

20-Apr-2016 ENSER, Zina

Result: Urea and electrolytes *Clinical Information: hypertension review*
Abnormal, but expected

20-Apr-2016 ENSER, Zina

Result: Haemoglobin A1c level - IFCC standardised *hba1c, Clinical Information: hypertension review*
Abnormal

12-Jun-2015 WILSON, Chris

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

10-Apr-2015 ANDERSON, Karen

Result: URINE *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

01-Apr-2015 ANDERSON, Karen

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

01-Apr-2015 ANDERSON, Karen

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

01-Apr-2015 ANDERSON, Karen

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

01-Apr-2015 ANDERSON, Karen

Result: URINE *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

01-Apr-2015 ANDERSON, Karen

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Haemoglobin A1c level - IFCC standardised: Non-diabetic HbA1c-IFCC reference range 20-42 mmol/mol See locally agreed guidelines for individual targets*
Unknown

27-Jan-2015 CALDER, George

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

06-Jan-2015 EMBLETON-BLACK, Caroline

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

09-Dec-2014 MCKEE, Lisa

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

09-Dec-2014 MCKEE, Lisa

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Haemoglobin A1c level - IFCC standardised: Non-diabetic HbA1c-IFCC reference range 20-42 mmol/mol See locally agreed guidelines for individual targets*
HbA1c-IFCC 42 48 53 59 64 75 86 mmol/mol HbA1c-DCCCT 6.0 6.5 7.0 7.5 8.0 9.0 10.0 %
Unknown

09-Dec-2014 MCKEE, Lisa

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

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Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

22-Feb-2013 STEVENSON, Christopher

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

22-Feb-2013 STEVENSON, Christopher

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
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Unknown

22-Feb-2013 STEVENSON, Christopher

Result: BLOOD *The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

07-Feb-2013 EMBLETON-BLACK, Caroline

Result: Type Unspecified The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., U-S kidneys: US Kidney Both . E-4525250 E RENAL ULTRASOUND.ADVANCED PRACTITIONER REPORT. Normal sonar appearance of both kidneys. No ultrasound evidence of scarring or hydronephrosis. No significant renal mass or calculi identified. Normal bladder outline. Hysterectomy noted. No adnexal mass seen. Normal sonar appearance of the pancreas and gallbladder. No intra or extra hepatic biliary dilatation. The liver is globally attenuating to ultrasound , indicating diffuse fatty infiltration. The parenchyma has a coarse appearance. Bulky spleen. Impression;- Fatty liver. Bulky spleen. No renal tract abnormality seen. Reported by : HESLOP Ros / FSRHOriginal Result: "US KIDNEY BOTH"
Unknown

04-Feb-2013 JOHN, Sophia

Result: BLOOD The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.
Unknown

24-Jan-2013 DAVISON, David

Result: SPEC.TYPE: MID-STREAM URINE The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Urine microscopy: Clinical details : blood ++ on urinalysis : : Antibiotic therapy Microscopy: WBCs < 40 per ul . . Urine Culture: No Significant Growth . FINAL REPORT Reported 28.01.13 by Anne-Marie Thomas(mi)
Unknown

02-Jan-2013 WILSON, Chris

Result: Type Unspecified The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Standard chest X-ray: XR Chest E-4492372 XR Chest : Normal heart size. There is a small calcified opacity in the right lower zone consistent with a granuloma. This is unchanged. These don't require follow up. Lungs are otherwise clear. Reported by : DR M WILKINSON, RADIOLOGIST / JOBSLOOriginal Result: "XR CHEST"
Unknown

15-Nov-2012 DAVISON, David

Result: Type Unspecified The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Standard chest X-ray: XR Chest Clinical History : smoker. Suspected right chest infection. XR Chest : The heart is not enlarged. The lung fields are clear. Normal mediastinal contour. 5 mm well circumscribed focal area of calcification consistent with that of a granuloma identified projected over the right lower zone. Reported by Dr Sean Kelly, Medica Radiologist Reported by : KELLY Sean Dr (nighthawk) / MEDSKEOriginal Result: "XR CHEST"
Unknown

24-Nov-2008 ARMSTRONG, Sandra

Result: SPEC.TYPE: URINE The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Urine microscopy: Clinical details : ? Urinary tract infection : : Antibiotic therapy WBC"s 100 - 200 per ul RBC"s < 40 per ul Urine Culture: Negative FINAL REPORT Reported 24.11.08 by ***** Wearmouth (micro Primary Care guidelines for the Management of Infection may be found a t North of Tyne Area Prescribing Committee website (<http://www.northumbria.nhs.uk/menu.asp?id=288579>) Overlong lines have been split into multiple lines after 70 chars.
Unknown

26-Oct-2008 ARMSTRONG, Sandra

Result: SPEC.TYPE: URINE The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Urine microscopy: Clinical details : ? Urinary tract infection : Abnormal urinalysis : : Antibiotic therapy Trimethoprim WBC"s < 40 per ul RBC"s < 40 per ul Urine culture not performed as flow cytometry indicates no evidence of infection. If further advice is required, please contact the Microbiologist. FINAL REPORT Reported 25.10.08 by Ian Wearmouth (micro)
Unknown

23-Dec-2005 ARMSTRONG, Sandra

Result: SPEC.TYPE: TONGUE SWAB The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Microscopy, culture and sensitivities: Clinical details : ? : Oral thrush : : Antibiotic therapy Culture : No significant growth Candida Culture : Candida species not isolated Organisms: 1. 2. 3. 4. 5. 1. 2. 3. 4. 5. FINAL REPORT Reported 23.12.05 by Catherine Wilson
Unknown

21-Nov-2005 ARMSTRONG, Sandra

Result: BLOOD The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Gonadotrophin levels: Original result: "GONADOTROPHINS" Follicular Mid-cycle Luteal Postmenopause LH 2 - 10 10 - 96 2 - 11 >30 FSH 2 - 10 5 - 28 2 - 8 >30 Gonadotrophins consistent with menopause transition (FSH >30)
Unknown

21-Nov-2005 ARMSTRONG, Sandra

Result: BLOOD The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.
Unknown

04-Sept-2004 ARMSTRONG, Sandra

Result: Faeces The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Microscopy, culture and sensitivities: Clinical details : Diarrhoea : : Macroscopic appearance : Semi formed stool Rotavirus antigen : Negative Adenovirus antigen : Negative Salmonella, Shigella and Campylobacter not isolated FINAL REPORT Reported 04.09.04 by Sharon Greenough
Unknown

24-Jun-2004 ARMSTRONG, Sandra

Result: Blood The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne., Gonadotrophin levels: Original result: "GONADOTROPHINS" Follicular Mid-cycle Luteal Postmenopause LH 2 - 10 10 - 96 2 - 11 >30 FSH 2 - 10 5 - 28 2 - 8 >30 Gonadotrophins consistent with menopause transition (FSH >30)
Unknown

23-Jun-2004 ARMSTRONG, Sandra

Result: Blood The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.
Unknown

Other Items

This section is empty.

Attachments

Scanned Document
15-May-2026 NaomiMiller0409
Additional:Scanned Document

Filename: 1.pdf
Extension:.tif
Pages:

INFIRMARY DRIVE MEDICAL GROUP The Consulting Rooms
Infirmary Drive
Alnwick
Northumberland
NE66 2NR

Telephone 01665 602388

Date as Postmark

Miss Katrina Robertson
3 Dovecot Close
Embleton
Alnwick
NE66 3DB

Dear Miss Robertson

We would like to invite you to attend your free NHS Health Check.

NHS Health Checks are being offered to people aged between 40 and 74 every 5 years. The check is to assess your risk of developing heart disease, stroke, kidney disease or diabetes. If there are any warning signs, then together we can do something about it.

By taking early action, you can improve your health and prevent onset of these conditions.

The check should take about 15 minutes and is based on straight forward questions and measurements such as age, sex, family history, height, weight and blood pressure. There will also be simple blood tests to measure your cholesterol and sugar levels. Please could you also, pick up a urine sample bottle prior to your appointment and bring it with you.

Following the check, you will receive a letter with all of your results and advise as to whether you may need some help and support to stay healthy.

The enclosed leaflet will give you more information about the NHS check and how it could benefit you.

To make an appointment please telephone 01665 602388 and ask for a Health Check appointment with our Health Care Assistant.

Yours sincerely

Chris Wilson

Dr C Wilson

Free NHS Health Check

Helping you prevent heart disease, stroke,

diabetes and kidney disease.



Scanned Document
15-May-2026 NaomiMiller0409
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Filename: KR4.pdf
Extension:.tif
Pages:

JN/ABB 16 April 2002

Mr. A. R. Innes,
Consultant Orthopaedic Surgeon,
Wansbeck General Hospital,
ASHINGTON NE63 9JJ

Dear Mr Innes,

Miss Katrina ROBERTSON, 7 Long Row, Stamford, Alnwick NE66 3SA
Date of Birth: 22.2.66. N.H.S. Record No: 635 241 0103
G.P. Practice Code: A84021

I would be grateful for your opinion on this lady who has chronic left anterior knee pain. Her problems stem from many years ago when she had chronic right anterior knee pain and was referred to Borders General where it was demonstrated that she had bipartite patella which was similar on the left side. She was advised re exercises and analgesia and was assessed at Borders General and was offered a steroid injection. However she was not keen on that at the time.

Things settled down with the right knee, however the left knee is now chronically painful and has been for a number of months. She feels that it locks in position and requires time to straighten out and causes her pain and discomfort on mobilisation.

On examination there is crepitus on flexion and extension, however no other obvious abnormality to find. She is requesting a specialist opinion as she feels that it is really upsetting her life and I have further prescribed her some analgesia and anti-inflammatories today. I have discussed physio with her but the problem is that it is hard for her to get in to the department at present. I would be grateful for your opinion.

Kind regards,
Yours sincerely,

DR. JUSTINE NORMAN
G.P. Registrar (Dr. C. J. Stevenson)

Scanned Document
15-May-2026 NaomiMiller0409
Additional:Scanned Document

Filename: KR3.pdf
Extension:.tif
Pages:

SJ/ABB 21 August 2006

Mr. A. R. Welch,
Consultant E.N.T. Surgeon,
Alnwick Infirmary,
ALNWICK

Dear Mr Welch,

Miss Katrina ROBERTSON, 2 Long Row, Stamford, Alnwick NE66 3SA
Date of Birth: 22.2.66. N.H.S. Record No: 635 241 0103
G.P. Practice Code: A84021

Problem: Left-sided tinnitus and hearing loss

I would be grateful if you could see this 40 year old lady who has been complaining of worsening tinnitus on her left side over the last one year. She describes the tinnitus as a constant 'whoosh' without any clear precipitating or worsening or relieving factors. She has had no vertigo. I have seen her with some problems with her right ear with some mild discharge but this has been improving with treatment with Sofradex. Air conduction is better than bone conduction in both ears and Weber's is to the right.

Past medical history:
Fibroadenoma of breast 1996
Hysterectomy 1995

Medication: Sofradex

On examination the left tympanic membrane appears normal and the last time I saw her the right tympanic membrane was slightly red with some discharge in the ear canal.

In view of the worsening symptoms and her reported hearing loss on the left side I would be grateful if you could see her for further investigation.

Yours sincerely,

DR. SIMON JONES
G.P. Registrar (Dr. D. C. Davison)

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15-May-2026 NaomiMiller0409
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For the past 4-5 days or so, she has been c/o of a bilateral dsicmofrt in lower posterior chest wall. THIS came on gradually, described as "ache", but got quite bad earlier today before easing. Has pretty much settled now. No SOB, no pleuritic element. Feels it was present esp when coughing.
No calf swelling/pain/redness.
Has had a mild cough over past week, coughing up clear sputum. Otherwise feels well. No urinary symptoms.
O/E bright and alert, talking in full sentences.
No resp distress.
Sats 99% on air, Pulse 70/min reg
Chets good a/e throughout, no wheeze/creps.
Mild tenderness acorss lower post. chest wall bilatearly.
Urinalysis clear.
HS I+II+0
BP 175/96
Imp ?viral chest infection with some intercostal muscle sprain bilaterally.
Reassured symptoms appear to be easing, and nil else worrying of note.
Suggest continue with rest, simple anlageisa, symnptoms shoudl settle.
Notes rasied BP - advised to make appt with nurse in 2wks to repeat. Any probs for sooner review.
We also discussed her irritated scalp, no help from betnoavte or ketoconazole - could consider capasal to see if any improvment. Forgot to issue before she left, but can try this at next attendance.

Attachment
14-May-2026 IRONSIDE, Emily
Additional:Attachment

Reference ID: F5CD6713

Submitted: 14/05/2026, 10:05

eConsult Patient identifier

Date of birth
 22/02/1966 (Age 60)

Phone Number
 07543170362

NHS Number
 Not provided

Email Address
 Not provided

Gender
 Female

Address
 8 Dovecot Close, Embleton, NE66 3DB

eConsult lite

Katrina Robertson (Female, 60)

i A response is expected by 18:30 on Friday 15th May. A same day response is best.

Respond to this patient. Your consultation PIN is BMLB7V (expires on Friday, 29th of May)

Ideas, concerns & expectations**Describe the problem, what are the symptoms?**

patient put in a online request for more timodine cream for the rash under her breasts, not issued since 2024?

**What help would you like? (optional)**


Not answered

**Preferred clinician (optional)**

Not answered

Clinical questions**When did the problem start?**

unsure as online med request

 **What has been tried for this already? (optional)**

Not answered

 **Additional information (optional)**

Not answered

Why were you unable to complete an eConsult?

Other

STAFF ONLY: Flag this request as urgent to your triage team?

No

 **STAFF ONLY: Please enter your name**

lara



Photos

No photos have been provided.

