

Adult Mental Health - Specialist Shared Assessment

Personal Details

(* Mandatory Information Required on Referral)

CHI N°:	310 364 6054	CAREFIRST No:		PIMS N°:	1498740
*Surname:	Whyte				
*First Name:	Brain		Alias:		
*Address & Post Code:	0/2, 45 Cornwall Street, Pollockshields, G41 1BA				
*Telephone N°:			*Mobile No:	07932069127	
*Date Of Birth:	31.03.64		*Gender:	Male	
Ethnicity:	Caucasian	NI Number:	Not known	Spiritual Need:	Not Known

Nationality :	British	Preferred Language:		*Need For Interpreter:	No
Method of Communication:	Written and spoken		Sensory Impairment:	No	
Asylum Status: If Relevant	n/a		Care Programme Approach:	No	

*Alerts e.g. Allergies, history of violence.	
PREVIOUSLY ATTACKED IN JANUARY 2010. PERPETRATOR IN PROSON, AND WAS KNOWN TO BRIAN BEFORE ATTACK. NO PRESENT RISK IDENTIFIED.	

*Name of Referrer:	Dr Fawcett	*Date of Referral:	
*Designation or Relationship to Person Referred:	GP	*Agreement to Referral?	Yes
*Reason For Referral:	Low mood, increased suicidality and panic attacks.		

Statutory Events

*Diagnosis 1:	n/a	Named Person: (If appropriate)	
*Diagnosis 2:		Advanced Statement Included:	☐ YES ☐ NO If yes Please give details of location & who holds a chronological account of care
Certificate of Incapacity:	☐ YES	*Current Legal Status:	INFORMAL

*AWI/MH Act	Date Applied	End Date	Comments

Adult Mental Health - Specialist Shared Assessment

Accommodation Type:	Ground floor 1 bedroomed flat	Tenure Type:	rented
Landlord Details: If relevant	GHA	Controlled Door Entry	☒ YES NO ☐
Household Composition:	Lives alone with Sophie his dog.		
*Known Risk Issues:	Has had a gun in possession with goal of killing his dog then himself. He could not go through with this. Dog is large although friendly. ? Breed - maybe bull dog.		

Contact Information

*Main Carer			
Name:		Address:	
Telephone:			
Mobile:		Relationship:	Sister
Next of Kin:		Frequency of Contact:	
If this person is unavailable will there be a requirement for additional services?			

Other Significant Contact			
Name:		Address:	
Telephone:		Postcode:	
Mobile:		Relationship:	
Next of Kin:	☐ YES NO ☐	Frequency of Contact:	

Key Holder	
Name:	Address:
Telephone:	Postcode:

Next of Kin (if not listed above)	
Name:	Address:
Telephone:	Postcode:

Nearest Relative	
Name:	Address:
Telephone:	Postcode:

No Contact Requested With

Name:	
Relationship	Address:
Telephone:	Postcode:
Reason	

Adult Mental Health - Specialist Shared Assessment

Professional Contacts

GP		
Name:	Dr Fawcett	Midlock Medical Centre 7 Midlock Street G51 1SL
Telephone:	0141-427-4271	

Independent Advocate		
Name:	None	Address:
Telephone:		Postcode:

Current Services/Professional Contacts

Current Services/Professional Contacts	
Name	Telephone Number
1. Naomi Henderson Occupational Therapist	0141 303 8900
2.	
3.	
4.	
5.	
6.	

[illegible]

Medication Compliance/Reasons For Non-Compliance	
1	1. Patient's knowledge of the disease and its consequences
2	2. Patient's belief in the need for treatment
3	3. Patient's perception of the benefits and risks of treatment
4	4. Patient's perception of the costs of treatment
5	5. Patient's perception of the convenience of treatment
6	6. Patient's perception of the social support
7	7. Patient's perception of the health care provider's attitude
8	8. Patient's perception of the health care provider's competence
9	9. Patient's perception of the health care provider's communication skills
10	10. Patient's perception of the health care provider's empathy
11	11. Patient's perception of the health care provider's respect for patient autonomy
12	12. Patient's perception of the health care provider's honesty
13	13. Patient's perception of the health care provider's integrity
14	14. Patient's perception of the health care provider's reliability
15	15. Patient's perception of the health care provider's consistency
16	16. Patient's perception of the health care provider's fairness
17	17. Patient's perception of the health care provider's transparency
18	18. Patient's perception of the health care provider's accountability
19	19. Patient's perception of the health care provider's responsiveness
20	20. Patient's perception of the health care provider's availability
21	21. Patient's perception of the health care provider's accessibility
22	22. Patient's perception of the health care provider's approachability
23	23. Patient's perception of the health care provider's openness
24	24. Patient's perception of the health care provider's honesty
25	25. Patient's perception of the health care provider's integrity
26	26. Patient's perception of the health care provider's reliability
27	27. Patient's perception of the health care provider's consistency
28	28. Patient's perception of the health care provider's fairness
29	29. Patient's perception of the health care provider's transparency
30	30. Patient's perception of the health care provider's accountability
31	31. Patient's perception of the health care provider's responsiveness
32	32. Patient's perception of the health care provider's availability
33	33. Patient's perception of the health care provider's accessibility
34	34. Patient's perception of the health care provider's approachability
35	35. Patient's perception of the health care provider's openness
36	36. Patient's perception of the health care provider's honesty
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40	40. Patient's perception of the health care provider's fairness
41	41. Patient's perception of the health care provider's transparency
42	42. Patient's perception of the health care provider's accountability
43	43. Patient's perception of the health care provider's responsiveness
44	44. Patient's perception of the health care provider's availability
45	45. Patient's perception of the health care provider's accessibility
46	46. Patient's perception of the health care provider's approachability
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50	50. Patient's perception of the health care provider's reliability
51	51. Patient's perception of the health care provider's consistency
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53	53. Patient's perception of the health care provider's transparency
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63	63. Patient's perception of the health care provider's consistency
64	64. Patient's perception of the health care provider's fairness
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89	89. Patient's perception of the health care provider's transparency
90	90. Patient's perception of the health care provider's accountability
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93	93. Patient's perception of the health care provider's accessibility
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95	95. Patient's perception of the health care provider's openness
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97	97. Patient's perception of the health care provider's integrity
98	98. Patient's perception of the health care provider's reliability
99	99. Patient's perception of the health care provider's consistency
100	100. Patient's perception of the health care provider's fairness

Complies with medication. Tried anti depressant in past but experienced side effects – cannot remember name of anti depressant.

What is the person's perception of their presenting circumstances?

Is keen for help. Does not see point of living if things do not change. Feels that life was ok before attack although was receiving methadone treatment. Following attack and surgery has not required methadone and has not craved heroin.

What is the Carer's Perception of the Person's Presenting Circumstances?

Not known

Personal & Family History (including Current Social Circumstances)

Happy Childhood, enjoyed school and settled home life. Loved to play football and socialise with school friends, not particularly academic, however went into a mechanics apprenticeship. Did not complete this but then worked for "Billy's fruit shops", then employed to put up scaffolding, and then went into security jobs. First tried heroin at age 18 however was a one off and did not use again until in his 30's. At time he was working on Jersey and was in a relationship with a girl who he then found out had an opiate problem. He was remanded then required to attend a detox centre where he got off the Heroin. He moved back to Govan a year or two later. Fine at start then fell in with wrong crowd and started smoking heroin again. Eventually received help from CAT team and put on a methadone replacement programme. Remained on methadone until he was attacked in Jan 2010. Stabbed repeatedly in the chest and leg. Died, was brought back, in a coma for period of time, and went through major surgery to stop bleeding, required 24 pints of blood transfused. Chest now deformed due to ribs being broken and removed to access the heart and lungs during surgery. Ongoing difficulties and treatment from physiotherapy. Hates his body, feels hideous.

Adult Mental Health - Specialist Shared Assessment

Muscle wastage globally due to impact on mobility although now more mobile than 6 months ago. Anxiety as result of attack and PTSD symptoms - invasive thoughts, flashbacks and nightmares. Difficulty dealing with symptoms as GP had commented that they did not believe PTSD was a real condition. Has felt very unsupported.

Has the carer been offered a needs assessment? Yes No ☒

If YES was the offer accepted? Yes ☐ No ☐

Child Information

Name of Child 1:	N/A	Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		Yes ☐ No ☐	

Name of Child 2:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		Yes ☐ No ☐	

Name of Child 3:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐ Yes No ☐	

Name of Child 4:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐ Yes No ☐	

Name of Child 5:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐ Yes No ☐	

Agencies Involved

Social Work Child & Families Team ☐
 Mental Health Practitioner ☐
 Health Visitor ☐
 Other (please specify below) ☐
 School/ ☐
 None ☐

Child Name	Contact Name	Professional Title	Telephone Number

Impact of Mental Health on Parenting and/or Potential Risk to Children

N/A

Psychiatric History

No problems reported before attack.

General Health Issues

Muscle weakness, limited walking tolerance – unable to run due to damage to left leg muscles.

Registered Disabled?	☐ Yes ☐ No	If Yes please specify	
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Adult Mental Health - Specialist Shared Assessment

Capacity Issues

Has capacity been formally assessed in relation to:

- | | | | | |
|--|-----|--------------------------|----|-------------------------------------|
| 1. Medical Treatment? | Yes | ☐ | No | ☐ |
| 2. Ability to manage Finances? If No please go on to question 3, | Yes | ☐ | No | ☒ |
| Financial intervenor? | Yes | ☐ | No | ☐ |
| Does anyone hold financial guardianship? | Yes | ☐ | No | ☐ |
| Intromission with access to funds? | Yes | ☐ | No | ☐ |
| 3. Ability to manage personal Welfare Matters? | Yes | ☐ | No | ☒ |
| Welfare intervenor? | Yes | ☐ | No | ☐ |
| Welfare power of attorney? | Yes | ☐ | No | ☐ |
| Does anyone hold formal proxy powers/welfare guardianship? | Yes | ☐ | No | ☐ |

Finances

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Does the person have difficulty managing finances? | Yes | ☐ | No | ☐ |
| Does anyone assist with financial matters? | Yes | ☐ | No | ☐ |
| Has a welfare benefit assessment been completed? | Yes | ☐ | No | ☐ |

Current Income (please tick all that apply)

- | | |
|--|---|
| Employed ☐ | Disability Living Allowance (Mobility) ☐ |
| Occupational Pension ☐ | Disability Living Allowance (Care) ☐ |
| Statutory Sick Pay ☐ | Housing Benefit ☒ |
| Income Support ☐ | Council Tax Benefit/Exemption ☒ |
| Incapacity Benefit ☒ | Carer's Allowance ☐ |
| Other (Please specify) ☐ | Family Tax Credit ☐ |

Meaningful Activity/Occupation/Employability/Interests

None at present

Personal Strengths

Wants his situation to change, is willing to try new things.

Alcohol History/Current Usage

Drugs/Substance Abuse History/Current Usage

Previously smoked cannabis and heroin. Denies any current drug use for past year.

Smoking History/Current Usage

Forensic History

Previously detained due to possession of drugs when on Jersey.

Pre Morbid Personality

Cheerful, friendly person.

Appearance & Behaviour

Extremely thin, wearing layers of warm clothing over pyjama bottoms. Slightly agitated and fidgety. Good eye contact, although intense at times when discussing assault.

Speech

Intact and at normal rate and pitch

Adult Mental Health - Specialist Shared Assessment

Mood & Affect

Clear signs of anxiety, reports low mood, sense of worthlessness and poor self image. Poor appetite and self care.

Thought Content

Thoughts of violently taking own life such as getting a gun, shooting his dog then himself.

Perceptions

intact

Cognitive Functioning

intact

Insight

intact

Sleep Pattern

Poor sleep pattern

Nutrition

Poor nutritional intake and weight low as a result.

Assessment of Risk

Suicide/Self Harm Risk

Thoughts of self harm and suicide, however is wanting help.

Protective/Risk Factors

His dog Sophie.

Has The Person Actively Contemplated Suicide/Suicide Plan?

Yes, but does not feel he will act on it as he is wanting help with symptoms.

Previous Suicide Attempts/Self Harm

Previous History of Violence or Harm to Others

None

Vulnerability/Neglect/Other

Has a sister who helps out and prevents total neglect,

Person's Expectations of Service

Would like help to change how he is feeling.

Completed by:

Name: N. Henderson Designation: OT

Signature: _____

Date: _____

Counter signed by:

Name: _____ Designation: _____

Signature: _____

Date: _____

Adult Mental Health - Specialist Shared Assessment

Summary of Assessment & Initial Intervention Plan

CHI Number:	310 364 6054
Patient's Name:	Brian Whyte
Address:	0/2, 45 Cornwall Street, GLASGOW, G41 1BA
Telephone Number:	07932069127
Referrer Name & Designation:	Pathways PCT

CMHT Name:	Brand Street
CMHT Address:	Brand Street Resource Centre 150 Brand Street Festival Business Centre Glasgow G51 1DH
Telephone Number:	
Date Referral Received	5.1.10

Date of Allocation	Date Assessment offered:	Date Assessment Completed:
12.1.10	12.1.10	12.1.10

ICD 10 code -Primary:	
HoNOS:	

ICD 10 code -Secondary:	
ICD 10 code -Secondary2	

Other Rating Scales Used	
Name:	Outcome:
Name:	Outcome:

Formulation
Low mood and PTSD symptoms. Anxiety when outside, Lack of social support and social opportunities.

Background/Contributory Factors
Attacked in Jan 2010. Stabbed repeatedly in the chest and leg. Died, was brought back, in a coma for period of time, and went through major surgery to stop bleeding, required 24 pints of blood transfused. Chest now deformed due to ribs being broken and removed to access the heart and lungs during surgery. Ongoing difficulties and treatment from physiotherapy. Hates his body, feels hideous. Muscle wastage globally due to impact on mobility although now more mobile than 6 months ago. Anxiety as result of attack and PTSD symptoms - invasive thoughts, flashbacks and nightmares.

Risk Factors and Interventions
Has suicidal thoughts, however previous plan he could not follow through with, which was to shoot his dog Sophie then himself. Currently no set plans for suicide, and is willing to accept help and advice on offer.

Other Identified Needs/Interventions
1. Link in to relevant social support. 2. Referral to psychology is/when appropriate to help address PTSD symptoms resulting from assault. 3. Liaise with Psychiatry and GP as appropriate regarding potential medical treatment 4. Liaise with Physiotherapy to identify level of physical activity that is appropriate.

