Subject Access Request

iGPR

Patient	Mr Richard Halligan
Date of birth	11-Aug-1962 (age 63)
Gender	M
NHS number	S573/1/62/
Patient's address	68 Craig Road Neilston Glasgow East Renfrewshire G78 3HU
Date range selected	29-Apr-2025 - 30-Apr-2026
Organisation	MMA Legal
Reference	100346

Problems

Active

09-Jan-2026 *****
Lumbosacral spondylosis without myelopathy

Significant Past

This section is empty.

Minor Past

17-Mar-2026 Dr Alanna MacRae (PART)
Hip pain

04-Mar-2026 Dr Nasser Rashid (NR1)
Hand pain

23-Feb-2026 Dr Nasser Rashid (NR1)
Plain x-ray of joint

21-Jan-2026 Dr Mara Perras (MPF2)
Hip pain
back and

31-Dec-2025 Dr Nasser Rashid (NR1)
Trochanteric bursitis (Bilateral)

17-Nov-2025 Dr Nasser Rashid (NR1)
Trochanteric bursitis (Bilateral)

Consultations

23-Apr-2026 Dr Nasser Rashid (NR1) Acute script request

Comment: Comment Amitriptyline added to repeats and issued further 28 day supply today - script in *****

26-Mar-2026 Dr Nasser Rashid (NR1) Data Entry

Comment: Comment Issued - script left in ***** tray.

26-Mar-2026 *** Data Entry**

Comment: Comment Amitriptyline continues to work well for him. He is currently taking 2 tablets at night with good effect and no reported side-effects. He is requesting a further prescription to reflect the dose of 2 tablets nightly. Please advise whether this can be issued or if a review is required.

17-Mar-2026 Dr Alanna MacRae (PART) THE MEDICAL CENTREMain Surgery

Problem	Hip pain
History	History discussed his X ray findings. hip pain is bad. he is also losing function and feels almost at the stage of needing a wheelchair. tried to walk to the shop from his house and legs gave way. ***** ***** finds this a worry.
Examination	Examination restricted ROM hip joint, right more than left. loss of thigh muscle bulk
Comment	Comment refer ortho and physio
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Hip pain; Duration: 17/03/2026 - 28/04/2026)*
Medication	Medication Dihydrocodeine Tablets 30 mg 50 tablet 2 TABLETS X4 DAILY
Medication	Medication Paracetamol Tablets 500 mg 100 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

04-Mar-2026 Dr Nasser Rashid (NR1) THE MEDICAL CENTREMain Surgery

Problem	Hand pain
History	History C/o pain in both hands, wakes him up from sleep overnight. Note previous consultation Feb 25 and subseuqent XR confirming OA. Last 8 weeks feels pain and stiffness getting worse. Last 2 weeks struggling to sleep with the pain and often woken up with the pain around 3 hours after sleeping. Just wants a good night's sleep. Reports early morning stiffness of his hands which improves after an hour or so. No joint swelling or heat.
Examination	Examination NVI. No muscle wasting. Able to oppose all digits with thumb and make first. NO bony tenderness. No active synovitis.
Result	Result Discussed AMT - start at low dose and titrate as per response. Return if needing higher doses. Short supply given. Advised if causes drowsiness/feeling groggy on wakening then not to drive or operate heavy machinery.
Medication	Medication Amitriptyline Hydrochloride Tablets 10 mg 56 TABLET ONE TO BE TAKEN IN THE EVENING, CAN BE INCREASED BY ONE 10MG TABLET EVERY 4-7 DAYS UP TO 50MG PER NIGHT BEFORE REVIEWING WITH DOCTOR

23-Feb-2026 Dr Nasser Rashid (NR1) Data Entry

Problem	Plain x-ray of joint
Comment	Comment) XR Pelvis - hip joint spaces preserved, SI joints intact. No significant interval change.
Result	Result If further appointment sought for ongoing pain then I think the only option left is a ***** discussion regarding chronic pain and a re-referral to the pain clinic - who previously offered self-coping strategies or SI joint injection in Sep 2023/July 2024.

