrenia and complex PTSD. He was admitted from prison to Iona Low Secure Unit in January 2020 where he has remained since. He is now as mentally stable as he can be, although struggles with fluctuations in mood and pseudo-hallucinations in response to stressors. He is prescribed a depot antipsychotic and an antidepressant for generalised anxiety. He is now in the process of transitioning back to community living once again. He feels secure in 'the patient role' and can be resistant to

NHS Lanarkshire

attempts to rehabilitate him but we have now made some good progress. He has been allocated a tenancy in Rutherglen and is engaged with our OT. He does not have any care support needs as such but does require some encouragement and perhaps support with structure and routine. His MHO has intentions of continuing to review his situation as he transitions and seek the appropriate support if needed perhaps from charity organisations. He has a long history of offending in relation to fraudulently obtaining or theft of motor vehicles and road traffic offences for not stopping when asked to do so by police. This links somewhat to his traumatic past and he recognises that driving a car very fast has previously been one of his main coping strategies and further offending remains a risk going forward. He appears motivated to avoid this and uses the sound of cars and the road to soothe himself. I would expect he will require medical and nursing input in the first instance but may also benefit from OT and psychology if you deem this necessary.

We would be grateful for your consideration of following Mr Shaw up on discharge. We have a discharge CPA planned for 10/05/23 at 3pm face to face in Beckford Lodge but may be able to accommodate remotely if necessary. His estimated discharge date in 12/06/23. We would hope you would be able to attend the CPA so we can share our formulation with you and have you meet Mr Shaw.

If you have any further questions, please do not hesitate to contact me.

Yours sincerely

Dr Laura Steven
Consultant Forensic Psychiatrist

Health&Social Care North Lanarkshire

NORTH LANARKSHIRE COUNCIL

The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act)

Certificate of the Designated Medical Practitioner

T3B (S240)

Instructions

v 7.0

The following form is to be used:

where a designated medical practitioner is required to provide a certificate for medical treatment(s) where a patient is refusing consent or incapable of consenting under section 240(3) of the Act in relation to the following treatment(s):

(a) any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive;
(b) any other medicine given beyond a period of 2 months since the start of compulsory treatment; and
(c) provision, without consent of the patient and by artificial means, of nutrition to the patient.

This form is prescribed by regulations made under the Mental Health (Care and Treatment) (Scotland) Act 2003. The use of any other form for the purpose for which this form has been prescribed is invalid.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example: 25 MARKET ST

Shade circles like this -> ● *Not like this ->* ⊗ ✓

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number	2104673933
Surname	SHAW
First Name(s)	ANDREW
Other / Known As	

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title	MR
DoB dd / mm / yyyy	21 / 04 / 1967

Gender ● Male ○ Female

Patient's home address	C/O IONA WARD BECKFORD LODGE CAIRD STREET HAMILTON
Postcode	ML3 0AL

The patient is detained in, or under the management / care of:

Hospital	BECKFORD LODGE
Ward / Clinic if appropriate	IONA WARD
Patient's RMO	DR LAURA STEVEN

Where the patient is under the age of 18 -

○ The RMO is a child specialist ○ The RMO is NOT a child specialist (see notes - page 2)

Patient's Name ANDREW SHAW CHI Number 2104673933

To be completed by the DMP

DMP Details

Surname MCALLISTER

First Name MARK

Address CHARLESTON CENTRE
49 NEILSTON ROAD
PAISLEY

Postcode PA2 6LY GMC Number [redacted]

Where the patient is under the age of 16 -

○ I, the above DMP am a child specialist; or ○ I, the above DMP am NOT a child specialist (see notes below)

CERTIFICATION

The treatment covered by this certificate is:

- ○ **Medication to reduce sex drive** - any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive
- ● **Other medication beyond 2 months** - any other medicine given beyond 2 months since the start of compulsory treatment (e.g. antidepressants, anxiolytics, antipsychotics etc.)
- ○ **Artificial nutrition** - provision, without consent of the patient and by artificial means, of nutrition to the patient

I, the above named DMP, not being the patient's RMO certify that:

the giving of medical treatment to the patient is authorised by virtue of the Act, or the Criminal Procedure (Scotland) Act 1995; and

having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatments should be given; and

○ the patient is capable of consenting to the treatment, but does not consent, or

● the patient is incapable of consenting to the treatment below;

If the patient is capable of consenting, but is refusing consent, complete reasons why the treatment should be given.

1

Notes

Where the patient is under the age of 18, certification MUST be as follows -

where the patient's RMO is a child specialist, by a designated medical practitioner approved by the Mental Welfare Commission
where the patient's RMO is not a child specialist, by a designated medical practitioner approved by the Commission who is a child specialist

Where the patient is not in hospital the above certificate does not authorise the giving of treatment by force to the patient

Patient's Name ANDREW SHAW CHI Number 2104673933

To be completed by the DMP

Details of Treatment

If the treatment specified is ***other medication*** beyond 2 months, record the date any medication for mental disorder was first given in this period of detention. Note that this is required only for the first T2 or T3 form for medication issued, not for subsequent forms.

[ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Note: The period here includes any prior EDC, STDC, ICTO, CTO, TTD or orders under the Criminal Procedure (Scotland) Act 1995 which relate only to a single period of detention

Description of the treatment(s) including frequency and duration of treatment

2

1. One regular depot antipsychotic medication
2. One regular oral antipsychotic medication
3. One regular antidepressant medication
4. One oral anxiolytic medication as required to manage agitation / distress
5. One oral antipsychotic medication as required to manage agitation / distress

If the above antipsychotic medications in combination exceeds 100% of BNF dosage limits then High Dose Antipsychotic Monitoring should be carried out according to RCPsych Guidelines and local protocol.

All of the above to be prescribed within recommended BNF dosage limits and frequency of administration

Treatment can be authorised by this certificate until (date) 0 7 / 0 3 / 2 0 2 5

Note: - *for certificates authorising nutrition by artificial means, duration of treatment should also be recorded in the description of treatment above,*
- *for certificates authorising medication, the potential period of treatment authorised should be no longer than three years in line with Mental Welfare Commission for Scotland recommendations*

Signature

Signed by the DMP

Date dd / mm / yyyy 0 7 / 0 3 / 2 0 2 2

A copy of this form must be sent to the Mental Welfare Commission within seven days of issuing the certificate

Patient's Name ANDREW SHAW CHI Number 2104673933

Advance Statement (not part of the prescribed form) To be completed by the DMP

Complete A, B or C as appropriate

A ● As far as is practicable to ascertain, the patient does not have an advance statement under S275 of the Act.

OR

B ○ As far as is practicable to ascertain: the patient has made and not withdrawn an advance statement under S275 of the Act; and all decisions to authorise or not authorise treatment I have made are NOT in conflict with any wishes specified in that advance statement.

OR

C ○ Decision(s) I have made to authorise or not authorise treatment ARE in conflict with wishes specified in an advance statement made by the patient under S275 of the Act and not withdrawn. Please record in the box below:

- The date of the advance statement(s).
- Details of all treatment(s) authorised that are in conflict with the advance statement and how.
- Where a decision that conflicts with the advance statement is a decision not to authorise treatment, please provide details of this.
- Your reasons for authorising/not authorising these treatment(s), despite the conflict with the advance statement, with reference to your consideration of the Principles of the Act.

2

Where the treatment is in conflict with the advance statement, a record of the above has been sent to:

○ the patient ○ the patient's welfare attorney

○ the patient's named person (if any) ○ the patient's guardian

○ the Mental Welfare Commission (a copy of this form and any other record which has been sent to the patient/ others)

Consultation (not part of the prescribed form) To be completed by the DMP

Prior to the issuing of this certificate I have consulted with -

● (a) the patient; and

○ (b) the patient's named person (if they have one); and

○ (c) any guardian of the patient; and

○ (d) any welfare attorney of the patient; and

● (e) such person or persons as appear to be principally concerned with the patient's medical treatment (listed below)

3 RMO - Dr Steven
Ward Nursing Staff

It was impracticable to consult any person mentioned in (a),(b), (c) and (d) above for the following reasons:

4 No Named Person / Guardian / POA

Regional Services
Directorate of Forensic Mental Health

NHS
Greater Glasgow and Clyde

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81 Lee Ave
Riddrie
Glasgow
G33 2QX

Directorate of Forensic Mental Health
Leverndale Hospital
510 Crookston Road
GLASGOW
G53 7TU

Tel: 0141-211-1382

Date 22 January 2021
Date of Review 19.01.21
Our Ref: MB/rl

Dear Colleague

Re Andrew Shaw DOB 21/04/1967 CHI 2104673933
SPIN 3222
Remanded Reckless driving, Contravention of the Road Traffic Act, Contravention of the Criminal Justice and Licensing Act, Fraudulent alteration of a car number plate, assault to endangerment of life, theft of a motor vehicle

I write with regard to Mr Shaw. I was able to review Mr. Shaw today (19.01.21) in his cell in C Hall. According to the Officers he remains on Talk to Me legislation being reviewed at thirty minute intervals. He has remained distressed and bizarre in behaviour.

