Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Respiratory
Contact Tel: 0141 451-6161
Enquiries to: miranda.connor@ggc.scot.nhs.uk
Letter Date: 13/11/2023
Reference: MS/MC
Dictated Date: 13/11/2023
Transcribed Date: 17/11/2023

Dear Dr. A Martin,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

Attendance: Specialty - Respiratory Medicine; Clinic - GGERRE2-DR ROSS RESP MON PM
Date and Time of Appointment - 13/11/2023 15:00

Clinical Comments:

Diagnosis
1. Severe apical emphysema on CT scan
2. Epilepsy
3. Previous pancreatitis
4. Previous alcohol excess

Mr Hughes was today reviewed by phone on behalf of Dr Ross. I initially started the consultation by reiterating the previous spirometry and CT results that Mr Hughes has had. These primarily showed severe apical emphysema bilaterally.

After his last clinic appointment Mr Hughes was started on Trelegy Ellipta. He says that for the first 2 months of this therapy he found an initial improvement in shortness of breath and dyspnoea. However, he says that he feels the initial therapy benefit has now flat lined. Mr Hughes does however, describe reduced frequency of cough and no increased purulence. He says he has also not had any haemoptysis. He has not had any recent courses of anti-biotics or steroids from his GP.

I have reiterated the fact to Mr Hughes that he has advanced emphysema for his age. He tells me that he is currently trying to cut back on the number of cigarettes he smokes. He is currently

smoking approximately 10 roll-up cigarettes daily which is roughly half of what he had previously been smoking.

Mr Hughes does state at times that he does struggle to expectorate and that he "has mucus on his chest" that he needs to bring up.

After discussion with Mr Hughes I have reiterated to him today that the most important thing for his ongoing emphysema would be to stop smoking. Mr Hughes is also going to organise his winter flu and Covid vaccine. I have suggested to him that an additional mucolytic might bring him some benefit and he is keen to trial this moving forward.

Plan

1) Please could Acetylcysteine (Nacsys) 600mg once daily be prescribed - your assistance in primary care is greatly appreciated.

2) Reiterate the importance of smoking cessation

3) We will review Mr Hughes in clinic in 6 months time

Yours Sincerely

Dr Mark Smith

IMT2

GM7728350

Electronically Signed: ,

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Neurology
Contact Tel:	0141 201 0511
Enquiries to:	Secretary
Letter Date:	03/10/2023
Reference:	LS/RS
Dictated Date:	03/10/2023
Transcribed Date:	09/10/2023

Dear Dr. A Martin,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

Attendance: Specialty - Neurology; Clinic - WILSNE4-LINDA STEPHEN EPIL TUES PM NO OVERBOOKINGS UNLESS INSTRUCTED BY DR STEPHEN
Date and Time of Appointment - 03/10/2023 15:45

Clinical Comments:
Mr Hughes had a telephone consultation at my Epilepsy Clinic today. He continues to have occasional seizures.

We agreed we would cautiously try to increase his Brivaracetam dose to 75mg at night. I would be grateful if you could alter his prescription accordingly.

I will arrange for him to be sent an appointment with the Epilepsy Specialist Nurse Clinic.

Yours sincerely,

Dr Linda Stephen

Associate Specialist Neurologist

Honorary Clinical Senior Lecturer

Electronically Signed: Dr Linda Stephen, Associate Specialist

cc. .
.
.
Epilepsy Specialist Nurses
Institute of Neurological Studies
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Neurology
Contact Tel:	0141 201 1975
Enquiries to:	
Letter Date:	05/04/2023
Reference:	SS/KF
Dictated Date:	05/04/2023
Transcribed Date:	11/04/2023

Dear Dr. A Martin,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

Attendance: Specialty - Neurology; Clinic - SUSSNE6-NURSE S SANDERS EPILEPSY WED PM
Date and Time of Appointment - 05/04/2023 14:30

Follow Up: Dr Stephen on 3 October 2023

Clinical Comments:
I carried out a telephone consultatioin with your patient, Scott Hughes, today. He is known to Dr Stephen, Associate Specialist.

Current Medication:

Brivaracetam 50mg taken at night

Scott was last reviewed by Dr Stephen in December 2022 where she introduced Brivaracetam.

Scott tells me that he is managing to tolerate the medication fairly well so far. He states that he was troubled with side effects initially but he has persevered and these have settled. He reports that he often has difficulties with side effects of epilepsy medications.

In terms of his seizures, he states that they are not as bad as before though now and again he will still have an occasional tonic clonic seizure. He does admit to sometimes forgetting to take his medication and knows that this may make him more vulnerable to seizures. He is not keen to make

any changes to his Brivaracetam dose at present but knows to be back in contact with the Nurse Service should he have any increase in seizure activity.

I will arrange for Scott to be reviewed again by Dr Stephen in a few months' time and in the meantime he has the contact details of the Nurse Service.

Yours sincerely

Susan Sanders

Epilepsy Nurse Specialist

Electronically Signed: Nurse Susan Sanders, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde
West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Neurology
Contact Tel:	0141 201 1975
Enquiries to:	
Letter Date:	20/07/2021
Reference:	SS/KF
Dictated Date:	20/07/2021
Transcribed Date:	21/07/2021

Dear Dr. A Martin,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

Attendance: Specialty - Neurology; Clinic - WISSNE4-NURSE S SANDERS EPILEPSY TUES PM
Date and Time of Appointment - 20/07/2021 14:00

Follow Up: Dr Stephen on 8 March 2022

Clinical Comments:
I carried out a telephone consultation with your patient, Scott Hughes, today. He is known to Dr Stephen, Associate Specialist.

Current Medication:

Topiramate 50mg taken at night

Scott was last reviewed by Dr Stephen in March of this year. Since this review he states that he has experienced some further seizure activity.

These started last week where he experienced 3 tonic clonic seizures in the same night. He also had a further seizure a couple of nights ago. He discussed these seizures with his GP who increased his Topiramate dose to the current level.

Scott tells me today that he is struggling with the increased dose, but often finds difficulty tolerating his anti-epilepsy medication. He is willing to persevere a little longer with this dose due to his current seizure activity. We discussed the risk of harm from seizures, including the low risk of SUDEP. Scott tells me that he lives alone. He thinks that stress and tiredness may be impacting on his seizure

control. He also reports that he is in chronic pain. He tries to get out and about as often as he can, but is finding the current heat quite tiring. He also admits to continuing to take alcohol though at a much reduced level.

I will arrange for Scott to be reviewed again by Dr Stephen in around 6 months' time and in the meantime he has the contact details of the Nurse Service.

Yours sincerely

Susan Sanders

Epilepsy Nurse Specialist

Electronically Signed: Nurse Susan Sanders, Nurse Practitioner

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
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G3 8SJ
0141 211 2000

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Neurology
Contact Tel: 0141-201-0511
Enquiries to: deirdre.nolan@ggc.scot.nhs.uk
Letter Date: 23/03/2021
Reference: LS/DN
Dictated Date: 23/03/2021
Transcribed Date: 29/03/2021

Dear Dr. A Martin,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

Attendance: Specialty - Neurology; Clinic - WILSNE4-LINDA STEPHEN EPIL TUES PM **NO OVERBOOKINGS UNLESS INSTRUCTED BY DR STEPHEN**
Date and Time of Appointment - 23/03/2021 15:00

Clinical Comments:
Mr Hughes had a telephone consultation with me at my Epilepsy Clinic today. He has now been discharged from Stobhill Hospital following his period of alcohol detoxification and tells me that this went well. He was started on Topiramate in hospital and currently takes 25 mg at night. He feels comfortable with this dose and although he thinks he is having occasional focal seizures he has had no secondary generalised events. We therefore agreed he would continue to take 25 mg at night.

I will arrange for him to have an appointment for the epilepsy nurse specialist clinic later in the year. At that time if required his Topiramate dose could be increased to 50 mg at night.

Yours sincerely

Dr Linda Stephen

Associate Specialist

Honorary Clinical Senior Lecturer

Electronically Signed: Dr Linda Stephen, Associate Specialist

cc. Susan Sanders
Epilepsy Nurse Specialist
Institute of Neurological Sciences
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
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G3 8SJ
0141 211 2000

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Neurology
Contact Tel: 0141-201-0511
Enquiries to: deirdre.nolan@ggc.scot.nhs.uk
Letter Date: 24/11/2020
Reference: LS/DN
Dictated Date: 24/11/2020
Transcribed Date: 24/11/2020

Dear Dr. A Martin,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

Attendance: Specialty - Neurology; Clinic - WILSNE4-LINDA STEPHEN EPIL TUES PM **NO OVERBOOKINGS UNLESS INSTRUCTED BY DR STEPHEN**
Date and Time of Appointment - 24/11/2020 13:45

Clinical Comments:
This 45 year old man was referred by your colleague, Dr Steel. Mr Hughes had a telephone consultation with me at my Epilepsy Clinic today. As you know he continues to have seizures and has problems with tolerability when it comes to antiseizure medication. He has been on Levetiracetam for several years, but has discontinued this due to side-effects and lack of efficacy. He also has issues with alcohol dependency.

His last MRI of brain in 2017 was normal.

Today I talked with Mr Hughes about his situation. **He has agreed to try an alternative antiseizure medication and I would be grateful if you could prescribe Brivaracetam for him. He should start with a dose of 25 mg at night for 2 weeks, increasing to 50 mg at night for 2 weeks, then to 50 mg twice daily.**

I will request another MRI brain for him.

I have sent him an appointment for my Epilepsy Clinic in the new year when his MRI brain result should be available.

Yours sincerely

Dr Linda Stephen

Associate Specialist

Honorary Clinical Senior Lecturer

Electronically Signed: Dr Linda Stephen, Associate Specialist

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
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0141 211 2000

Dr. D Taylor
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:
Department:
Contact Tel: 0141-201-0511
Enquiries to: deirdre.nolan@ggc.scot.nhs.uk
Letter Date: 06/06/2017
Reference: MJB/DN
Dictated Date: 06/06/2017
Transcribed Date: 07/06/2017

Dear Dr. D Taylor,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
12 Shafton Road, Glasgow, G13 2NE

Attendance: Specialty - Neurology; Clinic - WIMBNE4-PROF BRODIE EPILEPSY TUE PM
Date and Time of Appointment - 06/06/2017 13:30

Clinical Comments:
I saw this man at my Epilepsy Clinic 6 June. His seizure control, if anything, has improved a bit since his last review. He is also tolerating Levetiracetam 500 mg twice daily without problems. However, I note that he has increased his alcohol consumption and was admitted recently for assessment of his liver function. He now has an appointment with the CAT service. Further to my handwritten note, I would be grateful if you could increase the Levetiracetam dose to 1 g twice daily. I have given him a supply of our seizure description charts to complete and a review appointment will be sent out for 4 months time.

Yours sincerely

Martin J Brodie

Professor of Medicine and Clinical Pharmacology

Director, Epilepsy Unit

Electronically Signed: Prof Martin Brodie, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000

Dr. D Taylor
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:
Department:
Contact Tel: 0141-201-0511
Enquiries to: deirdre.nolan@ggc.scot.nhs.uk
Letter Date: 05/04/2017
Reference: MJB/DN
Dictated Date: 05/04/2017
Transcribed Date: 07/04/2017

Dear Dr. D Taylor,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
12 Shafton Road, Glasgow, G13 2NE

Attendance: Specialty - Neurology; Clinic - WIMBNE6-PROF BRODIE SEIZURE WED PM
Date and Time of Appointment - 05/04/2017 14:45

Clinical Comments:
This man did not attend his follow-up appointment at my Epilepsy Clinic on 5 April. He did come for his brain MRI which was reported as normal.

Yours sincerely

Martin J Brodie

Professor of Medicine and Clinical Pharmacology

Director, Epilepsy Unit

Electronically Signed: Prof Martin Brodie, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
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G3 8SJ
0141 211 2000

Dr. D Taylor
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:
Department:
Contact Tel: 0141-201-0511
Enquiries to: deirdre.nolan@ggc.scot.nhs.uk
Letter Date: 08/11/2016
Reference: MJB/DN
Dictated Date: 08/11/2016
Transcribed Date: 10/11/2016

Dear Dr. D Taylor,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
12 Shafton Road, Glasgow, G13 2NE

Attendance: Specialty - Neurology; Clinic - WIMBNE4-PROF BRODIE EPILEPSY TUE PM
Date and Time of Appointment - 08/11/2016 14:10

Clinical Comments:
I saw this man a little earlier than expected at my Epilepsy Clinic on 8 November. He managed to get the Zonisamide dose up to 150 mg twice daily but was unable to tolerate it at that level and discontinued it about a month ago. He has now not managed to tolerate Sodium Valproate, Carbamazepine, Lamotrigine and now Zonisamide. He also was unable to attend for his brain MRI and so I will reorder this today. Further to my handwritten note, I would be grateful if you could start him on Levetiracetam 500 mg twice daily. I have given him a review appointment for 4 months time but he knows to call our office should problems arise.