11-Feb-2026 Dr Nasser Rashid (NR1) THE MEDICAL CENTREMain Surgery

Problem	Hip pain
Comment	Comment Med3
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Hip pain; Duration: 11/02/2026 - 29/03/2026)*

22-Jan-2026 Dr Nasser Rashid (NR1) THE MEDICAL CENTREMain Surgery

History	History Frustrated about disparity between most recent MRI results and MRI that he reports he had 12-15 years prior at ***** *****. He is surprised this MRI only shows "wear and tear". He discusses his 15 years of R hip "bursitis" pain and now more recently his left hip. Has not attended for XR. Annoyed about conflicting diagnoses and wants to know "who is wrong" as he thinks bursitis should have not lasted 15 years.
Result	Result Active listening Discussed 12 years is a long time for degenerative changes to occur I wonder if he has similar changes in his hips and we previously discussed XR pelvis ?OA - which he wanted to hold off on. I have re-emphasised the importance of physiotherapy and also broached propensity towards chronic pain and the possibility that he may be left with pain despite hip replacment surgery, Will attend for XR and likely onward ortho referral.

21-Jan-2026 Dr Mara Perras (MPF2) THE MEDICAL CENTREMain Surgery

Problem	Hip pain back and
History	History Wishes to discuss MRI result as felt did nto understand discussion with ortho via phone on 6/1. Relayed details of letter - lumbosacral spondylosis - no surgical option, trial of physio. Patient quite frustrated as told after MRI at rosshall in 2019 that had "disks missing", no mention of this on this MRI. Discussed meaning of degenerative change, potential for changes in 7 years. ***** states contrary to orthopaedic letter, physio has not helped at all, still in pain, no relief from analgesia - has tried para/ibu/gel. Not keen on opioids as worried will affect driving. Als concerned as ongoing bilateral hip pain. Started right hip 2015 - told at ***** ***** troch. bursitis, would self resolve. Feels has only worsened, now new onset past several months of left hip pain. Worse walking uphill and on stairs. Needs to rest twice when walking up one flight of stairs in the house. Avoids walking outside due to pain. pain at rest, struggling with sleep, cannot lie on right side. Frustrated at lack of clarity from orthopaedics.
Social	Social Lives alone, drives, does his own shopping. Has stick, now uses ocasionally for support.
Comment	Comment Discussed hip pain may have been bursitis ten years ago, but could be a different cause now. Will see him F2F to examine for ?OA +/- send for XR. Not keen on any analgesia today, will rediscuss at next appointment. Will go through MRI results at F2F appointment.

31-Dec-2025 Dr Nasser Rashid (NR1) THE MEDICAL CENTREMain Surgery

Problem	Trochanteric bursitis (Bilateral)
History	History Seeks extension of FN. Still feels very limited mobility due to pain with minimal relief from trial of Naproxen in November. Awaits MRI results which he has an ortho appointment to discuss on 9 Jan. Wonders whether he would merit a hip replacement and asks if this is something he could be assessed for.
Examination	Examination Good power both hips in flexion and extension. Antalgic gait. Pain on internal rotation of R hip. Full ROM and painfree otherwise.
Result	Result FN done. Will keep ortho appt. XR pelvis to assess for ?OA hips.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Trochanteric bursitis (Bilateral); Duration: 16/12/2025 - 10/02/2026)*