Messages

No messages against this record

Activity & comments

- 1  **Nichola Jamieson** matched the patient in the **Clinical System** Thu 14 May 26, 10:05
Clinical System: **SystemOne**
Patient ID: **6352410103**
- 2  **Emily ironside** updated the **Status** Thu 14 May 26, 10:11
Waiting > **Complete**

Attachment

13-May-2026 MATHER, Rebecca

Additional: Attachment

Referral from Alnwick Medical Group -> JMAPS CATS

Filename:

Extension: .tif

Pages:



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JMAPs Referral (Physiotherapist use only)	
Section One: Referral Form	
Important – Please Read	
The data entered Section One of this form is read automatically.	
Please do not make any changes to the layout or wording in Section One as this may result in the form being rejected.	
Patient Details	
Name:	Miss Katrina Robertson
NHS Number:	635 241 0103
Date of Birth:	22 Feb 1966
Gender:	Female
Ethnicity:	White British - ethnic category 2001 census
Address:	8 Dovecote Close, Embleton, Alnwick, Northumberland, NE66 3DB
Landline Tel:	
Mobile Tel:	07543 170362
Work Tel:	
Email:	k.robertson118@btinternet.com
Communication	
Does patient require an interpreter?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Main spoken Language: Main spoken language English
	Comments:
Does the patient experience hearing difficulties?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, what is their preferred method of communication?
Accessibility	
Does patient require transport?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does patient require any additional support to access the MSK service due to mobility limitations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, what support?
Reasonable adjustments	
Are there any reasonable adjustments which	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

In partnership with:



Miss Katrina Robertson 22 Feb 1966 635 241 0103

Page 1 of 5



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can be made to support patient in accessing our services>	if yes, what?	
Service requested (See section 2 for guidance)	<i>Please select one</i>	
MSK Tier 1	<input type="checkbox"/>	
MSK Exercise class	<input type="checkbox"/>	
MSK Group consultation	<input type="checkbox"/>	
MSK Tier 2	<input type="checkbox"/>	
MSK Tier 2 injection	<input type="checkbox"/>	
MSK Tier 2 triage (inc. direct onward secondary care referral)	<input checked="" type="checkbox"/>	
MSK Tier 2 priority	<input type="checkbox"/>	
Living well with pain	<input type="checkbox"/>	
Reason for referral		
advanced OA right hip, function limited ++, tried conservative options, worsening, would now like referred for consideration of right THR, PAT to be attached to ref form.		
<p>FCP Consultation Source: Referred by member of Primary Health Care Team (Xa079) 1st / 2nd appt : Review appointment (XM1Sm) Type: Consultation (Xa1qL) Encounter: Seen by first contact physiotherapist (Y281c) Shared decision making: Yes Outcome: Referral to orthopaedic service (8H54.) History: fu re xray right hip. struggling with right groin pain can go down right thigh a bit- no further, no Pn numbness. discussed xray advanced OA right hip. walking limited by groin pain, sleep disturbed, on naproxen. would like to be considered for right THR Patient identity verified: Yes</p>		
Appointment type preference (please select one)		
Telephone consultation:	<input type="checkbox"/>	
Face to face consultation	<input checked="" type="checkbox"/>	
Referrer Details		
Name: R mather FCP		
Practice code: A84006		
Date: 13 May 2026		
Past medical history list (Auto populate from System one or EMIS)		
Termination of pregnancy (Xa36H), Jun 1982		

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Mother delivered (Xa4TJ), May 1984
 Mother delivered (Xa4TJ), Oct 1986
 Blood group O Rh(D) positive (Xa0dQ), Jan 1992
 Hypertensive disease (G2...), Jan 2015
 Hypertension (XE0Ub), Jul 2018
 Eczema NOS (XE1Av), Jul 2023
 Type II diabetes mellitus (X40J5), Jan 2025
 O/E - right eye diabetic maculopathy (XaJOn), Apr 2025
 Diabetes structured education programme declined (XaNTH), Jun 2025
 Adopted, 1979
 [V]Problems related to certain psychosocial circumstances, 1979
 Caesarean delivery NOS, Jan 1992
 Joint pain, 1994
 Total abdominal hysterectomy NEC, 1995
 H/O: menorrhagia, 1995
 Fibroadenoma of breast, 1996
 Arthroscopy NEC, Jun 2003
 Injection into joint NEC, Jan 2012
 Synovitis and tenosynovitis, Jan 2012
 C/O - loin pain, Mar 2013
 Diagnostic cystoscopy, Mar 2013
 Haematuria, Mar 2013
 Knee pain, Jul 2014
 Hypertensive disease, Jan 2015
 Hypertension, Jul 2018

Medicines history from the last 12 months including repeat (Auto populate from System one or EMIS)

Acutes

WEGOVY FLEXTOUCH (form not specified)
 Naproxen 250mg tablets, take one twice daily

Repeats

Metformin 500mg tablets, ONE to be taken TWICE daily with breakfast and evening meal
 Ramipril 5mg capsules, take one daily
 Atorvastatin 20mg tablets, take one daily
 Lercanidipine 20mg tablets, take one daily to lower blood pressure
 Fluoxetine 20mg capsules, take 2 daily

Allergies & sensitivities (Auto populate from System one or EMIS)

No known allergies

Section 2: Referral Guidance

Service information

MSK Tier 1:

- Patients referred to this service will have **28-days from the date of referral to opt-in for a face-to-face appointment** with a qualified MSK clinician.

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- Patients should be provided with the telephone number for the MSK service at the time of referral and advised that **if they do not opt-in within 28-days, they will be discharged to the care of their GP.**
- Failure to complete this referral form will lead to patient's needing to complete an initial telephone appointment prior to being seen face-to-face in the MSK service.

MSK Exercise class or group consultation

- Direct referral to exercise class or group consultation, **not 1:1 clinical appointment.**
- Please ensure the class or consultation you are referring to is clearly written within reason for referral.
- Please ensure the patient is aware of the group format and offer the appropriate patient information leaflet.

MSK Tier 2:

- **No clinical triage.**
- Face-to-face appointment with advanced practice clinician.
- Appropriate for patients that have lacked persistent benefit following initial conservative management in primary care, have significant functional impairment or suspected significant nerve root involvement.
- Consideration of appropriate investigations or injection.

MSK Tier 2 injection therapy (inc. direct onward secondary care referral):

- **No clinical triage**
- All patients referred to this service will be automatically listed for an appointment with a qualified MSK injecting clinician for their opinion on the appropriateness of injection therapy.
- Please also consider providing the patient with the JMPS injection patient information leaflet at the time of referral.

MSK Tier 2 triage:

- All patients referred to this service will be electronically triaged by an advanced clinician and directed to the most appropriate stream.
- Appropriate where there is diagnostic uncertainty at time of referral.
- Assessment for surgical opinion, ensuring appropriate non-surgical management has been trialed, including a shared decision-making discussion, and onward referrals meeting local criteria and thresholds
- Also to be used when a direct onward referral to secondary care provider is requested. Please note local variation exists regarding the required patient information for a secondary care referral. Please follow local guidance which may include the provision of prior approval ticket (PAT), patient specific medical history, drug history, BMI, smoking status, conservative treatment history, etc.

MSK Tier 2 priority

- For use where patients present with a time sensitive MSK disorder including cauda equina syndrome that meets the criteria for MSK service referral after using the GIRFT CES decision aid - <https://girft-interactivepathways.org.uk/cauda-equina-1/>.
- All patients referred to this service will be electronically triaged by an advanced clinician and directed to the most appropriate service stream.

Living well with pain:

- All patients referred to this service will be triaged by an advanced clinician and directed to the most appropriate stream.

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- Chronic primary pain (fibromyalgia, chronic widespread pain) and chronic secondary pain (e.g., mechanical low back pain) where the patient is willing to consider a combined physical and psychological approach to managing pain, particularly where other treatments have not been effective.
- Psychologically informed multidisciplinary team pain therapies, assessment for combined physical and psychological pain management programmes.

Inclusion and exclusion criteria

Inclusion Criteria

- GPs must refer via e-RS, Consultants via ICE
- Patients must be 16+ to Self-refer.
- Directly from secondary care providers for example following trauma.
- Patients must be registered with a GP within the Northumberland CCG area
- JMAPS is for patients 16 and over with MSK and Pain issues
- Out of area patients, following elective orthopaedic surgery with Northumbria Healthcare.

Exclusion Criteria

- People not registered with a Northumberland GP (unless not registered with any GP but resident in Northumberland)
- Scottish residents registered to a GP in Northumberland.
- People who require emergency treatment
- People under 16 years of age
- Patients with widespread neurology with or without upper motor neuron signs
- Any patients with red flag symptoms, (e.g., that may suggest cancer or inflammatory conditions etc.)

Referrer Advice

Local A&G / HCP contact information

The Provider shall supply Advice and Guidance Service to GPs to support their decision making on whether to make a referral. The Provider will be expected to develop, in conjunction with GPs, a range of decision-making aids in order to decrease the number of inappropriate referrals and to empower GPs, patients and other health professionals. These requests will be made on the E-Referral System with a response made within a standard to be agreed with the Provider.

In partnership with:



Attachment

13-May-2026 EVANS, Stephanie

Additional:Attachment

Administration from North of England Commissioning Support Group -> Alnwick Medical Group

Filename:

Extension:.tif

Pages:

North East & North Cumbria NHS ICB**PRIOR APPROVAL**

We write to you with reference to your request for prior approval for the patient detailed below. Approval has been granted for this case based on compliance with procedure criteria.

NHS Number: 635 241 0103

Procedure: Knee Replacement Surgery (Total)

Reference: PA 06867

Requesting Clinician: Rebecca Mather

Date: 13 May 2026

For Primary Care, a copy of this prior approval should be attached to the patient referral.

For Secondary Care, a copy of this prior approval should be retained within the patient's notes.

For providers who are required to invoice the ICB, the reference number must be included on any correspondence.

The prior approval is valid for 24 months from the date of issue.

Attachment

26-Mar-2026 BARNES, Holly

Additional:Attachment

Reference ID: 215DF19E

Submitted: 26/03/2026, 11:26

 Patient ID verified by NHS Login

eConsult Patient identifier

Date of birth
 22/02/1966 (Age 60)

Phone Number
 +447543170362

NHS Number
 6352410103


Email Address
 k.robertson118@btinternet.com

Gender
 Female

Address
 8 Dovecote Close, Alnwick, NE66 3DB

Hip problem

KATRINA ROBERTSON (Female, 60)

 A response is expected by 18:30 on Friday 27th March. A same day response is best.

Respond to this patient. Your consultation PIN is Y87ZTF (expires on Sunday, 12th of April)

 Possible serious symptom

 Possible important symptom

Ideas, concerns & expectations



Please tell us in a few words how we can help.

I had an appointment with Rebecca the MSN today , I have arranged a xray tomorrow, I also recieved a txt message saying an appointment with pharmacist on the 9th April to discuss painkillers, I need the painkillers now as I am in alot of pain can someone please phone me to discuss this ASAP

Have you tried anything for this?

Yes



Please tell us what you have tried.

Paracetamol
 ibuprofen

Is there any particular help you would like?

Yes



Please tell us what help you would like.

Painkillers

Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.

No

Clinical questions

This form isn't right for everyone. Call 999 or go to A&E if any of the following symptoms have started or got worse in the last 2 weeks and are unrelated to any previous issues e.g. gynaecological, prostate or urinary tract infection. If you are unsure, contact 111 immediately.

- Loss of feeling/pins and needles between your inner thighs or genitals
- Numbness in or around your back passage or buttocks
- Altered feeling when using toilet paper to wipe yourself
- Increasing difficulty when you try to urinate
- Increasing difficulty when you try to stop or control your flow of urine
- Loss of sensation when you pass urine
- Leaking urine or recent need to use pads
- Not knowing when your bladder is either full or empty
- Inability to stop a bowel movement or leaking
- Loss of sensation when you pass a bowel motion
- Loss of sensation in genitals during sexual intercourse

I'm NOT experiencing any of these



How long have you had your hip problem for?

A few years



Please describe your symptoms.

Pain when walking

Have you had a temperature of 38 degrees C (100.4 degrees F) or above during the last 24 hours?

No

Have you had bad chills, excessive sweating, or shivering you can't control?

No

Did you injure your hip(s)?

No

Are you able to put your full weight on your leg(s) and take 4 steps without help?

Yes

Do you have hip pain that wakes you up at night?

Yes

Which hip(s) is the problem?

Right

Is your right leg paler and colder than your left leg?

No

Is your hip(s) red or hot to touch?

No

Is your hip(s) painful?

Yes

How does your hip pain affect you?

The pain interrupts or causes me to avoid usual activities. It's hard to ignore.

Is your hip(s) swollen?

Yes

Have you had any unexplained weight loss in the last 3 months?

No

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional.

Please keep in mind that any photos you upload:

- will be added to your clinical record and used for your clinical care,
- may be seen by male or female practice staff,
- should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.

Skip this

Is there anything you would like to tell us that we have not asked?

No

Health history & QOF questions

Do you drink alcohol?

No

Do you smoke?

Yes - 1 to 9 cigarettes a day

Do you have any allergies?

No

Have you or anyone in your household had COVID in the last 1 month?

No

What's the best way to contact you?

Phone call


Photos

No photos have been provided.

Messages

No messages against this record

Activity & comments

-  **Victoria Poole** matched the patient in the **Clinical System** Thu 26 Mar 26, 11:26
Clinical System: **SystemOne**
Patient ID: **6352410103**

2



Holly Barnes updated the **Status** Thu 26 Mar 26, 11:27

Waiting > Complete

THIRD PARTY COPY

Attachment
05-Mar-2026 CALVERT, Sophie
Additional: Attachment

Filename: ROBERTSON_22_02_1966_6da99578.pdf
Extension: .tif
Pages:

Reference ID: 6DA99578

Submitted: 05/03/2026, 09:44

i Patient ID verified by NHS Login

eConsult Patient identifier

Date of birth
22/02/1966 (Age 60)

Phone Number
+447543170362

NHS Number
6352410103

Email Address
k.robertson118@btinternet.com

Gender
Female

Address
8 dovecote close, Ailwick, NE66 3DB

Hand problem

KATRINA ROBERTSON (Female, 60)

i A response is expected by 18:30 on Friday 6th March. A same day response is best.

Respond to this patient. Your consultation PIN is B5XMJ2 (expires on Monday, 23rd of March)

🚩 Possible serious symptom

🚩 Possible important symptom

Ideas, concerns & expectations

🗨 Please tell us in a few words how we can help.

I am experiencing alot of pain in my hips and thigh and having trouble walking
Also my right hand having alot of pain where it looks like my hand is cramped and can become very swollen and painful

Have you tried anything for this?

Yes

🗨 Please tell us what you have tried.

Painkillers not strong enough

Is there any particular help you would like?

No

Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.

No

Clinical questions



How long have you had your hand problem for?

About 3 weeks it comes and goes always painful though



Please describe your symptoms.

In pain
Struggling to walk
Can't use my right hand to grip

Have you had a temperature of 38 degrees C (100.4 degrees F) or above during the last 24 hours?

No

Have you had bad chills, excessive sweating, or shivering you can't control?

No

Did you injure your hand(s)?

No



Do you have hand pain that wakes you up at night?

Yes



Do you have any new pins and needles or tingling in your problem hand(s) or finger(s)?

Yes



Please tell us which part of your hand or which finger(s) are affected.

All of my hand but mainly fingers

Do you have pain in your neck?

No



Do you have any new weakness in your problem hand(s)?

Yes

Which hand(s) is the problem?

Right

Is your right hand paler and colder than your left hand?

No

Which is your preferred (dominant) hand?

Right

Is your hand(s) red or hot to touch?

No

Is your hand(s) painful?

Yes

How does your hand pain affect you?

The pain interrupts or causes me to avoid usual activities. It's hard to ignore.

Is your hand(s) swollen?

No

Have you had any unexplained weight loss in the last 3 months?

No

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional.

Please keep in mind that any photos you upload:

- will be added to your clinical record and used for your clinical care,
- may be seen by male or female practice staff,
- should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.

Skip this

Is there anything you would like to tell us that we have not asked?

No

Health history & QOF questions



What do you do for a living?

I'm unemployed

Do you drink alcohol?

No



Do you smoke?

Yes - 1 to 9 cigarettes a day

Do you have any allergies?

No

Have you or anyone in your household had COVID in the last 1 month?

No

What's the best way to contact you?

Phone call

Photos

No photos have been provided.

Messages

No messages against this record

Activity & comments







1



Holly Barnes matched the patient in the Clinical System Thu 05 Mar 26, 09:44

Clinical System: **SystemOne**

Patient ID: **6352410103**

- 2  **Holly Barnes** updated the **Status** Thu 05 Mar 26, 10:06
Waiting > **Triaged**
- 3  **Holly Barnes** updated the **Team** Thu 05 Mar 26, 10:06
Unassigned > **Physio**
- 4  **Holly Barnes** updated the **Urgency** Thu 05 Mar 26, 10:06
Unassigned > **2 weeks**
- 5  **Holly Barnes** updated the **Communication Mode** Thu 05 Mar 26, 10:06
Unassigned > **Face-to-face**
- 6  **Sophie Calvert** added a **Comment** Thu 05 Mar 26, 10:30
booking link sent
- 7  **Sophie Calvert** updated the **Status** Thu 05 Mar 26, 10:30
Triaged > **Complete**

THIRD PARTY COPY

Attachment
06-Feb-2026 CALVERT, Sophie
Additional: Attachment

Filename: Robertson_22_02_1966_aad2c3af.pdf
Extension: .tif
Pages:

Reference ID: AAD2C3AF

Submitted: 06/02/2026, 14:46

eConsult Patient identifierDate of birth
22/02/1966 (Age 59)Phone Number
07543170362NHS Number
Not providedEmail Address
Not providedGender
FemaleAddress
8, Dovecote Close, Alnwick, NE66 3DB**eConsult lite**

Katrina Robertson (Female, 59)

i A response is expected by 18:30 on Monday 9th February. A same day response is best.**Respond to this patient.** Your consultation PIN is BR8G58 (expires on Monday, 23rd of February)**Ideas, concerns & expectations****Describe the problem, what are the symptoms?**

Struggling with depression and anxiety, affecting day to day activities has no interest in anything, also extension of sick note would like apt next week please not doing well

**What help would you like? (optional)**


either f2f or tel no preference

**Preferred clinician (optional)**

Dr Barnes - if not available happy to see another clinician

Clinical questions**When did the problem start?**

getting worse since xmas really struggling now

 **What has been tried for this already? (optional)** **Additional information (optional)****Why were you unable to complete an eConsult?****STAFF ONLY: Flag this request as urgent to your triage team?** **STAFF ONLY: Please enter your name**




Photos





No photos have been provided.

Messages

No messages against this record

Activity & comments

-  **Jennifer Bennetts** matched the patient in the **Clinical System** Fri 06 Feb 26, 14:46
Clinical System: **SystemOne**
Patient ID: **6352410103**
-  **Jennifer Bennetts** updated the **Status** Fri 06 Feb 26, 15:25
Waiting > **Triaged**
-  **Jennifer Bennetts** updated the **Team** Fri 06 Feb 26, 15:25
Unassigned > **Mental Health Nurse**

- 4**  **Jennifer Bennetts** added a **Comment** Fri 06 Feb 26, 15:25
ill issue sick note. please give crisis number and PCMHW appt thanks
- 5**  **Jennifer Bennetts** updated the **Communication Mode** Fri 06 Feb 26, 15:25
Unassigned > **Face-to-face**
- 6**  **Jennifer Bennetts** updated the **Urgency** Fri 06 Feb 26, 15:25
Unassigned > **2 weeks**
- 7**  **Sophie Calvert** updated the **Status** Fri 06 Feb 26, 15:30
Triaged > **Complete**

THIRD PARTY COPY

Attachment
06-Feb-2026 BENNETTS, Jennifer
Additional: Attachment

Filename: MED3Statement.png
Extension: .tif
Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay					
Patient's name	Miss Robertson				
I assessed your case on:	06/02/2026				
and, because of the following condition(s):	bereavement; depression				
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:				
If available, and with your employer's agreement, you may benefit from: <table border="0"> <tr> <td><input type="checkbox"/> a phased return to work...</td> <td><input type="checkbox"/> amended duties.</td> </tr> <tr> <td><input type="checkbox"/> altered hours.</td> <td><input type="checkbox"/> workplace adaptations.</td> </tr> </table>		<input type="checkbox"/> a phased return to work...	<input type="checkbox"/> amended duties.	<input type="checkbox"/> altered hours.	<input type="checkbox"/> workplace adaptations.
<input type="checkbox"/> a phased return to work...	<input type="checkbox"/> amended duties.				
<input type="checkbox"/> altered hours.	<input type="checkbox"/> workplace adaptations.				
Comments, including functional effects of your condition(s):					
This will be the case for 21 days or from 06/02/2026 to 26/02/2026 I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)					
Issuer's name	BENNETTS, Jennifer (Dr)				
Issuer's profession	Doctor				
Date of statement	06/02/2026				
Issuer's address	Alnwick Medical Group Infirmary Close Alnwick NE66 2NL Tel:01665 656000				
Unique ID: Med 3 04/22	F00794A0-037D-11F1-81C7-DDDB95827E5C				

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are **'not fit for work'**. You do not need to get another of these forms.

For more information please visit www.gov.uk and type **'fit note guidance for patients and employees'** into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Miss Robertson
Other names	Katrina
Address	8 Dovecote Close Embleton Alnwick Postcode NE66 3DB
Date of birth	22/02/1966 Mobile 07543 170362
NI number	

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

Attachment
22-Dec-2025 MAYHEW, Siena
Additional: Attachment

Filename: ROBERTSON_22_02_1966_c06101df.pdf
Extension: .tif
Pages:

Reference ID: C06101DF

Submitted: 22/12/2025, 09:00

eConsult Patient identifierDate of birth
22/02/1966 (Age 59)Phone Number
07543170362NHS Number
6352410103Email Address
k.robertson118@btinternet.comGender
FemaleAddress
8 Dovecote Close, Embleton, Alnwick,
Northumberland, NE66 3DB**Ear problem**

KATRINA ROBERTSON (Female, 59)

i A response is expected by 18:30 on Tuesday 23rd December. A same day response is best.**Respond to this patient.** Your consultation PIN is 8CHWVC (expires on Wednesday, 7th of January)**Possible important symptom****Ideas, concerns & expectations****Please tell us in a few words how we can help.**

the inside of my ear is all inflamed due to exzema also the back of my head is all inflamed and sore

Have you tried anything for this?

No

Is there any particular help you would like?

Yes

Please tell us what help you would like.prescribed
betnovate scalp lotion
otomise ear spray

Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.

No

Clinical questions



Please describe your symptoms.

inflamed
itchy
sore

Which ear(s) is affected?

Both



How long have you had this ear problem for?

Longer than 6 weeks



Is your ear(s) painful?

Yes

Do you have any hearing loss?

No

Do you have any ringing in your ear(s)?

No

Do you have any discharge from your ear(s)?

No

Do you have any bleeding from your ear(s)?

No



Is your ear(s) itchy?

Yes

Do you have any dizziness?

No

Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?

No

Have you had any uncontrollable shivering?

No

Do you have a headache?

No

Do you have a stiff neck?

No

Does it hurt to look at bright lights?

No

Have you developed a new rash over the last 48 hours?

No

Is your ear(s) red or hot to touch?

Yes

Is the redness getting worse?

No

Is your ear(s) swollen?

Yes

Is the swelling getting worse?

No

Do you have pain behind your ear(s)?

No

Do you have any swelling in front of your ear on the side of your face?

No

Do you have a blocked or runny nose?

No

Have you previously been diagnosed with an ear infection?

No

Do you have eczema, psoriasis or other skin problems?

Yes

Have you been swimming in the last 2 weeks?

No

Do you have toothache or tooth problems currently?

No

Do you have pain in your jaw?

No

Do you wear hearing aids?

No

Have you had any surgery to your ear(s) in the past 2 weeks?

No

Is there anything you would like to tell us that we have not asked?

No

Health history & QOF questions

Do you drink alcohol?

No

Do you smoke?

Yes - 1 to 9 cigarettes a day

Do you have any allergies?

No

Have you or anyone in your household had COVID in the last 1 month?

No

What's the best way to contact you?








Photos

No photos have been provided.

Messages

No messages against this record

Activity & comments

- 1  **Joanne Barker** matched the patient in the **Clinical System** Mon 22 Dec 25, 09:03
Clinical System: **SystmOne**
Patient ID: **6352410103**
- 2  **Joanne Barker** added tag: **Molly Johnson**
Mon 22 Dec 25, 10:04
- 3  **Joanne Barker** updated the **Status** Mon 22 Dec 25, 10:05
Waiting > **Triaged**
- 4  **Joanne Barker** updated the **Team** Mon 22 Dec 25, 10:05
Unassigned > **Physician's Associate**
- 5  **Joanne Barker** updated the **Communication Mode** Mon 22 Dec 25, 10:05
Unassigned > **Face-to-face**
- 6  **Joanne Barker** updated the **Urgency** Mon 22 Dec 25, 10:05
Unassigned > **24 hours**
- 7  **Siena Mayhew** added a **Comment** Mon 22 Dec 25, 10:15
appt booked

8



Siena Mayhew updated the **Status** Mon 22 Dec 25, 10:15

Triaged > Complete

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Attachment

08-Dec-2025 RUTHERFORD, Kerry

Additional: Attachment

Pharmacy from Oviva Tier 3 Weight Management Programme -> Alnwick Medical Group

Filename:

Extension: .tif

Pages:

Dear referring clinician,

GP Address:

Letter type: Clinical letter

ACTION REQUIRED: Make a note of external Wegovy prescribing on GP health record

Full name: Katrina Robertson

DOB: 22-Feb-1966

NHS Number: 635 241 0103

We are contacting you regarding a referral for one of your patients to Oviva Tier 3 Weight Management Programme, provided by Oviva.

I am writing to inform you that they have met eligibility criteria for treatment with Wegovy as per the NICE Technology Appraisal Guidance [TA875]. The first prescription has been issued, and we will continue to provide the medication for up to a maximum of 2 years from the first dietitian consultation, in line with guidance.

As you will be aware, a weight loss of 5% must be achieved after 6 months on the treatment in order to meet the criteria for continuing treatment beyond this point. We will update you if treatment is discontinued.

They have commenced the treatment on the lowest dose of 0.25mg and we anticipate 4 weekly increases up to 2.4mg weekly if tolerated. Educational information has been provided in regards to injection technique, storing the medication, dosing schedule and side effects. We will keep you up to date with any changes in their pathway.

Diabetes - Metformin only

It has been noted that this patient has type 2 diabetes currently managed with metformin. Since these medications are not known to interact negatively with Wegovy, we initiated treatment today.

However, as you will be aware, Wegovy has the potential to affect glycaemic control as well as promoting weight loss. Therefore, I recommend reviewing diabetes medications and monitoring glucose levels at regular points during the Wegovy treatment period to assess if adjustments are necessary. Regular Hba1c checks are also recommended.

As you know, adjusting diabetes medications falls outside the scope of our services and so we are very grateful for your help with this matter

If you have any concerns about the patient being on this medication, please do let us know.

Kind regards,

MOHSIN, Zaineb (Dr)

Oviva Tier 3 Weight Management Programme

By direction of Dr. Waseem Abdul Majeed Consultant Endocrinologist, Honorary Senior Lecturer and Lead Consultant for the T3 weight management service (oversees all aspects of patient care and clinical management alongside our consultant team: Dr. Anum Sheikh, Dr. Julian Emmanuel, Dr. Hewapala Ranathunga, Dr. Ajmal Yunus).

OVIVA UK LIMITED

Runway East, 20 St. Thomas Street, London, England, SE1 9RS

Company number **09667784**

If you need to get in touch, please use our contact form: [Support](#) or email us at: supportcenter@oviva.com

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Attachment
02-Dec-2025 BARNES, Holly
Additional:Attachment

Filename: MED3Statement.png
Extension:.tif
Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay					
Patient's name	Miss Robertson				
I assessed your case on:	02/12/2025				
and, because of the following condition(s):	bereavement; depression				
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:				
If available, and with your employer's agreement, you may benefit from: <table border="0"> <tr> <td><input type="checkbox"/> a phased return to work...</td> <td><input type="checkbox"/> amended duties.</td> </tr> <tr> <td><input type="checkbox"/> altered hours.</td> <td><input type="checkbox"/> workplace adaptations.</td> </tr> </table>		<input type="checkbox"/> a phased return to work...	<input type="checkbox"/> amended duties.	<input type="checkbox"/> altered hours.	<input type="checkbox"/> workplace adaptations.
<input type="checkbox"/> a phased return to work...	<input type="checkbox"/> amended duties.				
<input type="checkbox"/> altered hours.	<input type="checkbox"/> workplace adaptations.				
Comments, including functional effects of your condition(s):					
This will be the case for 78 days or from 02/12/2025 to 17/02/2026 I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)					
Issuer's name	BARNES, Holly (Dr)				
Issuer's profession	Doctor				
Date of statement	02/12/2025				
Issuer's address	Alnwick Medical Group Infirmary Close Alnwick NE66 2NL Tel:01665 656000				
Unique ID: Med 3 04/22	350F4CF0-CF94-11F0-A6E2-FF5CBC407532				

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are **'not fit for work'**. You do not need to get another of these forms.

