Legal Aspects 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: 11th June 2026
Your Ref: 100033
Our Ref: LAT/ACCESS/ JM
Enquiries to: JESSICA MCGHIE
Direct Line: 0141 211 3019
Email: Jessica.mcghie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: LESLEY BROWN **D.O.B: 08/05/1980**

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:

QUEEN ELIZABETH UNIVERSITY HOSPITAL
PLEASE NOTE ANY RADIOLOGY WILL FOLLOW VIA EMAIL LINK

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

Legal Aspects 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 CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

Previous Patient Notes for Acute Specialties GGC (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 08-Dec-2023 13:58	**Created By:** OMFS Junior Clinical Fellow - 8001359	**Role:** Doctor - GGC
Specialty: Acute Specialties GGC	**Organisation:**	Sensitive

Note:

OMFS Ward 63 Treatment Room

Patient attended appointment alone by car.
Dr Rajwant Kaur, Manveer Chhina DCT & Lewis Arbuckle DCT present.

PC: left facial swelling.
PMHx: PTSD
SHx: smoke 10/day since age 15. nil alcohol. 2 children. Single.
MHx: quetiapine
Allergies: surgical tape - localised red rash in area.

Examination:
- nil neck lymphadenopathy or tenderness
- tender left facial swelling - fluctuant, patient reports "burny" sensation
- swelling located around inferior peri-orbital area, some closure of lower eyelid
- Earlier this morning, eye fully shut. Reports degree of blurry vision.
- nil obvious dental cause
- Imp: cellulitis ?secondary to pimple/ acne

OBS:
Temp 36.9, HR 71. BP 125/75, sats 98% Air

Review by Dr Tom Svoboda (Registrar)
- drainage and clean up
- change co-trimox to flucloxacillin PO 1g QDS
- worsening advice provided

options:
1) no tx
2) I+D

pt opted for 2);

tx:
skin prep w betadine
lidocaine 2% w adr. 1:80k infilt 2.2ml intra-orally + infraorbital EO nerve block
EO 2-3mm incision made L cheek where punctum present
++pus
NaCl irrigation 40ml
dressing applied
HA
POIG

fluclox 1g qds 7/7

d/c

Immediate Discharge and Medicine Prescription Form - Confidential

Hospital Name: BFUH
Telephone: 17666
(Please complete above)

Ref. No: 449013

NHS Greater Glasgow and Clyde

Name of GP
Surgery/Health Centre

Patient: 0805809767 BROWN F Lesley, A 08/05/1980 7 HOWES BRAE. SKIRLING Biggar ML12 6FA
Address:
DOB:
Weight: CHI no:

Label to all 4 copies

Ward: Omf ~ 62 Tel: 1-01-2023
Consultant:
Named Nurse:
Specialty: Omf ~
Admission date: 5/12/23
Mode of admission: Elective ☐ Emergency ☑ Transfer ☐
Source of Admission T x Room
Discharge date: 8/12/23

NURSE TO COMPLETE
Out Patient appointment date:
Diagnosis informed (circle) Patient Relative
Circle support services set up:
District Nurse Home Help Health Visitor
Oncology referral Hospice: day care OR home care
Discharge address if not home:

WARD USE ONLY
Medication Rec. on Ward by:
Checked against kardex:
Issued by: Date:
Signature of Recipient:
All known drug sensitivities / adverse reactions:

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
? renal stone	I + D	nil

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		Nuchomell tabs	tabs	1g	✓	-	✓	✓			7/7

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Prescribers name: [illegible] Signature: Date 8/12/23
Designation: [illegible] Pager number: 17666

PHARMACY USE ONLY
Clinical Pharmacy Check ☐ Professional Check ☐

Quantity supplied	Dispensing Details

Dispensed by: Date: / /
Checked by:

Non-childproof containers required: Yes ☐ No ☐
Medicine compliance aids required: Yes ☐ No ☐
Specify:

Medication Collected by:

White copy - G.P.; Pink copy - Case Notes; Blue copy - Pharmacy; Yellow copy - Patient

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

Cat No. 231370

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)		
Hospital / clinic / GP practice		
Patient's surname / family name	Brown	
Patient's first name	Lesley	
Date of birth	Gender	Male ☐ Female ☑
CHI number	0305809757	
Special requirements (e.g. other language / communication method)		

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Extra-oral incision & drainage under local anaesthesia of left-sided facial swelling

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

pain, bleeding, bruising, swelling, infection, damage to adjacent structures, scar, further surgery, recurring swelling, altered sensation of area (tingling/numbness)

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	Maree Clarke DCTP
Date	8/12/23

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

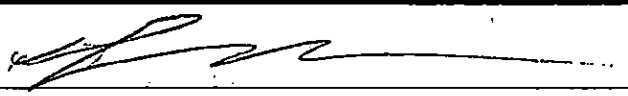
I have been told about additional procedures which may become necessary during treatment. I have listed below **any procedures which I do NOT wish to be carried out without further discussion.**

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature 	Date 8/12/23
Name (print) Lesley Brown	

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature	Date
Signature of practitioner	Date