17-Nov-2025 Dr Nasser Rashid (NR1) THE MEDICAL CENTREMain Surgery

Problem	Trochanteric bursitis (Bilateral)
History	History Known OA both hands - feels his wrists are more stiff an painful now R hip bursitis, feels he has it in his left hip now. Woke up and coudn't put any weight on his left leg, also pain in left knee and foot - sore all day, felt next day but not sore. Same pain again yesterday. Mobility very restricted &gt50% off baseline. Feels even a short walk to the shops would be too much. Prev steroid injections at ***** ***** to R bursa - first lasted 9/12 then 2nd lasted 10/7. Not keen to try on left side. Looking at wheelchairs on gumtree. Dreads the thought of going to Silverburn for xmas shopping. No painkillers - because he needs to drive. Believes only painkilters that would work would inhibit him from driving. Nothing has worked over the years - tried physio, patches,pills. Asks to be declared unfit for work - pursuing benefits
Examination	Examination Pain on internal rotation of left hip. Otherwise good ROM. NVI LL's
Social	Social Was a builder - 18/12 prior last worked, self employed. Has a 12yo who stays with him.
Result	Result Trial NSAID with PPI, NHS PIL given (https://www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints/leg-and-foot-problems-and-conditions/greater-trochanteric-pain-syndrome/)), FN for 4 weeks. Wishes to hold off hip XR until MRI spine results back
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Trochanteric bursitis (Bilateral); Duration: 17/11/2025 - 15/12/2025)*
Medication	Medication Naproxen Tablets 250 mg 28 TABLET ONE TO BE TAKEN TWICE A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 capsule ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN

13-Oct-2025 Dr Charlotte Nicholl (CJ) THE MEDICAL CENTREMain Surgery

History	History discussed dx of OA in hands/wrists. really just wanted that confirmed and how this was different to rheumatoid, can wake up x3 overnight with pain + stiffness in hands, not keen on idea of going back to physio but knows we can re-refer if so. ok for analgesia just now. also gets Raynauds in winter. Also note has MRI lower back 21/10/25. may book in to see us after this.

18-Aug-2025 Dr Chidinma Abuwa (CAB) Data Entry

Comment	Comment Docamn 28/07

01-May-2025 *** Data Entry**

Comment	Comment Copy of records checked/approved for issue. Left at ***** for collection. Patient notified by email.

29-Apr-2025 *** iGPR**

History	Medical report sent Subject Access Request sent to patient

Medications (inc. issues)

Acute

26-Mar-2026 Amitriptyline Hydrochloride Tablets 10 mg
56 TABLET - TWO TO BE TAKEN DAILY IN THE EVENING.

04-Mar-2026 Amitriptyline Hydrochloride Tablets 10 mg
56 TABLET - ONE TO BE TAKEN IN THE EVENING. CAN BE INCREASED BY ONE 10MG TABLET EVERY 4-7 DAYS UP TO 50MG PER NIGHT BEFORE REVIEWING WITH DOCTOR

Repeat

23-Apr-2026 Amitriptyline Hydrochloride Tablets 10 mg
56 TABLET - TWO TO BE TAKEN DAILY IN THE EVENING.

23-Apr-2026 Amitriptyline Hydrochloride Tablets 10 mg
56 TABLET - TWO TO BE TAKEN DAILY IN THE EVENING.

Past

17-Mar-2026 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
50 tablet - 2 TABLETS X4 DAILY

17-Mar-2026 Paracetamol Tablets 500 mg Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

17-Mar-2026 Paracetamol Tablets 500 mg Acute Medication (Past)
100 tablet - TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)

17-Mar-2026 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
50 tablet - 2 TABLETS X4 DAILY

17-Nov-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN

17-Nov-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 capsule - ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN

17-Nov-2025 Naproxen Tablets 250 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY

17-Nov-2025 Naproxen Tablets 250 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN TWICE A DAY

Allergies

This section is empty.

Vaccinations

This section is empty.

Referrals

17-Mar-2026 Dr Alanna MacRae (PART)
8H54.: Orthopaedic referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

17-Mar-2026 Dr Alanna MacRae (PART)
8H77.: Refer to physiotherapist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

This section is empty.

Test Results

This section is empty.

Other Items

09-Jan-2026	Read Code	Lumbosacral spondylosis without myelopathy

Attachments

Scanned Document
30-Apr-2026 RF
Additional:Scanned Document

Filename: IGPRDA_12.pdf
Extension:.tif
Pages:

NEILSTON MEDICAL CENTRE
Request from Patient
Copy of Medical Records

Name of Patient: **RICHARD HALLIGAN** **DOB: 11/08/1962**

Having requested a copy of my medical records, I acknowledge receipt of these.