Completed by:

Name: _____ Designation: _____
 (Please Print) N. Henderson OT
 Signature: _____
 Date: _____

Counter signed by:

Name: _____ Designation: _____
 (Please Print) _____
 Signature: _____

Adult Mental Health - Specialist Shared Assessment

Date: _____

ADRS Case Closure

Form Details						
Form Start Date: 01/10/2025				Worker Name: Stacey Kavanagh		
Person Details						
Name: Mr Brian Whyte			CareFirst ID: S6033047			
DoB / EDD: 31/03/1964			Gender: Male			
Address: 2/3, , 133 Kinnell Avenue, GLASGOW, South West Area, G52 3RT, SOUTH WEST CHCP			Tel No: 07928918890			
Referral & Service User Details						
Legacy service user?						
No						
Date referral received					22/12/2020	
Referral source						
GP						
Does the service user have any impairment(s), which may affect the ability of professionals to communicate with them, or may impact on the assessment process or the delivery of services						
Category: Physical or motor impairment						
Notes: Previous leg injury (trauma) limits mobility						
Ethnicity						
Category: Scottish						
Notes:						
CHI Number						
Number 3103646054						
SDMD					99999999	
DATWT ID					999999999	
Service User Type						
Drug						
Open / Active Referrals and actions at time of proposed closure:						
	Children and Families	Criminal Justice	Addiction Psychiatry	OT or Psychology	CMHT or Mental Health Services	Other
Open or Active referral	N	N	N	N	N	
Consultation or Action pre-closure						
Was the person referred on to another Team / Service?					No	
If 'Yes' provide details and outcome of referral.						

ADRS Case Closure

Name: Mr Brian Whyte	CareFirst ID: S6033047
Personal Relationships	
Name: [REDACTED] Relationship: Client --> Nok End Reason: Notes:	
Did ADRS make a referral on for a child / children?	No
If 'Yes' provide details and outcome of the referral.	
Date of Death:	
Has a Rapid Alert Briefing Note and DATIX been completed?	Not Answered
Should the Referrer be notified?	No
If 'Yes' please provide details - including name and address:	
Should anyone else be notified of case closure?	No
If 'Yes' please provide details of the people to be notified - include name and address:	
Close all ADRS Allocation Relationships.	
Name: Alison McLachlan Relationship: Client --> Primary Worker End Reason: Address: Gorbals Health & Care Centre, 2 Sandiefield Road, GLASGOW, South Area, G5 9AB, SOUTH EAST CHCP Email: [REDACTED] (preferred email) Phone: 0141 420 8100 Notes:	
Close the Addiction Main Client Group.	
Category:	Addiction - Drug Misuse
Notes:	Illicit opiates, benzodiazepine
Close any Addiction Other Client Group.	
Category:	Addiction - Drug Misuse
Notes:	
Have all Activities been closed?	Yes
Have all ADRS Eforms been closed?	Yes
Provide reasons for closure and any action taken:	
Patient has defaulted Buvidal treatment since 16.10.2024 and is not contactable by mail or phone	
Actions, Referrals Made and Case Closure reasons completed by:	

ADRS Case Closure

Name: Mr Brian Whyte	CareFirst ID: S6033047
Alison McLachlan	
Case Closure Authorisation	
Is the case closure approved?	Yes
If 'No' please provide reasons and recommended actions:	
Team Leader/Nurse Team Leader Case Closure authorisation comments:-	
Client has failed to engage with addiction services since October 2024, case closed	
Team Leader / Nurse Team Leader countersignature.	
Stacey Kavanagh	

Completion	
Completed By: Worker: Stacey Kavanagh Tel: [REDACTED] Address: 5 Ardlaw Street GLASGOW South West Area G51 3RR	Date: 02/10/2025

Vikash To EMD

Appendix 1

NP Bupival Checklist & Administration Chart

Name: BRIAN WHITE	☒ Checklist completed prior to first dose of Bupival ☐ Informed consent form completed ☐ Patient information booklet/sheet given ☐ Bupival in stock/ordered from pharmacy ☐ Buprenorphine naive patients given dose of Espranor ☐ Bupival warning completed on EMIS and Portal ☐ GP notified and request to add ECS ☐ Pharmacy contacted to cancel any existing prescription ☐ Appropriate fitness to drive advice given ☐ Pregnancy test completed if appropriate				
Address:					
CHI: 310 364 577577					
Mobile Phone: 07789 599577					
Care Manager: A. McCutcheon					
Clinic: GORRA WEDNESDAY					

Bupival Dose	Weekly <u>Monthly</u>	Weekly Monthly	Weekly Monthly	Weekly Monthly	Weekly Monthly
(Please circle to indicate dose)	8mg	8mg	8mg	8mg	8mg
	16mg <u>64mg</u>	16mg 64mg	16mg 64mg	16mg 64mg	16mg 64mg
	24mg 96mg	24mg 96mg	24mg 96mg	24mg 96mg	24mg 96mg
	32mg 128mg	32mg 128mg	32mg 128mg	32mg 128mg	32mg 128mg
	160mg	160mg	160mg	160mg	160mg
Due date	23.09.24	16.10.24 4.30	06.03.25		
Date given	20.09.24	Revised	Current Review		
Injection side/site *	upper right arm	thigh	Revised		
Signature and name	W. McC	A. McCutcheon W. McCutcheon			
Optional Field	08.2024 A. McCutcheon				

*Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab) or upper arm (ua) with a minimum of 8 weeks before re-injection at previously used injection site. Injections on the waistline or within 5 cm of the naval should be avoided

Daily dose Buprenorphine	Dose of weekly Bupival	Dose of monthly Bupival
2-6mg	8mg	
8-10mg	16mg	64mg
12-16mg	24mg	96mg
18-24mg	32mg	128mg
24-32mg		160mg



EMIS Web Upload Code 85D

Appendix 1

NP Bupival Checklist & Administration Chart

Name: BRIAN WHITE		☒ Checklist completed prior to first dose of Bupival ☐ Informed consent form completed ☐ Patient information booklet/sheet given ☐ Bupival in stock/ordered from pharmacy ☐ Buprenorphine naive patients given dose of Espranor								
Address: 652 3RD		☐ Bupival warning completed on EMIS and Portal ☐ GP notified and request to add ECS ☐ Pharmacy contacted to cancel any existing prescription ☐ Appropriate fitness to drive advice given ☐ Pregnancy test completed if appropriate								
CHI: 3103646054										
Mobile Phone: 07789599577										
Care Manager:										
Clinic: GORRALS WEO										
Bupival Dose	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
(Please circle to indicate dose)	8mg		8mg		8mg		8mg		8mg	
	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg
	24mg	96mg	24mg	96mg	24mg	96mg	24mg	96mg	24mg	96mg
	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg
		160mg		160mg		160mg		160mg		160mg
Due date	05.06.24 13.30		23.08.24							
Date given	28.06.24		28.06.24							
Injection side/site *	UPPER ARM LEFT		REVIEW							
Signature and name	[Signature] MMCS									
Optional Field	04-2026 460611									

*Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab) or upper arm (ua) with a minimum of 8 weeks before re-injection at previously used injection site. Injections on the waistline or within 5 cm of the naval should be avoided

Daily dose Buprenorphine	Dose of weekly Bupival	Dose of monthly Bupival
2-6mg	8mg	
8-10mg	16mg	64mg
12-16mg	24mg	96mg
18-24mg	32mg	128mg
24-32mg		160mg



EMIS Web Upload Code 85D

Appendix 1

NP Bupival Checklist & Administration Chart

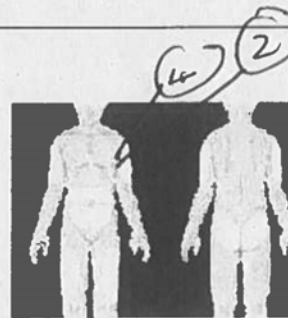
Name: BROWN WITG		☒ Checklist completed prior to first dose of Bupival			
Address: 552 3RT		☐ Informed consent form completed			
CHI: 310364 6054		☐ Patient information booklet/sheet given			
Mobile Phone: 01789 599578		☐ Bupival in stock/ordered from pharmacy			
Care Manager:		☐ Buprenorphine naive patients given dose of Espranor			
Clinic: GORRHO - WADSWORTH		☐ Bupival warning completed on EMIS and Portal			
		☐ GP notified and request to add ECS			
		☐ Pharmacy contacted to cancel any existing prescription			
		☐ Appropriate fitness to drive advice given			
		☐ Pregnancy test completed if appropriate			

Bupival Dose	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
(Please circle to indicate dose)	8mg		8mg		8mg		8mg		8mg	
	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg
	24mg	96mg	24mg	96mg	24mg	96mg	24mg	96mg	24mg	96mg
	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg
		160mg		160mg		160mg		160mg		160mg

Due date	20.12.23	17.01.24	23.2.24	03/04/24	01.05.24
Date given	20.12.23	26.01.24	08/03/24	03.04.24	07.05.24
Injection side/site *	UPPER ARM RIGHT	UPPER ARM LEFT	UPPER ARM RIGHT	UPPER ARM LEFT	UPPER RIGHT ARM
Signature and name	CMERL	CMERL	S. JAMES	CMERL	JAMES
Optional Field	01-2025	08-2025	04/2026	04.0061U	04.2026
	200414	201876	AD061L	01-2026	AD061U

*Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab) or upper arm (ua) with a minimum of 8 weeks before re-injection at previously used injection site. Injections on the waistline or within 5 cm of the naval should be avoided

Daily dose Buprenorphine	Dose of weekly Bupival	Dose of monthly Bupival
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18-24mg	32mg	128mg
24-32mg		160mg



EMIS Web Upload Code 85D

Appendix 1 NP Buprenorphine Checklist & Administration Chart

FORBAND

WEDNESDAY

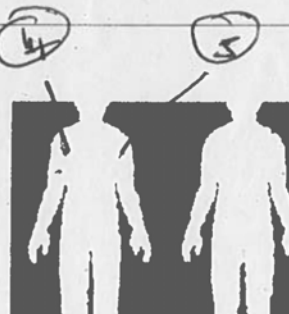
Name BRIAN WHITE		() Checklist completed prior to first dose of Buprenorphine			
Address 52 BET		() Informed consent form completed			
CHI 310564 6054		() Patient information booklet/sheet given			
Mobile Phone 07189 599577		() Buprenorphine in stock/ordered from pharmacy			
Care Manager		() Buprenorphine naive patients given dose of Espranor			
Clinic FORBAND WEDNESDAY		() Buprenorphine warning completed on EMIS and Portal			
		() GP notified and request to add ECS			
		() Pharmacy contacted to cancel any existing prescription			
		() Appropriate fitness to drive advice given			
		() Pregnancy test completed if appropriate			

Buprenorphine Dose	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
(Please circle to indicate dose)	8mg		8mg		8mg		8mg		8mg	
	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg
	24mg	96mg	24mg	96mg	24mg	96mg	24mg	96mg	24mg	96mg
	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg
		160mg		160mg		160mg		160mg		160mg

Due date	01-06-23	14-07-23	11-08-23	21-09-23	20-10-23
Date given		14-07-23		21-09-23	23-11-23
Injection side/site *		UPPER ARM RIGHT		UPPER ARM RIGHT	UPPER ARM LEFT
Signature and name		<i>Amel... M... M...</i>		<i>Amel... M... M...</i>	<i>Amel... M... M...</i>
Optional Field		12-2024		20-2025	20-2025

*Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab) or upper arm (ua) with a minimum of 8 weeks before re-injection at previously used injection site. Injections on the waistline or within 5 cm of the naval should be avoided

Daily dose Buprenorphine	Dose of weekly Buprenorphine	Dose of monthly Buprenorphine
2-6mg	8mg	
8-10mg	16mg	64mg
12-16mg	24mg	96mg
18-24mg	32mg	128mg
24-32mg		160mg

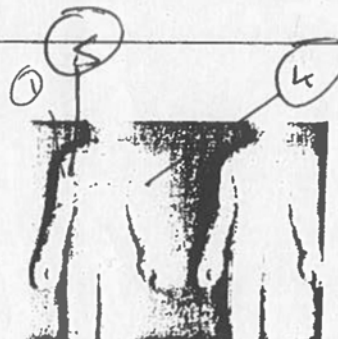


Appendix 1 NP Buvidal Checklist & Administration Chart

Name: BRIAN WHITE Address: FLAT 3/3 133 KINNELL AVENUE GS2 3RT CHI: 310 364 6054 Mobile Phone: 07789 599 577 Care Manager: Clinic:		(v) Checklist completed prior to first dose of Buvidal () Informed consent form completed () Patient information booklet/sheet given () Buvidal in stock/ordered from pharmacy () Buprenorphine naive patients given dose of Espranor () Buvidal warning completed on EMIS and Portal () GP notified and request to add ECS () Pharmacy contacted to cancel any existing prescription () Appropriate fitness to drive advice given () Pregnancy test completed if appropriate								
Buvidal Dose	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
(Please circle to indicate dose)	8mg		8mg		8mg		8mg		8mg	
	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg
	24mg	96mg	24mg	96mg	24mg	96mg	24mg	96mg	24mg	96mg
	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg
		160mg		160mg		160mg		160mg		160mg
Due date	15/11/22 14:30		13/12/22		17/01/23 2:35		21.02.23 14:30		04.04.23 13:30	
Date given	16/11/22		20/12/22		24.01.23		10.03.23		10.05.23	
Injection side/site*	Right upper arm		LEFT UPPER ARM		UPPER RIGHT ARM		UPPER ARM LEFT		UPPER ARM RIGHT	
Signature and name	S. D. Platter		D. M. CORMICK		M. M. S.		Chae Le		Chae Le	
Optional Field	12/2024 20004C		12-2024 20004K		12-2024 20004K		20012R 01-2025		20037R 12-2024	

*Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab) or upper arm (ua) with a minimum of 8 weeks before re-injection at previously used injection site. Injections on the waistline or within 5 cm of the naval should be avoided

Daily dose Buprenorphine	Dose of weekly Buvidal	Dose of monthly Buvidal
2-6mg	8mg	
8-10mg	16mg	64mg
12-16mg	24mg	96mg
18-24mg	32mg	128mg
24-32mg		160mg