At interview Mr. Shaw allowed very limited access to his mental state. He merely made a couple of comments stating "God is going to come for me" and "you're tricking me Dr. Baker".

In terms of his mental state he was seen in his cell. He was attired in strong clothing. He appeared distracted and a little distressed. He looked around his cell and did not necessarily respond to questions or comments. He gave account of mood disorder. He informed me that he would die when god came for him. He did not appear to have an active suicidal plan. He continued to describe religious preoccupation. He did not describe other psychotic symptoms. He had no insight whatever. He remains of the opinion that medication would be poisoned if prescribed for him.

Impression
Mr. Shaw continues to present as a remanded prisoner who is currently looked after subject to Talk to Me legislation. He is awaiting a bed becoming available in his case at Iona Ward at Beckford Lodge. Unfortunately given the COVID pandemic it is not currently possible as patients and staff on the ward have tested positive.

Plan
1. I will continue to review Mr. Shaw on a weekly basis.
2. I have not changed his medication.
3. I will continue to copy Dr. Davidson into correspondence.

Yours sincerely

DR MELANIE BAKER
Consultant Forensic Psychiatrist

cc. Dr. Stephen Davidson, ST6 in Forensic Psychiatry, Beckford Lodge

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Leverndale Hospital
510 Crookston Road
GLASGOW
G53 7TU

Tel: 0141-211-1382

Date 13 January 2021
Date of Review 12.01.21
Our Ref: MB/rl

Dear Colleague

Re Andrew Shaw DOB 21/04/1967 CHI 2104673933
SPIN 3222
Remanded Reckless driving, Contravention of the Road Traffic Act, Contravention of the Criminal Justice and Licensing Act, Fraudulent alteration of a car number plate, assault to endangerment of life, theft of a motor vehicle

I write with regard to Mr Shaw who I was able to review in C hall in HMP Barlinnie on 12/01/2021.

Mr Shaw remains acutely unwell. He presented as a poor historian. He was however able to describe ongoing positive symptoms, hearing voices and believing that he was to be poisoned. He described wishing to kill himself but had no plan to do so, particularly given that he was looked after in a strong cell subject to TTM

Mr Shaw remains in need of transfer to hospital. Unfortunately, there are Covid cases in Iona Ward at Beckford Lodge and his admission cannot as yet go ahead.

In the meantime I will continue to review Mr Shaw in the course of my clinic. Please list him for next week. I have not prescribed antipsychotic treatment for him given his expressed view

Yours sincerely

DR MELANIE BAKER
Consultant Forensic Psychiatrist

cc. Dr. Stephen Davidson, ST6 in Forensic Psychiatry, Beckford Lodge

Regional Services
Directorate of Forensic Mental Health

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Consultant Forensic Psychiatrist
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G21 3UL

Directorate of Forensic Mental Health
Leverndale Hospital
510 Crookston Road
GLASGOW
G53 7TU

Tel: 0141-211-1382

Date 15 December 2020
Date of Review 15 December 2020
Our Ref: MB/rl

Dear Dr. Reid/Dr. Appan

Re **Andrew Shaw** **DOB 21/04/1967** **CHI 2104673933**
SPIN **3222**
Remanded **Reckless driving, Contravention of the Road Traffic Act, Contravention of the Criminal Justice and Licensing Act, Fraudulent alteration of a car number plate, assault to endangerment of life, theft of a motor vehicle**

Home Address **30 Douglas Drive, Glasgow G75 8JS**

Fully Committed - no current court date

Current Medication **On no prescribed medication**

I write with regard to Mr Andrew Shaw who I reviewed today (15.12.20) in HMP Barlinnie. I write to refer him for consideration for assessment and admission. Mr. Shaw is currently located in a strong cell. He attempted to hang himself on 11.12.20.

Mr. Shaw is remanded on charges of assault to endangerment of life, Contravention of the Road Traffic Act x 6, reckless driving, theft of a motor vehicle, Contravention of the Criminal Justice and Licensing Act and fraudulent alteration of a registration plate.

Mr. Shaw does not have a court date but is fully committed.

Past Psychiatric History
Mr. Shaw first came to psychiatric attention aged 18. He was admitted to Hartwoodill Hospital IPCU. He had a prolonged admission and was subject to the RMO care of Dr Campbell. Thereafter he was referred to Hairmyres Hospital in April 2003 to Dr Pelowski.

Mr. Shaw next came to attention in 2005. He had a brief admission to Gartnavel Royal Hospital. He received a diagnosis of Personality Disorder, rather than being actively psychotic. He was seen by Dr Tuddenham in 2005 who also viewed him as suffering from a Personality Disorder. Mr. Shaw was reviewed by Dr Culshaw in custody who diagnosed Emotionally Unstable Personality Disorder. He had two further admissions to Gartnavel Royal Hospital in 2006 over a three month period. He was commenced on a depot. He had a further subsequent admission to Gartnavel Royal Hospital in 2007.

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Mr Shaw was transferred from custody in 2010 subject to a Treatment Order to Gartnavel Royal Hospital. He was seen in custody by myself in 2011.

Mr. Shaw was thereafter subject to my RMO care as an outpatient. He subsequently moved to the Lanarkshire area and his care was transferred to the local FCMHT.

In 2016 Mr. Shaw was admitted to Iona Ward at Beckford Lodge for several months for assessment. He was treated with a depot and diagnosed as having a Personality Disorder. He was discharged by the FCMHT in Lanarkshire due to limited compliance. In September 2020 he had an admission to Hairmyres Hospital for a number of weeks and was diagnosed as having a Personality Disorder.

Mr. Shaw is now presenting as acutely distressed and suicidal. He is looked after in a strong cell having attempted to hang himself on 11.12.20. He described positive symptoms, complaining of continual auditory hallucinations in internal and external space. He believes God has a purpose for him, specifically to face Lucifer after he is dead. He believes Lucifer places thoughts in his head and that he is being poisoned. He is insightless refusing to contemplate medication. He is currently on no prescribed treatment given this expressed view.

I wonder if he could be assessed with a view to admission.

Yours sincerely

DR MELANIE BAKER
Consultant Forensic Psychiatrist

cc. MHT Barlinnie

Regional Services
Directorate of Forensic Mental Health

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Greater Glasgow and Clyde

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510 Crookston Road
GLASGOW
G53 7TU

Tel: 0141-211-1382

Date 15 December 2020
Date of Review 15 December 2020
Our Ref: MB/rl

Dear Dr. Reid/Dr. Appan

Re Andrew Shaw DOB 21/04/1967 CHI 2104673933
SPIN 3222
Remanded Reckless driving, Contravention of the Road Traffic Act, Contravention of the Criminal Justice and Licensing Act, Fraudulent alteration of a car number plate, assault to endangerment of life, theft of a motor vehicle

Home Address 30 Douglas Drive, Glasgow G75 8JS

Fully Committed - no current court date

Current Medication On no prescribed medication

I write with regard to Mr Andrew Shaw who I reviewed today (15.12.20) in HMP Barlinnie. I write to refer him for consideration for assessment and admission. Mr. Shaw is currently located in a strong cell. He attempted to hang himself on 11.12.20.

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I wonder if he could be assessed with a view to admission.

Yours sincerely

DR MELANIE BAKER
Consultant Forensic Psychiatrist

cc. MHT Barlinnie

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510 Crookston Road
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Tel: 0141-211-1382

Date 10 December 2020
Date of Review 08.12.20
Our Ref: MB/rl

Dear Colleague

Re Andrew Shaw DOB 21/04/1967 CHI 2104673933
SPIN 3222
Remanded Reckless driving, Contravention of the Road Traffic Act, Contravention of the Criminal Justice and Licensing Act, Fraudulent alteration of a car number plate, assault to endangerment of life, theft of a motor vehicle

No current court date

Current Medication On no prescribed medication

I write with regard to Mr Andrew Shaw who I reviewed today (08.12.20) in his cell in DNU in HMP Barlinnie.

There were concerns regarding Mr. Shaw on the part of Officers and the mental health team. Mr Shaw was described by the Officers as distressed and weepy. He was not eating prison food and would not leave his cell.

According to the mental health team he had appeared paranoid and distressed. He had been of the view that he was to be poisoned. He was consequently non-compliant with prescribed anti-psychotic medication.

At interview, Mr Shaw was weepy and distressed. He was a poor historian, giving little detail of himself. He spoke monosyllabically in response to direct questions. He stated that "God had a wee purpose for him but that he kept getting it wrong". He believed that he was to be poisoned.

Current Mental State Examination
Mr Shaw presented as an obese 53 year old man. He was seen in his cell, being too paranoid to attend an interview room. He was distressed and weepy. He was almost monosyllabic. He made odd gestures with his hands, rolling and flicking his fingers continually. He appeared distracted. He did not describe mood symptoms but was weepy. He did not describe suicidal thought or intent. He described persecutory delusions, believing that he was to be poisoned. He also alleged that he heard "voices screaming in his head all of the time". His insight was limited. He refused to consider treatment with antipsychotic medication

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Mr Shaw is previously well known to psychiatric services. He has had numerous admissions to Dykebar Hospital including to IPCU. He was looked after by Dr Campbell. He was in the State Hospital previously. He was subject to FCMHT care in the community. He was initially looked after by Glasgow services but was transferred to Lanarkshire services when he moved to live in their catchment area. He was discharged from the FCMHT in 2017. He was previously treated with depot therapy. He had a brief admission to Hairmyres Hospital in September 2020 when he was diagnosed as having no positive symptoms.

Impression

Mr Shaw presents as a 53 year old man who is remanded subject to the above listed offences. He is well known to psychiatric services. He had a recent admission to Hairmyres Hospital in September 2020 when he was not viewed as unwell. He is currently presenting as distressed and potentially psychotic. He will not consider a trial of treatment.

Plan

1 I will seek further detail regarding Mr Shaw.
2 I will review him in a weeks' time to check his progress.
3 Given his expressed view, I have not prescribed psychotropic medication for him today.
4 It may be the case that he requires consideration for assessment for admission to hospital, contingent on his presentation

Yours sincerely

DR MELANIE BAKER
Consultant Forensic Psychiatrist

Glasgow City HSCP
Health and Social Care Partnership

Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

Adult Mental Health Liaison Service
Queen Elizabeth University Hospital
Central Medical Block (Clock Tower)
Ground Floor
1345 Govan Road
Glasgow
G51 4TF

0141 201-2422

www.glasgow.gov.uk
www.nhsggc.org.uk

Private and Confidential

Date Dictated 18th November 2020
Date Typed 24th November 2020

Our Ref PS/PL

Dr. F. Wylie
Mavor Medical Practice
Hunter Health Centre
Andrew Street
East Kilbride
G74 1AD

Dear Dr. Wylie

Andrew Shaw - DOB 21.04.67 - CHI 2104673933
30 Douglas Drive, East Kilbride, G74 8JS

Diagnosis:
F60.02 - dissocial personality disorder
F10.1 - mental and behavioural disorder due to use of alcohol
F14.1 - mental and behavioural disorder due to use of cocaine
F13.0 - mental and behavioural disorder due to use of sedatives or hypnotics

Legal Status: Informal

I assessed Mr. Shaw on Thursday 18th November 2020 in my capacity as an ST5 in the Adult Mental Health Liaison Service at the Queen Elizabeth University Hospital.

He had been involved in a road traffic accident on 13th November 2020 and the police had chased him. He required a significant amount of sedation as he was very aggressive on arrival to the Accident and Emergency Department. It was found that he was intoxicated with alcohol, benzodiazepines and cocaine. He had a full trauma CT carried out and there were no significant injuries noted.

He was started on GMAWS due to his history of alcohol dependence and according to the ward he had been increasingly more agitated and aggressive stating that he sometimes has thoughts about harming other people. In particular he described having thoughts about harming the staff members however he would

not go into any detail about what he planned to do. He also reported that he heard people talking to him however was unable to elaborate much on this.

When I assessed him he did not offer me any more information. Essentially he reported that he had "betrayed God" and that he had "killed Jesus". He kept repeating these statements however he would not elaborate on them when I asked him some more detailed questions. He was however able to answer questions pertaining to his current physical health and he was able to answer them fairly consistently and without hesitation. He asked me who I was and what I was after I had already explained this to him initially at the beginning of the interview.

On mental state examination he was overweight and dressed in a hospital gown, he was malodorous. His engagement was very poor and he picked and chose what questions to answer. His eye contact was quite intermittent. He appeared a bit agitated at times by flicking his fingers and moving his tongue but this felt a little bit exaggerated. He looked a little bit at the ceiling occasionally however there was no evidence of him actually responding to any external stimuli. His speech was spontaneous but not plentiful. He would not elaborate on anything pertaining to God, Jesus or about that he had let people down. In terms of his mood it was difficult to assess. He did not answer how he felt objectively, his mood was euthymic and reactive. There was no evidence of any thought disorder, there were some hints about religious ideas and potentially of a grandiose nature however he did not really elaborate as outlined on this at all. He reported that he was hearing God however again would not discuss this in any detail though there was no evidence of him responding to external stimuli whilst I was in the room. He would not answer what country we were in or what year it was. In terms of where he thought he was he did tell me that he thought he was in a holding cell. In terms of his insight I did not think he presented as someone who was typically delirious or psychotic and I suspect that he does have insight into the fact he has been charged and perhaps is trying to avoid a custodial sentence.

My impression overall was that this was not a typical presentation of someone who was either delirious or who had a primary psychotic illness. Therefore, the plan will be to discharge him as soon as he is medically fit to leave the ward and he will be discharged back into police custody whereby an assessment of his mental state can be monitored.

Mr. Shaw has therefore been discharged from the Adult Mental Health Liaison Service at this time.

Yours sincerely

Dr. P. Swift
ST5 to Dr. Maria Oto
Adult Mental Health Liaison Service

Referral Form

Referral to: Adult Mental Health Liaison Service

Monday to Friday - 9:00am to 5:00pm

Ages seen: 18 up to & including 64 years of age

We aim to see the patient within 3 working days. Referrals are prioritised by clinical need. Please refer as early in the day as possible.

All **self-harm referrals** should be phoned through directly as per contact information on staffnet page **without** completion of the below form.

Hospital: *	**QEUH**	**Ward ***	**8c**

Patient Name: *	**Andrew Shaw**

DOB: *	**21/04/1967**	**CHI:**	**2104673933**

30 douglas drive east Kilbride Glasgow, Lanarkshire G75 8JS

Is the Patient Aware of this Referral *	**Yes**
Is the Patient detained under a MHA (Y/N) *	**No**
Is the Patient being treated under an AWI *	**No**

Presenting complaint *(include description of symptoms, onset, precipitants, current state and relevant investigations)*

Mr. Shaw was admitted on 15/11/2020 with after RTA. Brought in by police – in custody. Has tested positive for ethanol, cocaine and benzodiazepine on urine toxicology. Has had been experiencing hallucinations. Almost exactly same presentation 3 months ago.

Medical History	**Drug misuse, hallucination**
Drug & Alcohol Use	**yes**

Reason for the Referral * (*include a clear question that you wish us to approach, e.g. if for capacity assessment include which decision this relates to and detail the opinion of the referring team)*

We would like psychiatry input for this patient please – with regards to suicidal intent, psychiatry, and drug misuse. He still hears people speaking to him – asking him to do dangerous things and saying hurtful things. He does agree to have taken different recreational drugs and attributes these to causing his symptoms. He has low mood currently, difficulty concentrating. Sometimes has thoughts of hurting himself or others.

Referrer's Details:

Name: *	**Dr Fortis Gaba**	**Contact Details ***	[redacted]
Date:	**17/11/2020**	**Other**	

Please save a copy of this form and send via email to:

[redacted]

Please note we do not routinely assess **capacity** as this is a generic competency for all doctors.
Any doctor can inform SW about capacity in the SMAT process.

If you do consider that a psychiatric opinion is needed then you must provide the following information:

1. Capacity to make what decision?
2. What is your service's opinion about capacity and why is a specialist second opinion needed?
3. What cognitive and functional assessments have been conducted? (eg ACE-III & OT assessment).
4. What is the proposed treatment/intervention? What would the risks be if the patient is not agreeing to the proposed intervention? Does the patient understand these risks?