I also acknowledge that once these medical records are in my possession it is entirely my own responsibility as to their safety and confidentiality of information contained therein.

*I understand that if I request a copy of my entire medical records on a future occasion, this may incur an administrative charge.

Signed: [redacted]

Date: 13.5.25

NEILSTON MEDICAL CENTRE

[redacted] USE ONLY: Please scan completed form to the patient's Docman record.

Scanned Document
30-Apr-2026 RF
Additional: Scanned Document

Filename: iGPRDA_11.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC MSK Physio Ortho Hip Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

[redacted] & Orthopaedic - Hip
GGC MSK Physio Ortho Hip

Royal [redacted] Hospital
Corsebar Road
[redacted]

Consultant / receiving practitioner and/or specialty clinic

Hospital and hospital address
Hospital location code: C418H

Email address:

Urgency of referral	Routine		
Date of referral	17-Mar-2026	**Date sent**	17-Mar-2026

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

68 [redacted] Road
Neilston
Glasgow
G78 3HJ

Contact number(s)
Voice: 07859046918

101039391687T

Unique Care Pathway Number: 101039391687T

REGISTERED GP DETAILS

Name	Dr [redacted] McTaggart		
GMC code	4614357	GP code	39756
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)
Voice: 0141 880 6505

REFERRING GP DETAILS

Name	Dr. Alanna MacRae		
GMC code	6134456	GP code	36200
Practice name	Neilston Medical Centre (87023)		
Practice code	87023		

Practice address

1 High Street
Neilston
G78 3HJ

Contact number(s)
Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Groin pain

Comment: FAL
Richard is having a lot of pain in both hips. He finds it is present on waking and is worse on the side he sleeps on.
He reports he is now struggling to walk even short distances and feels he is heading for a wheelchair. He reports the legs giving way.
On examination he seems to have lost thigh muscle bulk. He has restricted movement on both sides but more evident on the right.
He does not find analgesia effective at all.
His X ray shows CAM type impingement on both sides but preserved joint spaces.
I would be grateful if you could consider further management.
I am going to send him to physio meanwhile because he is deconditioned and losing function fast.
Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Hand pain	-	04-Mar-2026	04-Mar-2026
Lumbosacral spondylosis without myelopathy	-	09-Jan-2026	09-Jan-2026
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Plain x-ray of joint	-	23-Feb-2026	23-Feb-2026
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dihydrocodeine Tablets 30 mg	50	50 tablet	2 TABLETS X4 DAILY	-	17-Mar-2026	17-Mar-2026
Paracetamol Tablets 500 mg	100	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	17-Mar-2026	17-Mar-2026
			ONE TO BE TAKEN IN THE			

Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	EVENING. CAN BE INCREASED BY ONE 10MG TABLET EVERY 4-7 DAYS UP TO 50MG PER NIGHT BEFORE REVIEWING WITH DOCTOR	-	04-Mar-2026	04-Mar-2026
Naproxen Tablets 250 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	17-Nov-2025	17-Nov-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN	-	17-Nov-2025	17-Nov-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Jun-2021	114	77
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	[redacted]
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d :	Night sweats 4m, no recent weight loss. 1 year increasing SOBOE - going up flights stairs. Hip pain has slowed him down. Thinks weight ok,	01-Jun-2021
Ex smoker:		07-Oct-2015
Non-drinker alcohol :	cannabis until a month ago.	22-Feb-2021
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: penicillin allergy	Advised to attend MIU for x-ray as need to rule out bony injury. Acute Rx as below issued. .	01-Jun-2022
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

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

Social circumstances

Ethnic Origin: White British

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC MSK Physiotherapy Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

South - Barrhead Health Centre
GGC MSK Physiotherapy

Physiotherapy MSK GG&C
SCI Gateway Virtual Location Code
NHS GG&C

Consultant / receiving practitioner and/or specialty clinic

Hospital and hospital address

Hospital location code: G049G

Email address:

Urgency of referral	Routine		
Date of referral	17-Mar-2026	**Date sent**	17-Mar-2026