Appendix 1 NP Buvidal Checklist & Administration Chart

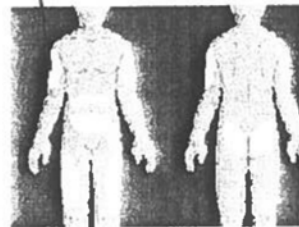
Name: <u>Brian White</u>		(v) Checklist completed prior to first dose of Buvidal			
Address: <u>552 3rd</u>		() Informed consent form completed			
CHI: <u>810364 6054</u>		() Patient information booklet/sheet given			
Mobile Phone: <u>01789 599574</u>		() Buvidal in stock/ordered from pharmacy			
Care Manager: <u>H. H. H. H. H.</u>		() Buprenorphine naive patients given dose of Espranor			
Clinic: <u>Tuesday 9am</u>		() Buvidal warning completed on EMIS and Portal			
		() GP notified and request to add ECS			
		() Pharmacy contacted to cancel any existing prescription			
		() Appropriate fitness to drive advice given			
		() Pregnancy test completed if appropriate			

Buvidal Dose	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
(Please circle to indicate dose)	8mg		8mg		8mg		8mg		8mg	
	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg
	24mg	<u>96mg</u>	24mg	<u>96mg</u>	24mg	<u>96mg</u>	24mg	<u>96mg</u>	24mg	<u>96mg</u>
	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg
		160mg		160mg		160mg		160mg		160mg

Due date	<u>21.05.22</u>	<u>23.06.22</u>	<u>02.08.22</u>	<u>13/09/22</u>	<u>18/10/22</u>
Date given	<u>21.05.22</u>	<u>05.07.22</u>	<u>16/08/22</u>	<u>21/09/22</u>	<u>18/10/22</u>
Injection side/site *	<u>UPPER ARM RIGHT</u>	<u>UPPER ARM RIGHT</u>	<u>UPPER ARM LEFT</u>	<u>UPPER ARM RIGHT</u>	<u>UPPER ARM LEFT</u>
Signature and name	<u>Amulceles</u>	<u>Amulceles</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>Susan Jones</u>
Optional Field	<u>40132L</u> <u>08-2024</u>	<u>40132L</u> <u>08-2024</u>	<u>08-2024</u> <u>70132L</u>	<u>09-2024</u> <u>70132L</u>	<u>12-2024</u> <u>20004C</u>

*Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab) or upper arm (ua) with a minimum of 8 weeks before re-injection at previously used injection site. Injections on the waistline or within 5 cm of the naval should be avoided

Daily dose Buprenorphine	Dose of weekly Buvidal	Dose of monthly Buvidal
2-6mg	8mg	
8-10mg	16mg	64mg
12-16mg	24mg	96mg
18-24mg	32mg	128mg
24-32mg		160mg

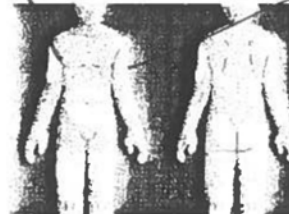


36033047

Appendix 1 NP Buvidal Checklist & Administration Chart

Name: Brian Whyke Address: 133 Kinnell Avenue CHI: 303646054 Mobile Phone: 07928918890 Care Manager: Clinic: Alison		(v) Checklist completed prior to first dose of Buvidal () Informed consent form completed () Patient information booklet/sheet given () Buvidal in stock/ordered from pharmacy () Buprenorphine naive patients given dose of Espranor () Buvidal warning completed on EMIS and Portal () GP notified and request to add ECS () Pharmacy contacted to cancel any existing prescription () Appropriate fitness to drive advice given () Pregnancy test completed if appropriate			
Buvidal Dose (Please circle to indicate dose)	Weekly Monthly 8mg 16mg 64mg 24mg 96mg 32mg 128mg	Weekly Monthly 8mg 16mg 64mg 24mg 96mg 32mg 128mg	Weekly Monthly 8mg 16mg 64mg 24mg 96mg 32mg 128mg	Weekly Monthly 8mg 16mg 64mg 24mg 96mg 32mg 128mg	Weekly Monthly 8mg 16mg 64mg 24mg 96mg 32mg 128mg
Due date	11/01/22	08-02-22	08-03-22	05-04-22	03/05/22
Date given	11-01-22	09-02-22	08-03-22	05-04-22	03-05-22
Injection side/site *	UPPER ARM LEFT	Upper arm RIGHT	UPPER ARM LEFT	Upper RIGHT ARM	UPPER ARM LEFT
Signature and name	Alison	Alison	Alison	Alison	Alison
Optional Field	40122P 08-2023	40047C 02-2024	40047C 02-2024	02-1024 40047C	40132L 08-2024
*Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab) or upper arm (ua) with a minimum of 8 weeks before re-injection at previously used injection site. Injections on the waistline or within 5 cm of the naval should be avoided					

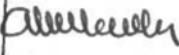
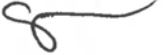
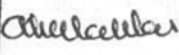
Daily dose Buprenorphine	Dose of weekly Buvidal	Dose of monthly Buvidal
2-6mg	8mg	
8-10mg	16mg	64mg
12-16mg	24mg	96mg
18-24mg	32mg	128mg



COVAN

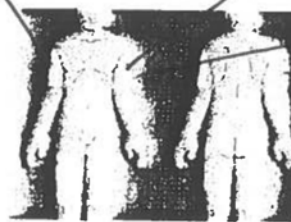
56033047

Appendix 1 NP Buvidal Checklist & Administration Chart

Name: Brian Whyte Address: 1133 Kinnell Avenue CHI: 3103646054 Mobile Phone: 07928918890 Care Manager: Helen Hedeugott Clinic: Nelson Healthcare		(V) Checklist completed prior to first dose of Buvidal ☐ Informed consent form completed ☐ Patient information booklet/sheet given ☐ Buvidal in stock/ordered from pharmacy ☐ Buprenorphine naive patients given dose of Espranor ☐ Buvidal warning completed on EMIS and Portal ☐ GP notified and request to add ECS ☐ Pharmacy contacted to cancel any existing prescription ☐ Appropriate fitness to drive advice given ☐ Pregnancy test completed if appropriate										
Buvidal Dose (Please circle to indicate dose)	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
8mg			8mg		8mg		8mg		8mg		8mg	
16mg		64mg	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg	16mg	64mg
24mg		96mg	24mg	96mg	24mg	96mg	24mg	96mg	24mg	96mg	24mg	96mg
32mg		128mg	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg	32mg	128mg
Due date	17/8/21		14/09/21		19/10/21		16/11/21		14/12/21			
Date given	18.08.21		24.09.21		20.10.21		17.11.21		14.12.21			
Injection side/site *	UPPER ARM RIGHT		UPPER ARM LEFT		UPPER ARM RIGHT		UPPER ARM LEFT		UPPER ARM RIGHT			
Signature and name												
Optional Field	08/23 X0122A		08/2023 X0122A		201224 08-2023		20122F 08-2023		08-2023 X0122A			

*Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab) or upper arm (ua) with a minimum of 8 weeks before re-injection at previously used injection site. Injections on the waistline or within 5 cm of the naval should be avoided

Daily dose Buprenorphine	Dose of weekly Buvidal	Dose of monthly Buvidal
2-6mg	8mg	
8-10mg	16mg	64mg
12-16mg	24mg	96mg
18-24mg	32mg	128mg



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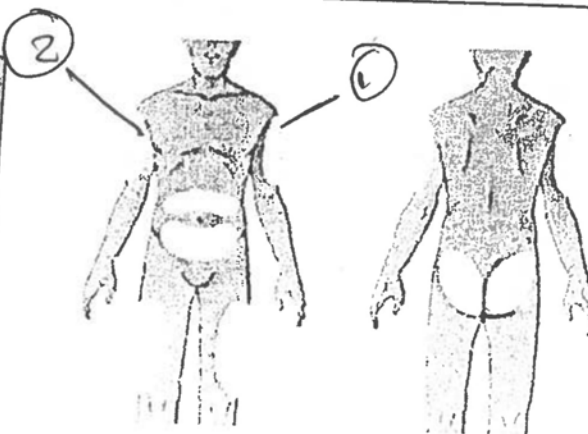
Appendix 2: Buprenorphine Dosing Chart

Name: Brian Whyte Address: 213 133 Kinnell Ave, Llangan CHI: 3103646054 Mobile Phone: 07931 851727 Care Manager: 07928918890 Clinic: Helen McInerney TUE - Gwyn	(v) Checklist prior for first dose of Buprenorphine: ☐ Informed consent form completed ☐ Patient information booklet/sheet given ☐ Buprenorphine in stock/ordered from pharmacy ☐ Buprenorphine naïve patients given dose of Espranor ☐ Buprenorphine warnings completed on Emis and Portal ☐ GP notified and request to add to ECS ☐ Pharmacy contacted to cancel any existing prescription ☐ Appropriate fitness to drive advice given
---	---

Buprenorphine Dose (please circle/ delete to indicate dose)	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
	8mg	8mg	8mg	8mg	8mg	8mg	8mg	8mg	8mg	8mg
16mg	16mg	16mg	16mg	16mg	16mg	16mg	16mg	16mg	16mg	16mg
24mg	24mg	24mg	24mg	24mg	24mg	24mg	24mg	24mg	24mg	24mg
32mg	32mg	32mg	32mg	32mg	32mg	32mg	32mg	32mg	32mg	32mg
Due Date	23/3/21	20.04.21	18.05.21	15.06.21	13.7.21					
Date Given	23.3.21	20.04.21	21.05.21	15.06.21	20/7/21					
Injection Side/Site	lt arm below	UPPER ARM RIGHT	UPPER ARM LEFT	UPPER arm right	UPPER arm right					
Signature and Name	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]					
Optional Field	X0087D 05/23	X0109B 08/23	X0109B 08/23 LOT X0109B	08/23 X0109B	08-23 X0109B					

Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab), or upper arm (ua) with a minimum of 8 weeks before re-injecting a previously used injection site. Injections on the waistline or within 5 cm of the navel should be avoided

Daily dose buprenorphine	Dose of weekly Buprenorphine	Dose of monthly Buprenorphine
2-6 mg	8 mg	
8-10 mg	16 mg	64 mg
12-16 mg	24 mg	96 mg
18-24 mg	32 mg	128 mg



OFFICIAL - SENSITIVE: Personal Data

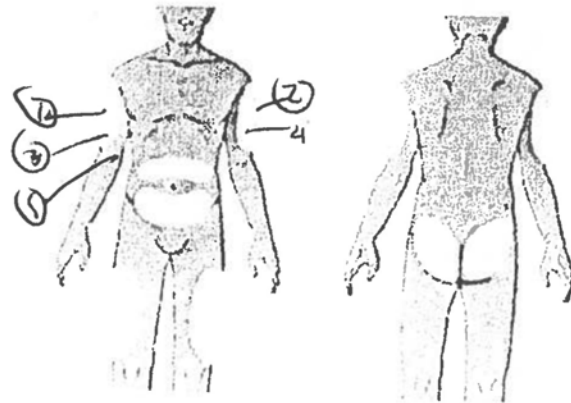
Appendix 2: Buprenorphine Dosing Chart

Name: Brian Wylie Address: 213 133 Kinnell Ave, Glasgow CHI: 3103646054 Mobile Phone: 07931 851727 Care Manager: Helen McQuinn Clinic: (Alison McLaughlin)	(v) Checklist prior for first dose of Buprenorphine: ☒ Informed consent form completed ☒ Patient information booklet/sheet given ☒ Buprenorphine in stock/ordered from pharmacy ☒ Buprenorphine naïve patients given dose of Espranor ☒ Buprenorphine warnings completed on Emis and Portal ☒ GP notified and request to add to ECS ☒ Pharmacy contacted to cancel any existing prescription ☒ Appropriate fitness to drive advice given
---	--

Buprenorphine Dose (please circle/ delete to indicate dose)	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly		
	8mg	16mg	24mg	32mg	8mg	16mg	24mg	32mg	8mg	16mg	24mg	32mg
		64mg	96mg	128mg		64mg	96mg	128mg		64mg	96mg	128mg
Due Date	15.12.20		22.12.20		29.12.20		26.1.21		23.2.21			
Date Given	15.12.20		22.12.20		29.12.20		26.1.21		23.2.21			
Injection Side/Site	Right arm		Left arm		Right arm		Left arm		Right arm			
Signature and Name	Helen McQuinn		Helen McQuinn		Helen McQuinn		Helen McQuinn		Helen McQuinn			
Optional Field	04/22 x 0122B		04/22 V0122B		x 0064B 09/22		x 0064B 22/09/22		x 0087D 05/23			

Injection sites: should be rotated between sites in the buttock (bu), thigh (th), abdomen (ab), or upper arm (ua) with a minimum of 8 weeks before re-injecting a previously used injection site. Injections on the waistline or within 5 cm of the navel should be avoided

Daily dose buprenorphine	Dose of weekly Buprenorphine	Dose of monthly Buprenorphine
2-6 mg	8 mg	
8-10 mg	16 mg	64 mg
12-16 mg	24 mg	96 mg
18-24 mg	32 mg	128 mg





Chief Officer
 Susanne Millar
 MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
 Gorbals Health & Care Centre
 South ADRS
 Ground Floor
 2 Sandiefield Road
 Gorbals
 G5 9AB

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

WHYTE, Brian (Mr) CHI: 310 364 6054
Flat 2/3
133 Kinnell Avenue
Cardonald
Glasgow
G52 3RT

13 February 2025

Dear Brian

I have tried to contact you by phone and have left voice mails requesting contact.

You are currently in your Buvidal detox period and I wish to organise a care review with you.

Can you please attend **Gorbals Health & Care Service, Alcohol Drug Recovery Service on Thursday 6 March 2pm?**

I look forward to seeing you on the day.

Kind regards

Alison Mc Lachlan
 Addiction Nurse
 South Alcohol Drugs Recovery Service
 Gorbals Health Centre
 ADRS
 2 Sandiefield Road
 Gorbals
 Glasgow
 G5 9AB
If phoning or visiting, please ask for

Telephone 0141 4208 100

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Chief Officer
Susanne Millar
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Gorbals Health & Care Centre
South ADRS
Ground Floor
2 Sandiefield Road
Gorbals
G5 9AB

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

WHYTE, Brian (Mr) CHI: 310 364 6054
Flat 2/3
133 Kinnell Avenue
Cardonald
Glasgow
G52 3RT

3rd November 2023

Dear Brian

I have made several attempts to contact you by phone on your listed mobile number without success. You did not attend your last Buvidal clinic appointment 07.06.23 and are now considered out of treatment.

Please may I ask that you contact ADRS (0141.420 8100) to discuss treatment and updated contact telephone number.

Kind regards

Alison Mc Lachlan
Addiction Nurse
South Alcohol Drugs Recovery Service
Gorbals Health Centre
ADRS
2 Sandiefield Road
Gorbals
Glasgow
G5 9AB

If phoning or visiting, please ask for
Telephone 0141 4208 100

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Pharmacy:

Boots

95 axt

Delivery Worker:

Amy W

Delivery Date:

21/9/23

Patient Name

PX Number

PX Start date(s)

Pharmacy Sign

Borrowing

1080094934

21.09.23

SV



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Chief Officer
Susanne Millar
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership
Gorbals Health & Care Centre
South ADRS
Ground Floor
2 Sandiefield Road
Gorbals
G5 9AB

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

WHYTE, Brian (Mr) CHI: 310 364 6054
Flat 2/3
133 Kinnell Avenue
Cardonald
Glasgow
G52 3RT

3rd November 2023

Dear Brian

I have made several attempts to contact you by phone on your listed mobile number without success. You did not attend your last Buvidal clinic appointment 07.06.23 and are now considered out of treatment.

Please may I ask that you contact ADRS (0141.420 8100) to discuss treatment and updated contact telephone number.

Kind regards

Alison Mc Lachlan
Addiction Nurse
South Alcohol Drugs Recovery Service
Gorbals Health Centre
ADRS
2 Sandiefield Road
Gorbals
Glasgow
G5 9AB

If phoning or visiting, please ask for
Telephone 0141 4208 100

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West of Scotland Specialist Virology Centre.

Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER

Tel: 0141 201 8722 e-mail:west.ssvc2@nhs.scot

Surname	Forename	CHI	DOB/Age	Sex
WHYTE	BRIAN	3103646054	31.03.64	M

Source	Consultant
CAT South Glasgow	Diane McCormick

Specimen	WoSSVC Lab No.	Source no.	Report Status
DRIED BLOOD SPOT	V,23.1800009.Y		Authorised

HIV antibody/antigen Not detected
HCV antibody : Not detected

HCV: This is a DRIED BLOOD SPOT sample.
HIV: This is a DRIED BLOOD SPOT sample.

Date collected	Date received	Date authorised
20.12.22	03.01.23	04.01.23
		Authorised by
Report for: CAT South Glasgow		Andrew Small (2) Ref Labs
Page 1 of 1		

Name: Brian Whyte

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CHI:

1703646054***Consent to Opioid Replacement Treatment – Buvidal***

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

Requirements of Treatment

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

Risks Associated with Buprenorphine ORT

1. Ongoing dependence
 - a. Loss of tolerance on cessation and risks of o/d and relapse
 - b. Risks of missed doses
2. Respiratory Depression
 - a. Enhanced risk with use of other drugs and/or alcohol
 - b. Intercurrent illness
 - c. Asthma/COPD compliance with therapy, seek medical advice if exacerbation
3. Impairment of cognitive and motor functioning
4. Potential risks and benefits in pregnancy
 - a. Report if planning or are pregnant
5. Issues with analgesia
 - a. Long acting nature of product
 - b. Importance of discussing with other clinicians i.e. pain consultant

Fitness to Drive

I have discussed topics alone with Brian on 15 / 12 / 20

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

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

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

Staff signed [Signature] Name HANNA MASO Date 15/12/20

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Community Addiction Team Opiate Substitute Prescribing

Name: Brian Whyte
 Key Worker: Thomas Cunningham

CHI: 3103646054
 C/F: 56033047

Pharmacy 1
Mackies
882 8535

Pharmacy 2

Pharmacy 3

1845 Parkway Rd West G52
 Medication: methadone / buprenorphine

Plan: titration / maintenance / reduction / detox / low threshold

Date			DRUG SCREEN RESULT						ALCOHOL		PRESCRIPTION			FORWARD PLAN	
			METH	OPIATE	BUPI	COC	AMPH	BENZ	UNITS PER WEEK	BrAC	DOSE	NO OF DAYS	TAKE HOME	DATE	DOSE
3	3	20	-	+	+	-	-	-			16mg	14	5/5	17/3	16mg
17	3	20									16mg	28	Weekly	14/4	16mg
14	4	20									16	28	Weekly	14/4	16mg
09	06	20									16	28	Weekly	7/7	16
1	9	20									16	28	Tues	29/9	16
29	9	20									16mg	28	Weekly	27/10	16mg
27	10	20									16mg	28	Weekly	24/11	16mg

BBV

Date test offered:
 Date test done:
 Result:
 Date patient informed:
 Date patient referred:

TWINRIX

1st:
 2nd:
 3rd:
 Booster:
 Refused:

PRESCRIBING REVIEW

Date / Name:
 Date / Name:
 Date / Name:
 Date / Name:
 Date / Name:

NALOXONE

Date trained: Date 1st supply:
 Date declined: Date 2nd supply:

DVLA

Licence: Y / N Currently driving: Y / N
 Advice given:

GP PRESCRIBED MEDICATIONS

1	2	3
4	5	6

CHILDREN	C/F	DOB	LIVING WITH	IPSU	SOCIAL WORKER
1					
2					
3					
4					

ECG

Date: Result:

	Normal	Prolonged	High Risk
Men	<440ms	>450ms	>500ms
Women	<450ms	>480ms	>500ms

SUITABLE FOR SHARED CARE: Y / N

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**

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

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
South West CAT Team GGC Mental Health	— Consultant / receiving practitioner and/or specialty clinic
CAT (Community Addiction Team) SCI Gateway Virtual Location Code	— Hospital and hospital address
	Hospital location code. G004G
	Email address -
Urgency of referral Routine	Date sent 09-Jul-2020
Date of referral 09-Jul-2020	

PATIENT DETAILS		Patient's address
Surname	Whyte	2-3 133 Kinnell Avenue GLASGOW G52 3RT
Forename(s)	Brian	
Title	Mr	
Sex	Male	
Date of birth	31-Mar-1964	
CHI no.	3103646054	Contact number(s)
Area of Residence	-	Voice: 07931851727

1010212872540

Unique Care Pathway Number: 1010212872540

REGISTERED GP DETAILS		Practice address
Name	Dr Amy Kerr	The Crescent Medical Practice 12 Walmer Crescent Cessnock GLASGOW G51 1AT
GMC code	6026525 GP code 00868	
Practice name	The Crescent Medical Practice (18955)	
Practice code	52058	
		Contact number(s)
		Voice: 0141 427 0191 Facsimile: 0141 427 1351 E-mail: [REDACTED]

REFERRING GP DETAILS		Practice address
Name	Dr. Judith McLaughlin	Glasgow G52 2AA
GMC code	3441602 GP code 04600	
Practice name	14 Hillington Road South (52058)	
		Contact number(s)

Practice code

52058

Voice: 0141 882 9098

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Addiction

Comment: Dear Colleague,

I would be grateful for your help with this gentleman who is previously been well known to your services and last communication from your team was in January this year from Jennifer Kelly your pharmacist prescriber. He has contacted us on a couple of occasions complaining of chronic insomnia which is longstanding he is now on Mirtazapine 45mg and this has helped his mood but he tells me it has not helped his sleep. He was given a week long supply of Zopiclone recently but was advised at that point that it would be a one off prescription however he has been in touch again really looking for more zopiclone and unhappy that we have not been willing to continue with this prescription. He feels he is been unfairly treated in view of his past history of addiction. I have advised him that chronic insomnia is not best managed with hypnotics but rather be addressed by means of sleep hygiene and with cognitive behavioural therapy. I did ask him to contact wellbeing with regards to help coping with his troublesome symptoms however they were unable to offer him anything and I think that this would perhaps be as he is known to your services.

I therefore would be grateful for your input in helping Mr Whyte at this time.

With kind regards

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
[D]Insomnia NOS	-	10-Oct-2019	10-Oct-2019
[D]Insomnia NOS	-	05-Dec-2011	05-Dec-2011
[D]Respiratory failure NOS	-	20-Feb-2010	20-Feb-2010
[X]Assault by sharp object	multiple stab wounds	20-Feb-2010	20-Feb-2010

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date performed</u>	<u>Date recorded</u>
Drug addiction therapy	09-Apr-2015	09-Apr-2015
Plain X-ray ankle joint	24-Aug-2004	24-Aug-2004

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Ensure Shake Oral powder sachets 57 gram sachet	60	60 sachet	ONE TWICE DAILY AS PER DIETICIAN	-	24-Oct-2019	02-Jul-2020

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Mirtazapine Tablets 45 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Jun-2020	24-Jun-2020
Zopiclone Tablets 7.5 mg	7	7 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Jun-2020	24-Jun-2020
Mirtazapine Tablets 45 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	27-May-2020	27-May-2020
Mirtazapine Tablets 30 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	24-Mar-2020	04-May-2020
Paracetamol Tablets 500 mg	100	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	02-Mar-2020	02-Mar-2020

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
29-Aug-2017	110	70

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
22-Oct-2019	174	50.007	16.5

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Stopped smoking:		31-Dec-1988
Teetotaler:		13-Dec-2016

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

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

Social circumstances

Ethnic Origin: (White) Scottish

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

West of Scotland Specialist Virology Centre.

Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER

Tel: 0141 201 8722 e-mail:west.ssvc@nhs.net

Surname	Forename	CHI	DOB/Age	Sex
WHYTE	BRIAN	3103646054	31.03.64	M
Source	Consultant			
CAT Greater Pollok	J KELLY			
Specimen				
DRIED BLOOD SPOT	WoSSVC Lab No.	Source no.	Report Status	
	V,20.0800160.C		Authorised	

HIV antibody/antigen Not detected by Architect
HCV antibody : Not detected by Architect

on
enr
16/1/20

HCV: This is a DRIED BLOOD SPOT sample.
HIV: This is a DRIED BLOOD SPOT sample.

Date collected	Date received	Date authorised
07.01.20	10.01.20	13.01.20
Report for: CAT Greater Pollok		Authorised by
Page 1 of 1		Ms R Orr



Chief Officer
 Susanne Millar
 MA(Hons) CQSW

Glasgow City Health & Social Care
 Partnerships
 Pollok Addictions Service
 130 Langton Road
 Pollok
 Glasgow G53 5DP
 0141 276 3010

www.glasgowcity.hscp.scot
www.glasgow.gov.uk
www.nhsggc.org.uk

Direct Line: 0141 276 3010
 Our ref: JK/CH
 Date Dictated: 7 January 2020
 Date: 20 January 2020

Private and Confidential

Dr Kerr
 The Crescent Medical Practice
 14 Hillington Road South
 Glasgow
 G52 2AA

Dear Dr Kerr

Re: Brian Whyte
CHI: 3103646054
Address: Flat 2/3, 133 Kinnell Avenue, Glasgow, G52 3RT

This patient continues to attend the South Alcohol and Drug Recovery Service at Greater Pollok, 130 Langton Road, Glasgow, G53 5DP. I reviewed them on 7 January 2020.

Drug Use: Brian attended on time for review today and looked well with no evidence of intoxication or withdrawal. He reports no illicit drug for over 1 month and last street benz use was in Oct following the death of his dog. He was unable to provide a urine screen today but will do so at next appt. He is happy to maintain on his current dose of 16mg bup today. Discussed potential to transfer to Buvidal- bup depot - given patient info booklet and discussed in full, Brian does not like needles but will read and discuss at next appt.

Alcohol Use: Drank at Xmas but no regular alcohol use.

Physical Health: Generally keeps well, recovered well from recent operation on foot with pain now relieved. Dietician appt in Feb- remains underweight. Neurology appt in Feb for investigation following recent collapses. Has stopped smoking, currently using e-cig.

BBV - DBST completed today- states no risk since last test in April 19

Mental Health: Non-compliant with mirtazepine 15mg - mood improved recently, struggling with sleep, found mirtazepine helped. Encouraged to discuss with GP at appt next week. Bright and well engaged today. No dsh/ideation reported.

Contact with Children: NA.

Legal: Nil. **DVLA** - no licence- awaiting bus pass.

Social: Has own tenancy and currently working on maximising benefits. Engages

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regularly with church groups and finds this a good support. Will attend tomorrow to see care manager to complete bus pass form and with benefits forms.

Risk, Harm Reduction and Recovery Interventions: PLAN:

1. Maintain current dose- consider transfer to Buvidal.
2. DBST results.
3. Continue to attend appts for physical health.
4. Encourage further recovery engagement.
5. Attend tomorrow to see care manager.

Follow-up outpatient appointment. Appointment Outcome: Next due 21.1.20 14x 16mg bup.

You may wish to consider adding the above prescription to EMIS as medication prescribed by specialist services.

Please consider the risks of co-prescribing other opiates, benzodiazepines, gabapentinoids and other medication for this patient.

Kind Regards

Jennifer Kelly
Pharmacist Prescriber

If phoning or visiting, please ask for
Telephone 0141 276 3010

**Mental Health Partnership
Clinical Risk Screening and Management Tool**

Service Users Name	WHYTE, Brian (Mr)	PIMS No.	
CHI No.	310 364 6054	DoB	31-Mar-1964
Legal Status	☒ Informal	☐ Detained	☐ Community Order
Ward/Dept/CMHT	SARDS		

Context of Assessment

☐ On admission	☐ Engagement With Crisis Services
☐ Annual Review	☐ Significant change in presentation/circumstances
☐ MDT/C.P.A.	
☒ Other	Specify: Review

Sources of Information

Service User ☒	Carer ☐	Consultant ☐	Other Dr ☐
Named Nurse ☐	CPN ☐	Pharmacy ☐	Social Work ☐
Support Worker ☐	GP ☐	Psychology ☐	Occupational Therapy ☐
			Voluntary agency worker ☐
Other ☐	Specify		

Guidance

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out a more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (e.g. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

Screening Completed by

Name	Ian McDonald	Signature	
Designation	Senior Addiction Nurse	Date & Time	04/09/2019

Patient Name: Brian Whyte
CHI: 310 364 6054

**Mental Health Partnership
Clinical Risk Screening and Management Tool**



Suicide &/or Self Harm		Violence		Other Risk Factors	
History and Situational Factors					
S1 Mental illness diagnosed or diagnosis uncertain	n	V1 Previous violent acts	n	O1 Vulnerable due to learning disability, cognitive impairment or mental illness	n
S2 Use of violent methods	n	V2 Use of weapons	n	O2 History of stalking others	n
S3 Previous self-harm	n	V3 Previous admission to secure units	n	O3 History of social, financial or sexual exploitation of others	n
S4 Socially isolated	y	V4 Convictions for violence / assault	n	O4 History of falls	n
S5 Past diagnosis of personality disorder	n	V5 Past diagnosis personality disorder or psychopathy	n	O5 History of self-neglect	n
S6 Major physical illness	y	V6 Alcohol or drug misuse	n	O6 Lacks basic housing amenities	n
S7 Alcohol/drug misuse	y	V7 Male under 35	n	O7 Previous fire setting	n
S8 Family history of suicide	n	V8 Prior supervision failure	n	O8 Socially or culturally isolated	y
S9 Previous treatment non-compliance	n	V9 Previous treatment non-compliance	n	O9 Neglect– children or other dependents	n
S10 Impulsivity	n	V10 Impulsivity	n	O10 History of exploitation by others	n

Patient Name: Brian Whyte
CHI: 310 364 6054

**Mental Health Partnership
Clinical Risk Screening and Management Tool**



Short Term or Precipitating Factors							
S11 Planning suicide	n		V11 Intoxicated	n		O11 Difficulty communicating needs/views/comprehension difficulties	n
S12 Access to lethal method	n		V12 Acute psychosis	n		O12 Confusion or disorientation	n
S13 Hopeless / helpless	n		V13 Violent fantasies	n		O13 Sexually disinhibited or aggressive	n
S14 Recent major loss	n		V14 Identified target	n		O14 Significant financial problems	n
S15 Recent psych hospital discharge	n		V15 Access to weapons	n		O15 Current self-neglect	n
S16 Current or recent treatment non-compliance	n		V16 Current or recent treatment non-compliance	n		O16 Current neglect of children or other dependents	n

Protective Factors							
S17 Willing to respond to advice/carers	y		V17 Willing to respond to advice	y		O17 Willing to respond to advice/carers	y
S18 Has close relationship	y		V18 Appropriate services available	y		O18 Appropriate services available	y
S19 Religious beliefs	y						

Patient Name: Brian Whyte
CHI: 310 364 6054

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Mental Health Partnership
Clinical Risk Screening and Management Tool



Please write N/A if no risks identified or no risk management actions required.

Management Plan		Action By
Suicide/Self Harm	RECENT PLANNED SUICIDE- HOWEVER DID NOT GO THROUGH WITH THIS HOWEVER.SAFE PLAN HAS BEEN DICUSSED AND IN GREAT DEPTH AND HAS BEEN REVIEWED BY RMN. FOR ONGOING MONITOR AND REVIEW	care manager
Violence	NO REPORTS OF VIOLENCE AND/OR AGRESSION AIMED TOWARDS STAFF MEMEBRS - FOR MONITOR AND REVIEW	care manager
Other Risk Factors	SIGNIFICANT PAIN ISSUES ARISING FROM ORTHOPEADIC ISSUE IN FOOT. DOES LOWER MOOD - FOR MONITOR AND REVIEW	care manager

Outcome of screening/management plan discussed with

Service User ☒	Carer ☐	Consultant ☐	Other Dr ☐
CPN ☐	Ward Nurse ☐	Social Work ☐	Occupational Therapy ☐
Psychology ☐	Pharmacy ☐		
Other ☐	Specify		

Management Plan Completed by

Name	Ian McDonald	Signature	
Designation	Senior Addiction Nurse	Date & Time	04/09/2019

Patient Name: Brian Whyte
 CHI: 310 364 6054

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**Mental Health Partnership
Clinical Risk Screening and Management Tool**



Appendix 3

Guidance

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (eg. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

Risk Management

Risk management planning will flow on from risk formulation. Risk management strategies to consider might include:

- Safe and appropriate levels of nursing observation and engagement
- Use of the Mental Health Act, where appropriate
- Use of low stimulus or secure areas, if appropriate
- Use of suitable medication, when indicated
- Referral to other agencies eg. police, social work
- Liaison and cooperation with relatives or carers
- Referral to Care Programme Approach

**Mental Health Partnership
Clinical Risk Screening and Management Tool**

Appendix 4

Operational Definitions

Not all the variables listed overleaf require further explanation or definition. However, some notes:

▪ **Suicide**

S2	Use of firearms; knives; rope/ligature; jumping off building or bridge; fire; suffocation or gas inhalation.
S3	Includes self harm coming to medical attention and actual suicide attempts.
S5	Record of senior clinician making evidence based diagnosis.
S7	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
S10	Impulsivity is more a behavioural characteristic than a diagnosis. Actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation which often result in undesirable outcomes.
S11	How detailed are the plans? Serious intent? Are there precautions against detection, and final goodbyes?
S12	Use of firearms; knives; rope / ligature; jumping off building or bridge; fire; suffocation or gas inhalation.
S13	Could be a manifestation of underlying low mood. Feels trapped or describes external locus of control?
S14	Significant recent (< 1 month) life event, maybe with accompanying behavioural change.
S15	Recent = <1 month, from acute psychiatric inpatient unit, whether planned or not.
S17	Some individuals may respond better to friend or family member, than professional carer.
S18	Is there someone (or a pet) who needs them or loves them?
S19	Catholic and Jewish faiths said to be particularly protective.

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Clinical Risk Screening and Management Tool**



▪ **Violence**

V1	Serious or planned acts, that maybe came to others attention. (eg police, carers, medical)
V3	Includes locked residential schools, young offender units, prisons and secure hospital settings/PCUs
V4	Includes homicide, attempted murder, bodily harm, common assault but not always breach of peace
V5	Record of senior clinician making evidence based diagnosis. Psychopathy is classically characterised by impulsivity, callousness, criminal versatility, and a lack of remorse or empathy
V6	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
V8	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
V10	Impulsivity is more a behavioural characteristic than a diagnosis. Actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation which often result in undesirable outcomes.
V11	With drink or drugs at the time of assessment
V12	Includes destructive command hallucinations, referential paranoid delusions, and passivity phenomena
V13	Preoccupation with violent thoughts, including recorded and printed material
V14	May indicate the degree of planning
V15	May indicate the degree of planning
V17	Some individuals may respond better to friend or family member, than professional carer.
V18	May be correctional, medical or rehabilitative

▪ **Other**

O1	Not LD per se, but LD leading to potential risk to self
O5	This might be deliberate, or as a result of disability.
O6	Water / heat / light. Is the absence of amenities beyond the individual's control?
O7	Inadvertent or deliberate.
O10	The individual may be inadvertently vulnerable, secondary to mental illness or cognitive impairment.
O11	Speech or cognitive impairment, or cultural / language difficulties
O12	Fluctuating level of consciousness, or delirium, as well as other cognitive impairment
O13	This must be directly witnessed, and be more than inappropriate comment.
O14	It may not be the total debt value, but the impact of the debt that matters
O17	Some individuals may respond better to friend or family member, than professional carer.



Chief Officer
David Williams
MA(Hons) CQSW

Glasgow City Health & Social Care
Partnerships
Pollok Addictions Service
130 Langton Road
Pollok
Glasgow G53 5DP
0141 276 3010

www.glasgowcity.hscp.scot
www.glasgow.gov.uk
www.nhsggc.org.uk

Direct Line: 0141 276 3010
Our ref: JK/CH
Date Dictated: 18 July 2019
Date: 14 August 2019

Private and Confidential

Dr Kerr
The Crescent Medical Practice
14 Hillington Road South
GLASGOW
G52 2AA

Dear Dr Kerr

Re: Brian Whyte
CHI: 3103646054
Address: Flat 2/3, 133 Kinnell Avenue, Glasgow, G52 3RT

Diagnosis:	Opiate dependent on opiate replacement therapy (F11.22)
Current prescription:	Buprenorphine 16mgs daily
Supervision arrangements:	Daily dispensed take home Saturday for Sunday
Pharmacy:	Mackies, Paisley Road West. Tel: 882 8535
Addictions Care Manager:	Ian McDonald
Last drug screen:	18/7/19 positive methadone and opiates
BBV status:	Tested negative April 2019, no further risk
Impact parental substance use:	N/A
ECG QTC risk:	No record
Naloxone:	Has supply
DVLA:	No licence

This patient now attends the South Alcohol and Drug Recovery Service at Greater Pollok, 130 Langton Road, Glasgow, G53 5DP. I reviewed them on 18 July 2019.

Drug Use: RESTART Brian attended 1 week out of treatment- had sickness bug and could not attend. Used 4x£10 heroin smoked in past week and 30x60mg DHC. Last DHC 1/2 tab last night at 10pm, had 1 bottle of Sunday methadone at home which he took at the weekend- advised to take doses as prescribed. No other illicit drugs used. Urine +ve opiate and methadone. Long discussion about ORT options, only tried bup illicitly years ago and experienced withdrawal- discussed pros/cons/pharmacology of both treatments. Brian agreed to start buprenorphine, treatment consent discussed and signed, supervision process explained. Risk of precipitated withdrawal discussed in full, Brian currently feeling very mild withdrawals, advised to wait until after lunch to take first dose. Brian advised of importance of daily attendance at pharmacy and potential for sleep disturbance /"clear head effect" in first few days. Confirmed naloxone supply.

Alcohol Use: Nil reported.

Physical Health: Awaiting operation on right foot- longstanding issue- compliant with prescribed amitriptyline. Weight 53.2kg- attempting to put weight on at present. Non-smoker- uses vape.

BBV - Tested -ve April 19- no further risk reported today.

Mental Health: Mood good, no concerns raised, euthymic today. No dsh/ideation reported.

Contact with Children: NA.

Legal: Nil pending. **DVLA-** no licence.

Social: No tenancy or benefits issues- has large family. Aware of local recovery groups.

Risk, Harm Reduction and Recovery Interventions: PLAN:

1. Restart buprenorphine today 1x8mg 6x16mg- consent discussed and signed.
2. TC to pharmacy.
3. Review next week.
4. Brian goal is to be drug free

Follow-up outpatient appointment. Appointment Outcome: Next due 25.7.19
1x8mg 6x16mg

You may wish to consider adding the above prescription to EMIS as medication prescribed by specialist services.

Please consider the risks of co-prescribing other opiates, benzodiazepines, gabapentinoids and other medication for this patient.

Kind Regards

Jennifer Kelly
Pharmacist Prescriber

If phoning or visiting, please ask for
Telephone 0141 276 3010

Name: BRIAN WHYTE
CHI: 3103.646054

Opioid Replacement Treatment Consent Form

BUPRENORPHINE

1. Purpose of Treatment

Reasons for ORT maintenance rather than a detox.
Potential risks if not on ORT.
Choice of Methadone or Buprenorphine. Need for optimal doses.
Reduction of harm, lifestyle stabilisation, abstinence.
Likely time frame and potential for relapse on cessation.

2. Requirements of Treatment

Need to attend pharmacy daily initially.
Supervision of consumption.
Requirement to attend clinical review, provide samples.
Share information with other care providers.

3. Risks Associated with Buprenorphine ORT

- a) Ongoing dependence.
 - (i) Loss of tolerance on cessation and risks of overdose and relapse
 - (ii) Risks of missed doses
- b) Respiratory Depression.
 - (i) Enhanced risk with use of other drugs and/or alcohol.
 - (ii) Intercurrent illness.
 - (iii) Asthma/COPD compliance with therapy, and to seek medical advice if exacerbation
- c) Impairment of cognitive and motor functioning.
- d) Potential risks and benefits in pregnancy. Report if planning or are pregnant.
- e) Issues with analgesia - need to make doctors and pharmacy aware.

4. Potential Risks to Others

Particularly children and others with low opiate tolerance.
Safe custody, storage and disposal.

5. Fitness to Drive

I have discussed the above topics with Brian Whyte on 18.7.19
Note particular risks or concerns raised were 1, 3, 3e

I confirm that he/she understands the purpose and benefits and risks of methadone treatment and wishes to proceed.

Signed [Signature] Name UKew Date 18.7.19

I confirm that the purpose, risks and benefits of methadone treatment have been explained to me by Dr [Signature] and I wish to proceed with treatment.

Signed x B Whyte Name B. WHYTE Date 18.7.19

Emis upload code EGSTIN24

ESCTIN24

West of Scotland Specialist Virology Centre.

Glasgow Royal Infirmary, 10-16 Alexandra Parade, G31 2ER
-----Tel: 0141 201 8722 e-mail:west.ssvc@nhs.net

Surname	Forename	CHI	DOB/Age	Sex
WHYTE	BRIAN	3103646054	31.03.64	M

Source	Consultant		
CAT Greater Pollok	Not known		
Specimen			
DRIED BLOOD SPOT	WoSSVC Lab No.	Source no.	Report Status
	V,19.0802178.N		Authorised

~~~~~  
HIV antibody/antigen Not detected by Architect  
HCV antibody : Not detected by ArchitectHCV: This is a DRIED BLOOD SPOT sample.  
HIV: This is a DRIED BLOOD SPOT sample.~~~~~  

|                                |               |                 |
|--------------------------------|---------------|-----------------|
| Date collected                 | Date received | Date authorised |
| 08.04.19                       | 08.04.19      | 09.04.19        |
| Report for: CAT Greater Pollok |               | Authorised by   |
| Page 1 of 1                    |               | Ms J Bell       |

**Mental Health Partnership  
Clinical Risk Screening and Management Tool**

|                           |                                |                                |                                       |
|---------------------------|--------------------------------|--------------------------------|---------------------------------------|
| <b>Service Users Name</b> | WHYTE, Brian (Mr)              | <b>PIMS No.</b>                |                                       |
| <b>CHI No.</b>            | 310 364 6054                   | <b>DoB</b>                     | 31-Mar-1964                           |
| <b>Legal Status</b>       | <input type="radio"/> Informal | <input type="radio"/> Detained | <input type="radio"/> Community Order |
| <b>Ward/Dept/CMHT</b>     | SARDS                          |                                |                                       |

**Context of Assessment**

|                                        |                                                                        |
|----------------------------------------|------------------------------------------------------------------------|
| <input type="radio"/> On admission     | <input type="radio"/> Engagement With Crisis Services                  |
| <input type="radio"/> Annual Review    | <input type="radio"/> Significant change in presentation/circumstances |
| <input type="radio"/> MDT/C.P.A.       |                                                                        |
| <input checked="" type="radio"/> Other | Specify: REVIEW                                                        |

**Sources of Information**

|                                                  |                                |                                     |                                                  |
|--------------------------------------------------|--------------------------------|-------------------------------------|--------------------------------------------------|
| Service User <input checked="" type="checkbox"/> | Carer <input type="checkbox"/> | Consultant <input type="checkbox"/> | Other Dr <input type="checkbox"/>                |
| Named Nurse <input type="checkbox"/>             | CPN <input type="checkbox"/>   | Pharmacy <input type="checkbox"/>   | Social Work <input type="checkbox"/>             |
| Support Worker <input type="checkbox"/>          | GP <input type="checkbox"/>    | Psychology <input type="checkbox"/> | Occupational Therapy <input type="checkbox"/>    |
|                                                  |                                |                                     | Voluntary agency worker <input type="checkbox"/> |
| Other <input type="checkbox"/>                   | Specify                        |                                     |                                                  |

**Guidance**

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out a more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (e.g. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

**Screening Completed by**

|                    |                       |                        |            |
|--------------------|-----------------------|------------------------|------------|
| <b>Name</b>        | IAN MCDONALD          | <b>Signature</b>       |            |
| <b>Designation</b> | SENIOR ADDICION NURSE | <b>Date &amp; Time</b> | 05/03/2019 |

Patient Name: Brian Whyte  
CHI: 310 364 6054

**Mental Health Partnership  
Clinical Risk Screening and Management Tool**



| Suicide &/or Self Harm                             |   | Violence                                              |   | Other Risk Factors                                                               |   |
|----------------------------------------------------|---|-------------------------------------------------------|---|----------------------------------------------------------------------------------|---|
| History and Situational Factors                    |   |                                                       |   |                                                                                  |   |
| S1 Mental illness diagnosed or diagnosis uncertain | N | V1 Previous violent acts                              | N | O1 Vulnerable due to learning disability, cognitive impairment or mental illness | N |
| S2 Use of violent methods                          | N | V2 Use of weapons                                     | N | O2 History of stalking others                                                    | N |
| S3 Previous self-harm                              | N | V3 Previous admission to secure units                 | N | O3 History of social, financial or sexual exploitation of others                 | N |
| S4 Socially isolated                               | N | V4 Convictions for violence / assault                 | N | O4 History of falls                                                              | N |
| S5 Past diagnosis of personality disorder          | N | V5 Past diagnosis personality disorder or psychopathy | N | O5 History of self-neglect                                                       | N |
| S6 Major physical illness                          | Y | V6 Alcohol or drug misuse                             | Y | O6 Lacks basic housing amenities                                                 | N |
| S7 Alcohol/drug misuse                             | Y | V7 Male under 35                                      | N | O7 Previous fire setting                                                         | N |
| S8 Family history of suicide                       | N | V8 Prior supervision failure                          | N | O8 Socially or culturally isolated                                               | N |
| S9 Previous treatment non-compliance               | N | V9 Previous treatment non-compliance                  | N | O9 Neglect– children or other dependents                                         | N |
| S10 Impulsivity                                    | N | V10 Impulsivity                                       | N | O10 History of exploitation by others                                            | N |

Patient Name: Brian Whyte  
CHI: 310 364 6054



**Mental Health Partnership  
Clinical Risk Screening and Management Tool**



| Short Term or Precipitating Factors            |   |  |                                                |   |  |                                                                     |   |
|------------------------------------------------|---|--|------------------------------------------------|---|--|---------------------------------------------------------------------|---|
| S11 Planning suicide                           | Y |  | V11 Intoxicated                                | N |  | O11 Difficulty communicating needs/views/comprehension difficulties | N |
| S12 Access to lethal method                    | Y |  | V12 Acute psychosis                            | N |  | O12 Confusion or disorientation                                     | N |
| S13 Hopeless / helpless                        | Y |  | V13 Violent fantasies                          | N |  | O13 Sexually disinhibited or aggressive                             | N |
| S14 Recent major loss                          | N |  | V14 Identified target                          | N |  | O14 Significant financial problems                                  | N |
| S15 Recent psych hospital discharge            | N |  | V15 Access to weapons                          | N |  | O15 Current self-neglect                                            | N |
| S16 Current or recent treatment non-compliance | N |  | V16 Current or recent treatment non-compliance | N |  | O16 Current neglect of children or other dependents                 | N |

| Protective Factors                      |   |  |                                    |   |  |                                         |   |
|-----------------------------------------|---|--|------------------------------------|---|--|-----------------------------------------|---|
| S17 Willing to respond to advice/carers | Y |  | V17 Willing to respond to advice   | Y |  | O17 Willing to respond to advice/carers | Y |
| S18 Has close relationship              | Y |  | V18 Appropriate services available | Y |  | O18 Appropriate services available      | Y |
| S19 Religious beliefs                   | N |  |                                    |   |  |                                         |   |

Patient Name: Brian Whyte  
CHI: 310 364 6054

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**Mental Health Partnership**  
**Clinical Risk Screening and Management Tool**



Please write N/A if no risks identified or no risk management actions required.

| Management Plan    |                                                                                                                                                                                           | Action By    |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Suicide/Self Harm  | RECENT PLANNED SUICIDE- HOWEVER DID NOT GO THROUGH WITH THIS HOWEVER.SAFE PLAN HAS BEEN DICUSSED AND IN GREAT DEPTH AND HAS BEEN REVIEWED BY RMN.<br><br>FOR ONGOING MONITOR AND REVIEW - | CARE MANAGER |
| Violence           | NO REPORTS OF VIOLENCE AND/OR AGRESSION AIMED TOWARDS STAFF MEMEBRS - FOR MONITOR AND REVIEW                                                                                              | CARE MANAGER |
| Other Risk Factors | SIGNIFICANT PAIN ISSUES ARISING FROM ORTHOPEADIC ISSUE IN FOOT.<br><br>DOES LOWER MOOD - FOR MONIOT AND REVIEW                                                                            | CARE MANAGER |

**Outcome of screening/management plan discussed with**

|                                                  |                                     |                                      |                                               |
|--------------------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------------------|
| Service User <input checked="" type="checkbox"/> | Carer <input type="checkbox"/>      | Consultant <input type="checkbox"/>  | Other Dr <input type="checkbox"/>             |
| CPN <input type="checkbox"/>                     | Ward Nurse <input type="checkbox"/> | Social Work <input type="checkbox"/> | Occupational Therapy <input type="checkbox"/> |
| Psychology <input type="checkbox"/>              | Pharmacy <input type="checkbox"/>   |                                      |                                               |
| Other <input type="checkbox"/>                   | Specify                             |                                      |                                               |

**Management Plan Completed by**

|             |                        |             |            |
|-------------|------------------------|-------------|------------|
| Name        | IAN MCDONALD           | Signature   |            |
| Designation | SENIOR ADDICTION NURSE | Date & Time | 05/03/2019 |

Patient Name: Brian Whyte  
 CHI: 310 364 6054

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Clinical Risk Screening and Management Tool**



### **Appendix 3**

#### **Guidance**

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (eg. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

#### **Risk Management**

Risk management planning will flow on from risk formulation. Risk management strategies to consider might include:

- Safe and appropriate levels of nursing observation and engagement
- Use of the Mental Health Act, where appropriate
- Use of low stimulus or secure areas, if appropriate
- Use of suitable medication, when indicated
- Referral to other agencies eg. police, social work
- Liaison and cooperation with relatives or carers
- Referral to Care Programme Approach

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Clinical Risk Screening and Management Tool**

**Appendix 4**

**Operational Definitions**

*Not all the variables listed overleaf require further explanation or definition. However, some notes:*

▪ **Suicide**

|     |                                                                                                                                                                                                                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| S2  | Use of firearms; knives; rope/ligature; jumping off building or bridge; fire; suffocation or gas inhalation.                                                                                                             |
| S3  | Includes self harm coming to medical attention and actual suicide attempts.                                                                                                                                              |
| S5  | Record of senior clinician making evidence based diagnosis.                                                                                                                                                              |
| S7  | May require third party history to establish. What was purpose, and effect on behaviour of substance use?                                                                                                                |
| S10 | Impulsivity is more a behavioural characteristic than a diagnosis. Actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation which often result in undesirable outcomes. |
| S11 | How detailed are the plans? Serious intent? Are there precautions against detection, and final goodbyes?                                                                                                                 |
| S12 | Use of firearms; knives; rope / ligature; jumping off building or bridge; fire; suffocation or gas inhalation.                                                                                                           |
| S13 | Could be a manifestation of underlying low mood. Feels trapped or describes external locus of control?                                                                                                                   |
| S14 | Significant recent (< 1 month) life event, maybe with accompanying behavioural change.                                                                                                                                   |
| S15 | Recent = <1 month, from acute psychiatric inpatient unit, whether planned or not.                                                                                                                                        |
| S17 | Some individuals may respond better to friend or family member, than professional carer.                                                                                                                                 |
| S18 | Is there someone (or a pet) who needs them or loves them?                                                                                                                                                                |
| S19 | Catholic and Jewish faiths said to be particularly protective.                                                                                                                                                           |

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▪ **Violence**

|     |                                                                                                                                                                                                                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| V1  | Serious or planned acts, that maybe came to others attention. (eg police, carers, medical)                                                                                                                               |
| V3  | Includes locked residential schools, young offender units, prisons and secure hospital settings/PCUs                                                                                                                     |
| V4  | Includes homicide, attempted murder, bodily harm, common assault but not always breach of peace                                                                                                                          |
| V5  | Record of senior clinician making evidence based diagnosis. Psychopathy is classically characterised by impulsivity, callousness, criminal versatility, and a lack of remorse or empathy                                 |
| V6  | May require third party history to establish. What was purpose, and effect on behaviour of substance use?                                                                                                                |
| V8  | May require third party history to establish. What was purpose, and effect on behaviour of substance use?                                                                                                                |
| V10 | Impulsivity is more a behavioural characteristic than a diagnosis. Actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation which often result in undesirable outcomes. |
| V11 | With drink or drugs at the time of assessment                                                                                                                                                                            |
| V12 | Includes destructive command hallucinations, referential paranoid delusions, and passivity phenomena                                                                                                                     |
| V13 | Preoccupation with violent thoughts, including recorded and printed material                                                                                                                                             |
| V14 | May indicate the degree of planning                                                                                                                                                                                      |