For more information please visit www.gov.uk and type **'fit note guidance for patients and employees'** into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Miss Robertson		
Other names	Katrina		
Address	8 Dovecote Close		
	Embleton		
Date of birth	22/02/1966	Mobile	07543 170362
	NI number		

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

Attachment
10-Nov-2025 JOHNSON, Duncan
Additional:Attachment

Filename: Robertson_22_02_1966_044fcbbe.pdf
Extension:.tif
Pages:

Reference ID: 044FCBBE

Submitted: 10/11/2025, 12:45

eConsult Patient identifierDate of birth
22/02/1966 (Age 59)Phone Number
07543170362NHS Number
Not providedEmail Address
k.robertson118@btinternet.comGender
FemaleAddress
8 Dovecote Close, Embleton, Alnwick, NE66 3DB**Foot problem**

Katrina Robertson (Female, 59)

i A response is expected by 18:30 on Tuesday 11th November. A same day response is best.**Respond to this patient.** Your consultation PIN is 2GVSM (expires on Wednesday, 26th of November)**🗨️ Possible important symptom****Ideas, concerns & expectations****🗨️ Please tell us in a few words how we can help.**

I broke my wee toe on Thursday, my wee toe feels floppy and my toes are all bruised and swollen , can you look at xray

Have you tried anything for this?

No

Is there any particular help you would like?

Yes

🗨️ Please tell us what help you would like.

Someone to look at xray to see what I have done

Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.

No

Clinical questions

This form isn't right for everyone. Call 999 or go to A&E if any of the following symptoms have started or got worse in the last 2 weeks and are unrelated to any previous issues e.g. gynaecological, prostate or urinary tract infection. If you are unsure, contact 111 immediately.

- Loss of feeling/pins and needles between your inner thighs or genitals
- Numbness in or around your back passage or buttocks
- Altered feeling when using toilet paper to wipe yourself
- Increasing difficulty when you try to urinate
- Increasing difficulty when you try to stop or control your flow of urine
- Loss of sensation when you pass urine
- Leaking urine or recent need to use pads
- Not knowing when your bladder is either full or empty
- Inability to stop a bowel movement or leaking
- Loss of sensation when you pass a bowel motion
- Loss of sensation in genitals during sexual intercourse

I'm NOT experiencing any of these



How long have you had your foot problem for?

5 days



Please describe your symptoms.

Pain
Feel as if my wee toe doesn't belong to me

Have you had a temperature of 38 degrees C (100.4 degrees F) or above during the last 24 hours?

No

Have you had bad chills, excessive sweating, or shivering you can't control?

No



Did you injure your foot (feet)?

Yes



Please tell us when and how the injury happened.

5 days ago I stubbed my toe .

Is there a cut or wound on your foot (feet)?

No

Is your foot (feet) an unusual shape or angle (deformed)?

No

Are you able to put your full weight on your leg(s) and take 4 steps without help?

Yes

Which foot (feet) is the problem?

Left

Do you have any swelling or pain to your calf (back of the leg)?

No

Is your left foot paler and colder than your right foot?

No

Is your foot (feet) red or hot to touch?

No

Is your foot (feet) painful?

Yes

How does your foot pain affect you?

The pain is awful and prevents me from doing daily activities. It's hard to do anything.

Is your foot (feet) swollen?

No

Have you had any unexplained weight loss in the last 3 months?

No

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional.

Please keep in mind that any photos you upload:

- will be added to your clinical record and used for your clinical care,
- may be seen by male or female practice staff,
- should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.

I understand, I want to upload photos

Is there anything else you would like to tell us that we have not asked?

No

Health history & QOF questions

Do you drink alcohol?

No

Do you smoke?

Yes - 1 to 9 cigarettes a day

Do you have any allergies?

No

Have you or anyone in your household had COVID in the last 1 month?

No

What's the best way to contact you?

Phone call

THIRD PARTY COPY

3 **D** **Duncan Johnson** updated the **Status** Mon 10 Nov 25, 13:48
Complete > **Waiting**

4 **D** **Duncan Johnson** was unable to save 044fcbbe-2ec9-44b9-880b-52b39e074908 Mon 10 Nov 25, 13:48

5 **D** **Duncan Johnson** updated the **Status** Mon 10 Nov 25, 13:48
Waiting > **Complete**

THIRD PARTY COPY

Attachment

07-Nov-2025 O'NEILL, Zoe

Additional: Attachment

Transfer of Care from Alnwick Infirmary MIU -> Dr A Alnwick Medical Group, Alnwick Medical Group

Filename:

Extension: .tif

Pages:



Northumbria Healthcare
NHS Foundation Trust

Northumbria Urgent Treatment Centre

Alnwick Infirmary MIU
Alnwick Infirmary
Infirmary Drive
South Road
Alnwick
Northumberland
NE66 2NS

01665 626701

07 Nov 2025

Alnwick Medical Group
Infirmary Close
Alnwick
NE66 2NL
01665 656000

Your patient attended Alnwick Infirmary MIU, see details below.

Emergency Department Attendance Notification
Patient Demographics

Patient:	Miss Katrina Robertson
Gender:	Female
Address:	8 Dovecote Close, Embleton, Alnwick, Northumberland, NE66 3DB
Date of Birth:	22 Feb 1966
NHS Number:	635 241 0103
Other Identifier:	T0769647

Attendance Details

Date of Attendance	06 Nov 2025 16:10: Injury of hip / leg / knee / ankle / foot
Date of Departure	06 Nov 2025 17:10: Injury of hip / leg / knee / ankle / foot
Discharge Details	None recorded
Specific GP Actions	None Recorded
Presenting Complaint	None Recorded
Clinical Narrative	History: 16:25: Stubbed left little toe on bed frame this morning. Pain in left foot and left little toe.

NHS Number: 635 241 0103
Date of Birth: 22 Feb 1966



Northumbria Healthcare
NHS Foundation Trust

	<p>Examination: 16:25: Mobilised independently into unit- normal gait Closed injury Bruising over little toe No tenderness to navicular/ cuboid/ cuneiforms/ Metatarsals 1-4/ MTPJ's 1-4/ all phalanges and IP joints to all toes with the exception of the little toe Tender over Distal aspect of 5th Metatarsal, 5th MTPJ and little toe. Foot is warm and well perfused Good pedal pulse palpated No NV deficit.</p>
Diagnosis	16:25, # proximal phalanx of little toe
Latest Observations	<p>Temperature: Not recorded BP: Not recorded Pulse: Not recorded Weight: Not recorded Height: Not recorded BMI: Not recorded BM: Not recorded</p>
Procedure/Treatment	16:25: Buddy strapped to next toe
Procedure/Treatment Other	
Investigations	16:25: Xray left foot
Medication Changes	See 'Treatment' section.
Allergies and adverse Reactions	25 Aug 1999 No known allergies
Discharging Safeguarding	16:25: No safeguarding issues identified
Safeguarding Actions	None Recorded
Information given to patient/carer	16:25: Advised re: rest, ice, elevation, analgesia, gentle mobilisation.
Follow up	Injury of hip / leg / knee / ankle / foot: No referral
Plan and Requested Actions	None Recorded

Discharging Clinician:

Marie Thornton: Injury of hip / leg / knee / ankle / foot

Senior Reviewing Consultant:

Date and Time Completed: 07 Nov 2025 08:13

NHS Number: 635 241 0103
Date of Birth: 22 Feb 1966

Please contact the Urgent Treatment team on 01665 626701 if any issues.

THIRD PARTY COPY

NHS Number: 635 241 0103
Date of Birth: 22 Feb 1966

Attachment

06-Nov-2025 MODRAL-WALKER, Gayle

Additional:Attachment

A&E from Northumbria Urgent Treatment Centre, Alnwick Minor Injuries Unit, Alnwick Infirmary -> Alnwick Medical Group

File name:

Extension:.tif

Pages:



Northumbria Healthcare
NHS Foundation Trust

Northumbria Urgent Treatment Centre

Alnwick Infirmary MIU
Alnwick Infirmary
Infirmary Drive
South Road
Alnwick
Northumberland
NE66 2NS

01665 626701

07 Nov 2025

Alnwick Medical Group
Infirmary Close
Alnwick
NE66 2NL
01665 656000

Your patient attended Alnwick Infirmary MIU, see details below.

Emergency Department Attendance Notification
Patient Demographics

Patient:	Miss Katrina Robertson
Gender:	Female
Address:	8 Dovecote Close, Embleton, Alnwick, Northumberland, NE66 3DB
Date of Birth:	22 Feb 1966
NHS Number:	635 241 0103
Other Identifier:	T0769647

Attendance Details

Date of Attendance	06 Nov 2025 16:10: Injury of hip / leg / knee / ankle / foot
Date of Departure	06 Nov 2025 17:10: Injury of hip / leg / knee / ankle / foot
Discharge Details	None recorded
Specific GP Actions	None Recorded
Presenting Complaint	None Recorded
Clinical Narrative	<p>History: 16:25: Stubbed left little toe on bed frame this morning. Pain in left foot and left little toe.</p> <p>Examination:</p>

NHS Number: 635 241 0103
Date of Birth: 22 Feb 1966



Northumbria Healthcare
NHS Foundation Trust

	16:25: Mobilised independently into unit- normal gait Closed injury Bruising over little toe No tenderness to navicular/ cuboid/ cunneiforms/ Metatarsals 1-4/ MTPJ's 1-4/ all phalanges and IP joints to all toes with the exception of the little toe Tender over Distal aspect of 5th Metatarsal, 5th MTPJ and little toe. Foot is warm and well perfused Good pedal pulse palpated No NV deficit.
Diagnosis	16:25, # proximal phalanx of little toe
Latest Observations	Temperature: Not recorded BP: Not recorded Pulse: Not recorded Weight: Not recorded Height: Not recorded BMI: Not recorded BM: Not recorded
Procedure/Treatment	16:25: Buddy strapped to next toe
Procedure/Treatment Other	
Investigations	16:25: Xray left foot
Medication Changes	See 'Treatment' section.
Allergies and adverse Reactions	25 Aug 1999 No known allergies
Discharging Safeguarding	16:25: No safeguarding issues identified
Safeguarding Actions	None Recorded
Information given to patient/carer	16:25: Advised re: rest, ice, elevation, analgesia, gentle mobilisation.
Follow up	Injury of hip / leg / knee / ankle / foot: No referral
Plan and Requested Actions	None Recorded

Discharging Clinician:

Marie Thornton: Injury of hip / leg / knee / ankle / foot

Senior Reviewing Consultant:

Date and Time Completed: 07 Nov 2025 08:13

Please contact the Urgent Treatment team on 01665 626701 if any issues.

NHS Number: 635 241 0103
Date of Birth: 22 Feb 1966

Attachment
24-Oct-2025 ROWNTREE, Lisa
Additional: Attachment

File name: ROBERTSON_22_02_1966_5273732e.pdf
Extension: .tif
Pages:

Reference ID: 5273732E

Submitted: 24/10/2025, 15:14

i Patient ID verified by NHS Login

eConsult Patient Identifier

Date of birth
22/02/1966 (Age 59)

Phone Number
+447543170362

NHS Number
6352410103

Email Address
k.robertson118@btinternet.com

Gender
Female

Address
8 Dovecote Close, Embleton, Alnwick, NE66 3DB

Leg problem

KATRINA ROBERTSON (Female, 59)

i A response is expected by 18:30 on Monday 27th October. A same day response is best.

Respond to this patient. Your consultation PIN is DRQRW8 (expires on Tuesday, 11th of November)

+ Possible urgent symptom

🚩 Possible serious symptom

🚩 Possible important symptom

Ideas, concerns & expectations

🗨 Please tell us in a few words how we can help.

Somehow I have hurt my knee and down the side of it, I can hardly walk and it feels swollen I am even getting pains in my ankle

Have you tried anything for this?

No

Is there any particular help you would like?

Yes

🗨 Please tell us what help you would like.

Painkillers and advice

Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.

No

Clinical questions

This form isn't right for everyone. Call 999 or go to A&E if any of the following symptoms have started or got worse in the last 2 weeks and are unrelated to any previous issues e.g. gynaecological, prostate or urinary tract infection. If you are unsure, contact 111 immediately.

- Loss of feeling/pins and needles between your inner thighs or genitals
- Numbness in or around your back passage or buttocks
- Altered feeling when using toilet paper to wipe yourself
- Increasing difficulty when you try to urinate
- Increasing difficulty when you try to stop or control your flow of urine
- Loss of sensation when you pass urine
- Leaking urine or recent need to use pads
- Not knowing when your bladder is either full or empty
- Inability to stop a bowel movement or leaking
- Loss of sensation when you pass a bowel motion
- Loss of sensation in genitals during sexual intercourse

I'm NOT experiencing any of these



Please describe your symptoms.

Pain in left knee and all around it
Swollen feeling
Pain radiating from back of knee to my ankle

Have you had a temperature of 38 degrees C (100.4 degrees F) or above during the last 24 hours?

No

Have you had bad chills, excessive sweating, or shivering you can't control?

No

Did you injure your leg(s)?

No

Does the problem affect one leg or both legs?

One leg

How long have you had your leg problem for?

Less than a week

Are you normally able to stand and walk (with or without a stick or frame)?

Yes

+ Are you still able to put your full weight on your leg and take 4 steps?

No

Is your leg painful?

Yes

+ How does your leg pain affect you?

The pain is awful and prevents me from doing my daily activities. It's hard to do anything.

+ Do you have calf pain (back of the lower leg)?

Yes

Is your leg swollen?

Yes

Do you have calf swelling (back of the lower leg)?

No

■ Which part of your leg is swollen? Please select all that apply.

Lower leg (below the knee)

Ankle

Is the leg paler and colder than your other leg?

No

Is your leg red or hot to touch?

No

Have you had any unexplained weight loss in the last 3 months?

No

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional.

Please keep in mind that any photos you upload:

- will be added to your clinical record and used for your clinical care,
- may be seen by male or female practice staff,
- should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.

Skip this

Is there anything else you would like to tell us that we have not asked?

No

Based on your answers, you may need urgent advice.

If you're concerned about any symptoms getting worse, please contact your practice during opening hours.

Or, if you have not heard back from your practice by 6.30pm, urgently call 111.

Continue my consultation

Health history & QOF questions

Do you drink alcohol?

No

Do you smoke?

Yes - 1 to 9 cigarettes a day

Do you have any allergies?

No

Have you or anyone in your household had COVID in the last 1 month?

No

What's the best way to contact you?

Phone call








Photos

No photos have been provided.

Messages

No messages against this record

Activity & comments

- 1  **Hannah Lee** matched the patient in the **Clinical System** Fri 24 Oct 25, 15:14
Clinical System: **SystemOne**
Patient ID: **6352410103**
- 2  **Hannah Lee** updated the **Status** Fri 24 Oct 25, 15:29
Waiting > **Triaged**
- 3  **Hannah Lee** updated the **Team** Fri 24 Oct 25, 15:29
Unassigned > **GP**
- 4  **Hannah Lee** updated the **Communication Mode** Fri 24 Oct 25, 15:29
Unassigned > **Face-to-face**
- 5  **Hannah Lee** updated the **Urgency** Fri 24 Oct 25, 15:29
Unassigned > **24 hours**
- 6  **lisa rowntree** added a **Comment** Fri 24 Oct 25, 15:34
App made and confirmed.
- 7  **lisa rowntree** updated the **Status** Fri 24 Oct 25, 15:34
Triaged > **Complete**

Attachment
18-Sept-2025 BRENNAN, Victoria
Additional: Attachment

Filename: MED3Statement.png
Extension: .tif
Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay					
Patient's name	Miss Robertson				
I assessed your case on:	18/09/2025				
and, because of the following condition(s):	Depression, stress				
I advise you that:	<input checked="" type="checkbox"/> you are not fit for work. <input type="checkbox"/> you may be fit for work taking account of the following advice:				
If available, and with your employer's agreement, you may benefit from: <table border="0"> <tr> <td><input type="checkbox"/> a phased return to work...</td> <td><input type="checkbox"/> amended duties.</td> </tr> <tr> <td><input type="checkbox"/> altered hours.</td> <td><input type="checkbox"/> workplace adaptations.</td> </tr> </table>		<input type="checkbox"/> a phased return to work...	<input type="checkbox"/> amended duties.	<input type="checkbox"/> altered hours.	<input type="checkbox"/> workplace adaptations.
<input type="checkbox"/> a phased return to work...	<input type="checkbox"/> amended duties.				
<input type="checkbox"/> altered hours.	<input type="checkbox"/> workplace adaptations.				
Comments, including functional effects of your condition(s):					
This will be the case for 91 days or from 18/09/2025 to 17/12/2025 I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)					
Issuer's name	BRENNAN, Victoria (Dr)				
Issuer's profession	Doctor				
Date of statement	18/09/2025				
Issuer's address	Alnwick Medical Group Infirmary Close Alnwick NE66 2NL Tel:01665 656000				
Unique ID: Med 3 04/22	3DA77490-94A3-11F0-BC81-8D6E7FBCBA31				

What your advice means	
'You are not fit for work'	Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work'	You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work' . You do not need to get another of these forms.
For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search field. Fit note guidance for employers is also available.	
Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data	
Fill in the Your details section. You can ask someone to do this for you if you cannot fill in your details yourself.	
Your details – Please use BLOCK CAPITALS	
Surname	Miss Robertson
Other names	Katrina
Address	8 Dovecote Close Embleton Alnwick Postcode NE66 3DB
Date of birth	22/02/1966 Mobile 07543 170362
NI number	
What you need to do now	
<ul style="list-style-type: none"> If you are employed: Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form SSP1 to claim benefits. If you are self-employed: You could claim benefits. If you are already claiming benefits: Please send this form to the office dealing with your claim. If you need to make a claim to benefits: Visit www.gov.uk/browse/benefits or phone 0800 328 5644 (8am to 6pm Monday to Friday). Textphone users call 0800 328 1344. 	

Attachment
11-Aug-2025 CARRACEDO, Sophie
Additional: Attachment

Results from North of Tyne and Gateshead DESP, Alnwick Medical Group -> Alnwick Medical Group

Filename:
Extension: .tif
Pages:



North of Tyne and Gateshead DESP

Friday, 15/08/2025

Patient Details: Miss Katrina Robertson

8 Dovecote Close
Embleton
ALNWICK
Northumberland
NE66 3DB

7 Park Road
Gosforth Business Park
Newcastle Upon Tyne
NE12 8DG

NHS No.: 635 241 0103

DoB: 22/02/1966

Screening clinic: Mobile Eye Screening
Van - Alnwick OCT [Mobile Eye Screening
Van - Alnwick OCT]

Dear Practice [ALNWICK MEDICAL GROUP [A84006]]

Re: DIABETIC EYE SCREENING TEST RESULT FOR INFORMATION

This report is related to a Digital photography appointment on: 11/08/2025. Your patient has been informed, along with any recommended follow-up as detailed below.

DRS OUTCOME	Right Eye	Left Eye
ATTENDANCE STATUS	Attended on time or, if late, before the relevant health care professional was ready to see the patient, but was seen	
VISUAL ACUITY	6/9 - right eye	6/9 - left eye
DIABETIC RETINOPATHY	O/E - right eye background diabetic retinopathy [R1]	O/E - left eye background diabetic retinopathy [R1]
DIABETIC MACULOPATHY	O/E - right eye no maculopathy [M0]	O/E - left eye no maculopathy [M0]
NON-DR FINDINGS		
OUTCOME	Graded abnormal - moved to Annual Digital Photography	
GRADING REFERRAL NOTES		
FOLLOW-UP REQUIREMENTS	FOR INFORMATION ONLY: Patient has Background Retinopathy. Studies have shown that good and stable Glycaemic and Blood Pressure Control helps prevent progress of Retinopathy.	
NEXT SCREENING REQUIRED BY	August 2026	

If a referral for Diabetic Retinopathy was required, this referral has been made on your behalf. If a referral for urgent non-DR was required, again this has been made on behalf of the practice. For patients with R1, R2 or R3 grades, the diabetic and blood pressure management should be reviewed as good control reduces the rate of DR progression. If appropriate, please refer to your specialist diabetes team. When entering the DES results in to the Practice clinical system, the date of the appointment SHOULD be entered against the results, NOT the date of data entry.

If you require any further information, please contact us on 0191 823 6611 or failsafe.ntgdesp@nhs.net.

Yours sincerely,

Deborah Batey-McKenna, Programme Manager

1 of 1

DESP101

Attachment
23-July-2025 ANDERSON, Kim
Additional:Attachment

File name: ROBERTSON_22_02_1966_790a3ce4.pdf
Extension: .tif
Pages:

Reference ID: 790A3CE4

Submitted: 23/07/2025, 12:32

i Patient ID verified by NHS Login

eConsult Patient Identifier

Date of birth
22/02/1966 (Age 59)

Phone Number
+447543170362

NHS Number
6352410103

Email Address
k.robertson118@btinternet.com

Gender
Female

Address
8 Dovecote Close, Embleton, Alnwick, NE66 3DB

Abdominal (tummy) pain

KATRINA ROBERTSON (Female, 59)

i A response is expected by 18:30 on Thursday 24th July. A same day response is best.

Respond to this patient. Your consultation PIN is KTJKB6 (expires on Wednesday, 6th of August)

🚩 Possible serious symptom

🚩 Possible important symptom

Ideas, concerns & expectations

🗨 Please tell us in a few words how we can help.

I have been experiencing lower tummy pain since Saturday past , I'm still having pain , I think it's my bowel just looking for advice
I have a lot of pain on my lower left side , I can't walk far without experiencing pain and I'm sweating alot too

Have you tried anything for this?

Yes

🗨 Please tell us what you have tried.

Fibre in my diet but I'm not really hungry , drinking fluids
Was going to try dulco ease tonight

Is there any particular help you would like?

Yes



Please tell us what help you would like.

With the pain
I am taking paracetamol

Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.

No

Clinical questions



Please describe your symptoms.

All over my tummy but mainly on left side

Has a doctor told you you have an abdominal aortic aneurysm (AAA)?

No



How bad is your abdominal (tummy) pain?

The pain interrupts or causes me to avoid my usual activities. It's hard to ignore.

How long have you had your abdominal (tummy) pain for?

3 days or more



How long have you had the abdominal (tummy) pain for?

Since Saturday and it's now wednesday

Does your abdominal (tummy) pain move into your chest?

No

Does your abdominal (tummy) pain move into your back?

No

Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?

I haven't measured my temperature

Have you had bad chills, excessive sweating, or shivering you can't control?

No

Have you passed urine (peed) in the last 12 hours?

Yes

Have you been able to drink fluids in the last 12 hours?

Yes, I can drink as normal

Have you been vomiting (being sick)?

No

Have you noticed a change in your bowel habit over the past 3 weeks?

Yes

Please tell us about your change in bowel habit.

Since Saturday I'm either constipated or loose

Have you passed any stool (poo) that is black or sticky (like tar)?

No

Have you noticed blood in your stool (poo)?

No

Does your skin and the whites of your eyes look yellow (jaundiced)?

No

Is there a lump or swelling in your groin?

No

Do you have any concerns with your urine (pee)?

No

Do you have any unexplained, irregular vaginal bleeding?

No

Have you had any unexplained weight loss in the last 3 months?

No

Have you had any bloating or swelling of your abdomen (tummy) that has lasted longer than a month?

No

On the next screen you'll be able to upload photos related to your request. Uploading photos is optional.

Please keep in mind that any photos you upload:

- will be added to your clinical record and used for your clinical care,
- may be seen by male or female practice staff,
- should not be an intimate area (such as genitalia, anus, bottom or breasts), even if these are the problem area.

Skip this

Is there anything else you would like to tell us that we have not asked?

No

Health history & QOF questions

Do you drink alcohol?

No

Do you smoke?

Yes - 1 to 9 cigarettes a day

Do you have any allergies?

No

Have you or anyone in your household had COVID in the last 1 month?

No

What's the best way to contact you?

Phone call

Photos

No photos have been provided.

Messages

No messages against this record

Activity & comments

- 1  **Helen Moor** matched the patient in the **Clinical System** Wed 23 Jul 25, 12:33
Clinical System: **SystemOne**
Patient ID: **6352410103**
- 2  **Helen Moor** updated the **Status** Wed 23 Jul 25, 12:39
Waiting > **Triaged**
- 3  **Helen Moor** updated the **Urgency** Wed 23 Jul 25, 12:39
Unassigned > **24 hours**
- 4  **Helen Moor** updated the **Team** Wed 23 Jul 25, 12:39
Unassigned > **GP**
- 5  **Helen Moor** updated the **Communication Mode** Wed 23 Jul 25, 12:39
Unassigned > **Face-to-face**
- 6  **Kim Anderson** updated the **Status** Wed 23 Jul 25, 12:46
Triaged > **Complete**
- 7  **Kim Anderson** added a **Comment** Wed 23 Jul 25, 12:46
pt contacted f2f app made

Attachment
21-July-2025 JAMIESON, Nichola
Additional: Attachment

Filename: Robertson_22_02_1966_3a9bc0c5.pdf
Extension: .tif
Pages:

Reference ID: 3A9BC0C5

Submitted: 21/07/2025, 08:48

eConsult Patient identifierDate of birth
22/02/1966 (Age 59)Phone Number
07543170362NHS Number
Not providedEmail Address
nencicb-nor.amgembletonsurgery@nhs.netGender
FemaleAddress
8 Dovecote Close, Embleton, Alnwick, NE66 3DB**eConsult lite**

Katrina Robertson (Female, 59)

i A response is expected by 18:30 on Tuesday 22nd July. A same day response is best.**Respond to this patient.** Your consultation PIN is Y6HQGT (expires on Friday, 8th of August)**🚩 Possible serious symptom****Ideas, concerns & expectations****🗨 Describe the problem, what are the symptoms?**

Lower stomach pain, can't sleep and not hungry.

🗨 What help would you like? (optional)

Not answered

🗨 Preferred clinician (optional)

Not answered

Clinical questions**🗨 When did the problem start?**

Saturday

 **What has been tried for this already? (optional)** **Additional information (optional)****Why were you unable to complete an eConsult?** **STAFF ONLY: Flag this request as urgent to your triage team?** **STAFF ONLY: Please enter your name**




Photos


No photos have been provided.


Messages


No messages against this record


Activity & comments

-  **Joanne Barker** matched the patient in the **Clinical System** Mon 21 Jul 25, 08:48
Clinical System: **SystemOne**
Patient ID: **6352410103**
-  **Rachel Taylor** updated the **Status** Mon 21 Jul 25, 08:50
Waiting > **Triaged**
-  **Rachel Taylor** updated the **Urgency** Mon 21 Jul 25, 08:50
Unassigned > **24 hours**

- 4  **Rachel Taylor** updated the **Communication Mode** Mon 21 Jul 25, 08:50
Unassigned > **Face-to-face**

- 5  **Rachel Taylor** updated the **Team** Mon 21 Jul 25, 08:50
Unassigned > **HCP - ANP**

- 6  **Nichola Jamieson** updated the **Status** Mon 21 Jul 25, 08:58
Triaged > **Complete**

- 7  **Nichola Jamieson** added a **Comment** Mon 21 Jul 25, 08:58
appt made

THIRD PARTY COPY

Attachment
10-July-2025 CALVERT, Sophie
Additional: Attachment

File name: ROBERTSON_22_02_1966_d0ce135e.pdf
Extension: .tif
Pages:

Reference ID: D0CE135E

Submitted: 08/07/2025, 09:39

eConsult Patient identifierDate of birth
22/02/1966 (Age 59)Phone Number
07543170362NHS Number
6352410103Email Address
k.robertson118@btinternet.comGender
FemaleAddress
8 Dovecote Close, Embleton, Alnwick,
Northumberland, NE66 3DB**Hip problem**

KATRINA ROBERTSON (Female, 59)

i A response is expected by 18:30 on Wednesday 9th July. A same day response is best.**Respond to this patient.** Your consultation PIN is YSWHC9 (expires on Saturday, 26th of July)**Possible serious symptom****Possible important symptom****Ideas, concerns & expectations****Please tell us in a few words how we can help.**

i have arthritis in my lower back and hips my gp asked me to make an appointment

Have you tried anything for this?

Yes

Please tell us what you have tried.co codamol 30/500
regular exercise**Is there any particular help you would like?**

Yes

Please tell us what help you would like.

physiotherapy

Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.

No

Clinical questions

This form isn't right for everyone. Call 999 or go to A&E if any of the following symptoms have started or got worse in the last 2 weeks and are unrelated to any previous issues e.g. gynaecological, prostate or urinary tract infection. If you are unsure, contact 111 immediately.

- Loss of feeling/pins and needles between your inner thighs or genitals
- Numbness in or around your back passage or buttocks
- Altered feeling when using toilet paper to wipe yourself
- Increasing difficulty when you try to urinate
- Increasing difficulty when you try to stop or control your flow of urine
- Loss of sensation when you pass urine
- Leaking urine or recent need to use pads
- Not knowing when your bladder is either full or empty
- Inability to stop a bowel movement or leaking
- Loss of sensation when you pass a bowel motion
- Loss of sensation in genitals during sexual intercourse

I'm NOT experiencing any of these



How long have you had your hip problem for?

a few years



Please describe your symptoms.

pain when moving
lower back seizes up
intense pain when moving it affects my lower back and hips

Have you had a temperature of 38 degrees C (100.4 degrees F) or above during the last 24 hours?

No

Have you had bad chills, excessive sweating, or shivering you can't control?

No

Did you injure your hip(s)?

No

Are you able to put your full weight on your leg(s) and take 4 steps without help?

Yes

Do you have hip pain that wakes you up at night?

Yes

Which hip(s) is the problem?

Both

Is your hip(s) red or hot to touch?

No

Is your hip(s) painful?

Yes

How does your hip pain affect you?

The pain interrupts or causes me to avoid usual activities. It's hard to ignore.

Is your hip(s) swollen?

No

Have you had any unexplained weight loss in the last 3 months?

No

Is there anything else you would like to tell us that we have not asked?

No

Health history & QOF questions

Do you drink alcohol?

No

Do you smoke?

Prefer not to say

Do you have any allergies?

No

Have you or anyone in your household had COVID in the last 1 month?

No

What's the best way to contact you?








Photos

No photos have been provided.

Messages

No messages against this record

Activity & comments

- 1  **Emily Ironside** matched the patient in the **Clinical System** Tue 08 Jul 25, 09:40
Clinical System: **SystemOne**
Patient ID: **6352410103**
- 2  **Emily Ironside** updated the **Status** Tue 08 Jul 25, 09:41
Waiting > **Triaged**
- 3  **Emily Ironside** updated the **Communication Mode** Tue 08 Jul 25, 09:41
Unassigned > **Face-to-face**
- 4  **Emily Ironside** updated the **Urgency** Tue 08 Jul 25, 09:41
Unassigned > **2 weeks**
- 5  **Emily Ironside** updated the **Team** Tue 08 Jul 25, 09:41
Unassigned > **Physio**
- 6  **Sophie Calvert** added a **Comment** Tue 08 Jul 25, 11:10
booking link
- 7  **Sophie Calvert** updated the **Status** Tue 08 Jul 25, 11:10
Triaged > **Awaiting response**

8



Sophie Calvert updated the Status Thu 10 Jul 25, 09:16

Awaiting response > Complete

THIRD PARTY COPY

Attachment

24-Jun-2025 HINDHAUGH, Helen

Additional:Attachment

Referral from Alnwick Medical Group

Filename:

Extension:.tif

Pages:

Consultant Led Remote Tier 3 Weight Management Referral Form

Please complete all sections of this form and check your local ICB's eligibility criteria requirements before referring.

Referrals can be sent by NHS Mail OR e-RS.

Fields marked **with a star *** are mandatory - referrals cannot be accepted without this data.

1. Patient Information
Patient Name*: Miss Katrina Robertson
Date of Birth*: 22 Feb 1966
Gender*: Female
Ethnicity*: White British - ethnic category 2001 census
NHS Number*: 635 241 0103
Mobile telephone (or alternate)*: 07543 170362
E-mail address: k.robertson118@btinternet.com
Address including postcode: 8 Dovecote Close, Embleton, Alnwick, Northumberland, NE66 3DB
Interpreter required? (if yes, please state the language): Main spoken language English
Please document any reasonable adjustments required:

2. Referral information (GP practices)
<i>Referrals can only be accepted from a named GP</i>
Name of GP practice*: Alnwick Medical Group
Practice Code*: A84006
Name of referring GP*: Dr Emily Ironside
Practice email (nhs.net email for clinical correspondence)*: nencicb-not.alnwickmg@nhs.net

3. Clinical information	Date (d/m/yyyy)	Value
Weight (in kg)* MUST be within the last 12 months	04 Jun 2025	105 Kg
Height (in cm)*	04 Jun 2025	1.575 m
BMI (kg/m ²)* MUST be within the last 12 months	04 Jun 2025	42.33
HbA1c (mmol/mol)* MUST be within the last 12 months	13 May 2025	70 mmol/mol
Blood pressure (mmHg)*	04 Jun 2025	162 / 94
Renal function (eGFR)* MUST be within the last 12 months	04 Jun 2025	51 mL/min
Thyroid function (TSH)* MUST be within the last 12 months	04 Jun 2025	1.3 miu/L
Total cholesterol* MUST be within the last 12 months	13 May 2025	4.8 mmol/L
HDL cholesterol* MUST be within the last 12 months	13 May 2025	1.4 mmol/L
LDL cholesterol* MUST be within the last 12 months	13 May 2025	2.6 mmol/L
Liver function (ALT)	13 May 2025	32 iu/L
QRISK2 Score (%)	10 Mar 2020	13.89 %

4. Retinopathy

Consultant Led Remote Tier 3 Weight Management Referral Form

Please confirm the following*:

- Patient does not have Type 2 diabetes (no result needed)
- Patient has Type 2 diabetes **and** retinopathy screening outcome result is attached*
- N/A Patient has new diabetes diagnosis
- *<Please attach a recent (<12 months) retinopathy screening outcome for patients who have Type 2 diabetes>

07 Apr 2025, Diabetic retinopathy screening

5. Exclusion criteria

I confirm the patient does not meet any of the following exclusion criteria*:

- Pregnant or breastfeeding
- Uncontrolled hypertension / heart condition / medical condition preventing increased activity level
- Active or suspected eating disorders, including binge eating disorder
- Bariatric surgery in the past two years
- Unstable or severe mental illness, including suicide attempts in the past 12 months. This may prevent engagement with the behaviour change programme
- Unstable alcohol or drug use (can be referred if the patient has received support and been in recovery for 3 months)
- Unstable hypothyroidism (can be referred if stable)
- Unstable Cushing's syndrome (can be referred if stable)

6. Past relevant medical history/comorbidities

NB: Without relevant medical history (particularly hypertension, dyslipidaemia and cardiovascular risk factor history), the patient may not be able to access GLP-1 therapy via the service.

- **If comorbidities are not covered in the above, please add them here**

(See summary at end of form):

7. Current medications

See summary at end of form:

8. Suitability for referral

Before completing the referral, please confirm the following*:

- The patient has actively/persistently engaged with losing weight with a structured Tier 2 service or equivalent programme.
- The patient meets the BMI eligibility criteria for your local ICB - noting comorbidities and ethnicity
- That you have assessed the patient is ready or motivated to change and that they are fully committed to participating in the Oviva T3 programme

Consultant Led Remote Tier 3 Weight Management Referral Form

That the patient is medically stable and that they do not require further investigation for an existing or new health condition

Please send the completed referral form via secure NHS mail to ovivauk.t3wm@nhs.net or submit it via e-RS.

DUE TO PADLOCKING (blocking pt's ability to view) Certain Parts / Problems of medical records, Please Manually check the pt's record for Safeguarding and sensitive information, and manually enter if appropriate.

RUTHERFORD, Kerry (Miss) (Clerical Access Role) , 20 Jun 2025

RUTHERFORD, Kerry (Miss) (Clerical Access Role) , 20 Jun 2025

HINDHAUGH, Helen (Ms) (Health Professional Access Role) , 24 Jun 2025

Patient Summary

Date	Active Problems	Notes
15/01/15	Hypertensive disease (G2...)	
13/07/18	Stress at home (XE0pM)	
26/07/18	Hypertension (XE0Ub)	
23/01/25	Type II diabetes mellitus (X40J5)	
07/04/25	O/E - right eye diabetic maculopathy (XaJOn)	
13/05/25	Bereavement (Ua1q5)	
20/06/25	Diabetes structured education programme declined (XaNTH)	EMPOWER

Date	Major Past Problems	Notes
10/06/82	Termination of pregnancy (Xa36H)	
10/05/84	Mother delivered (Xa4TJ)	female
25/10/86	Mother delivered (Xa4TJ)	female
25/01/92	Blood group O Rh(D) positive (Xa0dQ)	
10/07/23	Eczema NOS (XE1Av)	

Date	Current Summary	Notes
1979	[V]Problems related to certain psychosocial circumstances	adopted and fostered

Consultant Led Remote Tier 3 Weight Management Referral Form

1979	Adopted	and fostered
19/01/92	Caesarean delivery NOS	girl
1994	Joint pain	knee anterior
1995	H/O: menorrhagia	
1995	Total abdominal hysterectomy NEC	
1996	Fibroadenoma of breast	left
05/06/03	Arthroscopy NEC	left knee, patello - femoral assessment see attachement 9.6.03
05/01/12	Synovitis and tenosynovitis	-De Quervain's-left wrist.
05/01/12	Injection into joint NEC	left wrist-10mg Depo-Medrone.
18/03/13	Diagnostic cystoscopy	flexible - no intravesical abnormalities
18/03/13	C/O - loin pain	right
18/03/13	Haematuria	microscopic
17/07/14	Knee pain	-right.
15/01/15	Hypertensive disease	
30/06/15	Patient allocated named accountable general practitioner	This is the patients usual GP. You will find this info on the administrative tab and GP registration details
28/06/17	Hip pain	-likely OA.
15/11/17	Shoulder pain	right subacromial
17/01/18	Stop smoking invitation first SMS text message	Text sent with Stop Smoking Service number.
17/01/18	Referral to NHS stop smoking service	Text sent to patient
26/07/18	Hypertension	
14/06/19	Corneal ulcer	left eye

No past major summary entries

Last issued	Repeat Medication	Dose	Quantity
Wednesday 02 Apr 2025	Ramipril 10mg capsules	take one daily	28 capsule
Tuesday 03 Jun 2025	Lercanidipine 10mg tablets	take one daily	28 tablet
Tuesday 03 Jun 2025	Atorvastatin 20mg tablets	take one daily	28 tablet
Tuesday 06 May 2025	Fluoxetine 20mg capsules	take one daily	28 capsule

Consultant Led Remote Tier 3 Weight Management Referral Form

No acute medication recorded

Date	Allergy or Sensitivity	Details
25/08/99	No known allergies (1151.)	No known allergies (1151.) of 14L.00 H/O: drug allergy

Please send the completed referral form via secure NHS mail to ovivauk.t3wm@nhs.net or submit it via e-RS.

If you have any problem with this form or suggested changes, please email contact-cdrc@healthinnovationnenc.org.uk (NB: NOT TO BE USED FOR REFERRING A PATIENT) Oviva Consultant Led Remote T3WM Referral Form February 2025 SystemOne SNOMED CBC - CDRC© (this Form has been created by CBC - CDRC. It cannot be copied or distributed by any other Organisation).

THIRD PARTY COPY

Attachment

20-Jun-2025 RUTHERFORD, Kerry

Additional: Attachment

E-mail from EMPOWER Diabetes Education -> Alnwick Medical Group

Filename:

Extension: .tif

Pages:



SNOMED Declined diabetes education

From emailout@zandahealth.com <emailout@zandahealth.com>

on behalf of

Empower T2n <emailout+e2cea80d-574b-4cb3-b57f-918a6c99f2ef@zandahealth.com>

Date Fri 20/06/2025 14:25

To ALNWICKMG (NHS NORTH EAST AND NORTH CUMBRIA ICB - 00L) <nencicb-nor.alnwickmg@nhs.net>

This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Colleague,

Ref: Katrina Robertson 22/02/1966 Falloodon East Lodge
Christon Bank NE66 3HE

The above patient was referred to the EMPOWER T2n structured diabetes education programme but declined/did not respond to the offer of education.

Please transfer the following outcome and identified code into the patient's record.

Outcome of referral to diabetes structured education	Vision/EMIS/other systems	SystemOne	SNOMED
1. Declined diabetes structured education	9OLM	XaNTH	306591000000103

If you need any further information, please email spirit.empower.nenc@nhs.net or call our team on **0800 852 7460**.

Yours sincerely,
The EMPOWER Team

Attachment

18-Jun-2025 MATHER, Christine

Additional: Attachment

A&E from Emergency Dept Discharge Notification, Emergency Department, Northumbria Specialist Emergency Care Hospital -> Alnwick Medical Group

Filename:

Extension: .tif

Pages:

Private and Confidential

ALNWICK MEDICAL GROUP
 LOWER BUILDING
 INFIRMARY CLOSE
 ALNWICK
 NORTHUMBERLAND
 NE66 2NL

Emergency Department - Northumbria
 Specialist
 Emergency Care Hospital
 Northumbria Way
 Cramlington
 Northumberland
 NE23 6NZ

18 June 2025

Your patient attended Emergency Department, Northumbria Specialist Emergency Care Hospital at 22:54 on 17-Jun-2025.