COPY

Acute Addiction Liaison In-patient Service
Referral Form, Admin Checklist & Waiting Times

Date received : 17 NOV 2020 Date referred: 17 NOV 2020 Time Of Referral : 850

Referrer Name : SD Referrer Tel. : X

(Referral source) Hospital : (GRI / GGH / QEUH / Vale of Leven) Ward / Clinic : SC

Problem Reported By Referrer: (Alcohol) / Drugs / Both

Has Referral Been Discussed With Patient : Yes / No / Not Known / Answering Machine Referral

Reason For Referral :
(Please Record Exactly As Dictated)

Patient Name: ANDREW · SHAW ·	D.o.B.: 21 / 4 / 1967	Gender (M) / F
Address: 30 DOUGLAS DRIVE EAST KILBRIDE Postcode ~~G11~~ G75 8JS	GP Name / ID No: DR WYLIE	
Ethnicity:		

CHI : 210 467 3933

CareFirst : J68673

Referral added to EMIS ☐

Referral added as "non consent" to EMIS ☑

Consent given - EMIS updated ☐

Admin Sign & Date AK 17/11/20

CAT : Y (N) Team :

Worker /

Care Manager : NO PREVIOUS

Tick if Info Passed on to Liaison Nurse ☐

EMIS Alert (Y (N) :

Details :

Tick if Info Passed on to Liaison Nurse ☐

CareFirst Warning (Y (N) :

Details :

Tick if Info Passed on to Liaison Nurse ☐

Currently open to the following services on PIMS/EMIS, CMHT, Erskay House, Kershaw Unit, Addictions Parkhead

Message Passed To _____ On _____ At _____

Last Referral (1) 14/8/20

No. Of Previous Referrals In Last 12 Months (Do Not Include This Referral): 1

For Admin to complete :	Discharged From EMIS Admin ____ Scanned to EMIS ____	Waiting Times Completed Admin ____	ABI Log Updated Admin ____ Naloxone Log Admin ____

Andrew Shaw CHI: 2104673933	DR Wylie

NHS

Date/Time Of Assessment: 17/11/20 11. 55

Date/Time Of Admission : 15/11/20 07.12

Drugs Ward: 8C

DETAILS OF ADRS

ADRS Team : Not known to ADRS x Care Manager

Telephone

If known to ADRS, Care Manager/Duty Worker* advised of admission ◻ N or ◻ Y (by ◻ telephone ◻ email)

Other support service Input:

Presenting complaint/symptoms, Medical impression/diagnosis, Medical plan, Investigations, Past medical history

Admitted to: Queen Elizabeth University Hospital

Presenting complaint / reason for admission: Intoxicated driver, For ARU until sober then to cells.

Medical impression / diagnosis, ? Pneumothorax? Pulmonary Embolism

Medical plan: urine toxicology, monitor GCS, EDD 16/11/20

Past medical history: NIL

Alcohol / Substance Use – Current and historical, Date / time of last use, Frequency, Pattern, Amounts, Route, Abstinence

Details (from medical notes / reported by patient *delete)

Reports he is a non-drinker. No alcohol detected.

He reports to taking 20-30 white Street Diazepam daily, cocaine and amphetamines. He did not expand on this,

Toxicology positive Benzodiazepines, Positive cocaine.

(Approx)* date / time of last use: Approx. ____ units per day/week* FAST_____ or ◻

Not completed

Naloxone training, Harm reduction

◻ Full training delivered ◻ Refresher delivered ◻ Checklist completed ◻ Supply Requested ◻Supply Refused

◻ Refused / not delivered – details Any known non-fatal overdose ◻ N ◻ Y

For Oplate replacement therapy / substitute prescribing patients only If not applicable, tick here ◻

Confirmation: ◻ Acute Addiction Liaison Nurse ◻ Acute Hospital Staff(Nurse/Doctor/Pharmacist)

Current substitute: ◻ Methadone ◻ Buprenorphine : Dose milligrams

Pharmacy Take home

Last supervised dose Prescription expires on

Mental health information, Cognitive assessment summary / information, Mental health support services, Detentions, Admissions

Orientated to: ◻ time ◻ place ◻ person / Confusion: ◻ N ◻ Y / Delirium: ◻ N ◻ Y

Details (current mood, any diagnosis, medication):

When questioned directly, any current thoughts or plans relating to suicide or self-harm

◻ N ◻ Y (give details):

Any previous thoughts or plans relating to suicide or self-harm known ◻ N ◻ Y (give details):

Currently known to CMHT: ◻ N ◻ Y (details):

Social circumstances, Relationships, Employment, Benefits, Judicial information,

Current relationship: ◻ N ◻ Y / Lives alone: ◻ N ◻ Y / Employed: ◻ N ◻ Y

Current accommodation: ◻ own tenancy ◻ homeless ◻ other

COPY

Mobility issues: ☐ N ☐ Y Criminal Justice:
Driving status: Any action:

Dependents: Name	Age / Date of Birth	Main carer	Where is the dependent at present?

Sexual health information, Pregnancy, BBV status

Hep C status: or ☐ not known HIV status: or ☐ not known
Pregnancy / Partner pregnant (details): or ☐ not known

Summary of Acute Addiction Liaison Nurse Intervention. If NO intervention suggested, please also detail the rationale for this

Suggested interventions /
Unable to assess patient fully due to clinical condition/ mental health. He appeared distressed saying that everyone was shouting at him and no one was doing anything about it. Plan discussed with Jude Morris consultant ward 8C. This is a similar presentation to 3 months ago. 1. As per page 22 of Hospital Guidelines for problematic drug users, start on lower dose of 10 mgs Diazepam x 3 daily. 2. Patient has been referred to Psychiatry for further assessment and advice regarding management. 3. Re-refer if required. 4. Patient Discharged

Presenting stage of change: or ☐ not able to assess at this stage
AALN Care Plan completed ☐ Information, Health promotion, Literature given: ☐ Less is Better leaflet
☐ Info about alcohol for inpatients☐ Naloxone leaflet ☐ Other (describe)

Alcohol History of alcohol use discussed with patient:

History of alcohol use discussed/explored with patient: Current alcohol problem identified:
x None ☐ Dependence ☐ ABI ☐ Hazardous/Harmful

Withdrawal (or risk of withdrawal) identified ☐ N or ☐ Y then action suggested by AALN →
☐ GMAWS symptoms triggered only — Using ☐ Lorazepam or ☐ Diazepam (regime in plan)
☐ GMAWS fixed dose + symptom triggered — ☐ GMAWS management for severe withdrawal
☐ Discontinue GMAWS — ☐ Reduce fixed dose Diazepam as per GMAWS

Vitamin replacement suggested at this stage: ☐ None/Already completed* ☐ Oral Thiamine ☐ Pabrinex

Substances History of illicit drug use discussed with patient:

History of illicit drug use discussed/explored with patient: Current illicit drug problem identified:
☐ None ☐ Heroin/opiates ☐ Cocaine ☐ Benzos ☐ NPS ☐ Other
Patient currently receiving substitute in Community: ☐ Methadone ☐ Buprenorphine
Action suggested by AALN: ☐ Continue at maintenance dose ☐ Titration up required
☐ Substitute commenced in Hospital ☐ Titration down required
☐ Substitute restarted in Hospital ☐ Benzodiazepine guidelines (page 10)
☐ Usual dose divided in two ☐ Emergency opiate withdrawal (DHC)

Child Protection issue identified: N☐ Y☐ Outcome
Vulnerability issue identified: N☐ Y☐ Outcome
Mental health concerns: N☐ Y☐ Outcome

Discussed with patient: ☐ Abstinence ☐ Relapse prevention ☐ Motivational work ☐ Harm reduction
Patient will return to/referred to: Ward advised to liaise with care manager re discharge : ☐ Y N☐ Other service ☐

Problem Identified by AALN (please circle): Drugs (to be amended on EMIS if different from problem identified by referrer)

Start Date of Assessment	Initials & Date	EMIS Diary Complete	Initials & Date	Assessment Document Completed	Initials & Date	Date of Discharge	Initials Date 17/11/20 PC
	17/11/20 PC		17/11/20 PC		17/11/20 PC		
Reason for Discharge	Advice Given + Assessment	Referred Back to ADRS	Religion:	Employed : Y/N	Ethnicity:	Referred/Open to other service:	

Name (Print) PAM CHARLESTON Sign Pam Charleston Senior Addiction Nurse

Glasgow City HSCP
Health and Social Care Partnership

Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

Adult Mental Health Liaison Service
Queen Elizabeth University Hospital
Central Medical Block (Clock Tower)
Ground Floor
1345 Govan Road
Glasgow
G51 4TF

0141 211 6393

www.glasgow.gov.uk
www.nhsggc.org.uk

Private and Confidential

Date	24th August 2020
Date Typed	25th August 2020
Our Ref	AJB/SS

Dr Wyllie
Mavor Medical Practice
Andrew Street
East Kilbride
G74 1AD

Dear Dr Wyllie

Re: Andrew Shaw, DOB 21.04.67 – CHI 2104673933
30 Douglas Drive, East Kilbride G75 8JS

Mr Shaw was referred to our service on 14/08/20 and seen by a number of professionals within our service over the period of his stay. I first met Mr Shaw on Friday 21/08/20. He had been admitted to the QEUH following a road traffic accident occurring whilst he was intoxicated most likely with cocaine and amphetamines. From a general medical and surgical point of view his stay was relatively uneventful. He developed an abnormal mental state in line with confusion and was thought to be in substance withdrawal and/or pathological intoxication. He was reviewed by our colleagues in addiction services and commenced on a fixed dose reducing regimen of diazepam. When I attended Mr Shaw on 21/08/20 his mental state was highly abnormal. There was very little contact with me and he made little speech. He appeared to be both distressed and perplexed, possibly hallucinated. I was not able to ascertain orientation. I returned to the ward today. He was somewhat improved although still showing a very abnormal mental state. He was able to describe hearing "voices" although the content and duration of these was difficult to ascertain. He also made reference to what appeared to be religiose thinking.

[redacted]

[redacted] I haven't arranged any further

Andrew Shaw
CHI 2104673933

follow-up from our team.

Yours sincerely

Dr Adam J Burnel
Consultant in Liaison Psychiatry

Referral Form

Referral to: Glasgow Liaison Psychiatry

Monday to Friday - 9:00am to 5:00pm

Ages seen: 18 up to & including 64 years of age

We aim to see the patient within 3 working days. Referrals are prioritised by clinical need. Please refer as early in the day as possible.

All **self-harm referrals** should be phoned through directly as per contact information on staffnet page **without** completion of the below form.

Hospital: *	**QEUH**	**Ward ***	**10C**

Patient Name: *	**Andrew Shaw**

DOB: *	21/04/67	**CHI:**	2104673933

Address: 30, DOUGLAS DRIVE, EAST KILBRIDE, GLASGOW, Lanarkshire

Is the Patient Aware of this Referral *	Yes and has been reviewed by psych on 18/08/2020
Is the Patient detained under a MHA (Y/N) *	No
Is the Patient being treated under an AWI *	**No**

Presenting complaint *(include description of symptoms, onset, precipitants, current state and relevant investigations)*

Dear Doctor,

This patient has been reviewed by liaison psychiatry on the 18/08/20. However, the patient was in delirium and assessment was difficult, which was attributed to withdrawal from medications at the time. Psychiatry called to inform that if further assessment is needed, re-referral can be done for that to happen. Addictions services have reviewed him and advised to start him on a lower dose of diazepam 10mg TDS according to pg 22 of acute drug

guidelines which was started yesterday morning (19/08/2020).

The initial plan was for an outpatient referral for psychiatry following the initial review on 18/08. However, the addiction team is not happy to discharge him, given he is very distressed and is still hallucinating (reports hearing voices) and would appreciate a psychiatry input in his condition. The addiction nurse has been in touch with psych in the past and would be keen for an inpatient review.

He is currently on 10C and was BIBP after an RTA where he was intoxicated and tested positive for various drugs – cocaine, amphetamines, methamphetamines, opioids and benzos. He has a left ankle fracture and is currently in a moon boot. From an orthopaedics perspective, he will be fit for discharge after physiotherapists are happy with his boot.

Kindly review this patient for further input in his psychotic symptoms.

Regards,

Rachna Maywah

FY1 Orthopaedics

Medical History	He is currently on 10C and was BIBP after an RTA where he was intoxicated and tested positive for various drugs – cocaine, amphetamines, methamphetamines, opioids and benzos. He has a left ankle fracture and is currently in a moon boot. From an orthopaedics perspective, he will be fit for discharge after physiotherapists are happy with his boot.
Drug & Alcohol Use	Tested positive for various drugs – cocaine, amphetamines, methamphetamines, opioids and benzos

Reason for the Referral * (*include a clear question that you wish us to approach, e.g. if for capacity assessment include which decision this relates to and detail the opinion of the referring team)*

Ongoing psychotic symptoms – further assessment from psychiatry required as per previous psych review and Addictions Recommendation.

Referrer's Details:

Name: *	**Rachna Maywah**	**Contact Details ***	[redacted]
Date:	**20/08/2020**	**Other**	

Please save a copy of this form and send via email to:

[redacted]

Please note we do not routinely assess **capacity** as this is a generic competency for all doctors.

Any doctor can inform SW about capacity in the SMAT process.

If you do consider that a psychiatric opinion is needed then you must provide the following information:

1. Capacity to make what decision?
2. What is your service's opinion about capacity and why is a specialist second opinion needed?
3. What cognitive and functional assessments have been conducted? (eg ACE-III & OT assessment).
4. What is the proposed treatment/intervention? What would the risks be if the patient is not agreeing to the proposed intervention? Does the patient understand these risks?

Glasgow City HSCP
Health and Social Care Partnership

Interim Chief Officer
Susanne Millar
MA (Hons) CQSW

Adult Mental Health Liaison Service
Queen Elizabeth University Hospital
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Private and Confidential

Dr. F. Wylie
Mavor Medical Practice
Hunter Health Centre
Andrew Street
East Kilbride
Glasgow
G74 1AD

Date Dictated 18th August 2020
Date Typed 19th August 2020

Our Ref EL/PL

Dear Dr. Wylie

Andrew Shaw - DOB 21.04.67 - CHI 2104673933
30 Douglas Drive, East Kilbride, Glasgow G75 8JS

Mr. Shaw is a 53-year old man who was admitted on 10th August 2020 following an RTA. He was brought to hospital by the police and will be discharged into police custody, charged with driving under the influence of illicit substances (cocaine). Urine drug screen is +ve for Cocaine, Amphetamines, Methamphetamines and Opioids. He has been reviewed by the Addictions Liaison Team with further review planned. He continues on treatment for opiate and benzodiazepine withdrawal..

He has a historical diagnosis of schizophrenia from 2011/2012. He was previously seen by Forensic Psychiatry and was on Risperdal consta depot in 2012/2013 however has not been on antipsychotic medication for many years. It is documented in clinic letters from 2012/2013 that psychotic symptoms were not convincing therefore the diagnosis is possibly disputed. There has been no documented contact with Mental Health Services since 2013.

There is no significant medical history known.

He receives DLA and denies financial stressors. He lives in a council flat and reports living with six other men. He has no known forensic history. His only family is a brother who lives in Ireland and he has no contact with. His mum passed away many years ago.

The staff nurse looking after him states he has seemed "vague" and disorientated since arriving on Ward 10C on 15th August. However there has been no agitation noted. He is compliant with his treatment plan and is eating, drinking and sleeping okay.

I reviewed him at his bedside. Police officers were sitting outside his room. On mental state examination, Andrew appears obese, unkempt, scratching himself frequently, breathing through pursed lips, tearful at times without clear precipitant. His pupils were equal and of normal diameter. He appeared distracted, agitated and with no eye contact. His speech was mumbled, incoherent at times and fairly monosyllabic. His mood is objectively anxious with labile affect, and subjectively he reports low mood. There is no formal thought disorder. He denies any thoughts of suicide or self-harm and denies any homicidal thoughts. There was no delusional ideation. He was however guarded, hesitant and vague with answers given therefore it was difficult to obtain any detail re thought content. He describes persistent visual hallucination of his deceased mother (died many years ago). He also describes "voices in (his) head" present "for years" with no change over the last 5-years. He was disorientated to time, partially orientated to place (e.g. knows he is in a hospital in Glasgow but does not know the name of hospital), and orientated to person. He attributes voice hearing to a perceived diagnosis of schizophrenia. However he does not recognise the negative impact of daily drug use on his mental state.

He recalls the reason for admission, stating "I crashed a car" and understands he has been charged. He states he uses cocaine daily, however was unable to provide further detail. He denies alcohol or cannabis use. He blames cocaine and other substance misuse on the "bad people" he lives with. He states he lives with six other men and he often feels "scared" because these men are part of a drug ring. However he denies selling drugs.

He reports hearing voices in his head "for years", and states they worsened 5 years ago. He states they "shout and scream" but no further detail was obtained. He has not sought help for this in the past other than psychiatric contact in 2012/2013, with no reason given for disengaging with follow up. He retains insight that these voices are not real.

My impression is a likely delirium in the context of illicit substance withdrawal.

He displays possible psychotic symptoms however these are longstanding and he has full insight into these experiences, therefore they are likely pseudo hallucinatory in nature.

Plan:
No changes to management at present. Ongoing Addictions Liaison review. Mr. Shaw has been discharged from the Adult Mental Health Liaison Service at this time as it was not possible to fully assess him for an underlying mental health condition as he is in acute substance withdrawal. I have handed over to the medical staff in Ward 10C that they should re-refer this patient once he has completed his inpatient detox.

Yours sincerely

Dr. Emma Leighton
Specialty Doctor
Adult Mental Health Liaison Service

Referral Form

Referral to: Glasgow Liaison Psychiatry

Monday to Friday - 9:00am to 5:00pm

Ages seen: 18 up to & including 64 years of age

We aim to see the patient within 3 working days. Referrals are prioritised by clinical need. Please refer as early in the day as possible.

All **self-harm referrals** should be phoned through directly as per contact information on staffnet page **without** completion of the below form.

Hospital: *	**Queen Elizabeth University Hospital**	**Ward ***	**10C B84**

Patient Name: *	**Andrew Shaw**

DOB: *	21/04/1967	**CHI:**	**2104673933**

Address 30 Douglas Drive East Kilbride, Glasgow

Is the Patient Aware of this Referral *	**Y**
Is the Patient detained under a MHA (Y/N) *	**N**
Is the Patient being treated under an AWI *	**N**

Presenting complaint *(include description of symptoms, onset, precipitants, current state and relevant investigations)*

Road traffic accident – intoxicated – Left ankle fracture being managed conservatively

Medical History	**Patient claiming to have been diagnosed with Schizophrenia 4-5 years ago by a private doctor who is no longer alive. Allegedly given a medication for it which he hasn't been taking for years because he didn't like it** **No other medical conditions noted**
Drug & Alcohol Use	**Stated no alcohol excess. Taking cocaine daily but no other drug use. However, tox screen done 12/08 was positive for cocaine, amphetamine, methampethamine, opioids, benzos.**

Reason for the Referral * (*include a clear question that you wish us to approach, e.g. if for capacity assessment include which decision this relates to and detail the opinion of the referring team)*

Visual hallucinations

Referrer's Details:

Name: *	[redacted]	**Contact Details ***	[redacted]
Date:	**17/08/2020**	**Other**	

Please save a copy of this form and send via email to:

[redacted]

Please note we do not routinely assess **capacity** as this is a generic competency for all doctors.
Any doctor can inform SW about capacity in the SMAT process.

If you do consider that a psychiatric opinion is needed then you must provide the following information:

1. Capacity to make what decision?
2. What is your service's opinion about capacity and why is a specialist second opinion needed?
3. What cognitive and functional assessments have been conducted? (eg ACE-III & OT assessment).
4. What is the proposed treatment/intervention? What would the risks be if the patient is not agreeing to the proposed intervention? Does the patient understand these risks?

COPY

Acute Addiction Liaison In-patient Service
Referral Form, Admin Checklist & Waiting Times

Date received : 14/8/20 Date referred: 14/8/20 Time Of Referral : 10.45

Referrer Name : S/N Sarah Referrer Tel. : [redacted]

(Referral source) Hospital : (GRI / GGH / QEUH / Vale of Leven) Ward / Clinic : HDU 6.

Problem Reported By Referrer: Alcohol / Drugs / Both

Has Referral Been Discussed With Patient : Yes / No / Not Known / Answering Machine Referral

Reason For Referral :
(Please Record Exactly As Dictated)

Patient Name : Andrew Shaw.

D.o.B. : 21/04/1967

Gender (M) / F

Address : 30 Douglas Drive
East Kilbride
Glasgow
Postcode : G75 8QS

GP Name / ID No: Dr Fraser Wylie
63231.

Ethnicity:

CHI : 2104673933

CareFirst :

Referral added to EMIS ☐

Referral added as "non consent" to EMIS ☑

Consent given - EMIS updated ☐

Admin Sign & Date.....

CAT : Y / (N) Team :

Worker / Care Manager : NO INPUT.

Tick if Info Passed on to Liaison Nurse ☐

EMIS Alert (Y / (N)) :

Details :

Tick if Info Passed on to Liaison Nurse ☐

CareFirst Warning (Y / (N)) :

Details :

Tick if Info Passed on to Liaison Nurse ☑

Currently open to the following services on PIMS/EMIS, CMHT, Eriskay House, Kershaw Unit, Addictions Parkhead

.....

Message Passed To ET On 14/8/20 At 11:30

Last Referral (1) ✓

No. Of Previous Referrals In Last 12 Months (Do Not Include This Referral) 0

For Admin to complete :	Discharged From EMIS Admin ..... Scanned to EMIS	Waiting Times Completed Admin	ABI Log Updated Admin ..... Naloxone Log Admin .....

COPY

2104673933
SHAW M
Andrew, M 21/04/1967
30 DOUGLAS DRIVE
EAST KILBRIDE
Glasgow, Lanarkshire
G75 8JS

Dr. FR Wyllie
Mavor Medical Practice
Hunter Health Centre
Andrew Street
East Kilbride
G74 1AD

NHS Greater Glasgow and Clyde

Date/Time of Assessment: 17.08.20 (0930hrs)

Date/Time Of Admission: 11.08.20 (1320hrs)

Alcohol / Drugs / Both *delete Ward: 10c.

DETAILS OF ADRS

ADRS Team : Not known to ADRS ☐

Care Manager _____ Telephone _____

If known to ADRS, Care Manager/Duty Worker* advised of admission ☐ N or ☐ Y (by ☐ telephone ☐ email)

Other support service input: _____

Presenting complaint/symptoms, Medical impression/diagnosis, Medical plan, Investigations, Past medical history

Admitted to: Glasgow Royal Infirmary / Queen Elizabeth University Hospital / Gartnavel General / VOL *delete

Presenting complaint / reason for admission: Polytrauma - car crash

Medical impression / diagnosis: Car crash - Found by police. Left distal fibular fracture.

Medical plan: Neuro obs., Oxygen therapy.

Past medical history: _____

Alcohol / Substance Use – current and historical, Date / Time of last use, Frequency, Pattern, Amounts, Route, Abstinence

Details (from medical notes / reported by patient *delete) _____

Urine drug screen positive for cocaine, amphetamines, opiates and benzodiazepines.

Patient stated not regular drug use except cocaine - daily use - funds by "doing (shakeress(?)e's told by them" - see conversation sheet.

No regular alcohol. Never known to addiction services.

(Approx)*date / time of last use: _____ Approx. ____ units per day/week* FAST ____ or ☐

Not completed Naloxone training, Harm reduction

☐ Full training delivered ☐ Refresher delivered ☐ Checklist completed ☐ Supply Requested ☐ Supply Refused

☐ Refused / not delivered – details _____ Any known non-fatal overdose ☐ N ☐ Y

For Opiate replacement therapy / substitute prescribing patients only If not applicable, tick here ☐

Confirmation: ☐ Acute Addiction Liaison Nurse ☐ Acute Hospital Staff(Nurse/Doctor/Pharmacist)

Current substitute: ☐ Methadone ☐ Buprenorphine ; Dose _____ milligrams

Pharmacy _____ Take home _____

Last supervised dose _____ Prescription expires on _____

Mental health information, Cognitive assessment summary / information, Mental health support services, Detentions, Admissions

Orientated to: ☐ time ☐ place ☐ person / Confusion: ☐ N ☐ Y / Delirium: ☐ N ☐ Y

Details (current mood, any diagnosis, medication): _____

When questioned directly, any current thoughts or plans relating to suicide or self-harm ☐ N ☐ Y (give details): _____

Any previous thoughts or plans relating to suicide or self-harm known ☐ N ☐ Y (give details): _____

Currently known to CMHT: ☐ N ☐ Y (details): _____

Disorientated. Appears to be hallucinating. Unclear if still under influence of substances.

Social circumstances, Relationships, Employment, Benefits, Judicial information,

Current relationship: ☒ N ☐ Y / Lives alone: ☒ N ☐ Y / Employed: ☐ N ☐ Y See conversation sheet.

Current accommodation: ☐ own tenancy ☐ homeless ☒ other _____ for details.

Mobility issues: ☐ N ☐ Y Ankle - broken ankle Criminal Justice: Under Guard.

Driving status: Admitted following car crash. Any action: Police in attendance.

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Dependents: Name	Age / Date of Birth	Main carer	Where is the dependent at present?
None			

Sexual health information, Pregnancy, BBV status

Hep C status: _____ or ☐ not known HIV status: _____ or ☐ not known

Pregnancy / Partner pregnant (details): _____ or ☐ not known

Summary of Acute Addiction Liaison Nurse intervention. If NO intervention suggested, please also detail the rationale for this

Suggested interventions / plan

Patient was contained police present outside of his room. Also under Rutherglen Police office. Ward have contacted patients Lawyer at his request.

Unpredictable unresponsive from taking as discriminated, possibly hallucinating, may still be assessed by psychiatric service.

Presenting stage of change: _____ or ☐ not able to assess at this stage

AALN Care Plan completed ☐ Information, Health promotion, Literature given: ☐ Less is Better leaflet

☐ Info about alcohol for inpatients ☐ Naloxone leaflet ☐ Other (describe)_____

Alcohol History of alcohol use discussed with patient:

History of alcohol use discussed/explored with patient: Current alcohol problem identified:

☐ None ☐ Dependence ☐ ABI ☐ Hazardous/Harmful

Withdrawal (or risk of withdrawal) identified ☐ N or ☐ Y then action suggested by AALN →

☐ GMAWS symptoms triggered only
☐ GMAWS fixed dose + symptom triggered
☐ Discontinue GMAWS
Using ☐ Lorazepam or ☐ Diazepam (regime in plan)
☐ GMAWS management for severe withdrawal
☐ Reduce fixed dose Diazepam as per GMAWS

Vitamin replacement suggested at this stage: ☐ None/Already completed* ☐ Oral Thiamine ☐ Pabrinex

Substances History of illicit drug use discussed with patient:

History of illicit drug use discussed/explored with patient: Current illicit drug problem identified:

☐ None ☐ Heroin/opiates ☐ Cocaine ☐ Benzos ☐ NPS ☐ Other

Patient currently receiving substitute in Community: ☐ Methadone ☐ Buprenorphine

Action suggested by AALN:
☐ Continue at maintenance dose
☐ Substitute commenced in Hospital
☐ Substitute restarted in Hospital
☐ Usual dose divided in two
☐ Titration up required
☐ Titration down required
☐ Benzodiazepine guidelines (page 10)
☐ Emergency opiate withdrawal (DHC)

Child Protection issue identified: N ☐ Y ☐ Outcome _____

Vulnerability issue identified: N ☐ Y ☐ Outcome _____

Mental health concerns: N ☐ Y ☐ Outcome _____

Discussed with patient: ☐ Abstinence ☐ Relapse prevention ☐ Motivational work ☐ Harm reduction

Patient will return to/referred to: Ward advised to liaise with care manager re discharge : ☐ Y ☐ N ☐ Other service ☐

Problem identified by AALN (please circle): Alcohol / Drugs (to be amended on EMIS if different from problem identified by referrer)

Start Date of Assessment	Initials & Date	EMIS Diary Complete	Initials & Date	Assessment Document Completed	Initials & Date	Date of Discharge	Initials&Date
Reason for Discharge	Advice Given + Assessment	Referred Back to ADRS	Religion:	Employed : Y/N	Ethnicity:	Referred/Open to other service:	

Name (Print) Anne Marie Rumney Sign _____

COPY

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☑

Please tick ✓ appropriate directorate

(1)

2104673933
SHAW
Andrew, M M
30 DOUGLAS DRIVE 21/04/1967
EAST KILBRIDE
Glasgow, Lanarkshire
G75 8JS

Date & Time	*consent*	Signature, Print Name & Designation
14/8/20 15:35	Attended to see as planned in Ward 6 of the QEUH. Admitted on 10/8/20 at 23:29 after crashing car whilst under the influence. Drug screen positive for Cocaine, Amphetamines, Methamphetamine, opioid and Benzodiazepines. Andrew has been very drowsy since admission. Nurse reported just starting to improve. AWI in place. Police are in attendance. Not able to complete an assessment today. Given advice on possible Benzo/opiate withdrawal (copy of drug guidelines supplied) Advised we would return on Monday 17/8/20	Emma Johnston (addiction nurse)
17.08.20 (1045hrs)	Patient has continued to be observed by ward staff to be hallucinating. On discussion - Some disorientation day, month, year. Observed during assessment to be distracted / looking to ceiling - reports "seeing things" (for years) and was seen by a psychiatrist Dr. Campbell who diagnosed him with schizophrenia at age 22 years old. Stated has not lived in	

83949 GCC0072

COPY

Date & Time		Signature, Print Name & Designation
	East Kilbride for 4 years - Has been	
	living with a friend in Govan	
	(Paisley Road) "not a good friend"	
	He reports no alcohol or regular	
	drug use except daily joints cocaine -	
	did not give specific amounts.	
	Doesn't have debts, he pays for	
	his cocaine by "doing what I'm	
	told" when I asked specifically	
	what this was - he was agitated	
	and looked distressed, did not	
	expand. Stated it's been "going on	
	for too long" I don't want to	
	say, there's too many of them	
	Stated a gang of Asians - when	
	asked if he had spoken to the	
	police about it he said, no	
	they don't listen and they use	
	his garage.	
	Reports no family around him,	
	brother lives in Ireland. When	
	asked how he came into contact	
	with these associates he said through	
	a previous friend who was asian/ethnicity	
	and his dad went to Pakistan	
	with him a few times in the	
	past.	
	Stated that they had spiked his	
	tea with all the drugs that were	
	in his system - they then put	
	him in the car - which this was	
	old because he had refused to	
	do something for them. -	

COPY

(2)

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☑

Please tick ✓ appropriate directorate

2104673933
SHAW M
Andrew, M 21/04/1967
30 DOUGLAS DRIVE
EAST KILBRIDE
Glasgow, Lanarkshire
G75 8JS

Date & Time		Signature, Print Name & Designation
17.08.20 cont'd.	Did not say what this was when I asked.	
	Suggestion:-	
	(1) Please refer to liaison psychiatry, they were expecting referral as I have discussed this morning.	
	(2) Patient has never been known to addiction services in the past.	
	(3) If the information he has provided is genuine / not delusional then potentially may be a vulnerable adult.	
	(4) We should review in 2 days if there appears to be any further role for addictions.	
	Anne Marie Pinkney	(Senior Addiction Nurse)
19.08.20 cont'd.	Reviewed. Seen by Y - they wish re-referral once pt. Beds declined. Patient now shaking was taking illicit Diazepam / drinky. Never injected (But then) denied he doesn't like Diazepam "group of men he was living with made him take it". - "injected him in his toes." - unknown substance. Appears more distressed than before 2 days ago.	

83949 CGC0072

COPY

Date & Time		Signature, Print Name & Designation
	Suggest:-	
	(1) Utilise p. 22 of guidelines for possible benzo. withdrawal. Fixed dose - consider lower starting dose of 10mg three times / daily.	
	(2) Only administer dihydrocodeine if clear evidence of opiate withdrawals as per SDWS p. 28 of guidelines - score 5 or more.	
	(3) Please phone Y for further advice if ↑ psychiatric symptoms / distress.	
	(4) We shall review on Friday. Anne Marie Parkes (Senior Addiction Nurse)	
21/8/20 10 hrs	Reviewed today as planned. Limited discussion with myself.	
	SUGGESTED PLAN	
	(1) Continue regular diazepam reduction - guidelines in Kardex	
	(2) If requiring regular dihydrocodeine or opiate withdrawal this should be gradually reduced prior to discharge. Not requiring regularly at this time.	
	(3) Re-ref Y if further support required. Will be discharged to police custody.	Stephen Downs Addiction Liaison Nurse

COPY

Directorate of Forensic Mental Health
Douglas Inch Centre
2 Woodside Terrace
Glasgow G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8005
Email

Date dictated: 9 November 2006
Date typed: 1 December 2006
Your Ref
Our Ref MB/TB

STRICTLY CONFIDENTIAL

Dr Shaw
Kingsway Medical Centre
12 Kingsway Court
GLASGOW G14 9SS

Dear Dr Shaw

Re: Andrew Shaw, d.o.b. 21.04.1967; CHI No. 2104673933
Flat 9/4, 40 Kingsway Court, Scotstoun, Glasgow, G14 9SX

We held a CPA regarding Mr Andrew Shaw today at the Douglas Inch Centre. Mr Shaw continues to be accommodated in inadequate housing. This issue is being addressed via CPA. Otherwise his mental state was fairly unremarkable. He is compliant with Risperidone depot which is administered by one of my CPN colleagues. I will keep you informed as to his progress.

Yours sincerely

DR MELANIE BAKER
Consultant in Forensic Psychiatry

COPY

Directorate of Forensic Mental Health
Douglas Inch Centre
2 Woodside Terrace
Glasgow G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8005
Email

Date dictated: 28 November 2006
Date typed: 14 December 2006
Your Ref
Our Ref MB/TB

STRICTLY CONFIDENTIAL

Dr Shaw
Kingsway Medical Centre
12 Kingsway Court
GLASGOW G14 9SS

Dear Dr Shaw

Re: Andrew Shaw, d.o.b. 21.04.1967; CHI No. 2104673933
Flat 9/4, 40 Kingsway Court, Scotstoun, Glasgow, G14 9SX

Mr Shaw failed to attend my out-patient clinic at the Douglas Inch Centre today on 28 November 2006. I will give him a further appointment and will keep you appraised as to his progress.

Yours sincerely

DR MELANIE BAKER
Consultant in Forensic Psychiatry

Copy to: [redacted]

Forensic Directorate

Dr Shaw
Kingsway Medical Centre
12 Kingsway Court
Glasgow G14 9SS

Date dictated	14 May 2007
Date typed	14 May 2007
Our Ref	LT/KM/1774503
Your Ref	
Direct Line	0141 211 6462
Fax	0141 211 6636

Dear Dr Shaw

ANDREW SHAW (DoB 21.04.67) CHI: 3933
F1/1 27 THORNWOOD CRESCENT WHITEINCH G11 7PL

I saw this man for the first time since he was passed over to us by Dr Baker. He was brought to the Douglas Inch Centre Outpatient Clinic by [redacted]

He told me he has been spending most of his time at his cousin's house in Cumbernauld and pops back to his new flat for a few nights at a time. He admitted he is dissatisfied with his new flat because neighbours who are drug users have been knocking on his door asking him for cigarettes etc. He reports a lowering in his mood and a worsening in his voices which might well be related to his perceived problems in his new accommodation. [redacted]

Mr Shaw missed his last dose of Risperdal Consta, presumably because he was in Cumbernauld, but he had his first dose after 13 days today. He told me he feels that there has been no benefit since he started taking it in August 2006.

Mr Shaw's behaviour changed markedly after he came to the interview room. Prior to this he had been sitting in the waiting area with a dejected expression, but not obviously agitated. His presentation in the interview would have been rather more alarming if I had not seen him earlier. He avoided eye contact throughout the interview which is not unusual for him, and jiggled his leg up and down. He rubbed his forehead frequently. He admitted feeling tense because I was a relatively new doctor to him. I have seen him once about two years ago when he was in Gartnavel IPCU. He reported his current mood as being 3 out of 10 and described a disturbed sleep. He talked about Dr Campbell who saw him for several years previously, and told me he had telephoned her at the State Hospital several months ago and she had advised him to open up to his current doctors. He denied any wish on his part to try and speak to her or see her outside of her work place. He told me his voices were constant with apparently unpleasant content although he did not describe this further. He denied any ideas of self harm, suicide or violent thoughts towards others.

Continued

ANDREW SHAW (DoB 21.04.67) CHI: 3933
F1/1 27 THORNWOOD CRESCENT WHITEINCH G11 7PL

Impression

Mr Shaw reports a lowering in his mood and worsening in his voices. I did not consider his voices to be psychotic in nature. Mr Shaw does make use of the support provided from the Social Work Department. It is possible that during this period of settling in to his new flat there will be a worsening of his long-standing symptoms, but I hope that he will become more confident in his new surroundings with increased support from Social Work. He clearly feels that the Risperdal Consta has made little difference to his symptoms over the last eight months so I would suggest changing him to Flupenthixol Decanoate depot. He could start with a 20mg test dose next week, increasing to 40mg in the second week, then increasing to 50mg every two weeks. I have explained possible extra pyramidal side effects and initial sedation.

I will review him at the Southern General Hospital on 28 June at 3.00pm. [redacted] is agreeable to bringing him to his appointment again. I will try and arrange his next CPA meeting to follow his clinic appointment at 3.30pm.

Yours sincerely

DR LAURENCE TUDDENHAM
Specialist Registrar in Forensic Psychiatry

Cc: Joe Munro, FCPN
[redacted]

Directorate of Forensic Mental Health
Douglas Inch Centre
2 Woodside Terrace
Glasgow G3 7UY

Direct Line 0141 211 8000
Fax 0141 211 8005
Email

Date dictated: 14 December 2006
Date typed: 3 January 2007
Your Ref
Our Ref MB/TB

STRICTLY CONFIDENTIAL

Dr Shaw
Kingsway Medical Centre
12 Kingsway Court
GLASGOW G14 9SS

Dear Dr Shaw

Re: Andrew Shaw, d.o.b. 21.04.1967; CHI No. 2104673933
Flat 9/4, 40 Kingsway Court, Scotstoun, Glasgow, G14 9SX

Mr Shaw attended my out-patient clinic at the Douglas Inch Centre today on 14 December 2006. At review Mr Shaw was complaining of low mood. He certainly presents with some biological symptoms suggestive of mood disorder with disturbed sleep, initial insomnia, early morning wakening, anhedonia and poor appetite. He did not describe suicidal thought or intent.

Mr Shaw is largely living with a friend as he finds his own flat aversive. This issue is being addressed by housing.

Mr Shaw acknowledged ongoing auditory hallucinations. He stated that these were occurring at the same level as always and were undistressing to him.

Mr Shaw acknowledged that he was driving his car at present despite being fully aware that he was not entitled to do so having no licence. [redacted]

I have arranged to review Mr Shaw on 9 January 2007 and will keep you informed. In the meantime I am very grateful if you could prescribe Trazodone 150mg at night for Mr Shaw in addition to Risperidone 4mg orally at night and Procyclidine 5mg prn. Mr Shaw is also in receipt of Risperidone depot of 15mg fortnightly. I would be very grateful if his medication could be prescribed in a week's supply only given his previous history of significant self-harm and overdosing.

Yours sincerely

DR MELANIE BAKER
Consultant in Forensic Psychiatry

Copy to: Jim McNicol, Senior Nurse: Outreach Services, CXC [redacted]

STRICTLY CONFIDENTIAL

Mr Andrew Shaw
Flat 1/3
5 Thornwood Crescent
GLASGOW
G11 7PL

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

Date Dictated: 14th August 2012
Date Typed: 21st August 2012
Our Ref **AC / CM**
PIMS No: **1774503**
CHI No: **210 467 3933**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Mr Shaw

I am sorry that you were unable to attend your outpatient clinic appointment on the 14th August 2012 at Riverside CMHT. I hope you are well. I believe you have been seen on a few occasions at the Douglas Inch Centre and will therefore discharge you at this time back to the care of your GP. If you require to be seen again at Riverside CMHT, please ask your GP to re-refer you in the usual manner.

Yours sincerely

Dr Arthur Calnan
Speciality Doctor in Psychiatry

c.c. Dr K Sankey, Consultant Forensic Psychiatrist, Douglas Inch Centre, 2 Woodside Terrace, Glasgow G3 7UY

c.c. Dr RW Shaw
Kingsway Medical Practice
12 Kingsway Court
Glasgow
G14 9SS

COPY

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Dr RW Shaw
Kingsway Medical Practice
12 Kingsway Court
Glasgow
G14 9SS

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

Date Dictated: 14th August 2012
Date Typed: 14th August 2012
Our Ref **AC / CM**
PIMS No: **1774503**
CHI No: **2104673933**
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Dr Shaw

Re: Andrew Shaw DOB: 21.04.67
Flat 1 / 3, 5 Thornwood Crescent, Glasgow G11 7PL

Andrew had an appointment to see me at Riverside CMHT on the 14th August 2012, but did not attend.

He has been reviewed twice by Forensic Psychiatry in Barlinnie Prison around the turn of 2012 and they were unconvinced that he had any truly psychotic symptoms and they plan to reduce and potentially stop his Risperidone. Also, he has attracted a diagnosis of Dissocial Personality Disorder.

We will therefore discharge him at this time, but would be more than happy to see him again should he be re-referred in the usual manner.

I trust this is acceptable.

Yours sincerely

Dr Arthur Calnan
Speciality Doctor in Psychiatry

COPY

STRICTLY CONFIDENTIAL

Mr Andrew Shaw
Flat 1/3
5 Thornwood Crescent
Glasgow
G11 7PL

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU
Telephone 0141 211 1430
www.nhsgg.org.uk

Date 29th June 2012
Our Ref JR/CM
PIMS No: 1774503
CHI No: 2104673933
Direct Line 0141 211 1448
Fax 0141 211 1444

Dear Mr Shaw

The following appointment has been arranged for you to attend the clinic on:

Date: **Tuesday 14th August 2012**

Time: **11.00am**

Doctor: **Dr Arthur Calnan, Specialty Doctor in Psychiatry**

Location: **Riverside CMHT, The Centre for Health and Care,**
(Lower Ground Floor)
547 Dumbarton Road, Glasgow, G11 6HU

If this time or date is unsuitable please telephone the number above to rearrange.

Yours sincerely

Christine MacKay
Medical Secretary

NB: Please bring this letter to your appointment to present to reception.

Glasgow City
Community Health Partnership
North West Sector

STRICTLY CONFIDENTIAL

Dr RW Shaw
Kingsway Medical Practice
12 Kingsway Court
Glasgow
G14 9SS

Riverside Community Mental Health Team
The Centre for Health and Care
547 Dumbarton Road
Glasgow
G11 6HU

Date Typed:	6th June 2012
Date Dictated:	1st June 2012
Our Ref	**AC / DT**
PIMS No:	**1774503**
CHI No:	**210 467 3933**
Direct Line	0141 211 1448
Fax	0141 211 1444

Dear Dr Shaw

Re: ANDREW SHAW D.O.B. 21.04.1967
FLAT 1 / 3, 5 THORNWOOD CRESCENT, GLASGOW G11 7PL

Andrew had an appointment to see me at Riverside on the 1st June, but did not attend.

I will send Andrew out another appointment.

Yours sincerely

Dr Arthur Calnan
Locum Speciality Doctor in General Adult Psychiatry