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

68 [redacted] Road
Neilston
Glasgow
G78 3HU

Contact number(s)

Voice: 07859046918

1010393919009

Unique Care Pathway Number: 1010393919009

REGISTERED GP DETAILS

Name	Dr [redacted] McTaggart		
GMC code	4614357	**GP code**	39756
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

REFERRING GP DETAILS

Name	Dr. Alanna MacRae		
GMC code	6134456	**GP code**	36200
Practice name	Neilston Medical Centre (87023)		
Practice code	87023		

Practice address

1 High Street
Neilston
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Hip pain

Comment: Richard has bilateral hip pain and recently has become quite disabled, struggling to walk even short distances. He feels his hips are giving way.
He has restricted range of movement and his XR suggests FAI- CAM type. He has significant loss of thigh muscle bulk and seems deconditioned. I will refer him to ortho in case surgery is an option for him but I would be grateful if you could see him and hopefully improve his strength. He is speaking about wanting a wheelchair which is concerning.
Many thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Comment	Date of onset	Date recorded
Hand pain	-	04-Mar-2026	04-Mar-2026
Lumbosacral spondylosis without myelopathy	-	09-Jan-2026	09-Jan-2026
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Plain x-ray of joint	-	23-Feb-2026	23-Feb-2026
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dihydrocodeine Tablets 30 mg	50	50 tablet	2 TABLETS X4 DAILY	-	17-Mar-2026	17-Mar-2026
Paracetamol Tablets 500 mg	100	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	17-Mar-2026	17-Mar-2026
Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN IN THE EVENING. CAN BE INCREASED BY ONE 10MG TABLET EVERY 4-7 DAYS UP TO 50MG PER NIGHT BEFORE REVIEWING WITH DOCTOR	-	04-Mar-2026	04-Mar-2026
Naproxen Tablets					17-	17-

250 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	Nov-2025	Nov-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN	-	17-Nov-2025	17-Nov-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Jun-2021	114	77
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d :	Night sweats 4m, no recent weight loss. 1 year increasing SOBOE - going up flights stairs. Hip pain has slowed him down. Thinks weight ok,	01-Jun-2021
Ex smoker:		07-Oct-2015
Non-drinker alcohol :	cannabis until a month ago.	22-Feb-2021
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: penicillin allergy	Advised to attend MIU for x-ray as need to rule out bony injury. Acute Rx as below issued. .	01-Jun-2022
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Has patient attended Physiotherapy for the same problem within the last 12 months?:No
Has patient ever attended Pain Services for the same problem?:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White British

Signature of referring doctor (or other professional) Date

Scanned Document
30-Apr-2026 RF
Additional: Scanned Document

Filename: iGPRDA_9.pdf
Extension:tif
Pages:

Halligan Richard CHI: 1108626173

Clinic Letter

NHS
Greater Glasgow and Clyde
Royal [redacted] Hospital
Corsebar Road
Paisley
PA2 9PN
0141-314-7294

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Main Switchboard: 0141-314-7294
Department: Orthopaedics
Contact Tel: 0141 314 6946
Enquiries to:
Letter Date: 09/07/2025
Reference: JS/DM
Dictated Date: 09/07/2025
Transcribed Date: 26/08/2025

Dear Dr. LD McTaggart,

Richard Halligan; D.O.B: 11 Aug 1962; CHI: 1108626173
68[redacted] Road, Neilston, Glasgow, G78 3HU

Attendance: Specialty - Orthopaedics ; Clinic - RAJUSOR04S-MS[redacted] ORTHO EXTRA CLINIC
Date and Time of Appointment - 09/07/2025 18:00

Requested Out-patient Investigations:
MRI scan

Follow Up: Contact with results

Clinical Comments:
Many thanks for referring this 62 year old gentleman to the clinic. He has been complaining of back pain and stiffness for many years and originally saw someone in [redacted] probably in 2015 according to his records. He tells me that he had an MRI scan at that point for his back, and then was also seen by the same person regarding a possible trochanteric bursitis in the right hip. Last time he was seen he tells me was two and a half years ago, and he has had three injections into this trochanteric bursa. He says that the first one lasted about nine months and the second one only lasted about two weeks, and then he had a third one which made no difference.

His main problem just now is back pain and stiffness, with pain radiating into the right buttock and into the right thigh, and then on the left side radiating down the back of his leg to the foot.

He said that he walks a few [redacted] and then it becomes painful, and if he continues on he really has to slow down. Inclines make things significantly worse.

He is not describing any weakness as such in the legs, and there are no sensory symptoms.

He [redacted] family and has a 12 year old [redacted] He drives and can manage to do this, but getting in and out of the car is difficult. He does not currently work. He is not on any painkillers as he feels that they do not really help. He has very occasionally taken Paracetamols.

Over the years he has visited physiotherapy both privately and then he had an appointment at the Glasgow Royal Infirmary, but he said it was too painful to proceed with.

On examination he has a slow gait and is slim. There was no tenderness on palpation over the greater trochanter of the right hip, but he was very slim. He had a full range of movement in that hip. Power and sensation was normal throughout the lower limbs today.

The symptoms he was describing coming down the left leg could well be due to sciatica, and he is also having pain on the right side which is being put down to this trochanteric bursa, but certainly there is no tenderness on palpation of that today, and it may well be that this is also coming from his back.

I have explained to him that we will get an MRI scan, but I think the mainstay of treatment here may well be physiotherapy and I did go over the importance of persevering with this if that is what we suggest.

I will be in touch with him once he has had his scan.

Yours sincerely,

Ms [redacted]

Consultant Orthopaedic Surgeon

Electronically Signed: Ms [redacted] Consultant

cc.

Royal [redacted] Hospital: Diagnostic Imaging Report

Patient	RICHARD HALLIGAN	**Address**	68 [redacted] ROAD, NEILSTON, GLASGOW, G78 3HU
DOB	11/08/1962	**CHI No.**	1108626173
Ref. Source	Neilston Medical Centre	**Practice Code**	87023
Referrer	Dr Chidinma Abuwa (GPST)	**Exam Date**	25/08/2025 08.53

Report Summary

Clinical History :
Ongoing bilateral hand pain worse in 2nd MCPJs . Physiotherapy have fed back that despite ongoing course of exercise , pain persists . Suspected OA however imaging to characterise the extent and R/O other potential causes of pain
Ongoing bilateral hand pain worse in 2nd MCPJs . Physiotherapy have fed back that despite ongoing course of exercise , pain persists . Suspected OA however imaging to characterise the extent and R/O other potential causes of pain

XR Hand Both

XR Hand Both :
There are widespread mild plus early/minor degenerative changes scattered throughout both hands and wrists.
There is a small 4 mm focal area of calcification projected over the radial side of the right index fingers metacarpal head possibly representative of previous injury.
There is a tiny 1 mm focus of metallic density superimposed upon the right ring fingers metacarpal head.
There is no significant erosive change.

Last verified by: 3488188 (Dr [redacted])
Reported by: 3488188 (Dr [redacted] and [redacted] (None)

Scanned Document
30-Apr-2026 RF
Additional:Scanned Document

Filename: iGPRDA_8.pdf
Extension:.tif
Pages:

NHS Confidential, Personal data about a patient

Halligan Richard CHI: 1108626173

Clinical letter - GP: Clinic Letter

NHS
Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard. 0141 201 1100
Department Barrhead Health and [redacted]
[redacted] Centre, 213 Main Street,
Barrhead, G78 1SW
Contact Tel 0141 800 7107
Enquiries to:
Letter Date: 28/07/2025
Reference:
Dictated Date: 28/07/2025
Transcribed Date:

Dr LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Dear Dr McTaggart,

Richard Halligan; D.O.B: 11/08/1952; CHI: 1108626173
68[redacted] Road, Neilston, Glasgow, G78 3HU

GP Action: Please consider further investigations and a review of patient's analgesia

Thanks for referring Richard for assessment and treatment of his bilateral hand pain. He presents has having widespread OA, however this appears to be worse in his 2nd MCPJs. We have started him on a course of exercises, however he is struggling to engage in them due to pain. In light of this, I wonder if you might consider reviewing his analgesia. I wonder if a course of anti-inflammatories might be beneficial.

Further to the above, I wonder if bilateral hand x-rays might be beneficial to help aid diagnosis.

Should you require any further information, please do not hesitate to get in touch.

Many thanks,

[redacted]

Band 6 MSK Physiotherapist

Electronically Signed: ,

cc.

Printed on 28/07/2025 12:49 by [redacted] Page 1 of 1

Additional:Scanned Document

Filename: iGPRDA_6.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Halligan Richard CHI: 1108626173

Clinical letter - GP: Discharge Letter

NHS Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Main Switchboard:
Department: Barrhead Health and Social Care Centre, 213 Main Street, Barrhead, G78 1SW

Contact Tel: 0141 800 7107
Enquiries to:
Letter Date: 03/09/2025
Reference:
Dictated Date: 03/09/2025
Transcribed Date:

Dear Dr McTaggart,

Richard Halligan; D.O.B: 11/08/1962; CHI: 1108626173
68 [redacted] Road, Neilston, Glasgow, G78 3HU

GP Action Required: nil - patient failed to attend their last appointment and did not rebook.

Presenting Condition: nil

Physiotherapy Comments:

Onset of symptoms - Early 2025

Mechanism of onset - gradual

Diagnosis - ?bilateral hand OA

Treatment - This patient was given a home exercise programme aiming to increase strength and mobility in his hands.

Further Info -

This patient failed to attend their scheduled review appointment on 29/08/2025 and hasn't been back in contact to reschedule. They have therefore been discharged from the service in line with our failed-to-attend/cancellation policy. Should they wish to return to the service for further and ongoing input, this would require a new referral as this episode of care has been closed.

Discharge Outcome:

Prior to this, their symptoms were:

Printed on 03/09/2025 12:13 by [redacted] Page 1 of 2

Halligan Richard CHI: 1108626173 GCL 03/09/2025 v1

- Unchanged.

The patient has an exercise programme to continue with self management.

The patient failed to attend or cancelled review appointment(s) with no further contact.

This patient has now been discharged from our care.

Yours sincerely

[redacted]

Band 6 MSK Physiotherapist

Electronically Signed: ,

cc.

Scanned Document
30-Apr-2026 RF
Additional:Scanned Document

Filename: iGPRDA_3.pdf
Extension:.tif
Pages:

Emergency Discharge Summary
University Hospital Hairmyres

NHS Lanarkshire
Emergency Department
University Hospital Hairmyres
Eaglesham Road, East Kilbride
G75 8RG
Telephone : 01355584728

LD McTaggart
Neilston Medical Centre, 1 High Street, Neilston
G78 3HJ

RE: HALLIGAN, Richard, 68 [redacted] ROAD , , Glasgow G78 3HU

CHI: 1108626173

Dear Doctor LD McTaggart ,

Your patient attended University Hospital Hairmyres on 18/03/2026 at 14:07

The presenting complaint was: nausea/dizziness - amb - patient was driving and suddenly felt what he described as co r sick. Had to pull over though because he didnt know if he was going to passout or not - was sweaty and clammy at the time. No chest or abdo pain. Has remained nauseated and sick since. Obs stable news 0

Diagnosis:

Diagnosis Notes:

Investigations:

Radiology Exams:

Procedures:

Medications:

Follow up:

Notes:

Additional Information: vasovagal episode when driving a car without red flags. hadnt eaten for 24 hours and paramedics n oted odour of cannabis. normal bloods and ecg. likely vasovagal discharged with worsening advice

Yours faithfully
[redacted] Samimi-Mawby

Royal [redacted] Hospital: Diagnostic Imaging Report

Patient	RICHARD HALLIGAN	**Address**	68 [redacted] ROAD, NEILSTON, GLASGOW, G78 3HU
DOD	11/08/1962	**CHI No.**	1108626173
Ref. Source	Neilston Medical Centre	**Practice Code**	87023
Referrer	Dr Nasser Rashid (GPST)	**Exam Date**	09/02/2026 08:50