Yours sincerely

Martin J Brodie

Professor of Medicine and Clinical Pharmacology

Director, Epilepsy Unit

Electronically Signed: Prof Martin Brodie, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
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G3 8SJ
0141 211 2000

Dr. D Taylor
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Main Switchboard:
Department:
Contact Tel: 0141-201-0511
Enquiries to: deirdre.nolan@ggc.scot.nhs.uk
Letter Date: 09/08/2016
Reference: MJB/DN
Dictated Date: 09/08/2016
Transcribed Date: 10/08/2016

Dear Dr. D Taylor,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
12 Shafton Road, Glasgow, G13 2NE

Attendance: Specialty - Neurology; Clinic - WILSNE4-LINDA STEPHEN EPIL TUES PM
Date and Time of Appointment - 09/08/2016 13:45

Clinical Comments:
I saw this young man as requested at my Epilepsy Clinic on 9 August. He tells me that he has been having quite a lot seizures over the last wee while. This can occur several times a week. We are not entirely sure of the classification of his epilepsy. Previously his EEG and CT head have been normal. I will arrange a brain MRI today. As you know, he did a lot of boxing in his youth. He tells me he was unable to tolerate Sodium Valproate, Carbamazepine and Lamotrigine but cannot remember what other drugs that he has tried. Further to my handwritten note, I would be grateful if you could start him on Zonisamide in an initial dose of 50 mg twice daily for 2 weeks, increasing to 100 mg twice daily for 2 weeks and then 150 mg twice daily thereafter. I have given him a supply of our seizure description forms to complete and a review appointment for 4 months time. He also has our office number to call should there be problems with the introduction of the Zonisamide.

Yours sincerely

Martin J Brodie

Professor of Medicine and Clinical Pharmacology

Director, Epilepsy Unit

Electronically Signed: Prof Martin Brodie, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department: Oral and Maxillofacial Surgery
Contact Tel: 0141 201 2524
Enquiries to: cathy.mccaskill@ggc.scot.nhs.uk
Letter Date: 06/01/2016
Reference: DB/CMC
Dictated Date: 06/01/2016
Transcribed Date: 13/01/2016

Dear Dr. A Martin,

Scott Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
4 TALLANT TERRACE, FLAT 0/2, Glasgow, Lanarkshire, G15 7NZ

Attendance: Specialty - Oral and Maxillofacial Surgery; Clinic - SGIHMF6-MR HOLLAND TRAUMA WEDS PM
Date and Time of Appointment - 06/01/2016 15:06

Clinical Comments:
This patient was assessed in the maxillofacial clinic this afternoon. I understand he was allegedly assaulted by 3-4 men in his own home on the 31st December 2015. I understand he has a history of epilepsy (secondary to boxing). He doesn't take any regular prescribed medication and has no reported drug allergies. The gentleman is a smoker who consumes alcohol (approximately 7 pints per day). His diagnosis is of a minimally displaced right zygomatic orbital complex. He has no deformity requiring surgical intervention and his dental occlusion is normal. He has no numbness in the distribution of the infra orbital nerve. His eyes are also normal in terms of movement and visual acuity. He has no diplopia. I have advised him of his injuries and explained the rationale for conservative management. I have not arranged to see him back in our clinic.

Kind regards.

Yours sincerely

Debbie Boyd
Consultant Oral and Maxillofacial Surgeon

Electronically Signed: Mr Ian Holland, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
0141 211 2000

Dr. JC Nugent
Dr Nugent & Partners
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	0141 211 2000
Department:	Medical Assessment Unit
Contact Tel:	0141 211 2850
Enquiries to:	MAU Secretary
Letter Date:	24/07/2014
Reference:	SMcA/GF
Dictated Date:	03/07/2014
Transcribed Date:	10/07/2014

Dear Dr. JC Nugent,

Scott Hughes; D.O.B: 20/12/1974; CHI: 2012746039
4 TALLANT TERRACE, FLAT 0/2, Glasgow, Lanarkshire, G15 7NZ

Admission: Specialty - General Medicine; Ward - WIG Medical Assessment Unit
Consultant - Dr Christian Delles; Date of Admission - 02/07/2014
Date of Discharge - 02/07/2014; Discharged to - Private Residence - living with relatives or friends

Clinical Comments:

In addition to this gentleman's Immediate Discharge letter his chest x-ray has now been reported as: "Normal cardiomediastinal contour. There is tenting of the right hemidiaphragm - probably due to previous inflammation. No definite active pulmonary pathology demonstrated." This requires no follow up.

Yours sincerely

Sally McAdam

ST4 Acute Medicine

Electronically Signed: Dr Sally McAdam, Doctor

cc.

Hughes Scott Sean CHI: 2012746039

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Date of Completion: 27/03/2017

Dr. D Taylor
Anniesland Medical Practice
46 Munro Place
Glasgow
G13 2UP

Dear Dr D Taylor,

Name	CHI	DoB	Address
Scott Sean Hughes	2012746039	20/12/1974	12 Shafton Road Glasgow G13 2NE

Admitted	Type	Discharged	Destination
24/03/2017 14:39	In Patient	27/03/2017	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Rahat Maitland	QEUH Ward 11D	01414522760 / 01414522761

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,
Background:
1. Epilepsy (2016)
2. Sciatica (2016)
3. Acute Pancreatitis (1996)
4. Positive H.pylori (2017)
5. Alcohol Excess
6. Accidental paracetamol overdose (2014)

Diagnosis:
1. Mild Alcoholic hepatitis
2. Alcohol Withdrawal Syndrome

This 42 year old gentleman was admitted complaining of worsening jaundice. He reports a history of alcohol excess for the past 6 months since stopping working due to seizure frequency. He currently drinks around 1/2 bottle of vodka per day.

He noticed he was jaundiced around 2 weeks ago, and presented when he felt this was worsening.
He had deranged LFTs in keeping with mild alcoholic hepatitis. Albumin/PT/ Platelets were all normal.
He had an abdominal USS which showed fatty liver, but no cirrhosis. Incidentally it was found both kidneys demonstrate echogenic renal fat with the hyperechoic foci and acoustic shadowing, the appearances may be suggestive of a staghorn calculi/nephrocalcinosis.
He has had no seizures during admission. However, had not been taking his keppra, so this has been restarted.
He was treated for AWS with pabrinex and diazepam, as per GMAWS. He has been seen by gastroenterology and advised complete abstinence from alcohol.
He is now fit for discharge with no follow-up required.
Kind Regards,
Conor Bradley
FY1 Ward 11D QEUH
cc Professor Brodie, Consultant Neurologist

Treatments: None recorded.

Follow-up arranged: Nil

Planned Outpatient Investigations: Nil

Final Discharge letter to follow: yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Levetiracetam Tablet	Oral	500	mg	TWICE a day	No duration defined	
Omeprazole Capsules	Oral	20	mg	TWICE a day	No duration defined	
Thiamine Hydrochloride Tablets	Oral	100	mg	THREE Times a Day	No duration defined	

Medication Comment: Please supply all meds

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,

Dr Conor Bradley
Doctor

cc. 1. Prof Brodie, Consultant Neurologist

Prescription Review
Medications Reviewed by Pharmacist: Andrew Laird, Pharmacist
Dispensed Medications Checked by Pharmacy: Eileen McGowan, Technician
Nurse discharging patient: Tina George, Nurse

Hughes Scott CHI: 2012746039

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Main Switchboard: 0141 211 2000
Date of Completion: 02/07/2014

Dr. JC Nugent
Dr Nugent & Partners
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr JC Nugent,

Name	CHI	DoB	Address
Scott Hughes	2012746039	20/12/1974	4 TALLANT TERRACE Glasgow G15 7NZ

Admitted	Type	Discharged	Destination
02/07/2014 02:49	In Patient	02/07/2014	

Specialty	Consultant	Ward	Telephone
General Medicine	Dr Christian Delles	WIG Medical Assessment Unit	

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: Dear Doctor,
Diagnosis: MSK chest pain
This patient was admitted with chest pain radiating to right arm and shoulder. During this admission, blood pressure showed: 166/101, HR 90. His ECG: SR 84bpm, CXR clear, bloods: increased white cell count: 12.0, trop <0.04. He is clinically fit for discharge with no follow up.

Treatments: None recorded.

Follow-up arranged: .

Planned Outpatient Investigations: .

Final Discharge letter to follow: .

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Naproxen Tablets	Oral	500	mg	TWICE a day	No duration defined	pod. occassionally uses.

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Doctor Jonathan Pang
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Jonathan Pang, Doctor

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Scott Hughes
FLAT 7-6
39 LINKWOOD CRES
Glasgow
Lanarkshire
G15 7EP

Main Switchboard:	0141 211 3000
Department:	Respiratory
Contact Tel:	0141 451-6161
Enquiries to:	Miranda Connor
Letter Date:	03/09/2025
Reference:	ER/MC
Dictated Date:	28/08/2025
Transcribed Date:	28/08/2025

Dear Mr Hughes ,

Diagnosis

1. COPD- normal spirometry 2023 predominantly emphysema on CT scans
2. Current smoker

It was good to speak with you. It sounds like you have spells where you cough and cough up phlegm and you can be out of breath but things have not changed dramatically. We have been intouch now for the last couple of years and there has not been any dramatic deterioration in your symptoms.

As we discussed I think if you were having more troubles with your chest then stopping smoking would be sensible and given that things have been stable I do not think we need to keep you under regular review form the respiratory clinic.

I have discharged you back to the care of your GP.

As we discussed if you were having new issues with your chest I would suggest you speak with your GP in the first instance if further specialist input was required I would be happy to deal with any queries from the GP should they arise. I have copied this letter to your doctor.

Yours Sincerely

Dr Ewen Ross

Consultant Physician

Electronically Signed: Dr Ewen Ross, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Scott Hughes
FLAT 7-6
39 LINKWOOD CRES
Glasgow
Lanarkshire
G15 7EP

Main Switchboard:	0141 211 3000
Department:	Respiratory
Contact Tel:	0141 451-6161
Enquiries to:	Miranda Connor
Letter Date:	10/05/2023
Reference:	ER/MC
Dictated Date:	04/05/2023
Transcribed Date:	10/05/2023

Dear Mr Hughes,

It was good to speak with you today. Many thanks for attending for the breathing tests performed recently (spirometry). This demonstrated normal figures for the airways (FEV1 3.6 litres 110% predicted values).

As we discussed the CT scan from January demonstrates changes of emphysema. You are using an Anoro inhaler but still getting out of breath.

I think given the pattern of COPD in your case I think the most important next step would be to try again stop smoking completely. I appreciate this is not always that straight forward to achieve.

I will ask your GP whether they will consider offering you a combination inhaler either Trimbow or Trelegy. I suggested we catch up again in 6 months.

Yours Sincerely

Dr Ewen Ross

Consultant Physician

Electronically Signed: Dr Ewen Ross, Consultant

cc. Dr Martin:
Garscadden Burn:
Medical Practice:
Drumchapel Health Centre:
80/90 Kinfauns Drive:
Glasgow:
G15 7TS:

Letter to Patient:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Respiratory
Contact Tel: 0141 451-6161
Enquiries to: Miranda Connor
Letter Date: 03/05/2023
Reference: ER/MC
Dictated Date: 13/04/2023
Transcribed Date: 17/04/2023

Scott Hughes
FLAT 7-6
39 LINKWOOD CRES
Glasgow
Lanarkshire
G15 7EP

Dear Mr Hughes,

It was nice to speak with you today. You are currently 48 years old. Your GP had contacted us to explain that you smoke cigarettes and have been coughing for a number of years. You had lost weight and also noticed that you are breathless around the house. Your GP understandably had approached us to ensure that there were no alarming explanations for your symptoms.

You had a CT scan of your chest and abdomen on 24th January. My colleague had already written out with results. Apologies if that letter does not seem to have got to you.

Essentially there is no suggestion of a cancer or other immediately alarming explanation for you having lost weight. There are changes of emphysema present in both lungs. There are also changes of calcification or scarring within the heart arteries and some changes of scarring within the kidneys. We have already communicated with your GP about possibly starting a tablet to control cholesterol and a referral has been sent to the renal team asking them to consider the changes with calcification within the kidneys. You have also received notification that you have a breathing test booked for some time in the next couple of weeks.

You are on an Anoro inhaler. You continue to smoke cigarettes but I appreciate it is not that straight forward to stop.

I suggested that I make a refer to our stop smoking services and said I would catch up with you again in a few weeks' time once we have the results of the lung function tests. In the meantime I suggest you continue with the Anoro inhaler.

I have copied this letter to your GP and I will catch up with you again once the breathing tests are available.

Yours Sincerely

Dr Ewen Ross

Consultant Physician

Electronically Signed: Dr Ewen Ross, Consultant

cc. Dr MARTIN:
Garscadden Burn Medical: Practice:
Drumchapel Health Centre:
80/90 Kinfauns Drive:
Glasgow:
G15 7TS:

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Respiratory
Contact Tel: 0141 451 6099
Enquiries to: Dr Stephen Thomson Secretary
Letter Date: 07/02/2023
Reference: ST/SS
Dictated Date: 01/02/2023
Transcribed Date: 02/02/2023

Scott Hughes
FLAT 7-6
39 LINKWOOD CRES
Glasgow
Lanarkshire
G15 7EP

Dear Mr Hughes,

Thank you for attending recently for a CT scan for further investigation of your worsening cough and breathlessness. I understand you have also lost some weight.

