**Subject Access Request Team**
**Health Records Department**
**Gartnavel General Hospital**
**1053 Great Western Road**
**Glasgow**
**G12 0YN**

NHS
Greater Glasgow and Clyde

MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date:12TH JUNE 2025
Your Ref: 100368
Our Ref: SAR/TEAM/TH
Enquiries to: Tracy Hunter
Direct Line: 0141 211 0667
Email: tracy.hunter3@nhs.scot

Dear Sir/Madam

## Re: Subject Access Request under the General Data Protection Regulation

**Patient: DANIEL JOYCE** **Date: 13.05.1954**

Thank you for your request received **28TH MAY 2026** in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

## GARTNAVEL GENERAL HOSPITAL RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports

- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

**SAR Team**

## ELECTRONIC PATIENT RECORDS

| | | | |
|---|---|---|---|
| ALL HOSPITAL RECORDS HELD NHSGGC | ☐ | | |
| ACS | ☐ | | |
| BEATSON HOSPITAL | ☐ | | |
| CANNIESBURN HOSPITAL | ☐ | | |
| DENTAL HOSPITAL | ☐ | | |
| GARTNAVEL GENERAL HOSPITAL | ☑ | | |
| GLASGOW ROYAL INFIRMARY | ☐ | | |
| INVERCLYDE ROYAL HOSPITAL | ☐ | MATERNITY | ☐ |
| NEW VICTORIA ACH | ☐ | | |
| PRINCESS ROYAL MATERNITY | ☐ | | |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | ☐ | MATERNITY | ☐ |
| ROYAL ALEXANDRA HOSPITAL | ☐ | MATERNITY | ☐ |
| ROYAL HOSPITAL FOR CHILDREN | ☐ | | |
| STOBHILL HOSPITAL | ☐ | | |
| VALE OF LEVEN | ☐ | MATERNITY | ☐ |
| WEST AMBULATORY CARE HOSPITAL | ☐ | | |
| WESTERN INFIRMARY RECORDS | ☐ | | |

**Including:**

| | |
|---|---|
| ADGERNET | ☐ |
| CAREVUE | ☐ |
| MEDICAL ILLUSTRATION | ☐ |
| METAVISION | ☐ |
| PHYSIOTHERAPY | ☐ |
| RADIOLOGY | ☑ |
| WEST MARC | ☐ |
| LABS | ☐ |

NHS Greater Glasgow and Clyde

# Endoscopy Care Plan

1305546016
JOYCE M
Daniel 13/05/1954
165 Failley Road
Clydebank
G81 5BQ

**Date:** 17/2/2014 **Consultant / Endoscopist:** MR CHONG

Patient liked to be known as: .....

## Procedure

| | | | | | |
|---|---|---|---|---|---|
| Gastroscopy | ☐ | E.R.C.P | ☐ | EBUS | ☐ |
| Colonoscopy | ☑ ENT. | E.U.S | ☐ | Enteroscopy | ☐ |
| Sigmoidoscopy | ☐ | Bronchoscopy | ☐ | Thoracoscopy | ☐ |

## Discharge Arrangements

| | | |
|---|---|---|
| Name of Escort /contact NOK DAVID<br>Relationship BROTHER<br>Contact tel no NO NUMBER | **Escort Required**<br>Yes ☐ No ☐<br>**Escort to be contacted**<br>Yes ☐ No ☐ | **Overnight supervision arranged**<br>Yes ☐ No ☐<br>**Overnight stay in ward**<br>Yes ☐ No ☐ |

Have you received Patient Information and understood it: Yes ☑ No ☐

## Medical History and Pre Procedure check

| Condition | Yes | No | Details |
|---|---|---|---|
| Diabetes | | ✓ | Type 1 ☐ Type 2 ☐ |
| Angina/ Ischaemic heart Disease | | ✓ | |
| Hypertension | | ✓ | |
| Myocardial Infarction | | ✓ | Date: |
| Artificial valves | | ✓ | |
| Pacemaker | | ✓ | |
| CABG | | ✓ | |
| Coronary artery stent | | ✓ | |
| Stroke/TIA | | ✓ | |
| Asthma | | ✓ | |
| COPD | | ✓ | |
| Epilepsy | | ✓ | |
| Liver disease | | ✓ | |
| Arthritis | | ✓ | |
| Orthopaedic implants | | ✓ | Specify: |
| Glaucoma | | ✓ | |
| Anaemia | | ✓ | |
| Recent surgery | | ✓ | |
| Previous endoscopy | | ✓ | |
| CJD/VCJD risk | | ✓ | |
| Other | | | |

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| Presenting complaint | Yes | No | Detail other illness or complaint |
|---|---|---|---|
| Reflux | | | |
| Dysphagia | | | |
| Barretts | | | |
| Oesphageal/Gastric Varices | | | |
| Gastric ulcer | | | |
| Altered bowel habit | | | |
| PR bleeding | | | |
| Crohns disease | | | |
| Ulcerative colitis | | | |
| Surveillance colonoscopy | | | |
| Screening programme | | | |
| Other: | | | |

## Mobility Assessment

Independent Yes ☑ No ☐ If No, complete all questions

Aids and/ or assistance required Yes ☐ No ☐

Walking stick ☐ Zimmer ☐ Wheelchair ☐ Other ☐ Specify .....