Report Summary

longstanding R hip pain. Worse recently and also affecting left hip. Struggles with stairs.
Pain on internal rotation of R hip ?OA

XR Pelvis

Indication:
longstanding R hip pain. Worse recently and also affecting left hip. Struggles with stairs.
Pain on internal rotation of R hip ?OA
Comparison:
Comparison made with previous imaging, dated 07/02/2022.
Report:
AP projection.
Hip joint spaces are preserved. SI joints are intact.
Bilateral CAM deformities.
Degenerative changes at the lower lumbar spine.
Allowing for the differences in projection, no significant interval change.
Impression:
See above.
Mr Imran Ulhaq Pg Dip Chest and Abdomen Reporting. Pg Cert MSK reporting. BSc Diagnostic Radiography
HCPC: RA84254
Diagnostic Radiographer
Reported by: Hexarad

Last verified by: HEXARAD (HEXARAD)
Reported by: HEXARAD (HEXARAD)

Additional: Scanned Document

Filename: iGPRDA_5.pdf
Extension:.tif
Pages:

NHS Confidential: Personal data about a patient

Halligan Richard CHI: 1108626173

Clinic Letter

NHS
Greater Glasgow and Clyde

Royal [redacted] Hospital
Corsebar Road
Paisley
PA2 9PN
0141-314-7204

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Main Switchboard:
Department: [redacted] and Orthopaedics
Contact Tel: 0141 314 6946
Enquiries to:
Letter Date: 09/01/2026
Reference: MVDM
Dictated Date: 09/01/2026
Transcribed Date: 09/01/2026

Dear Dr. LD McTaggart,

Richard Halligan; D.O.B: 11 Aug 1962; CHI: 1108626173
68[redacted] Road, Neilston, Glasgow, G78 3HU

Attendance: Specialty - Orthopaedics ; Clinic - RAJUSOR001D-MS [redacted] ORTHO FRI PM
Date and Time of Appointment - 09/01/2026 13:05

Follow Up: Discharged

Clinical Comments:
Diagnosis: Lumbosacral spondylosis

Plan: Discharge from Orthopaedics to Physiotherapy

I reviewed Mr Halligan today to update him about the results of his MRI. Mr Halligan was absolutely fine today, his back pains are getting much better with physiotherapy and he is managing fine. I reassured him about the results of the MRI and I discussed that the results showed spondylosis to his lumbosacral with no particular compression on the nerves. He was understanding of what is happening, and knows that spondylosis is a sort of arthritis of the intervertebral discs.

He will continue with physiotherapy and as discussed with him there is no need for any further appointment for his back. I have discharged him.

Yours sincerely

Mr [redacted]

Printed on 16/01/2026 09:04 by [redacted] Condie Page 1 of 2

Halligan Richard CHI: 1108626173 OPCL 09/01/2026 v1

FRCS T&O (England), FEBOT, PHD Cairo University, SCF T&O

Electronically Signed: Dr [redacted] Ismail, Doctor

cc.

Halligan Richard CHI: 1108626173

Clinical letter - GP: Discharge Letter

NHS Greater Glasgow and Clyde

Queen [redacted] University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: MSK Physiotherapy
Contact Tel:
Enquiries to:
Letter Date: 23/04/2026
Reference:
Dictated Date: 23/04/2026
Transcribed Date:

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Dear Dr McTaggart & MacRae,

Richard Halligan; D.O.B: 11/08/1962; CHI: 1108626173
68 [redacted] Road, Neilston, Glasgow, G78 3HU

GP Action Required: None

Presenting Condition: LBP & R hip pain

Physiotherapy Comments:

Onset of symptoms - 15 yr Hx of LBP & 1 yr Hx of L hip Pn

Mechanism of onset - gradual getting worse

Diagnosis - MLBP & R hip OA CAMS deformity

Treatment - 1 F2F session / F/A. