University Hospital Crosshouse
Legal Desk
Health Records
Kilmarnock Road
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

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

Date 29th July 2026
Our Ref JG/2210613450
Your Ref 100310
Enquires to Jenny
Telephone 01563 827076
E-mail SubjectAccessRequest@aapct.scot.nhs.uk

Dear Sir/Madam

GENERAL DATA PROTECTION REGULATION (GDPR) SUBJECT ACCESS REQUEST
RE: Alexander McPhee, 18 Holm Street, Stewarton

I refer to your recent letter requesting access to your client's Medical Records under the above Act.

I have now had the approval of the relevant Clinicians to provide you with a copy of the notes relevant to your client's history of abuse arising from their time in care and enclose herewith the relevant documents. This is all the records we hold in regard to his time in care.

I would be grateful if you could email the above address or return the tear-off slip to confirm safe receipt of the documents.

Yours faithfully,

pp
Mr R H Bryden
Head of Health records Services

Please return to: **University Hospital Crosshouse, Legal Desk, Health Records, Kilmarnock Road, Kilmarnock KA2 0BE.**

I acknowledge receipt of the copies of medical records pertaining to:

Alexander McPhee CHI: 2210613450

Crosshouse records

Signed: ---------- Date: ----------

Designation: ----------

GREATER GLASGOW HEALTH BOARD

SOUTHERN GENERAL HOSPITAL

Our ref: GPC/JG/912668
Your ref:
If 'phoning ask for – 4121

1345 Govan Road
Glasgow G51 4TF
Telephone: 041-445 2466
FAX No: 041-445 3670

GASTRO-INTESTINAL CENTRE
Clinic – 11.10.90

17th October 1990

Dictated on: 15.10.90

Dr Duke
Stewarton Health Centre
High Street
STEWARTON

cc Dr Moran
Consultant Surgeon
Crosshouse Hospital
KILMARNOCK

Dear Dr Duke

RE: ALEXANDER MCPHEE - DOB 22.10.61
33 DAVID DALE AVENUE, STEWARTON

I have little doubt that this young mans problems are generated by psychological mechanisms, which are deep and may well be difficult, if not impossible to deal with.

But at least today I have opened the issue with him, and perhaps that is a start.

From "our" clinical point-of-view, I think it important to demedicalise him as far as we can.

I hope Dr Malcolm may be able to help him.

If he does not attend for psychotherapy, perhaps you could take the problem aboard yourself in supportive psychotherpay as it were.

I would like to think that that will help him a little.

Kind regards.

Yours sincerely

G P Crean
Consultant Physician

File please in notes.

GREATER GLASGOW HEALTH BOARD

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GASTRO-INTESTINAL CENTRE
Clinic – 11.10.90

17th October 1990

Dictated on: 15.10.90

Dr M Malcolm
Consultant Psychiatrist
SGH

cc Dr Duke
Stewarton Health Centre
STEWARTON
KA3 5BP

cc Dr Moran
Consultant Surgeon
Crosshouse Hospital
KILMARNOCK

Dear Margaret

RE: ALEXANDER MCPHEE – DOB 22.10.61
33 DAVID DALE AVENUE, STEWARTON

I should be grateful if you yourself could see this young man for assessment for psychotherapy. I ask that you see him at least for the first assessment because the problem is a difficult one, and he may very well back-off if things don't go well first time round.

He came to grief with alimentary symptoms about 2 years ago, and they have persisted ever since. Symptoms include nausea – often on waking and associated with retching – sharply localised epigastric pain, globus, belching, diarrhoea – which strictly speaking is tachyfaecia I think – pellet-like stools, and a sense of incomplete rectal emptying: there are headaches, tiredness, a sore back and much nocturnal rumination as well.

He has been extensively investigated in the past and the only positive finding has been gastritis associated with helicobacter infection: treatment with bismuth compounds, and on another occasion with Amoxycillin produced temporary improvement: on endoscopy following the course of antibiotics there was improvement in the gastritis, and the campylobacter organisms had been irradicated. Other investigations have included limited colonoscopy (to the splenic flexure) and a barium meal and follow through examination which were both normal.

The history is not consistent with organic disease, but are enitirely consistent with wide spread motility disorder of the gut from the gullet (globus) to the rectum (incomplete rectal emptying).