| V15 | May indicate the degree of planning                                                                                                                                                                                      |
| V17 | Some individuals may respond better to friend or family member, than professional carer.                                                                                                                                 |
| V18 | May be correctional, medical or rehabilitative                                                                                                                                                                           |

▪ **Other**

|     |                                                                                                      |
|-----|------------------------------------------------------------------------------------------------------|
| O1  | Not LD per se, but LD leading to potential risk to self                                              |
| O5  | This might be deliberate, or as a result of disability.                                              |
| O6  | Water / heat / light. Is the absence of amenities beyond the individual's control?                   |
| O7  | Inadvertent or deliberate.                                                                           |
| O10 | The individual may be inadvertently vulnerable, secondary to mental illness or cognitive impairment. |
| O11 | Speech or cognitive impairment, or cultural / language difficulties                                  |
| O12 | Fluctuating level of consciousness, or delirium, as well as other cognitive impairment               |
| O13 | This must be directly witnessed, and be more than inappropriate comment.                             |
| O14 | It may not be the total debt value, but the impact of the debt that matters                          |
| O17 | Some individuals may respond better to friend or family member, than professional carer.             |





**Chief Officer**  
David Williams  
MA (Hons) CQSW

**Wellbeing Services**  
**South Glasgow**  
**Glasgow City Health and Social Care Partnership**  
60 Florence Street  
Glasgow  
G5 0YX

Phone 0141 232 2555  
Email [south.pcmht@ggc.scot.nhs.uk](mailto:south.pcmht@ggc.scot.nhs.uk)  
[www.wellbeing-glasgow.org.uk](http://www.wellbeing-glasgow.org.uk)

Our ref: FM/CS/3103646054  
Date: 12<sup>th</sup> October 2018

## **Strictly Confidential**

Dr Kerr  
The Crescent Medical Practice  
12 Walmer Crescent  
GLASGOW  
G51 1AT

Dear Dr Kerr

**RE: Brian Whyte CHI: 3103646054**  
**ADDRESS: 133 Kinnell Avenue, Glasgow, G52 3RT**

Thank you for your recent referral of the above named person.

On reviewing our patient information system it would appear that your patient currently has an open referral to their local Community Addiction Team. Given that this team is multi-disciplinary your patient will have access to RMNs and psychological services who would be in a position to offer a mental health assessment and appropriate intervention thereafter.

Yours sincerely

**Dr. Fiona Murray**  
**Consultant Clinical Psychologist**  
**Wellbeing Services**  
**South Glasgow**

## Referral History and Patient Alerts

### Patient Details

CHI Number: 3103646054  
 Patient Name: Brian Whyte  
 Patient DOB: 31/03/1964  
 Patient Address: 2/3, 133 Kinnell Avenue, Cardonald, GLASGOW, Lanarkshire G52 3RT

### Referrals

| Referral Date | Referral Source          | Referred By                       | Referred To                          | Referral Closure Date |
|---------------|--------------------------|-----------------------------------|--------------------------------------|-----------------------|
| 21/12/2016    | Self Referral            |                                   | CAT South West                       | 21/08/2017            |
| 25/07/2013    | In Patient Services      | South Glasgow University Hospital | Addictions Acute Liaison Service     | 25/07/2013            |
| 22/05/2013    | Community Addiction Team | CAT South West                    | Addictions OT                        | 15/07/2013            |
| 16/03/2012    | GP Referral              | Dr. M FAWCETT                     | CAT South West                       | 12/11/2015            |
| 01/10/2011    | Hospital                 | South Glasgow University Hospital | Glasgow Liaison Psychiatric Services | 06/10/2011            |
| 05/01/2011    | GP Referral              | Dr. M FAWCETT                     | Brand Street CMHT                    | 30/05/2012            |
| 25/11/2010    | GP Referral              | Dr. M FAWCETT                     | Former PCMHT Pathways                | 05/01/2011            |
| 19/01/2010    | Link-Up Service          |                                   | CAT South West                       | 15/11/2010            |
| 26/06/2003    | GP Referral              | Dr. GAC HOSIE                     | GDPS - Sector Teams                  | 12/02/2004            |
| 13/01/1997    | GP Referral              | Dr. GAC HOSIE                     | GDPS - Archived Records              | 14/02/1997            |

**Referral History and Patient Alerts**

**Patient Details**

CHI Number: 3103646054  
Patient Name: Brian Whyte  
Patient DOB: 31/03/1964  
Patient Address: 2/3, 133 Kinnell Avenue, Cardonald, GLASGOW, Lanarkshire G52 3RT

**Current Alerts**

| Alert Category | Active From | Recorded By | Comments |
|----------------|-------------|-------------|----------|
|                |             |             |          |

**Patient Identifiers**

| Identifier Type     | Identifier | Start DateTime | End DateTime |
|---------------------|------------|----------------|--------------|
| Casenote No WEST    | G/0058137  | 12/02/1999     | 29/11/2010   |
| CHI Number          | 3103646054 | 31/03/1964     |              |
| GDPS ID Number      | 6621       | 30/08/2002     |              |
| New NHS Number      | 3103646054 | 25/11/2010     |              |
| PiMS Patient Number | 1498704    | 31/03/1964     |              |

## **Patient Casenote Volumes**

### **Patient Details**

CHI Number: 3103646054  
Patient Name: Brian Whyte  
Patient DOB: 31/03/1964  
Patient Address: 2/3, 133 Kinnell Avenue, Cardonald, GLASGOW, Lanarkshire G52 3RT

### **Casenote Volumes**

| Casenote<br>Volume<br>Identifier | Vol | Last Activity<br>Start Date | Current Location |
|----------------------------------|-----|-----------------------------|------------------|
| T/1498704/1                      | 1   | 30/08/2017                  | Iron Mountain    |

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

**REFERRAL LETTER****MEDICAL IN CONFIDENCE**

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

|                                                                              |                                                                      |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>REFERRAL TO</b>                                                           |                                                                      |
| Well Being Services South Glasgow - PCMHT<br>GGC Mental Health PCMHT         | — <b>Consultant / receiving practitioner and/or specialty clinic</b> |
| PCMHT (Primary Care Mental Health Team)<br>SCI Gateway Virtual Location Code | — <b>Hospital and hospital address</b>                               |
|                                                                              | Hospital location code.<br>G006G                                     |
|                                                                              | Email address<br>-                                                   |
| <b>Urgency of referral</b> Routine                                           |                                                                      |
| <b>Date of referral</b> 10-Oct-2018                                          | <b>Date sent</b> 10-Oct-2018                                         |

|                          |             |                                                      |
|--------------------------|-------------|------------------------------------------------------|
| <b>PATIENT DETAILS</b>   |             | <b>Patient's address</b>                             |
| <b>Surname</b>           | Whyte       | 133 Kinnell Avenue<br>Flat 2-3<br>GLASGOW<br>G52 3RT |
| <b>Forename(s)</b>       | Brian       |                                                      |
| <b>Title</b>             | Mr          |                                                      |
| <b>Sex</b>               | Male        |                                                      |
| <b>Date of birth</b>     | 31-Mar-1964 | Contact number(s)                                    |
| <b>CHI no.</b>           | 3103646054  | Voice: 07501230012                                   |
| <b>Area of Residence</b> | -           | Voice: 07501230012                                   |

|                 |                                           |
|-----------------|-------------------------------------------|
| *1010171662789* | Unique Care Pathway Number: 1010171662789 |
|-----------------|-------------------------------------------|

|                              |                                       |                                                                                       |
|------------------------------|---------------------------------------|---------------------------------------------------------------------------------------|
| <b>REGISTERED GP DETAILS</b> |                                       | <b>Practice address</b>                                                               |
| <b>Name</b>                  | Dr Amy Kerr                           | The Crescent Medical Practice<br>12 Walmer Crescent<br>Cessnock<br>GLASGOW<br>G51 1AT |
| <b>GMC code</b>              | 6026525                               |                                                                                       |
| <b>GP code</b>               | 00868                                 |                                                                                       |
| <b>Practice name</b>         | The Crescent Medical Practice (18955) |                                                                                       |
| <b>Practice code</b>         | 52058                                 | Contact number(s)                                                                     |
|                              |                                       | Voice: 0141 427 0191                                                                  |
|                              |                                       | Facsimile: 0141 427 1351                                                              |
|                              |                                       | E-mail: GG-UHB.gp52058clinical@nhs.net                                                |

|                             |                                       |                                          |
|-----------------------------|---------------------------------------|------------------------------------------|
| <b>REFERRING GP DETAILS</b> |                                       | <b>Practice address</b>                  |
| <b>Name</b>                 | Dr. Amy Kerr                          | 12 Walmer Crescent<br>Glasgow<br>G51 1AT |
| <b>GMC code</b>             | 6026525                               |                                          |
| <b>GP code</b>              | 00868                                 |                                          |
| <b>Practice name</b>        | The Crescent Medical Practice (52058) |                                          |
| <b>Practice code</b>        | 52058                                 | Contact number(s)                        |
|                             |                                       | Voice: 0141 427 0191                     |

**CLINICAL INFORMATION****History of presenting complaint****Presenting complaint**

Description: Anxiety

Comment: This gentleman has had long running issues with anxiety following a serious assault which happened 10 year ago. He tells me he feels anxious going outside and as a result is socially isolated and this makes him feel down. He feels that some talking therapy may help him but is not computer literate.  
I would be grateful for your input

Dr P Horne GP locum

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

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

| <u>Description</u>         | <u>Comment</u>       | <u>Date of onset</u> | <u>Date recorded</u> |
|----------------------------|----------------------|----------------------|----------------------|
| [D]Insomnia NOS            | -                    | 05-Dec-2011          | 05-Dec-2011          |
| [D]Respiratory failure NOS | -                    | 20-Feb-2010          | 20-Feb-2010          |
| [X]Assault by sharp object | multiple stab wounds | 20-Feb-2010          | 20-Feb-2010          |

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

| <u>Description</u>      | <u>Date performed</u> | <u>Date recorded</u> |
|-------------------------|-----------------------|----------------------|
| Drug addiction therapy  | 09-Apr-2015           | 09-Apr-2015          |
| Plain X-ray ankle joint | 24-Aug-2004           | 24-Aug-2004          |

**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)

| <u>Drug name</u>           | <u>Quantity</u> | <u>Formulation</u> | <u>Dosage</u>               | <u>Frequency</u> | <u>Date started</u> | <u>Date last issued</u> |
|----------------------------|-----------------|--------------------|-----------------------------|------------------|---------------------|-------------------------|
| Naproxen Tablets 500 mg    | 28              | 28 TABLET          | ONE TO BE TAKEN TWICE A DAY | -                | 05-Oct-2018         | 05-Oct-2018             |
| Paracetamol Tablets 500 mg | 100             | 100 tablet         | 2 QID                       | -                | 05-Oct-2018         | 05-Oct-2018             |

**Blood Pressure**

| <u>Date Recorded</u> | <u>Systolic</u> | <u>Diastolic</u> |
|----------------------|-----------------|------------------|
| 29-Aug-2017          | 110             | 70               |

**Body Measurements**

| <u>Date Recorded</u> | <u>Height</u> | <u>Weight</u> | <u>BMI</u> |
|----------------------|---------------|---------------|------------|
| 07-Feb-2017          | -             | 50            | -          |

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

| <u>Description/Question</u> | <u>Result/Comment</u> | <u>Date</u> |
|-----------------------------|-----------------------|-------------|
| Stopped smoking:            |                       | 31-Dec-1988 |
| Teetotaller:                |                       | 13-Dec-2016 |

**Clinical warnings****Additional relevant information****Administrative information**



Is patient responsible for children?:No  
 Risk to others including children/dependents/clinicians/other:No  
 Risk from others:No  
 Risk of Self Neglect:No  
 OK to send correspondence to home address?:Yes  
 Patient will accept any site:Yes  
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes  
 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**



**Chief Officer**  
David Williams  
MA (Hons) CQSW

**Glasgow City Health and Social Care Partnership**  
Pollok Social Work Office  
130 Langton Road  
Glasgow  
G53 5DP

[www.glasgow.gov.uk](http://www.glasgow.gov.uk)  
[www.nhs.gov.uk](http://www.nhs.gov.uk)

Our ref: **1<sup>st</sup> Appointment Letter/IMcD/TC**

Your ref: **S6033047**

Date: **17<sup>th</sup> April 2018**

**Mr Brian Whyte**  
**133 Kinnell Avenue,**  
**Glasgow.**  
**G52 3RT.**

Dear **Mr Whyte**,

I have arranged an appointment for you on:

**Date: Tuesday 8th May 2018**

**Time 11:00 am**

**Venue: Pollok CAT, 130 Langton Road, Pollok.Glasgow.G53 5DP**

If this appointment is unsuitable for you, please do not hesitate to contact **Duty** on telephone number 0141-276-3010 to re-arrange.

Yours sincerely

**Ian McDonald (RGN)**  
Senior Addiction Nurse  
Community Addictions Team

**If phoning or visiting, please ask for Ian McDonald.**  
**Telephone: 0141 276 3010.**

.

# EMIS Web Demographic Template

## Personal Details

|                      |               |
|----------------------|---------------|
| Title                | MR            |
| Family Name          | WHYTE         |
| Given Name           | BRIAN         |
| Middle Name(s)       |               |
| Known as             |               |
| Previous Family Name |               |
| Date of Birth        | 31/3/64       |
| CHI Number           | CH 3103646054 |
| Gender               | MALE          |
| Religion             |               |
| Marital Status       |               |
| Ethnicity            | WNT SCOTTISH  |
| Main Language        | ENGLISH       |
| Interpreter Required | NO            |

## Home Address

|                          |              |
|--------------------------|--------------|
| House Number/Flat Number | 133 FLAT 2/3 |
| Number and Street        | KINNEL AVE   |
| Locality                 | CARDONALD    |
| Town/City                | GLASGOW      |
| County                   |              |
| Postcode                 | G52 3RT      |
| Access Instructions      |              |

## Contact Details

|                                |             |
|--------------------------------|-------------|
| Home Telephone Number          | 07501230012 |
| Work Telephone Number          |             |
| Mobile Telephone Number        | 07501230012 |
| Preferred Communication Method |             |
| Expressed by                   |             |

## Current GP Details

|                  |                 |
|------------------|-----------------|
| Title            | MR              |
| Family Name      | MASON           |
| Given Name       |                 |
| Current Practice | HILLINGTON ROAD |
| Practice Code    |                 |

## Dispensing

|                        |  |
|------------------------|--|
| Dispensing (Yes or No) |  |
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## SMS Options

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| Opt out of receiving SMS notifications |  |
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## Email Options

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| Opt out of receiving email notifications |  |
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CHI: 3103646054  
PIMS: 1498704  
Ref: IL/YS

Date Dictated: 15<sup>th</sup> July 2013  
Date Typed: 16<sup>th</sup> July 2013

Mr Gary Stevenson  
South West Community Addiction Team  
Pavillion 1, Rowan Business Park  
5 Ardlaw Street  
Glasgow  
G52 3RX

Dear Gary,

**Re: Brian Whyte D.O.B: 31/03/1964**  
**45 Cornwall Street, Flat 0/3, Glasgow G41 1BA**

I am writing to update you on the above named gentleman. Mr Whyte did not attend my appointment on 27<sup>th</sup> June 2013 nor did he respond to a 10 day opt-in letter.

I have now discharged him from Occupational Therapy. If you feel he may benefit from input in the future please do not hesitate to re-refer him.

Yours sincerely

**Iain Laidlaw**  
**Occupational Therapist**

c.c. Dr Fawcett, Midlock Medical Centre, 7 Midlock Street, Glasgow G51 1SL



CHI: 3103646054  
PIMS: 1498704  
Ref: IL/YS

Date Dictated: 27<sup>th</sup> June 2013  
Date Typed: 28<sup>th</sup> June 2013

Mr Brian Whyte  
45 Cornwall Street  
Flat 0/3  
Glasgow  
G41 1BA

Dear Mr Whyte,

I am sorry you were unable to keep your appointment on Thursday 27<sup>th</sup> June 2013.

If you would like another appointment then please contact me on **0141 232 9640** within the next 10 days. If I do not hear from you then I will assume you no longer wish assistance at this time and I will discharge you back to the referrer.

Yours sincerely

**Iain Laidlaw**  
**Occupational Therapist**

C.c Gary Stevenson, South West Community Addiction Team  
Dr Fawcett, Midlock Medical Centre, 7 Midlock Street, Glasgow G51 1SL



CHI: 3103646054  
PIMS: 1498704  
Ref: IL/YS

Date Dictated: 19<sup>th</sup> June 2013  
Date Typed: 20<sup>th</sup> June 2013

Mr Brian Whyte  
45 Cornwall Street  
Flat 0/2  
Glasgow  
G41 1BA

Dear Mr Whyte,

I am writing to advise that you have been referred to the Glasgow Addiction Community Occupational Therapy service by Mr Stevenson of South West Community Addiction Team. I have arranged an initial appointment for you, which will usually last approximately an hour. This will give us the opportunity to discuss what difficulties you feel currently affect your lifestyle. Please find enclosed an information leaflet explaining the role of occupational therapy and how we may be able to assist you.

I have arranged an appointment with you at:-

**Venue:** South West Community Addiction Team, Pavillion 1,  
Rowan Business Park, 5 Ardlaw Street, Glasgow G52 3RX

**Date:** Thursday 27<sup>th</sup> June 2013

**Time:** 9.30 am

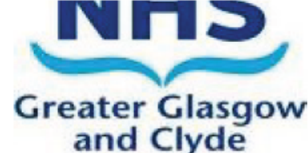
If this time or date is inconvenient or you do not feel that occupational therapy will be of benefit to you at this time, then please telephone 0141 232 9640 to arrange an alternative date/time.

I look forward to meeting you.

Yours sincerely,

**Iain Laidlaw**  
**Occupational Therapist**

Cc Gary Stevenson, South West Community Addiction Team  
Dr Fawcett, Midlock Medical Centre, 7 Midlock Street, Glasgow G51 1SL



CHI: 3103646054  
PIMS: 1498704  
Ref: MS/LH

Date Typed: 13<sup>th</sup> June 2013

Mr Gary Stevenson  
South West Community Addiction Team  
Rowan Business Park  
Pavilion 1  
5 Ardlaw Street  
Glasgow  
G51 3RR

Dear Mr Stevenson

**RE: BRIAN WHYTE, 0/2, 45 CORNWALL STREET, GLASGOW, G41 1BA**  
**D.O.B: 31/03/1964**

I am writing to advise you that we have received your referral for the above named patient and an appointment will be sent in the near future. We will advise you of the outcome and any planned intervention. If I can be of further assistance then do not hesitate to contact me.

Yours sincerely

**Maureen Sullivan**  
**Lead Occupational Therapist**

cc: Dr M Fawcett, Midlock Medical Centre, 7 Midlock Street, Glasgow, G51 1SL





*Pollokshaws Clinic  
35 Well Green  
GLASGOW  
G43 1RR*

**STRICTLY CONFIDENTIAL**

Dr Fawcett  
Midlock Medical Centre  
7 Midlock Street  
Glasgow  
G51 1SL

Dictated on: 3<sup>rd</sup> December 2010  
Typed on: 3<sup>rd</sup> December 2010  
Our Ref: MW  
Direct Line: 0141 577 7729

Dear Dr Fawcett,

**RE: Brian Whyte Flat 0/2 45 Cornwall Street, Glasgow G41 1BA**  
**D.O.B: 31/03/64 CHI: 6054**

I am writing to inform you that the above named patient has been allocated a screening assessment appointment with the Pathways Team on 30<sup>th</sup> December 2010.

If you have any queries please do not hesitate to contact us. We will keep you informed regarding the outcome of this appointment.

Yours sincerely

**Marjorie Whitelaw**  
**Team Secretary**  
**Pathways Team**





*Pollokshaws Clinic  
35 Well Green  
GLASGOW  
G43 1RR*

**STRICTLY CONFIDENTIAL**

Brian Whyte  
Flat 0/2 45 Cornwall Street  
Glasgow  
G41 1BA

Dictated on: 3<sup>rd</sup> December 2010  
Typed on: 3<sup>rd</sup> December 2010  
Our Ref: MW  
Direct Line: 0141 577 7729  
E-mail: Pathways.Pollokshaws@ggc.scot.nhs.uk

Dear Brian,

Your GP has contacted us and suggested that your needs may be met by the Pathways Team. I am writing to invite you along to a screening appointment:-

**DATE:** Thursday 30<sup>th</sup> December 2010

**TIME:** 1.30pm

**IN:** Elderpark Clinic, 20 Arklet Road, Glasgow G51 3XR

If there are any difficulties in attending at this time please call us on the above telephone number and we will try to arrange an alternative time or location.

Unfortunately if you don't come along to the screening appointment without letting us know we will assume that you no longer need support from Pathways and we will discharge you back to the care of your GP.

Yours sincerely

**Marjorie Whitelaw  
Team Secretary  
Pathways Team**



*Pollokshaws Clinic  
35 Well Green  
GLASGOW  
G43 1RR*

**STRICTLY CONFIDENTIAL**

Dr. Fawcett  
Midlock Medical Centre  
7 Midlock Street  
GLASGOW  
G51 1SL

Dictated on: 31<sup>st</sup> December 2010  
Typed on: 31<sup>st</sup> December 2010  
Our Ref: ER/CS  
Direct Line: 0141 577 7729

Dear Dr. Fawcett

**RE: BRIAN WHYTE, FLAT 0/2, 45 CORNWALL STREET, GLASGOW, G41 1BA**  
**D.O.B: 31/03/1964 CHI: 6054**

I am writing to inform you that the above named person attended the Pathways Service for a brief screening assessment appointment on 30<sup>th</sup> December 2010 accompanied by his sister.

**Description of Problems**

Mr. Whyte described difficulties associated with depression and anxiety following a serious assault in February this year. As you are aware Mr. Whyte was stabbed several times and was in a critical condition in hospital after this incident. He continues to attend physiotherapy and walks with the aid of a stick, he also reports impaired vision.

Currently Mr. Whyte described symptoms suggestive of Post Traumatic Stress Disorder. He reports frequent flashbacks, experiences nightmares and is hypervigilant. In addition, he described physical manifestations of anxiety. Since his attack he has avoided going out, he will only take taxis to visit family members and walk to his local shop. Mr. Whyte also describes significant depressive symptoms. His mood appeared flat during interview and he was frequently tearful. He states he has no interest in things and little motivation to attend to his basic personal care needs. His sister visits daily to make his meals and also prompts him to attend to his personal hygiene. Prior to his attack he describes himself as cheerful in his outlook. He reports poor appetite and he appeared to be frail and underweight.

**Results from Screening Questionnaires**

On the CORE 10(Clinical Outcomes in Routine Evaluations) Mr. Whyte scored above the cut off point for clinical intervention. With regard risk factors Mr. Whyte reported having frequent suicidal thoughts; although denied any current suicidal intent or plans, he discussed a previous plan in September this year when he tried to obtain a gun to kill himself. He reported protective factors as his dog and his family. I discussed with Mr. Whyte a safety plan and provided him with out of hours crisis emergency contact numbers which he stated he would use if required.





Mr. Whyte has had previous contact with addiction services, for the past five years he had been attending a methadone treatment programme. He stated he had stopped taking heroin over five years ago and no longer used any illicit substances. Mr. Whyte states he has not required methadone since his hospital admission following the attack in February. He reported experiencing no withdrawal symptoms or cravings of methadone. With regards medication he is currently taking Tramadol 8 tablets per day for pain relief. He had recently been prescribed anti depressant medication but stated these were stopped as they made him feel very agitated. He reported Diazepam had also been discontinued.

Overall Mr. Whyte presents with significant low mood and symptoms suggestive of Post Traumatic Stress Disorder. He reports frequent suicidal thoughts and although he denied any current intent or plan he appeared vulnerable to increased risk. Given the severity of Mr. Whyte's presentation I do not feel our service would be adequate in addressing his needs. I will therefore discuss Mr. Whyte's presentation with the Community Mental Health Team at Brand Street Resource Centre and request a further assessment of his mental health needs and appropriate treatment. Mr. Whyte was agreeable to this referral being made.

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

Yours sincerely

**Eileen Riddoch**  
**CBT Therapist**  
**Pathways Team**

Cc: CMHT, Brand Street Resource Centre



## Mental Health Service

Department of Clinical Psychological Medicine  
Southern General Hospital  
1345 Govan Road  
Glasgow  
G51 4TF

Dr Crosby  
Receiving Consultant Physician  
Ward 21  
Southern General Hospital  
1345 Govan Road  
Glasgow  
G51 4TL

Date Rec'd: 1 October 2011  
Date Typed: 6 October 2011

Our Ref: JA/mct/1498704  
Your Ref:

Direct Line: 0141 201 2422  
Fax: 0141 201 2422

Dear Dr Crosby

**Brain Whyte – DOB 31.03.64 – CHI 3103646054**  
**0/2, 45 Cornwall Street, Glasgow, G41 1BA**

Thank you for your referral of the above patient. I was able to carry out a psychiatric review in Ward 21 on Saturday, 1<sup>st</sup> October 2011. The patient had been admitted in the early hours of the previous day following a suspected overdose of Tramadol. He had been fairly drowsy on admission and the ambulance had apparently been contacted by a friend. A full history was not obtainable on admission due to the fact that he was appearing fairly sedated. When I attended to carrying out a psychiatric review, the patient informed me that he had ingested approximately 8 x Tramadol of an unspecified dose and a quantity of street Diazepam and Temazepam, approximately 10 tablets of each. He stated that he had been self medicating due to pain in his leg and states this overdose was not an attempt to self-harm, nor motivated by any suicidal thoughts whatsoever. He was alert and orientated and engaged easily in the interview process.

### Psychiatric History

The patient currently has an open referral to the Community Mental Health Team at Brad Street but appeared very vague when I asked him about the relevant contact. He also has a previous referral of the Primary Care Mental Health Team and all other referrals are related to substance abuse.

### Medical Details

The patient has evidence of significant surgery carried out on his right leg and upper chest area. This followed a serious knife attack in February 2010. He also received head injuries which he feels have affected his memory. His current prescribed medication is 2 Tramadol tablets four times a day, again unspecified dose. He is also supplementing this with street bought benzodiazepines.

### Drug, Alcohol and Forensic History

The patient states he has never had any issues with excess alcohol use but does buy illicit drugs from the street and these are as previously noted. During interview he asked if he could be prescribed Diazepam and I advised him that it was not within my sphere of responsibility and although he was welcome to discuss it with either the ward staff or his own GP, at this point it would be unlikely. He also admits to cannabis use, in the region of four to five joints on a weekly basis and no else noted. He is due to appear in court on the 10<sup>th</sup> October of this year in relation to a charge of fraud. He has a number of convictions from his past including violent assault which resulted in a prison term.

**Background and Social Circumstances**

The patient was born and has lived all his life in the Govan area of Glasgow. He is one of nine siblings and he states they all remain close and live locally. His parents have both past away, his mother in 1988 and his father around ten years after. He reports a very good childhood and schooling and has generally been in some kind of employment until 2004. It transpired that he did not possess the appropriate license for his job as a driver and was subsequently dismissed. He has some financial concerns but would describe these as significant. He has marriages or children in his past and is not currently in a relationship.

**Mental State Examination**

As noted he engaged easily in the interview process and maintained good eye contact and was reactive and spontaneous throughout. He denied any suicidal ideas, either prior to admission or since but said that his mood does become low at times. He states he has had difficulty sleeping over the past few weeks and this would appear to follow an assault he sustained outwith his home. He states his appetite is extremely poor and he did appear as fairly under weight. This does not represent any recent change. He notes poor memory and concentration function but again this does not appear to be a new phenomenon. He denied any psychotic features and did not appear withdrawn or preoccupied at any point. There was no evidence of guilt or hopelessness, in fact on the day of my assessment he was due to attend a family wedding and was very much looking forward to this event.

**Summary and Discharge Plan**

Following psychiatric review I was satisfied this was not an attempt at self-harm or suicide. I advised that the patient attend his GP to discuss his continuing pain but he should make some effort to address his continued use of benzodiazepines. As there did not appear to be any further issues at this time, I advised the ward staff he could be discharged if medically fit.

Yours sincerely

**Jennifer Armour**  
**Liaison Psychiatric Nurse**

Cc. Dr Fawcett, Midlock Medical Centre, 7 Midlock Street, G51 1SL



**Brand Street Resource Centre  
150 Brand Street  
Govan  
Glasgow G51 1DH**

**Date Typed: 30th June 2011  
Our Ref: NH/SH/1498704  
CHI: 3103656054**

**Tel: 0141 303 8900  
Fax: 0141 303 8909**

**PRIVATE AND CONFIDENTIAL**

Mr Brian Whyte  
0/2, 45 Cornwall Street  
Glasgow  
G41 1BA

Dear Mr Whyte

Unfortunately you did not attend your appointment on 30<sup>th</sup> June 2011 as planned. I realise you have attended only 2 appointments of the last 6 arranged. Should you wish a further appointment at this time please contact me before Wednesday 13<sup>th</sup> July 2011. If I do not hear from you I will discharge you at this time.

Yours sincerely

**Naomi Henderson  
Occupational Therapist**



Brand Street Resource Centre  
Festival Business Park  
150 Brand Street  
Glasgow  
G51 1DH

Tel: 0141 303 8900  
Fax: 0141 303 8909  
Date dictated: 13/07/11  
Date typed: 14/07/11

Chi: 3103646054  
Our Ref: NH/nc/1498704

**PRIVATE AND CONFIDENTIAL**

Dr Fawcett  
Midlock Medical Centre  
7 Midlock Street  
Glasgow  
G51 1SL

Dear Dr Fawcett

**Brian Whyte** Chi: 3103646054  
**Flat 0/2 45 Cornwall Street Glasgow G41 1BA**

Unfortunately Mr Whyte has not been engaging with input from Brand Street. Of the last seven appointments offered since March 2011, He has attended only two.

I sent a 10 day letter following his last missed appointment requesting that he contact me by 13/07/11. He has not been in touch; therefore I am discharging him from my caseload at this time, back to your care. He continues to receive input from GAMH.

Yours sincerely

**Naomi Henderson**  
**Occupational Therapist**

**Brand Street Resource Centre  
Festival Business Park  
150 Brand Street  
Glasgow  
G51 1DH**

**Tel: 0141 303 8900  
Fax: 0141 303 8909  
Date dictated: 13/07/11  
Date typed: 14/07/11**

**Chi: 3103646054  
Our Ref: NH/nc/1498704**

**PRIVATE AND CONFIDENTIAL**

Mr Brian Whyte  
Flat 0/2  
45 Cornwall Street  
Glasgow G41 1BA

Dear Mr Whyte

As you have not contacted me for a further appointment, following a 10 day letter being sent, I now discharge you back into the care of your GP. I hope you will continue to make use of the support that GAMH offers you.

Yours sincerely

**Naomi Henderson  
Occupational Therapist**

**CC: Jim Conner GAMH South West Pavilion 3a 11 Dava Street G51 2JA**

**Our Ref: MB(GMC:4215727)/ci/1498704**  
**SG\_WI**  
**Your Ref:**

**Date Dictated:**  
**Date Typed: 07.06.11**

**Brand Street Resource Centre**  
**150 Brand Street**  
**Ibrox**  
**Glasgow**  
**G51 1DH**  
**Tel: 0141-303-8900**  
**Fax: 0141-303-8909**

**PRIVATE AND CONFIDENTIAL**

Dr Fawcett  
Midlock Medical Centre  
7 Midlock Street  
Glasgow  
G51 1SL

Dear Dr Fawcett

**Re: Brian Whyte, Chi No: 3103646054**  
**Flat 0/2, 45 Cornwall Street, Glasgow, G41 1BA**

I was reviewing my electronic caseload and noticed that Brian Whyte was still on but I am not actively involved in his care. I think this is an anomaly arising from the fact that I saw Brian on one occasion on 4 February 2011 in between two other emergencies that day. At that point Brian was raising issues over his anxiety and presenting describing suicidality arising from a lack of Diazepam. I infer from the notes here that his suicidality was not such that it required admission from hospital and indeed probably related to anxiety. I can't find the copy here of the note I imagine I would have provided in respect of SSRI's and Bupropion which I imagine I would have recommended but perhaps this was done verbally? If you have a copy of that note then I would be grateful for a copy of it for our records. In any case his OT, Naomi Henderson has been tracking matters with him and can update you as necessary. I have not been following him up routinely but will be happy to provide review if the CMHT feel it is necessary.

Yours sincerely

**Dr Martin Bartos MRCPsych**  
**Speciality Doctor in Psychiatry**

cc. Naomi Henderson, OT, Brand Street Resource Centre

**Brand Street Resource Centre  
150 Brand Street  
Govan  
Glasgow G51 1DH**

**Date Typed: 6<sup>th</sup> January 2011  
Our Ref: NH/SH/1498704  
CHI: 3103646054**

**Tel: 0141 303 8900  
Fax: 0141 303 8909**

**PRIVATE AND CONFIDENTIAL**

Mr Brian Whyte  
Flat 0/2  
45 Cornwall Street  
Glasgow  
G41 1BA

Dear Mr Whyte

You have been referred to Brand Street Resource Centre following your assessment at Pathways to Wellbeing Service for a home assessment. I would like to offer you a home appointment on Wednesday 12 January 2011 at 10am.

Should this date or time be unsuitable please contact me at your soonest convenience to re-arrange.

Yours sincerely

**Naomi Henderson  
Occupational Therapist**