Emergency Department Discharge Notification**Patient Demographics**

Patient: ROBERTSON, Katrina	Gender: Female
Address: 8 Dovecote Close Embleton Alnwick Northumberland NE66 3DB	Date of Birth: 22-Feb-1966 NHS Number: 635 241 0103 Other Identifier: T0769647

Attendance Details

Date of Attendance	17-Jun-2025 22:54
Date of Departure	18-Jun-2025 03:27
Discharge Details	Usual place of residence / family members
Presenting Complaints	<p>PC - Abdo pain</p> <p>HPC - Sudden onset epigastric pain at 1am yesterday Woke from sleeping - never had this pain prior Radiates across whole abdomen, intermittent waves of severity Described as a "twisting" No analgesia taken at home due to nausea/vomiting - paracetamol provided at triage Pain score 8/10 currently Feels nauseous - has vomited once, no haematemesis</p>

Clinical Narrative

Last opened bowels this morning - normal stools, no diarrhoea, no melena
 Has passed wind throughout the day
 Passing urine as normal - no frequency, no dysuria, no haematuria
 Denies fevers
 No chest pain or SOB
 No dizziness or collapses
 No episodes of vomiting in ED, able to tolerate sips of fluids
 Reduced oral intake over last 24hrs

O/E

Walked independently to treatment room
 Alert and orientated
 Able to speak in full sentences
 No obvious distress or guarding, carrying empty sick bowl

NEWS 1;
 RR 16, SpO2 95% on air, BP 220/103, HR 78, Temp 36.9
 PEARL 3+
 Looks well, afebrile

Hands WWP
 Strong, regular radial pulse
 CRT <2 seconds

JVP not raised
 HS 1+2+0
 Chest sounds clear, equal AE bilaterally

Sclera white
 Conjunctiva pink
 Dry mucosa

Abdomen soft, non-distended
 Tenderness on palpation to umbilical, epigastric and RUQ
 No palpable masses
 Normal percussion resonant
 Active bowel sounds

Calfs soft, non-tender
 No ankle oedema
 Pedal pulses felt

Results - Urine dip - negative for infection, positive for blood 3+
 Bloods:
 FBC - wcc 9.89, neutrophils 7.57
 Amylase - 49
 CRP - 3
 LFT - normal
 U&E - normal

	<p>Imp - ? biliary colic - no evidence of cholecystitis ? pancreatitis - normal amylase ? gastritis</p> <p>Plan - Analgesia and antiemetic - paracetamol, buscopan and cyclizine PO. Discussed case with ED Consultant - Jackie Gregson, agree given all investigations NAD discharge home with GP f/u if sx persist. Consider USS gallbladder as O/P to r/o gallstones. GP to repeat urine dip in 1-2 weeks to check haematuria has resolved +/- urology referral. Safety netted to return to ED if pain is not managed at home, she continues vomiting and is unable to keep anything down or develops a fever. Encouraged OTC analgesia and plenty of fluids with a plain diet and to avoid fatty foods.</p>
Diagnosis	[?] Gastritis
Procedure/Treatment	
Procedure/Treatment Other	
Investigations	
Medication Changes	
Allergies and adverse reactions	
4AT Delirium	NOT APPLICABLE
Discharge Safeguarding	No safeguarding issues identified
Safeguarding Actions	
Information given to patient/carer	
Follow up	General Practitioner
Plan and Requested Actions	Review if sx persist ? USS gallbladder as O/P. Urine dip in 1-2 weeks to check haematuria has resolved +/- urology ref.
Urgent action for Primary Care	No
Initial Assessment	epigastric pain 1/7 vomiting X1 episode UD at Alnwick protein +++ blood + PMH T2DM

Number of attendances since records were digitalised (12/09/18): 0

Discharging Clinician: Laura Armstrong

Senior Reviewing Consultant: Jacqueline Gregson

If you are a GP and require more information or have any issues regarding this visit please telephone 0191 6072677.

If you are a Patient with a query about this particular visit please telephone 0191 6072677 for anything else please contact your GP/111 for advice.

Please return any misdirected letters to Health Records Department, Northumbria Healthcare NHSFT, Northumbria House, 7-8 Silver Fox Way, Newcastle upon Tyne, NE27 0QJ

Attachment

17-Jun-2025 LAVERICK, Gillian

Additional: Attachment

NHS 111 Service from St Mary's Urgent Care Centre -> Alnwick Medical Group

Filename:

Extension:.tif

Pages:

NHS 111 Report - For Information

ROBERTSON, Katrina	<i>Born</i> 22-Feb-1966	<i>Gender</i> Female	<i>NHS No.</i> 635 241 0103 <i>Local Patient ID</i> 26853181-6CBB-453A-A77A-DD8561D7C485
<i>Home Address</i>	<i>Visit Address</i>	<i>GP Practice</i>	
8 Dovecote Close Embleton Alnwick Northumberland NE66 3DB	8 Dovecote Close Embleton Alnwick NE66 3DB	Alnwick Medical Group Alnwick Medical Group Infirmary Close Alnwick Northumberland NE66 2NL	
<i>Emergency Phone</i> 07543170362			

Patient's Reported Condition**Case Summary****Disposition:**

To contact a local service within 2 hours

Dx05

Selected care service:

No referral made.

Rationale:

Injury, illness or other health problem

Illness

Warm to touch

Abdominal pain with associated vomiting

Able to carry out some everyday activities

Constant pain for more than 4 hours

Pathways Assessment:

An injury, illness or health problem was the reason for the contact.

There was no blood loss.

*

An illness or health problem was the main problem.

User Comments: abdo pain

The individual was not fighting for breath.

*

The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.

The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.

The skin on the torso felt normal, warm or hot.

Pathway selected - Abdominal Pain

There was vomiting.

Vomiting of blood or faeces could not be confirmed.

*

==1

The individual did not also have diarrhoea.

==""ADULT""

<=59

*

==""present""

*

They were still able to carry out some everyday activities.

*

==""present""

*

*

*

There did not seem to be severe pain.

*

==""present""

*

The pain did not start in the chest, upper back or upper abdomen in the last 24 hours.

*

*
 ==""present""
 *
 *
 *

==""present""
 *
 *
 *
 *
 *
 *

There was no crushing or severe aching chest, upper back or upper abdominal pain, or pain spreading to the arm, neck, jaw or shoulder.

*
 ==""F""
 *

The individual had not ingested a harmful or toxic substance.

==""present""

There had been no black and tarry or red/maroon bowel motions.

*
 *
 *
 *

There was no new or worsening confusion.

Breathing harder or faster when doing nothing was not described.

There was no new shoulder tip pain or pain in the lower right abdomen.

There was constant pain for 4 hours or more.

Instructions given were: The individual needs to contact a local service within 2 hours. Disposition Instructions: Before you go, I will just check whether I need to give you any further instructions or advice.

User Comments: - service selected: GPOOH: Northumberland (Vocare)

Becoming severely ill WITH new marks, like bruising or bleeding under the skin - CALL 999.

Don't use ibuprofen or any other anti-inflammatory medication until you have spoken to a healthcare professional.

Drink small sips of fluids such as water or squash as needed. For example, if medication needs to be taken.

Feeling faint, about to pass out or collapse - CALL 999.

If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.

Remember to take a list of any current medications if you go to the out of hours surgery.

Unless advised not to, paracetamol may be used to relieve pain or fever. Follow the instructions in the pack. If in doubt ask a pharmacist.

Wash hands after dealing with vomit.

Advice given:

Before you go, I will just check whether I need to give you any further instructions or advice.

Adastra Assessment

History: Hot to touch

Pain woke patient up, Now generalised

Vomiting x1 - brown vomit

Nausea +++

Drinking small amounts of fluid

No diarrhoea

pain worse with movement

tried heta and position foir pain

pain 8/9/10

No dysuria aor frequency

PMH - Hypertension

Meds - Repeat 15 Apr 2025 Fluoxetine 20mg capsules take one daily 28 capsule 06 May 2025 1 3

Repeat 03 Jan 2025 Atorvastatin 20mg tablets take one daily 28 tablet 03 Jun 2025 5 6

Primary prevention of cardiovascular disease (XaNx3)

Repeat 03 Jan 2025 Lercanidipine 10mg tablets take one daily 28 tablet 03 Jun 2025 5 6

Hypertensive disease (G2...)

Repeat 29 Oct 2024 Ramipril 10mg capsules take one daily 28 capsule 02 Apr 2025 2 3
Hypertensive disease (G2...)

aLLERGIES - NKDA

SH - lives alone - supported by daughter

Examination: Looks pale and tired

Antalgic gait

T36.9c, p 86, SPO2 96%, RR 13

Abdo - soft, very tender over epigastrium and peri umbilicus, no masses felt, no renal angle tenderness, scant bowel sounds - able to pass flatus

Urine ++++protein, + blood

Diagnosis: Acute abdo pain poss pancreatitis

Treatment: Refer NSECH ED

If symptoms worsen or change call 999 - use what 3 words to pinpoint location

<i>Document Created</i>	17-Jun-2025, 23:06
<i>Document Owner</i>	Vocare South 111
<i>Authored by</i>	Justine Nichol - Assessed by, UC_00H Alnwick (Vocare South 111) on 17-Jun-2025, 20:53
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	17-Jun-2025, 20:39 to 17-Jun-2025, 20:53
<i>Case Reference</i>	71F02F40-ACAD-4711-9202-684B4209C485
<i>Case ID</i>	5358391
<i>Encounter Disposition</i>	To contact a local service within 2 hours
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
	B
<i>Care Setting Address</i>	Dovecote Close Embleton Alnwick NE66 3DB
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Dr John McMullan - Medical Director, Vocare South 111

<i>Document ID</i>	19C7BB6F-F21B-41D9-99E7-EE5D839CE1D7
<i>Version</i>	1

Attachment

07-Apr-2025 MATHER, Christine

Additional:Attachment

Clinical Letter from North of Tyne and Gateshead DESP -> Alnwick Medical Group

Filename:

Extension:.tif

Pages:



North of Tyne and Gateshead DESP

Friday, 11/04/2025

Patient Details: Miss Katrina Robertson

Fallodon East Lodge

Christon Bank

ALNWICK

NE66 3HE

First Floor

7 Park Road

Gosforth Business Park

Newcastle Upon Tyne

NE12 8DG

NHS No.: 635 241 0103

DoB: 22/02/1966

Screening clinic: Alnwick Medical
Group/Infirmary Drive [Alnwick Medical
Group/Infirmary Drive]

Dear Practice [ALNWICK MEDICAL GROUP [A84006]]

Re: DIABETIC EYE SCREENING TEST RESULT FOR INFORMATION

This report is related to a Digital photography appointment on: 07/04/2025. Your patient has been informed, along with any recommended follow-up as detailed below.

DRS OUTCOME	Right Eye	Left Eye
ATTENDANCE STATUS	Attended on time or, if late, before the relevant health care professional was ready to see the patient, but was seen	
VISUAL ACUITY	6/9 - right eye	6/9 - left eye
DIABETIC RETINOPATHY	O/E - right eye background diabetic retinopathy [R1]	O/E - left eye background diabetic retinopathy [R1]
DIABETIC MACULOPATHY	O/E - right eye diabetic maculopathy [M1]	O/E - left eye no maculopathy [M0]
NON-DR FINDINGS		
OUTCOME	Graded abnormal - moved to Digital Surveillance	
GRADING REFERRAL NOTES		
FOLLOW-UP REQUIREMENTS	FOR INFORMATION ONLY: Patient has Background Retinopathy. Studies have shown that good and stable Glycaemic and Blood Pressure Control helps prevent progress of Retinopathy.	
NEXT SCREENING REQUIRED BY	July 2025	

If a referral for Diabetic Retinopathy was required, this referral has been made on your behalf. If a referral for urgent non-DR was required, again this has been made on behalf of the practice. For patients with R1, R2 or R3 grades, the diabetic and blood pressure management should be reviewed as good control reduces the rate of DR progression. If appropriate, please refer to your specialist diabetes team. When entering the DES results in to the Practice clinical system, the date of the appointment SHOULD be entered against the results, NOT the date of data entry.

If you require any further information, please contact us on 0191 823 6611 or failsafe.ntgdesp@nhs.net.

Yours sincerely,

Deborah Batey-McKenna, Programme Manager

1 of 1

DESP101

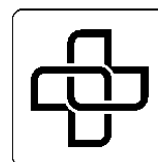
Attachment

13-Mar-2025 LAVERICK, Gillian

Additional:Attachment

Advice only letter from Alnwick Medical Group -> Miss K Robertson,

Filename:
Extension:.tif
Pages:



alnwick
medical
group

Miss Katrina Robertson
Fallodon East Lodge
Christon Bank
Alnwick
NE66 3HE

13 March 2025

National Bowel Cancer Screening Programme

Dear Miss Robertson

We have recently been advised by the National Bowel Screening Programme that you failed to return your test kit for analysis.

The practice firmly believes that this simple test is a valuable aid in detecting any potential signs of bowel cancer cells and we would encourage you to reconsider your decision.

You should continue to be aware of any bowel symptoms such as:-

- A persistent change in bowel habit, especially going to the toilet more often or diarrhoea for several weeks
- Bleeding from the back passage without any obvious reasons
- Abdominal pain, especially if it is severe
- A lump in your abdomen

Please remember that these symptoms do not necessarily mean that you have bowel cancer but if you have one or more of these symptoms you should see your GP.

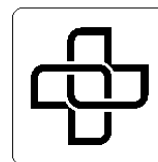
Should you no longer have the test kit and now wish to take part, you can call the screening free-phone number: **0800 707 6060** and ask for another kit.

Yours sincerely

Patient Support
Alnwick Medical Group

Your NHS Number:635 241 0103

If you would like this letter or information in an alternative format, for example large print or easy read or if you need help with communicating with us please let us know by contacting your nearest site.



**alnwick
medical
group**

Alnwick Medical Group Contact Details

Online and Digital Access:

Website: To raise an online request for a consultation or an administrative request please use our online eConsult page at www.alnwickmedicalgroup.nhs.uk

App: To order repeat medication and book appointments: **NHS App**
(Search App Store for NHS App)

Social Prescribing: Local support and community group listings
(Search App store for Alnwick Social Prescribing)

Telephone Contacts:

Alnwick:

- GP/ ANP Appointments and main switch board 01665 656 000
-
- Repeat Prescriptions 01665 510 666

Embleton

- All appointments and Repeat Prescriptions 01665 576 635

Seahouses

- All appointments and Repeat Prescriptions 01665 720 294

Out of Hours for All Surgeries:

Life threatening emergencies 999

If you need medical help but it is not an emergency 111

Calls to NHS 111 are free from landlines and mobiles and NHS 111 is available 24/7 every day of the year for medical advice

Patient Forums

Patient Participation Group: amg.ppg@outlook.com

Facebook: www.facebook.com/alnwickmedicalgroup

Useful Contact Details

Northumbria Hospitals Switchboard 0344 811 8111

(Alnwick, Berwick, Cramlington, North Tyneside, Rothbury, Wansbeck)

Newcastle Hospitals 0191 2336161

(Freeman, General, Royal Victoria Infirmary)

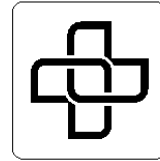
Family Planning/ GUM Clinic 01670 515151

Alnwick Sexual Health Website alnwicksh.co.uk

NHS Patient Transport 0191 264 8870

NEED Volunteer Transport 01665 605780

If you would like this letter or information in an alternative format, for example large print or easy read or if you need help with communicating with us please let us know by contacting your nearest site.



alnwick
medical
group

THIRD PARTY COPY

If you would like this letter or information in an alternative format, for example large print or easy read or if you need help with communicating with us please let us know by contacting your nearest site.

Attachment
21-Feb-2025 BARNES, Holly
Additional:Attachment

Filename: Robertson_22_02_1966_d1a1c8c2.pdf
Extension: .tif
Pages:

Reference ID: D1A1C8C2

Submitted: 21/02/2025, 10:25

eConsult Patient identifierDate of birth
22/02/1966 (Age 58)Phone Number
07543170362NHS Number
Not providedEmail Address
Not providedGender
FemaleAddress
**Falldon East Lodge, Christon Bank, Alnwick, NE66
3HE****eConsult lite**

Katrina Robertson (Female, 58)

i A response is expected by 18:30 on Monday 24th February. A same day response is best.**Respond to this patient.** Your consultation PIN is DQPQCZ (expires on Tuesday, 11th of March)**🚩 Possible serious symptom****Ideas, concerns & expectations****🗨 What has been tried for this already?**

na

🗨 What help would you like?

speak to a gp regards medication husband passed away

🗨 Preferred clinician

na

Clinical questions**🗨 Describe the problem, what are the symptoms?**

Pt husband past away yesterday would like to speak to gp for medication

**When did the problem start?**

na

**Additional information****Why were you unable to complete an eConsult?**

Other

**STAFF ONLY: Flag this request as urgent to your triage team?**

Yes

**STAFF ONLY: Please enter your name**

Kerry Grisdale




Images

No images have been submitted

Messages

No messages against this record

Activity & comments

- 1  **Duncan Johnson** matched the patient in the **Clinical System** Fri 21 Feb 25, 10:26
Clinical System: **SystemOne**
Patient ID: **6352410103**
- 2  **Kerry Grisdale** added tag: **Today please!**
Fri 21 Feb 25, 10:29
- 3  **Holly Barnes** updated the **Status** Fri 21 Feb 25, 11:12
Waiting > **Complete**

Attachment
13-Feb-2025 MOOR, Helen
Additional: Attachment

Filename: ROBERTSON_22_02_1966_e0558078.pdf
Extension: .tif
Pages:

Reference ID: E0558078

Submitted: 13/02/2025, 10:52

eConsult Patient identifierDate of birth
22/02/1966 (Age 58)Phone Number
07543170362NHS Number
6352410103Email Address
k.robertson118@btinternet.comGender
FemaleAddress
East Lodge Fallodon Christon Bank NE66 3HE**Skin mole(s) or lesions****KATRINA ROBERTSON (Female, 58)****i** A response is expected by 18:30 on Friday 14th February. A same day response is best.**Respond to this patient.** Your consultation PIN is M6Z8FR (expires on Sunday, 2nd of March)**Possible serious symptom****Possible important symptom****Ideas, concerns & expectations****☰** Please tell us in a few words how we can help.

i have had a small mark on my stomach for a couple of months , i have noticed in the last couple of weeks it appears to be black and itchy

Have you tried anything for this?

No

Is there any particular help you would like?

Yes

☰ Please tell us what help you would like.

i would like sonebody tolook at it

Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.

No

Clinical questions

How many mole(s) or skin lesion(s) are you worried about?

just one



Where on your body is the mole(s) or skin lesion(s)?

stomach



Please describe your mole(s) or skin lesion(s).

i can send a photo
its small, black and itchy and bleeds and stingy



How long have you had your mole(s) or lesion(s)?

a few months

Was there a pre-existing mark such as a brown 'spot' or mole there before?

No

Is your mole(s) or lesion(s) getting bigger?

No

Is your mole(s) or lesion(s) changing shape?

No

Does your mole(s) or lesion(s) have an irregular (jagged) border?

No



Is your mole(s) or lesion(s) changing colour?

Yes



Is your mole(s) or lesion(s) bleeding?

Yes

Is your mole(s) or lesion(s) itchy or sore?

Yes

What happens to your skin in the sun?

Burns easily, tans poorly

Have you been sunburnt a lot in the past, especially as a child?

No

Have you had lots of exposure to the sun over your lifetime?

No

Does anyone in your family have a history of skin cancer?

No

Is there anything else you would like to tell us that we have not asked?

No

Health history & QOF questions

Do you drink alcohol?

No

Do you smoke?

Yes - 1 to 9 cigarettes a day

Do you have any allergies?

No

Have you or anyone in your household had COVID in the last 1 month?

No

What's the best way to respond to this request?

Text message


Images


No images have been submitted


Messages


No messages against this record


Activity & comments

- 1**  **Helen Moor** matched the patient in the **Clinical System** Thu 13 Feb 25, 10:52
Clinical System: **SystemOne**
Patient ID: **6352410103**

- 2**  **Helen Moor** updated the **Status** Thu 13 Feb 25, 11:08
Waiting > **Complete**

- 3**  **Helen Moor** updated the **Team** Thu 13 Feb 25, 11:08
Unassigned > **GP**

- 4**  **Helen Moor** updated the **Urgency** Thu 13 Feb 25, 11:08
Unassigned > **24 hours**

- 5**  **Helen Moor** updated the **Communication Mode** Thu 13 Feb 25, 11:08
Unassigned > **Text message**


THIRD PARTY COPY

Attachment
12-Feb-2025 CALVERT, Sophie
Additional: Attachment


Filename: ROBERTSON_22_02_1966_5a98bdd9.pdf
Extension: .tif
Pages:

Reference ID: 5A98BDD9

Submitted: 11/02/2025, 09:03

eConsult Patient identifierDate of birth
22/02/1966 (Age 58)Phone Number
07543170362NHS Number
6352410103Email Address
k.robertson118@btinternet.comGender
FemaleAddress
East lodge falladon Christon Bank NE66 3HE**General advice****KATRINA ROBERTSON (Female, 58)**** A response is expected by 18:30 on Wednesday 12th February. A same day response is best.****Respond to this patient. Your consultation PIN is HZRW6V (expires on Saturday, 1st of March)**** Possible important symptom****Ideas, concerns & expectations**** Tell us how we can help you**

I think I may need treatment

 Please provide us with details of your problem


I have been taking Fluoxetine for depression since October 2024 , I would like a repeat prescription for medication as i still feel the same .

Have you tried anything to treat yourself?

No

Is there any particular treatment you would like to request?

Yes

 What treatment would you like to request?

Fluoxetine

Would you like help from a particular person at the surgery? If the person that you requested is not available, another member of the team at the practice will contact you.

No

Clinical questions

Is this a problem your GP knows about?

No

To ensure we only ask you relevant questions, please select your main symptom

Low mood or panic symptoms

≡

Please tell us which of these symptoms you have

Low mood or depression

How long have you had low mood?

More than 6 months

Is your sleep affected?

Yes

Is your appetite affected?

No

Do you have low energy levels?

Yes

Is your concentration affected?

Yes

In the last few days, have you had thoughts of suicide or self-harm, or have you thought about hurting someone else?

No

Have you had any unexplained weight loss in the last 3 months?


No

 **How often does your condition affect you?**

It is there all the time since it started

Is there anything that makes your condition better?

Yes

 **What makes your condition better?**

Fluoxetine

Is there anything that makes your condition worse?

Not applicable

 **What do you do for a living?**

not currently working i care for my partner who is on Palliative care

Have you travelled abroad recently?

No


Is there anything else you think we should know?

No

Health history & QOF questions

Do you drink alcohol?

No

 **Do you smoke?**

Yes - 1 to 9 cigarettes a day

In the last year, have you bet more than you could afford to lose? Or has someone in your household bet more than they could afford to lose?

No

Do you have any allergies?

No

Have you or anyone in your household had COVID in the last 1 month?

No

What's the best way to respond to this request?

Text message







Images

No images have been submitted

Messages

No messages against this record

Activity & comments

- 1**  **Emily Ironside** matched the patient in the **Clinical System** Tue 11 Feb 25, 09:03
Clinical System: **SystemOne**
Patient ID: **6352410103**
- 2**  **Jennifer Bennetts** updated the **Status** Tue 11 Feb 25, 09:28
Waiting > **Triaged**
- 3**  **Jennifer Bennetts** updated the **Team** Tue 11 Feb 25, 09:28
Unassigned > **GP**
- 4**  **Jennifer Bennetts** updated the **Communication Mode** Tue 11 Feb 25, 09:28
Unassigned > **Phone**
- 5**  **Jennifer Bennetts** updated the **Urgency** Tue 11 Feb 25, 09:28
Unassigned > **2 weeks**
- 6**  **Jennifer Bennetts** added a **Comment** Tue 11 Feb 25, 09:28
needs phone call to discuss depression. we haven't issued fluoxetine in years so not sure how she is taking it.

7 **N** Natalie Toon updated the **Status** Tue 11 Feb 25, 15:05
Triaged > **Awaiting response**

8 **S** Sophie Young updated the **Status** Wed 12 Feb 25, 09:36
Awaiting response > **Complete**

THIRD PARTY COPY

Attachment

23-Jan-2025 ENSER, Zina

Additional: Attachment

A Referral Letter from Mrs Z Enser, Alnwick Medical Group

Filename:

Extension: .tif

Pages:



EMPOWER T2n
(Structured Diabetes Education)



Referral Form

EMPOWER T2n helps people with type 2 diabetes understand what diabetes is, the effect it has on their body and how to make small, achievable changes to the food they eat and their everyday life.

The EMPOWER T2N Programme provides structured diabetes education for patients who are:

- aged 18 years and over;
- registered with a GP practice in Gateshead Place, Northumberland Place or North Tyneside place;
- been diagnosed with Type 2 diabetes

The course focuses on nutrition, exercise and lifestyle changes, setting personal goals and enabling people to take better control of their diabetes. Attending an EMPOWER course is designed to help people:

- learn about what diabetes is and how it can affect them;
- find ways to manage their diabetes more effectively;
- understand the complications diabetes can cause;
- understand how to improve their blood sugar levels; and
- feel more confident in managing their diabetes, diet and lifestyle.

Please complete the baseline information on the following page. Alternatively, please print out and attach the most recent information.

Completed forms should be emailed using the details below. Forms which are not fully completed may lead to a delay in processing the referral.

Email: spirit.empower.nenc@nhs.net

Please ensure a secure email account (nhs.net) is used when sending the form via the email address above, in order to protect patient identifiable information.

If you have any questions, please call the EMPOWER team on 0800 852 7460.

Information and Communication Support needs

Please record information and / or communication supports needs for the patient and their carer (if applicable) where they relate to a disability, impairment or sensory loss

NOTE TO REFERRER

We will contact you at 12 months (following patient attendance at the course) to collect outcome data for this patient, enabling the programme to be audited against agreed outcomes – clinical, quality of life and patient feedback.

Forms that are not fully completed may lead to a delay in processing the referral.

PATIENT INFORMATION

Name	Miss Katrina Robertson	NHS Number	635 241 0103
Address	Falldon East Lodge, Christon Bank, Alnwick	Post Code	NE66 3HE
Telephone	01665 576638	Mobile	07543 170362
Date of Birth	22 Feb 1966	Ethnicity	White British - ethnic category 2001 census

PRACTICE INFORMATION

Approved CL13671FEB21

Miss Katrina Robertson 22 Feb 1966 635 241 0103

Page 1 of 3

EMPOWEREMPOWER T2n
(Structured Diabetes Education)North East and
North Cumbria

Referral Form

Practice Name	Alnwick Medical Group		
Address	Alnwick Medical Group, Infirmary Close, Alnwick NE66 2NL		
Post code		Practice Code	A84006
Phone Number	01665 656000		
GP Name	Dr At Alnwick Medical Group		

REFERRER INFORMATION (If not GP)

Name	Mrs Zina Enser	Role	Alnwick Medical Group
Date of Referral	23 Jan 2025		

ASSIGNED MENTAL HEALTH WORKER (If appropriate)

Name		Telephone	
-------------	--	------------------	--

Does this patient REQUIRE the course to be delivered in a different language?

 YES NO *If yes, please specify* Main spoken language English

Please specify any preferred days or times for patient that would make course attendance easier?

Please tick all that apply Weekday Evening Saturday

CONSENT

Consent given by the patient to share their information with Spirit Healthcare as part of the data collection process for the service? YES NO

MEDICAL HISTORY AND TREATMENT

Date of Diagnosis: 23 Jan 2025						
Results:		Date:				
Waist circumference (cm)						
HbA1c (mmol/mol)	28 Dec 2024, 61 mmol/mol					
BP (mm/Hg)	188 / 108 mmHg	06 Dec 2024				
Total cholesterol (mmol/l)	5.9 mmol/L					
HDL (mmol/l)	1.3 mmol/L					
Atrial Fibrillation Status (Yes / No)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Smoking History (Current, Ex, No)	Smoker					
Diabetes medication / dosage (If appropriate)	<table border="1"> <thead> <tr> <th>Start Date</th> <th>Drug</th> </tr> </thead> <tbody> <tr> <td>03 Jan 2025</td> <td>Atorvastatin 2</td> </tr> </tbody> </table>	Start Date	Drug	03 Jan 2025	Atorvastatin 2	
Start Date	Drug					
03 Jan 2025	Atorvastatin 2					

Additional Relevant Information (e.g. other conditions) – Please document or attach if appropriate

Hypertensive disease (G2...), Jan 2015
Hypertension (XE0Ub), Jul 2018
Type II diabetes mellitus (X40J5), Jan 2025
[V]Problems related to certain psychosocial circumstances, 1979
Adopted, 1979
Caesarean delivery NOS, 1992
Joint pain, 1994
H/O: menorrhagia, 1995

Approved CLI3671FEB21
Miss Katrina Robertson 22 Feb 1966 635 241 0103

Page 2 of 3

EMPOWER**EMPOWER T2n**
(Structured Diabetes Education)**NHS**
North East and
North Cumbria

Referral Form

Total abdominal hysterectomy NEC, 1995
Fibroadenoma of breast, 1996
Arthroscopy NEC, Jun 2003
Synovitis and tenosynovitis, Jan 2012
Injection into joint NEC, Jan 2012
Haematuria, Mar 2013
C/O - loin pain, Mar 2013
Diagnostic cystoscopy, Mar 2013
Knee pain, Jul 2014
Hypertensive disease, Jan 2015
Hypertension, Jul 2018

Approved CL13671FEB21
Miss Katrina Robertson 22 Feb 1966 635 241 0103

Page 3 of 3

Attachment
06-Jan-2025 LAVERICK, Gillian
Additional: Attachment

Results from NHS Breast Screening Programme -> Alnwick Medical Group

Filename:
Extension:.tif
Pages:

NHS BREAST SCREENING PROGRAMME

NEWCASTLE SO

ALNWICK MEDICAL GROUP Alnwick
LOWER BUILDING (558)
INFIRMARY CLOSE
ALNWICK
NE66 2NL

(A84006)



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- ALNWICK MEDICAL GROUP

ANE219922
635 241 0103

ROBERTSON, KATRINA , MISS
FALLODON EAST LODGE
CHRISTON BANK
ALNWICK
NE66 3HE

Telephone: 07543170362: 01665576638
Date of Birth: 22-Feb-1966 (58)

SCREENED - ROUTINE RECALL

Screened on: 06-Jan-2025
Opinion: No significant radiological abnormality