Sight impairment Yes ☐ No ☐ if yes specify .....

## Communication Needs (answer only applicable question)

Hearing impairment Yes ☐ No ☑

Hearing aid Yes ☐ No ☑ right ear ☐ left ear ☐ both ears ☐

Sign Interpreter required Yes ☐ No ☑

Lip reads Yes ☐ No ☑

Interpreter Required Yes ☐ No ☑ Language .....

Interpreter present Yes ☐ No ☑

Relative / friend present Yes ☐ No ☑

The use of relatives and friends as interpreters is discouraged unless it is the patient's choice to use them.

Learning Disability Yes ☐ No ☑ Carer present Yes ☐ No ☐

Dementia Yes ☐ No ☑ Incapacity form completed Yes ☐ No ☐

Current Medication (list below and tick those taken today)

| | | | | | |
|---|---|---|---|---|---|
| Brufen | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ANTICOAGULANT THERAPY Yes ☐ No ☑ If yes current medication .....

When was this medication last taken Specify .....

INR Result .....

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## Admission Observations

BP ..176/93.. Pulse ..86.. Oxygen Saturation ..99..

BM (if applicable) ..... Respirations (if applicable) .....

Fasted since .....

| Bowel Prep | Klean Prep | Moviprep | Picolax | Enema / home | Enema / dept | Other |
|---|---|---|---|---|---|---|
| No of sachets | | 2 | | | | m |
| Result- Good / Poor | | good | | | | |

## Patient Requests

Throat Spray ☐ IV Sedation ☐ No Sedation ☐ Not Applicable ☐ Entonox

## IV Cannulation

| R Hand | L Hand | R Arm | L Arm | Other | Time | Inserted by (please print) |
|---|---|---|---|---|---|---|
| | | | | | | |

Dentures removed (if applicable) Yes ☐ No ☐

Crowns Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐

Bridgework Yes ☐ No ☐ upper ☐ lower ☐ front ☐ back ☐ R side ☐ L side ☐

Identiband details checked Yes ☑ No ☐

Consent form signed Yes ☑ No ☐

Consent form countersigned Yes ☑ No ☐

Underwear removed (if applicable) Yes ☑ No ☐

Jewellery removed Yes ☐ No ☐ NA

**ALLERGIES** Yes ☐ if yes detail below No ☑

Details ..... Nil known

Name of Admission Nurse (Print) ..... Anne Scott

Signature of Admission Nurse ..... Anne Scott

## Patient's Declaration

I have read and understood the warnings regarding the after effects of sedation.

Patient's signature .....

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## Intra Procedure

Endoscopist (print) ..... Mr. Chang .....

Endoscopy Room Nurses (print) ..... E. Bell V McManus .....

Surgical Pause carried out Yes ☑ No ☐

## Medication Administered Pre, Intra and Post Procedure

| Drug | Yes | No | Time | Dose | Route | Given/Sign/Dr/Nurse |
|---|---|---|---|---|---|---|
| Xylocaine spray | | | | | | |
| Midazolam | | | | mg | IV | |
| Midazolam | | | | mg | | |
| Midazolam | | | | mg | | |
| Pethidine | | | | mg | | |
| Pethidine | | | | mg | | |
| Pethidine | | | | mg | | |
| Fentanyl | | | | mcg | | |
| Fentanyl | | | | mcg | | |
| Fentanyl | | | | mcg | | |
| Buscopan | | | | mg | | |
| Buscopan | | | | mg | | |
| Buscopan | | | | mg | | |
| **Antibiotics** | | | | | | |
| | | | | mg | | |
| | | | | mg | | |
| | | | | mg | | |
| **Reversal Agents** | | | | | | |
| | | | | mg | | |
| | | | | mg | | |
| **Local anaesthetic** | | | | | | |
| | | | | mg | | |
| | | | | mg | | |
| **Other** | | | | | | |
| Botox | | | | mg | | |
| | | | | | | |
| ENTONOX. | ✓ | | 11:38. | 0 | Self | administering. |
| | | | | | | |

Prescribed by .....

Endoscopist Signature .....

Start Time ..... 11:38 ..... Finish Time ..... 11:50 .....

Patient position Left Lateral ☑ Supine ☐ Prone ☐ All ☐

Oxygen therapy Yes ☐ No ☑ nasal sponge ☐ cannula ☐ mask ☐ rate .....

1305546016
JOYCE
F Daniel M
165 Faifley Road 13/05/1954
Clydebank
G81 5BQ

## Observations during procedure

| | | | | | | |
|---|---|---|---|---|---|---|
| Time | 11:38 | 11:50 | | | | |
| Pulse | 85. | 80 | | | | |
| SpO2 | 95% | 98% | | | | |
| BP | | 164/83 | | | | |
| Resps | | | | | | |

## Procedure (please tick all relevant)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Gastroscopy | | Biopsy | | Varices | | Adrenaline | |
| Colonoscopy B-S | ✓ | Hot Biopsy | | Gastric Ulcer | | Spot Dye | |
| Sigmoidoscopy | | Snare Polypectomy | | Duodenal Ulcer | | Indigo Carmine | |
| E.R.C.P. | | Balloon dilatation | | Oesophagus | | Gelofusine | |
| E.U.S | | Injection | | Duodenum | | Normal Saline | |
| Bronchoscopy | | Laser | | Biliary | | Haemospray | |
| E.B.U.S | | Heater Probe | | Pancreatic | | | |
| Thoracoscopy | | Endo clip | | Haemorrhoids | | | |
| Enteroscopy | | Insertion of Stent | | Rectum | | | |
| | | EMR | | Sigmoid | | | |
| | | PEG | | Descending | | | |
| | | Needle Aspiration | | Splenic flexure | | | |
| | | Brushings | | Transverse | | | |
| | | Washings | | Hepatic flexure | | | |
| | | Banding | | Ascending | | | |
| | | Insert of NJ tube | | Caecum | | | |
| | | Gastric Pacing Wire | | Terminal Ileum | | | |

Other .....

| Sedation score n-a | Tick | Comfort Score | Tick |
|---|---|---|---|
| Asleep | | None, resting comfortably | ✓ |
| Drowsy | | One or two episodes of mild discomfort, well tolerated | |
| Awake | | More than two episodes of discomfort, adequately tolerated. | |
| | | Significant discomfort experienced several times | |
| | | Extreme discomfort frequently during procedure | |

**Comments**

Monitored and reassured.

Specimens Yes ☐ No ☑

Pathology ☐ No of pots ..... H pylori test ☐ bacteriology ☐ cytology ☐ mytology ☐

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Diathermy Yes ☐ No ☐ Type mono ☐ Argon ☐

Site of diathermy pad - leg ☐ back ☐ R side ☐ L side ☐ Upper ☐ Lower ☐

Other .....

Condition of skin post diathermy normal ☐ other ☐ comment below

.....

**Recovery Room Instructions** (if applicable)

Oxygen 4 litres per minute if SpO2 drops below 95% ☐

Oxygen 4 litres per minute until fully awake ☐

Oxygen ..... per minute via ..... until ..... ☐

Normal Diet ☑ Fluids only ☐ Soft Diet ☐ Nil orally till further medical instructions ☐

To be seen by endoscopist before discharge ☐

Further Instructions PT can arrive at - 12:20

.....

Endoscopy Room Nurse Signature VMem

**Recovery care**

**Post endoscopy observations**

| Time | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Blood pressure | | | | | | | | | | |
| Pulse | | | | | | | | | | |
| O2 Saturation | | | | | | | | | | |
| Respiratory Rate | | | | | | | | | | |
| Sedation score | | | | | | | | | | |
| Pain score | | | | | | | | | | |
| Oxygen | | | | | | | | | | |
| IV Cannula | | | | | | | | | | |
| BM | | | | | | | | | | |
| Nurse initials | | | | | | | | | | |

Pain score 0 = no pain, 1 = minimal, 2 = mild, 3 = moderate, 4 = severe

Sedation score A - Asleep 0 - Alert 1 - Responds to verbal command

2 - Responds to painful stimuli 3 - Unresponsive

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JOYCE M
Daniel 13/05/1954
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## Nurses notes

1305546016
JOYCE
Daniel M
165 Faifley Road 13/05/1954
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| Discharge Criteria | Yes | No |
|---|---|---|
| Stable vital signs | ☑ | ☐ |
| Alert and Orientated | ☑ | ☐ |
| Pain score is 2 or below | ☑ | ☐ |
| Diet and fluids taken | ☑ | ☐ |
| IV Cannula removed | ☐ | ☐ NA |
| Received written instructions regarding sedation | ☐ | ☐ NA |
| Received verbal and written aftercare instructions | ☑ | ☒ |
| Patient Advice Leaflet given (if applicable) | ☑ | ☐ Diuest. |

Received Endoscopy Report/ Patient letter Yes ☐ No ☐

If no

Verbal report by endoscopist ☐

Follow up appointment indicated on report Yes ☐ No ☐

Follow up appointment (if given in department) .....time .....

Comments Follow up → Return to bowel screen

.....

.....

I confirm patient is satisfactory for discharge

Print Name Angie Scott Signature Angie Scott

Discharged at 1200 to care of S.O.N.

Irregular discharge Reason .....

.....

Patients' Signature ..... Nurses Signature .....

# Clinic Letter

NHS
Greater Glasgow and Clyde

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Main Switchboard: 0141 211 2000
Department: Vascular
Contact Tel: 0141 211 6356
Enquiries to: loraine.gillespie@ggc.scot.nhs.uk
Letter Date: 05/01/2015
Reference: GT/kc
Dictated Date: 05/01/2015
Transcribed Date: 13/01/2015

Dr. AM Wilding
Dr Bell & Partners
Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Dear Dr. AM Wilding,

**Daniel Joyce; D.O.B: 13 May 1954; CHI: 1305546016**
**165 Faifley Road, Clydebank, G81 5BQ**

Attendance: Specialty - Vascular Surgery; Clinic - WIGTVA1-MT TREHARNE VASC MON AM
Date and Time of Appointment - 05/01/2015 09:30

**Clinical Comments:**
Thank you for referring this 60 year old man who has a 30 year history of pain and stiffness in his hip joints, worse over the past 5 years. He describes these symptoms worse when he is getting out of bed in the morning and after a period of rest. He has no claudication symptoms. I note he has been investigated with an X-ray of his pelvis which is essentially normal. He does not have any neurological symptoms.

On examination, both feet were warm and well perfused and all lower limb pulses were normal.

I reassured Mr Joyce that there does not appear to be any significant vascular cause for his symptoms and have discharged him from clinic.

Yours sincerely

Mr Gareth Treharne
Consultant Vascular Surgeon

Electronically Signed: Mr Gareth Treharne, Consultant

cc.

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Bowel Cancer Screening - Request for Information<br>GGC Bowel Screening | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| Screening Services<br>Templeton Business Centre<br>62 Templeton Street<br>G40 1DA | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>G008G<br>Email address<br>- |

**Urgency of referral** Not applicable
**Date of referral** 28-Feb-2024 **Date sent** 28-Feb-2024

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | Joyce |
| **Forename(s)** | Daniel |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 13-May-1954 |
| CHI no. | 1305546016 |
| **Area of Residence** | |

**Patient's address**

165 Faifley Rd
FAIFLEY
Clydebank
G81 5BQ

Contact number(s)

Voice: 07707595324

*101032314763S* Unique Care Pathway Number: 101032314763S

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Sophie Hepburn | | |
| GMC code | 7411121 | GP code | 05746 |
| Practice name | Red Wing - Clydebank Medical Centre (13414) | | |
| Practice code | 40046 | | |

**Practice address**

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475
E-mail: ggc.gp40046@nhs.scot

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Sophie Hepburn | | |
| GMC code | 7411121 | GP code | 05746 |
| Practice name | Red Wing Medical Practice (40046) | | |
| Practice code | 40046 | | |

**Practice address**

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)

Voice: 0141 531 6475

## CLINICAL INFORMATION

**History of presenting complaint**

**Presenting complaint**

Description: bowel screening information request

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

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

| Description | Comment | Date of onset | Date recorded |
|---|---|---|---|
| Essential hypertension | - | 21-Apr-2011 | 21-Apr-2011 |
| Arthralgia of multiple joints | - | 08-Mar-2000 | 08-Mar-2000 |
| Nonspecific urethritis | - | 26-Apr-1985 | 26-Apr-1985 |
| Pain in lumbar spine | - | 26-Apr-1985 | 26-Apr-1985 |
| Acute respiratory infection NOS | - | 08-Jul-1977 | 08-Jul-1977 |
| Injury ?accidental, by stabbing instrument | Chest | 01-Jan-1976 | 01-Jan-1976 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| JBS cardiovascular disease risk >20% up to 30% ov next 10 yr | JBS2+ 10yrs 23% | 11-May-2011 | 11-May-2011 |
| Joint British Societies cardiac risk score | 35% | 12-Jun-2007 | 12-Jun-2007 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| FH: CVA/stroke | Family History$$.clm - No Action Required | 31-Mar-2011 |
| FH: Ischaemic heart dis. >60 | 01-Jan-1860 | |

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

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 56 | 56 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 12-Mar-2015 | 02-Jun-2023 |
| Ibuprofen Tablets 600 mg | 100 | 100 TABS | 1 Tab 3 or 4 times dailyprn | - | 12-Mar-2015 | 15-Jan-2024 |

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

No recent medications recorded

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 30-Oct-2014 | 134 | 82 |
| 14-Mar-2012 | 140 | 84 |
| 23-Feb-2012 | 142 | 82 |
| 09-May-2011 | 124 | 83 |
| 21-Apr-2011 | 154 | 98 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 14-Mar-2012 | 172 | 83 | 28.06 |
| 31-Mar-2011 | 172 | 82 | - |
| 28-Nov-1994 | 174 | 80 | - |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Current smoker: | | 22-Mar-2016 |

| | |
|---|---|
| Alcohol consumption, 1 units/week: | 14-Mar-2012 |
| 30 min/day mod phy act greater than =5 wek: | 13-Feb-2015 |

**Clinical warnings**

**Allergies**

| Description | Date recorded |
|---|---|
| Adverse reaction to other drugs and medicines | 01-Jan-1860 |

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

**Social circumstances**

Ethnic Origin: (White) Scottish

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

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

# REFERRAL LETTER
MEDICAL IN CONFIDENCE

**Attachments**

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
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**Urgency of referral** Not applicable
**Date of referral** 12-Feb-2024 **Date sent** 12-Feb-2024

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | Joyce |
| **Forename(s)** | Daniel |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 13-May-1954 |
| CHI no. | 1305546016 |
| **Area of Residence** | |

**Patient's address**

165 Faifley Rd
FAIFLEY
Clydebank
G81 5BQ

Contact number(s)

Voice: 07707595324

*101032145238Q* Unique Care Pathway Number: 101032145238Q

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| Essential hypertension | - | 21-Apr-2011 | 21-Apr-2011 |
| Arthralgia of multiple joints | - | 08-Mar-2000 | 08-Mar-2000 |
| Nonspecific urethritis | - | 26-Apr-1985 | 26-Apr-1985 |
| Pain in lumbar spine | - | 26-Apr-1985 | 26-Apr-1985 |
| Acute respiratory infection NOS | - | 08-Jul-1977 | 08-Jul-1977 |
| Injury ?accidental, by stabbing instrument | Chest | 01-Jan-1976 | 01-Jan-1976 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| JBS cardiovascular disease risk >20% up to 30% ov next 10 yr | JBS2+ 10yrs 23% | 11-May-2011 | 11-May-2011 |
| Joint British Societies cardiac risk score | 35% | 12-Jun-2007 | 12-Jun-2007 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| FH: CVA/stroke | Family History$$.clm - No Action Required | 31-Mar-2011 |
| FH: Ischaemic heart dis. >60 | 01-Jan-1860 | |

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

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Ibuprofen Tablets 600 mg | 100 | 100 TABS | 1 Tab 3 or 4 times dailyprn | - | 12-Mar-2015 | 15-Jan-2024 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 56 | 56 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 12-Mar-2015 | 02-Jun-2023 |

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

No recent medications recorded

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 30-Oct-2014 | 134 | 82 |
| 14-Mar-2012 | 140 | 84 |
| 23-Feb-2012 | 142 | 82 |
| 09-May-2011 | 124 | 83 |
| 21-Apr-2011 | 154 | 98 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 14-Mar-2012 | 172 | 83 | 28.06 |
| 31-Mar-2011 | 172 | 82 | - |
| 28-Nov-1994 | 174 | 80 | - |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Current smoker: | | 22-Mar-2016 |

| | |
|---|---|
| Alcohol consumption, 1 units/week: | 14-Mar-2012 |
| 30 min/day mod phy act greater than =5 wek: | 13-Feb-2015 |

**Clinical warnings**

**Allergies**

| Description | Date recorded |
|---|---|
| Adverse reaction to other drugs and medicines | 01-Jan-1860 |

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

**Social circumstances**

Ethnic Origin: (White) Scottish

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

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Scottish Bowel Screening Programme Local Coordinator | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| Gartnavel Royal Hospital<br>Modular Building<br>1055 Great Western Road<br>Glasgow<br>G12 0XH | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>G008G<br>Email address<br>- |

| | |
|---|---|
| **Urgency of referral** | Urgent - Suspected Cancer High Risk of Bowel Cancer |
| **Date sent** | 30-Jan-2024 |

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | JOYCE |
| **Forename(s)** | DANIEL |
| Title | - |
| Sex | Male |
| **Date of birth** | 13-May-1954 |
| CHI no. | 1305546016 |
| **Area of Residence** | - |

**Patient's address**

165 FAIFLEY.RD
CLYDEBANK
G81 5BQ

Contact number(s)
-

*134000182406M*

Unique Care Pathway Number: 134000182406M

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Sophie Hepburn | | |
| GMC code | - | GP code | G0574 |
| Practice name | Red Wing Medical Practice | | |
| Practice code | G40046 | | |

**Practice address**

Clydebank Health Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Contact number(s)
Voice: 0141 531 6475

**REFERRING HCP DETAILS**

| | |
|---|---|
| **HCP Name** | |
| HCP code | - |
| HCP Position | - |
| Organisation name | Scottish Bowel Screening Programme |
| Location code | - |

**Organisation address**

Scottish Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8AE

Contact number(s)
Voice: 01382 425677

**CLINICAL INFORMATION**

**History of presenting complaint**
**Presenting complaint**
Description: POSITIVE BOWEL SCREENING TEST RESULT

**Reason for referral**
Care type requested: Requires urgent assessment for a screening colonoscopy
Expected outcome: Assessment

**Past medical history**

**Current medication** (Active Repeat medication issued within the last 12 months)
No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)
No recent medications recorded

**Blood Pressure**
No Blood Pressures Recorded

**Body Measurements**
No Body Measurements Recorded

**Clinical warnings**

**Additional Support Needs**
No known ASN requirements

**Additional relevant information**

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

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

# REFERRAL LETTER
## MEDICAL IN CONFIDENCE

**Attachments**

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

Scottish Bowel Screening Programme Local Coordinator

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

Screening Services
Templeton Business Centre
62 Templeton Street
Glasgow
G40 1DA

**Hospital** and **hospital address**
Hospital location code.
G008G
Email address
-

**Urgency of referral** Routine
**Date sent** 19-May-2015

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | JOYCE |
| **Forename(s)** | DANIEL |
| Title | - |
| Sex | Male |
| **Date of birth** | 13-May-1954 |
| CHI no. | 1305546016 |
| **Area of Residence** | - |

**Patient's address**

165 FAIFLEY RD
CLYDEBANK
G81 5BQ

Contact number(s)
Voice: 07707595324

*134000051566M*

Unique Care Pathway Number: 134000051566M

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | ALISON WILDING | | |
| GMC code | - | GP code | G0858 |
| Practice name | THE RED WING PRACTICE | | |
| Practice code | G40046 | | |

**Practice address**

CLYDEBANK HEALTH CENTRE
KILBOWIE RD
CLYDEBANK
G81 2TQ

Contact number(s)
Voice: 0141 531 6475

**REFERRING HCP DETAILS**

| | |
|---|---|
| **HCP Name** | |
| HCP code | - |
| HCP Position | - |
| Organisation name | Scottish Bowel Screening Programme |
| Location code | - |

**Organisation address**

Scottish Bowel Screening Centre
Kings Cross
Clepington Road
Dundee
DD3 8AE

Contact number(s)
Voice: 01382 425677

**CLINICAL INFORMATION**

**History of presenting complaint**
**Presenting complaint**
Description: Bowel Screening Flexible Sigmoidoscopy Study

**Reason for referral**
Care type requested: Requires assessment for a Flexible Sigmoidoscopy
Expected outcome: Assessment

**Past medical history**

**Current medication** (Active Repeat medication issued within the last 12 months)
No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)
No recent medications recorded

**Blood Pressure**
No Blood Pressures Recorded

**Body Measurements**
No Body Measurements Recorded

**Clinical warnings**

**Additional Support Needs**
No known ASN requirements

**Additional relevant information**

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

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

# REFERRAL LETTER
MEDICAL IN CONFIDENCE

**Attachments**

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

Vascular Surgery
GGC General Referral

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

Western Infirmary/Gartnavel General
Dumbarton Road
Glasgow
G11 6NT

**Hospital** and **hospital address**
Hospital location code.
G516H
Email address

**Urgency of referral** ROUTINE
**Date of referral** 30-Oct-2014 **Date sent** 30-Oct-2014

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | Joyce |
| **Forename(s)** | Daniel |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 13-May-1954 |
| CHI no. | 1305546016 |
| **Area of Residence** | - |

**Patient's address**

165 Faifley Rd
FAIFLEY
Clydebank
G81 5BQ

Contact number(s)

Voice: 07707595324

*101008147076J* Unique Care Pathway Number: 101008147076J

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Alison M Wilding | | |
| GMC code | 3183490 | GP code | 08583 |
| Practice name | Red Wing - Clydebank Medical Centre (13414) | | |
| Practice code | 40046 | | |

**Practice address**

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Contact number(s)

Voice: 0141 531 6475
Facsimile: 0141 531 6478

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Patricia Harper | | |
| GMC code | 2556699 | GP code | 00043 |
| Practice name | Dr Bell & Partners (40046) | | |
| Practice code | 40046 | | |

**Practice address**

Clydebank Health Centre
Kilbowie Road
Clydebank
G81 2TQ

Contact number(s)

Voice: 0141 531 6475

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Leg pain

Comment: Thank you for seeing this 60 year old man who complains of cramp like pain in his legs when he is walking. He also experiences chronic low back pain and he says that his legs can feel numb.

He does not give a history entirely typical of intermittent claudication but he has been a heavy smoker for many years and he was previously taking a Statin because his cardiovascular risk score was high.

On examination I found that both his legs were very stiff and there was reduced rotation at his hips. I could feel posterior tibial pulses with difficulty but I could not feel a dorsalis pedis pulse in either foot. I noted that he has dystrophic toenails.

I have rechecked some routine bloods and x-ray of his pelvis shows that his hip joints are normal.

I am uncertain whether the symptoms that he is describing are due to a vascular problem in his legs or if he may possibly have spinal stenosis.

I would be grateful for your opinion.

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

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

| Description | Comment | Date of onset | Date recorded |
|---|---|---|---|
| Leg pain | - | 17-Oct-2014 | 17-Oct-2014 |
| Essential hypertension | - | 21-Apr-2011 | 21-Apr-2011 |
| Arthralgia of multiple joints | - | 08-Mar-2000 | 08-Mar-2000 |
| Pain in lumbar spine | - | 26-Apr-1985 | 26-Apr-1985 |
| Nonspecific urethritis | - | 26-Apr-1985 | 26-Apr-1985 |
| Acute respiratory infection NOS | - | 08-Jul-1977 | 08-Jul-1977 |
| Injury ?accidental, by stabbing instrument | Chest | 01-Jan-1976 | 01-Jan-1976 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| JBS cardiovascular disease risk >20% up to 30% ov next 10 yr | JBS2+ 10yrs 23% | 11-May-2011 | 11-May-2011 |
| Joint British Societies cardiac risk score | 35% | 12-Jun-2007 | 12-Jun-2007 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| FH: CVA/stroke | Family History$$.clm - No Action Required | 31-Mar-2011 |
| FH: Ischaemic heart dis. >60 | 01-Jan-1860 | |

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

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Ibuprofen Tablets 600 mg | 100 | 100 TABS | 1 Tab 3 or 4 times dailyprn | - | 15-Mar-2012 | 07-Oct-2014 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 56 | 56 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 23-Feb-2012 | 11-Aug-2014 |
| Simvastatin Tablets 40 mg | 56 | 56 TABS | 1 Tab At night | - | 11-Mar-2011 | 30-Oct-2014 |

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

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| | 28 | 28 TABLET | | - | 30-Oct-2014 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Folic Acid Tablets 5 mg | | | ONE TO BE TAKEN EACH DAY | | | 30-Oct-2014 |
| Varenicline Tablets 1 mg | 56 | 56 tablet | ONE TO BE TAKEN TWICE A DAY DISP WEEKLY WITH PHARMACY SUPPORT | - | 30-Oct-2014 | 30-Oct-2014 |
| Varenicline Tablets 1 mg + 500 micrograms (Starter Pack) | 1 | 1 TABS | 1 Tab daily 3d then BD Disp wk c support | - | 17-Oct-2014 | 17-Oct-2014 |

**Blood Pressure**

No Blood Pressures Recorded

**Body Measurements**

No Body Measurements Recorded

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Current smoker: | | 25-Mar-2014 |
| Current smoker: | Smoker$$ Status.clm - Repeat after an Interval | 31-Mar-2011 |
| Alcohol consumption, 1 units/week: | | 14-Mar-2012 |
| Moderate drinker - 3-6u/day: | Alcohol Intake$$.clm - No Action Required | 28-Nov-1994 |
| Exercise grading: | 3: priority=2 | 31-Mar-2011 |
| Exercise grading NOS: | | 31-Mar-2011 |

**Clinical warnings**

**Allergies**

| Description | Date recorded |
|---|---|
| Adverse reaction to other drugs and medicines | 01-Jan-1860 |

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

**Social circumstances**

Ethnic Origin: (White) Scottish

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

# Colonoscopy report

| | | | |
|---|---|---|---|
| Performed | 17-Feb-2024 11:35 | Received | 17-Feb-2024 11:55 |
| Reported | 17-Feb-2024 11:55 | Order Number | UNI312394-1305546016 |
| Status | Final | Source System | MasterLab |