Your CT scan has demonstrated evidence of what is almost certainly smoking related lung disease in the form of emphysema. This is likely responsible for your symptoms of cough and breathlessness. Also on the scan is calcification or hardening of the arteries supplying blood to the heart which puts you at risk of developing heart disease.

Smoking will be contributing to both of these problems and if you are agreeable to reducing or ideally stopping that then it will be of significant benefit for the future. You local pharmacy will be able to support you with that. Reducing your alcohol intake will also be beneficial. In addition we would recommend treatment with medication to help control your cholesterol level and I am writing to your GP with further information regarding this.

Separately on the scan, and I think unrelated to your symptoms, there is evidence of calcium deposits in both kidneys. I understand that this was also seen on an ultrasound scan that you had when you were in hospital back in 2017. I will ask a kidney specialist what their opinion is on this and what further assessment may be required. I do note that your recent kidney function blood tests were normal which is reassuring.

For further investigation of your cough and breahtlessness we will arrange breathing tests as an outpatient and thereafter arrange a consultation with one of my colleagues to discuss the symptoms and all these results in more detail.

Yours sincerely,

Stephen Thomson

Consultant Physician

Electronically Signed: Dr Stephen Thomson, Consultant

cc. Dr Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter to Patient:

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ

Scott Hughes
FLAT 7-6
39 LINKWOOD CRES
Glasgow
Lanarkshire
G15 7EP

Main Switchboard:	0141 211 2000
Department:	Neurology
Contact Tel:	0141-201-0511
Enquiries to:	Deirdre Nolan
Letter Date:	09/12/2022
Reference:	LS/DN
Dictated Date:	07/12/2022
Transcribed Date:	08/12/2022

Dear Mr Hughes,

It was good to speak with you on the telephone today. I am sorry to hear you have been having more seizures and had side-effects with Topiramate.

I have asked your GP to prescribe a new epilepsy tablet called Brivaracetam (Briviact) for you. Please can you start with one tablet (25 mg) at night for 4 weeks then increase to 50 mg at night after this.

Please find enclosed an appointment for the epilepsy specialist nurse clinic.

Yours sincerely

Dr Linda Stephen

Associate Specialist

Honorary Clinical Senior Lecturer

Enc

Electronically Signed: Dr Linda Stephen, Associate Specialist

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Scott Hughes
FLAT 7-6
39 LINKWOOD CRES
Glasgow
Lanarkshire
G15 7EP

Main Switchboard:	0141 201 1100
Department:	Neurology
Contact Tel:	0141-201-0511
Enquiries to:	Deirdre Nolan
Letter Date:	25/11/2020
Reference:	LS/DN
Dictated Date:	24/11/2020
Transcribed Date:	24/11/2020

Dear Mr Hughes,

It was good to speak with you on the telephone today. As we discussed I have asked your GP to prescribe another epilepsy tablet called Brivaracetam (Briviact) for you. Please could you start with a dose of 25 mg at night for 2 weeks, increasing to 50 mg at night for 2 weeks, then to 50 mg morning and night.

I have also requested an MRI brain scan for you and asked if possible if this could be done at Gartnavel General Hospital. The radiology department will be in touch with you to organise a scan.

Please find enclosed an appointment for my Epilepsy Clinic when hopefully the MRI result will be available.

Best wishes.

Yours sincerely

Dr Linda Stephen

Associate Specialist

Honorary Clinical Senior Lecturer

Enc

Electronically Signed: Dr Linda Stephen, Associate Specialist

cc.

NHS24 CONTACT REPORT

PCM ID: 75189819
CHI: 2012746039
Surname: HUGHES
Forename: SCOTT
DOB: 20.12.1974
Gender: M
Address: 7/6
39 Linkwood Crescent
GLASGOW
G15 7EP

Caller : Self
Date/Time Call Received: 06.08.2022 11:45:00
Date/Time Call Completed: 06.08.2022 16:05:39

Current Location: 7/6
39 Linkwood Crescent
GLASGOW
G15 7EP

Phone Number: 07785770151
Phone Ext.:

GP:

Special Directions: Intercom/ Buzzer Entry
Temporary Resident: NO

Call Classification:

CALL SUMMARY:
FINAL ENDPOINT:
Accident & Emergency / MIU within 4 Hours
REASON FOR CALL / RELEVANT INFORMATION:
COLLAR BONE/SHOULDER INJURY - 1 DAY
OUTCOME:
Patient suitable for MIU 4Hr - Flow Hub to arrange

Confirmed Symptom(s):
#Deformity of collar bone

Symptom(s) not found:
#No fever

Risk Factor(s):
#No travel outside Europe in last 21 days or to an affected country

PAST MEDICAL HISTORY:

NOTES:

06:08:2022 11:50:33 MURPHYN FALL LAST NIGHT TRYING TO GET UP OFF THE COUCH APPROX 6PM. THINKS POSSIBLE BROKEN BONE IN SHOULDER OR COLLAR BONE ON RIGHT HAND SIDE. IN SEVERE PAIN WITH ANY KIND OF MOVEMENT. PAIN RAIDATING TOWARDS LEFT HAND SIDE AND NECK.
STRUGGLED TO GET DRESSED THIS MORNING DUE TO PAIN.
SWELLING AT RIGHT SIDE, DOESNT LOOKS SAME AS OTHER SIDE
SCN H FINDLAY. INJURY TO RIGHT SHOULDER AFTER FALLING GETTING OFF COUCH. DF118 TAKEN AND PREVIOUS OVERDOSE OF PARACETAMOL 10 YRS AGO DUE TO WEIGHT. ADVISED 1 PARACETAMOL. MIU 4. FLOW HUB TO ARRANGE.

Support Line Notes:

NHS24 CONTACT REPORT

PCM ID: 75189819
CHI: 2012746039
Surname: HUGHES
Forename: SCOTT
DOB: 20.12.1974
Gender: M
Address: 7/6
39 Linkwood Crescent
GLASGOW
G15 7EP

Caller : Self
Date/Time Call Received: 06.08.2022 11:45:00
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39 Linkwood Crescent
GLASGOW
G15 7EP

Phone Number: 07785770151
Phone Ext.:

GP:

Special Directions: Intercom/ Buzzer Entry
Temporary Resident: NO

Call Classification:

CALL SUMMARY:
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Accident & Emergency / MIU within 4 Hours
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COLLAR BONE/SHOULDER INJURY - 1 DAY
OUTCOME:
Patient suitable for MIU 4Hr - Flow Hub to arrange

Confirmed Symptom(s):
#Deformity of collar bone

Symptom(s) not found:
#No fever

Risk Factor(s):
#No travel outside Europe in last 21 days or to an affected country

PAST MEDICAL HISTORY:

NOTES:

06:08:2022 11:50:33 MURPHYN FALL LAST NIGHT TRYING TO GET UP OFF THE COUCH APPROX 6PM. THINKS POSSIBLE BROKEN BONE IN SHOULDER OR COLLAR BONE ON RIGHT HAND SIDE. IN SEVERE PAIN WITH ANY KIND OF MOVEMENT. PAIN RAIDATING TOWARDS LEFT HAND SIDE AND NECK.
STRUGGLED TO GET DRESSED THIS MORNING DUE TO PAIN.
SWELLING AT RIGHT SIDE, DOESNT LOOKS SAME AS OTHER SIDE
SCN H FINDLAY. INJURY TO RIGHT SHOULDER AFTER FALLING GETTING OFF COUCH. DF118 TAKEN AND PREVIOUS OVERDOSE OF PARACETAMOL 10 YRS AGO DUE TO WEIGHT. ADVISED 1 PARACETAMOL. MIU 4. FLOW HUB TO ARRANGE.

Support Line Notes:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ear, Nose & Throat (ENT) - Head and Neck GGC ENT Head and Neck USOC	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 11-May-2026 **Date sent** 11-May-2026

PATIENT DETAILS

Surname	Hughes
Forename(s)	Scott
Title	Mr
Sex	Male
Date of birth	20-Dec-1974
CHI no.	2012746039
Area of Residence	-

Patient's address

Flat 7-6
39 Linkwood Crescent
GLASGOW
G15 7EP

Contact number(s)

Voice: 07787 255 019

1010399162521

Unique Care Pathway Number: 1010399162521

REGISTERED GP DETAILS

Name	Dr Angela Martin		
GMC code	6055734	GP code	02453
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100
E-mail: ggc.gp40436clinical@nhs.scot

REFERRING GP DETAILS

Name	laura white		
GMC code	7460937	GP code	-
Practice name	Garscadden Burn Medical Practice (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: progressive nasal blockage with epistaxis - nasal passage mass

Comment: Dear ENT,

This 51 year old gentleman reports gradually increasing bilateral nasal congestion, sinus congestion and rhinorrhoea over a number of years. He now feels it affects his breathing particularly at night. worse on the left side. green/yellow sputum blood noted through it frequently. He tells me told a number of years ago he had nasal polyps however I cannot see any evidence of previous ent review.

on exam there was a fleshy mass left nostril largely occluding it with a small amount of yellow sputum. nil obvious mass seen right side. nil blood seen. pharynx nad.

I have prescribed some mometasone nasal spray but would appreciate your assessment to exclude malignancy.

note also history of epilepsy and alcohol dependency I am also referring ards - he has been referred today for acute assessment by medics for chest pains, increasing seizure frequency and headaches.

kind regards, dr laura white gp locum

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Emphysema NOS	COPD + emphysema on CT scan	04-May-2023	04-May-2023
Closed fracture metatarsal	-	27-Mar-2018	27-Mar-2018
Folic acid deficiency	-	03-Jul-2017	03-Jul-2017
Folic acid deficiency	-	03-Jul-2017	03-Jul-2017
Leg cramps	-	23-Jun-2017	23-Jun-2017
Alcohol dependence syndrome	-	30-Mar-2017	30-Mar-2017
Acute alcoholic hepatitis	Mild	24-Mar-2017	24-Mar-2017
Jaundice - symptom	-	21-Mar-2017	21-Mar-2017
Epilepsy NOS	-	01-Aug-2016	01-Aug-2016
Sciatica	-	16-May-2016	16-May-2016
[X]Accidental drug overdose / other poisoning	Paracetamol	14-Apr-2014	14-Apr-2014
Acute pancreatitis	-	31-May-1996	31-May-1996
Epilepsy	-	05-Dec-1993	05-Dec-1993
[X]Stabbing	-	23-Jul-1993	23-Jul-1993
Pneumothorax	Right	23-Jul-1993	23-Jul-1993
Enuresis	-	06-Oct-1980	06-Oct-1980
O/E -raised intracranial press	-	12-Dec-1979	12-Dec-1979
Fracture of metacarpal bone	-	04-Oct-1979	04-Oct-1979
Social worker involved	-	16-Feb-1979	16-Feb-1979

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Magnetic resonance imaging	of brain is normal	05-Jan-2021	05-Jan-2021
Helicobacter serology positive	-	21-Mar-2017	21-Mar-2017
[SO]Zygomatic complex of bones (Right)	Displaced	13-Jan-2016	13-Jan-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
	56	56 tablet	TAKE ONE AT NIGHT	-	06-Oct-2023	

Brivaracetam Tablets 75 mg						08-Apr-2026
Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose	30	1*30 dose	ONE PUFF TO BE USED ONCE DAILY	-	11-May-2023	11-May-2026
Easyhaler Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED UP TO MAXIMUM OF EIGHT DOSES IN 24 HOURS	-	28-Feb-2023	11-May-2026
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH NIGHT	-	09-Feb-2023	08-Apr-2026
Dihydrocodeine Tablets 30 mg	112	112 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY USE SPARINGLY - MONITOR FREQUENCY OF REQUESTS	-	10-Sep-2021	11-May-2026
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	25-May-2021	11-May-2026
Thiamine Tablets 50 mg	224	224 TABLET	ONE TO BE TAKEN FOUR TIMES DAILY	-	11-Mar-2021	29-Oct-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mometasone Furoate Nasal spray 50 micrograms/dose	140	140 dose	TWO SPRAYS TO EACH NOSTRIL ONCE A DAY- AS SYMPTOMS IMPROVE REDUCE TO ONE SPRAY IN EACH NOSTRIL ONCE A DAY	-	11-May-2026	11-May-2026
Clinitas Carbomer Eye Gel 0.2 %	20	2*10 gram	APPLY FOUR TIMES DAILY IN BOTH EYES	-	19-Feb-2026	19-Feb-2026

Blood Pressure

Date Recorded	Systolic	Diastolic
09-Jul-2025	132	69
28-Feb-2025	132	90
18-Nov-2021	136	73
14-Oct-2021	140	94
29-Jan-2021	148	45

Body Measurements

Date Recorded	Height	Weight	BMI
09-Jul-2025	165	57	20.94
13-Feb-2025	-	53	-
06-Jan-2023	-	59	-
14-Oct-2021	165	61	22.41
10-Sep-2018	165	63	23.14

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Thinking about stopping smoking:		09-Jul-2025

Rolls own cigarettes, 2 oz/wk:		09-Jul-2025
Failed attempt to stop smoking:		09-Jul-2025
Current smoker:		09-Jul-2025
Current smoker:		28-Feb-2025
Alcohol consumption, 30 units/week:		09-Jul-2025
Alcohol consumption, 45 units/week:		17-Jan-2020
Alcohol consumption, 28 units/week:		10-Sep-2018
Moderate drinker - 3-6u/day:	Alcohol Intake$$.clm - Repeat after an Interval	08-Oct-1999
Aerobic exercise 0 times/week:		09-Jul-2025
Aerobic exercise 0 times/week:		14-Oct-2021
Takes inadequate exercise:		14-Oct-2021
Aerobic exercise 0 times/week:		10-Sep-2018
Takes inadequate exercise:		10-Sep-2018

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
Other concerns e.g. rare sino-nasal or ear tumours:Yes
Is patient aware they are being referred under a suspicion of cancer pathway?:Yes
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 Glasgow ACH - Yorkhill
Dalnair Street
Glasgow G3 8SJ

***REQUIRES URGENT CLINICAL REVIEW ***

03/09/2024

Dear Dr SC Lyon

Please note, in accordance with the USoC Covid19 referral pathway, that the priority of the following referral has been changed following triage of the referral.

Patient:	Scott Sean Hughes
Address:	FLAT 7-6 39 LINKWOOD CRES Glasgow G15 7EP
CHI Number:	2012746039
Date of Ref:	03/09/2024
Urgency:	URGENT - SUSPECTED CANCER
Specialty:	Dermatology

Reprioritisation Details

New Urgency: URGENT
Reason for Reprioritisation:
a) ( ) Please refer to Scottish Referral Guidelines for Suspected Cancers
b) ( ) Other
Further information: (FREE TEXT INDICATING REASON)
Thank you for your letter. The features described do not indicate the need for referral through the cancer pathway. The patient will remain in the urgent list and will be seen in due course. If you have any clinical photos, please consider sending them to facilitate appropriate triage.
Please note that the referral above will now be processed within the timescales of the new urgency detailed in the reprioritisation section above.
This reprioritisation of referral has not been communicated directly with the patient.

Should the patient's symptoms change, or if you have additional information or concerns to support urgent suspected cancer status of referral, please do not hesitate to re-refer the patient accordingly.

Yours faithfully

Dr Areti Makrygeorgou

Areti Makrygeorgou

SCGC Opwl OPWL Downgrade Ref letter to GP

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Dermatology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
West Glasgow 1053 Great Western Road Glasgow G12 0YN	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral Urgent - Suspected Cancer
Date of referral 02-Sep-2024 **Date sent** 02-Sep-2024

PATIENT DETAILS

Surname	Hughes
Forename(s)	Scott
Title	Mr
Sex	Male
Date of birth	20-Dec-1974
CHI no.	2012746039
Area of Residence	-

Patient's address

Flat 7-6
39 Linkwood Crescent
GLASGOW
G15 7EP

Contact number(s)

Voice: 07787 255 019

1010340878563

Unique Care Pathway Number: 1010340878563

REGISTERED GP DETAILS

Name	Dr Angela Martin		
GMC code	6055734	GP code	02453
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100
E-mail: ggc.gp40436clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. Susan Lyon		
GMC code	3298581	GP code	06084
Practice name	Garscadden Burn Medical Practice (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Lesion R lat nostril

Comment: This 49yr old man has a lesion at the lateral aspect of his R nostril just at the nares, which appeared a few months ago & he feels it is getting gradually bigger. He has a tendency to pick at it which can cause it to bleed-does not tend to bleed unless he picks it. Not itchy.
o/e small papillomatous lesion-well defined, clear margin, not pigmented around 203mm in diam, slightly warty looking top.
Although not obviously sinister looking-does look more warty, I would appreciate your urgent assessment in view of the new appearance & increasing size of this lesion.
Thank you for your help.
Yours sincerely
Dr S Lyon

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Emphysema NOS	COPD + emphysema on CT scan	04-May-2023	04-May-2023
Closed fracture metatarsal	-	27-Mar-2018	27-Mar-2018
Folic acid deficiency	-	03-Jul-2017	03-Jul-2017
Folic acid deficiency	-	03-Jul-2017	03-Jul-2017
Leg cramps	-	23-Jun-2017	23-Jun-2017
Alcohol dependence syndrome	-	30-Mar-2017	30-Mar-2017
Acute alcoholic hepatitis	Mild	24-Mar-2017	24-Mar-2017
Jaundice - symptom	-	21-Mar-2017	21-Mar-2017
Epilepsy NOS	-	01-Aug-2016	01-Aug-2016
Sciatica	-	16-May-2016	16-May-2016
[X]Accidental drug overdose / other poisoning	Paracetamol	14-Apr-2014	14-Apr-2014
Acute pancreatitis	-	31-May-1996	31-May-1996
Epilepsy	-	05-Dec-1993	05-Dec-1993
[X]Stabbing	-	23-Jul-1993	23-Jul-1993
Pneumothorax	Right	23-Jul-1993	23-Jul-1993
Enuresis	-	06-Oct-1980	06-Oct-1980
O/E -raised intracranial press	-	12-Dec-1979	12-Dec-1979
Fracture of metacarpal bone	-	04-Oct-1979	04-Oct-1979
Social worker involved	-	16-Feb-1979	16-Feb-1979

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Magnetic resonance imaging	of brain is normal	05-Jan-2021	05-Jan-2021
Helicobacter serology positive	-	21-Mar-2017	21-Mar-2017
[SO]Zygomatic complex of bones (Right)	Displaced	13-Jan-2016	13-Jan-2016

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Potassium Citrate And Citric Acid Effervescent Tablets Sugar Free 1.5 grams + 250 mg	112	112 tablet	TAKE ONE TWICE DAILY	-	02-Feb-2024	28-Mar-2024
Brivaracetam Tablets 75 mg	56	56 tablet	TAKE ONE AT NIGHT	-	06-Oct-2023	24-Jul-2024
	30	1*30 dose		-	11-May-2023	

Trelegy Ellipta Dry Powder Inhaler 92 micrograms + 55 micrograms + 22 micrograms/dose			ONE PUFF TO BE USED ONCE DAILY			02-Sep-2024
Easyhaler Salbutamol Dry Powder Inhaler 100 micrograms/actuation	1	1 INHALER	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED UP TO MAXIMUM OF EIGHT DOSES IN 24 HOURS	-	28-Feb-2023	02-Sep-2024
Atorvastatin Tablets 80 mg	56	56 TABLET	ONE TO BE TAKEN EACH NIGHT	-	09-Feb-2023	24-Jul-2024
Dihydrocodeine Tablets 30 mg	112	112 TABLET	ONE TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN NECESSARY USE SPARINGLY - MONITOR FREQUENCY OF REQUESTS	-	10-Sep-2021	20-Aug-2024
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	25-May-2021	20-Aug-2024
Thiamine Tablets 50 mg	224	224 TABLET	ONE TO BE TAKEN FOUR TIMES DAILY	-	11-Mar-2021	01-May-2024

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Hydrocortisone Ointment 1 %	60	2*30 gram	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	28-Mar-2024	28-Mar-2024
Nacsys Effervescent tablets 600 mg	56	56 TABLET	ONE TO BE TAKEN DAILY	-	28-Mar-2024	28-Mar-2024
Zerobase Cream 11 %	500	500 GRAM (S)	APPLY AS DIRECTED	-	28-Mar-2024	28-Mar-2024
Ketoconazole Shampoo 2 %	120	120 ML	APPLY ONCE DAILY FOR A MAXIMUM OF 5 DAYS. LEAVE ON FOR 3-5 MINUTES BEFORE RINSING	-	28-Mar-2024	28-Mar-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Nov-2021	136	73
14-Oct-2021	140	94
29-Jan-2021	148	45
03-Jan-2019	147	79
25-Oct-2018	124	84

Body Measurements

Date Recorded	Height	Weight	BMI
06-Jan-2023	-	59	-
14-Oct-2021	165	61	22.41
10-Sep-2018	165	63	23.14
08-Oct-1999	162	60.328	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Not interested in stopping smoking:		14-Oct-2021
Rolls own cigarettes, 1.5 oz/wk:		14-Oct-2021
Failed attempt to stop smoking:		14-Oct-2021

Current smoker:		14-Oct-2021
Not interested in stopping smoking:		10-Sep-2018
Alcohol consumption, 45 units/week:		17-Jan-2020
Alcohol consumption, 28 units/week:		10-Sep-2018
Moderate drinker - 3-6u/day:	Alcohol Intake$$.clm - Repeat after an Interval	08-Oct-1999
Aerobic exercise 0 times/week:		14-Oct-2021
Takes inadequate exercise:		14-Oct-2021
Aerobic exercise 0 times/week:		10-Sep-2018
Takes inadequate exercise:		10-Sep-2018

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Is patient aware they are being referred under a suspicion of cancer pathway?:Yes

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Renal Medicine GGC General - ACUTE STAFF ONLY		**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF		**Hospital** and **hospital address** Hospital location code. G405H Email address -

Urgency of referral Routine
Date of referral 07-Feb-2023 **Date sent** 07-Feb-2023

PATIENT DETAILS

Surname	Hughes
Forename(s)	Scott
Title	Mr
Sex	Male
Date of birth	20-Dec-1974
CHI no.	2012746039
Area of Residence	-

Patient's address

FLAT 7-6
39 LINKWOOD CRES
Glasgow
Lanarkshire
G15 7EP

Contact number(s)

Voice: 07787 255 019
Voice: 07787255019

1010286664381 Unique Care Pathway Number: 1010286664381

REGISTERED GP DETAILS

Name	n/a		
GMC code	-	GP code	-
Practice name	-		
Practice code	-		

Practice address

Contact number(s)
-

REFERRING HCP DETAILS

HCP Name	StephenThomson
HCP code	6128557
HCP Position	Consultant
Organisation name	Acute South Sector GG&C
Location code	G158G

Organisation address

SCIGW Virtual Location

Contact number(s)
-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: incidental finding on CT of bilateral nephrocalcinosis

Comment: I would be grateful for your thoughts on what further assessment is required for this 48 year old man with an incidental finding on CT of bilateral nephrocalcinosis. He had the CT scan performed as he has a long standing history of smoking and has had deteriorating cough and breathlessness. This scan has demonstrated emphysema but no more concerning features in the lungs. There is also some coronary artery calcification as well as this finding of nephrocalcinosis.

The CT report states that this was also seen on an ultrasound scan in March 2017 that appears to have taken place when he was an inpatient. I cannot see that any further assessment was undertaken at that point. He has a history of epilepsy and alcohol excess. I note his renal function in January was normal as was a bone profile.

Yours sincerely,
Stephen Thomson
Consultant Physician

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

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

No current medications recorded

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

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

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

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

Referral letter:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Respiratory
Contact Tel: 0141 451 6099
Enquiries to: Dr Stephen Thomson Secretary
Letter Date: 07/02/2023
Reference: ST/SS
Dictated Date: 01/02/2023
Transcribed Date: 02/02/2023

Consultant in Charge
Renal Department
Queen Elizabeth University Hospital
1345 Govan Road
Govan
Glasgow
G51 4TF

Dear Colleague,

Scott Sean Hughes; D.O.B: 20/12/1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

I would be grateful for your thoughts on what further assessment is required for this 48 year old man with an incidental finding on CT of bilateral nephrocalcinosis. He had the CT scan performed as he has a long standing history of smoking and has had deteriorating cough and breathlessness. This scan has demonstrated emphysema but no more concerning features in the lungs. There is also some coronary artery calcification as well as this finding of nephrocalcinosis.

The CT report states that this was also seen on an ultrasound scan in March 2017 that appears to have taken place when he was an inpatient. I cannot see that any further assessment was undertaken at that point. He has a history of epilepsy and alcohol excess. I note his renal function in January was normal as was a bone profile.

Yours sincerely,

Stephen Thomson

Consultant Physician

Electronically Signed: Dr Stephen Thomson, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Spirometry GGC Direct Access Spirometry	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Respiratory Direct Access Services NHS Greater Glasgow & Clyde	——	**Hospital** and **hospital address** Hospital location code. G035G Email address -

Urgency of referral Routine
Date of referral 12-Jan-2023 **Date sent** 12-Jan-2023

PATIENT DETAILS

Surname	Hughes
Forename(s)	Scott
Title	Mr
Sex	Male
Date of birth	20-Dec-1974
CHI no.	2012746039
Area of Residence	-

Patient's address

Flat 7-6
39 Linkwood Crescent
GLASGOW
G15 7EP

Contact number(s)

Voice: 07787 255 019

101028421262T | Unique Care Pathway Number: 101028421262T

REGISTERED GP DETAILS

Name	Dr Angela Martin		
GMC code	6055734	GP code	02453
Practice name	Garscadden Burn Medical Practice		
Practice code	40436		

Practice address

Garscadden Burn Medical Practice
80-90 Kinfauns Drive
Drumchapel
Glasgow
G15 7TS

Contact number(s)

Voice: 041 211 6100
E-mail: ggc.gp40436clinical@nhs.scot

REFERRING GP DETAILS

Name	Dr. Laura White		
GMC code	7460937	GP code	99999
Practice name	Garscadden Burn Medical Practice (40436)		
Practice code	40436		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Contact number(s)

Voice: 0141 211 6100