He comes across as a highly controlled well-battened down young man, out of touch with feelings, and I suspect burdened by much anger.

He had an unhappy childhood. Mother and father were unhappy, and at aged 7 he was placed in a Children's home with his brothers: although he only gives glimpses of his life in the home, it was clearly unhappy:

but he survived behind what I think must be well developed emotional defences, keeping on at school till age 16, and he has subsequently taken a course in Business Management. He works as a controller in the Volvo factory in Ayrshire.

He is a very active athletic man and has run 40 marathons and has many athletic activities: so much that he doesn't have "time" for relationships, and has none. He has bad, angry feelings about his father, and no grief at his death 2 years ago: he has no close relationships with his brother or his mother who he may even despise.

He could recognise many of the personality stereotypes of patients with functional gut disorders as applied to himself and thought that I had "got him to a T".

We spent much time discussing the physiology of his alimentary symptoms, and how it is that our emotional selves so strongly influence our bodily functions.

He could recognise the logic of the position that I put to him: if his symptoms were generated by "stress"/nerves, then the best hope of coping with them would be to learn more about himself in psychotherapy. I had wanted thim to reflect on this proposition and to come back to talk to me about it again later: but he was all for the "off" and wants to see you as soon as may be.

I am not sure what this ready acceptance of psychotherapy means. I suspect that he volunteered "yes" simply to get away and avoid any further "psychological" discussion: and if so, he will not come when you send the appointment.

Perhaps he will take up the appointment, and if he does I think it will be quite important for you yourself to see him: there is a great deal of psychopathology to explore and perhaps it might be best not to probe too deeply. But of course this is all for you to decide, and it is not for me to tell my Granny how to suck eggs!

He is a disturbed young man, needing help I think.

I look forward to hearing from you about him in due course.

I have asked him to come back to see me again in 3 months time to see what has eventuated.

Yours sincerely

G P. Crean
Consultant Physician

DVC/JB/912668

3307

DIVISION OF PSYCHIATRY

CONFIDENTIAL

3rd December, 1990.

Dr. G.P. Crean,
Consultant Physician,
Gastro-Intestinal Centre,
S.G.H.

Dear Dr. Crean,

Re: Alexander McPhee, 33 David Dale Avenue, Stewarton. DOB: 22.10.61.

Thank you for referring this patient for assessment as to his suitability for psychotherapy.

I agree with much of what you say about him in your letter, principally your assessment that his bowel symptoms have a psychological basis. When he was telling me about his resentment towards his superiors at work, he graphically illustrated the way in which he somatises his emotional state, by telling me that when he gets home from work he is like "a bear with a sore arse".

He does seem to be suffering the effects of a very difficult childhood. He agreed with me that, at a very early stage in life, he decided that the only way to survive would be through an attitude of emotional self sufficiency in which he would be a parent to himself. This stance involves a superior belief that he could make a better job of looking after himself than anyone else and it is an attitude which has acted to preclude his achieving fulfilment in relationships with other people, for example, he is constantly looking for "the right girl", but no girlfriend has ever been able to live up to the expectations he sets.

I agree with you that he is quite seriously disturbed and is not far from an awareness that he is full of a deep sense of violent anger and grievance towards the mother, whom he feels has betrayed and mistreated him. I would fear that as time passes he is likely to become increasingly bitter and isolated and also that his aggression might break through in some troublesome or even dangerous fashion.

I felt he might benefit from group psychotherapy and I discussed this with him. Unfortunately, since his emotional distress does tend to

fill in X Hist

Dr. G.P. Crean - 2 - 3rd December, 1990.

express itself in physical rather than mental pain. he is not really able to see himself as being sufficiently in trouble to require psychological treatment. He did promise to think things over and let me know.

I will write to you again if I hear from him, and of course, my offer of treatment will remain open.

With best wishes.

Yours sincerely,

Dr. D.V. Carpy
Consultant Psychotherapist.

c.c. Dr. Duke, Stewarton Health Centre, Stewarton, KA3 5BP.
Dr. Moran, Consultant Surgeon, Crosshouse Hospital, Crosshouse
Kilmarnock, KA2 OBE.