**UGI G1** Final

## NHS Greater Glasgow and Clyde
## COLONOSCOPY REPORT

| | | | |
|---|---|---|---|
| Name: | **Daniel JOYCE (M)** | Address: | **165 Faifley Road** |
| Date of birth: | **13/05/1954** | | **Clydebank** |
| NHS No: | **1305546016** | | **G81 5BQ** |
| Case Note No: | **1305546016** | | |
| GP: | **HEPBURN, SOPHIE** | Procedure date: | **17th February 2024 (11:3!** |
| | **Red Wing Medical Practice** | **Attachments:** | **Elective** |
| | **Clydebank Health & Care Centre** | Caecum_1 | **Outpatient/NHS** |
| | **Queens Quay Main Avenue** | Anal margin_1 | **GGH** |
| | **Clydebank** | | **Ward - Not specified** |
| | **G81 1BS** | Priority: | **Bowel Screening Service (I** |
| | | Status: | **GGC)** |
| | | Hospital: | |
| | | Ward: | |
| | | Referring Cons: | |

### Indications
National Bowel Scope Screening.

### Report
Bowel preparation with Plenvue x 3 was satisfactory. A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was identified by the ileocecal valve and the appendicular orifice. The scope was retroflexed in the rectum. There were no peri-operative complications.

### Diagnoses
Diverticulosis.

### Advice/Comments
Diverticulosis and haemorrhoids.

No other pathology.

No follow up required.

**Mr Peter Chong**
**Consultant**

### Consultant/Endo
Mr Pe

Nurses:
Staff nurse Victoria

### Inst
SC

### Premed
Fentanyl (I'
Midazolam

Produced by Unisoft's GI Reporting Tool

Compiled on 17/02/202

# Consent Form

1305546016 N
1 JOYCE 13/05/1954
1 Daniel
165 Failley Road
Clydebank G81 5BQ

## Patient agreement to colonoscopy investigation

## Test: Colonoscopy

Inspection of the lower gastrointestinal tract with a flexible endoscope (with or without biopsy and photography) Specimens will be retained.

You have the right to change your mind at any time, including after you have signed this form.

**Patient statement**

I have read and understood the information in this booklet including the benefits and any risks.

I agree to the test described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the test.

I understand that any test in addition to that named on this form will only be carried out:

if it is necessary;

- is reasonable in the circumstances,
- in relation to the medical treatment proposed,
- and to safeguard or promote physical or mental health.

Have you ever been notified that you are at an increased risk of CJD/VCJD for public health purposes? ☐ Yes ☑ No

## Consent signature

Signed: D Joyce Date: 17/2/24

Name: (print in capitals) DANIEL JOYCE

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signature: ..... Date: .....

## (For staff only)

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the test)

I have confirmed that the patient understands what the test involves including any risks.

I have confirmed that the patient has no further questions and wishes the test to go ahead.

Signed: Ame Scott Date: 17/02/24

Name: (print in capitals) Ame Scott

Job title: Bank staff NURSE

### What happens after a Polyp is removed?

Often when large or multiple polyps are removed, the Endoscopist will advise a repeat procedure after a certain timescale to make sure the polyp has not re-grown and that new polyps have not developed. We will write to you about this after your colonoscopy.

## After the Colonoscopy

You will be able to rest after the colonoscopy. We will offer you a drink and something to eat. You may feel a little bloated after the procedure as some of the air may remain in your bowel. This may cause some discomfort but will quickly pass

Before you leave the department, a nurse or doctor will discuss results. You will receive a report of your test and we will tell you if you need any medication or further appointments.

**Remember, if you had sedation:**

- You may not remember the results. If you agree, we will tell your family or friend your results, so that they can remind you.
- You may feel fully alert after your test but as the drug stays in your body for up to 24 hours. You can feel drowsy with lapses of memory. It is important not to drive or drink alcohol during this time.
- You will need to arrange for someone aged 18 years or over to stay with you, or arrange to stay with your family or a friend overnight.

# XR Pelvis

| | | | |
|---|---|---|---|
| Performed | 17-Oct-2014 11:45 | Received | 24-Oct-2014 16:20 |
| Reported | 24-Oct-2014 16:18 | Order Number | G501B29577777 |
| Status | Final | Source System | MiSys |

**XR Pelvis** Final
**Daniel Joyce**
**Clinical History :**
Chronic neck pain for 6 months, increasing pain in left hip.

**XR Pelvis :**
There is no significant bone or joint abnormality demonstrated.

**Reported by:** Dr Oliver Cram
**Verified by:** Dr Oliver Cram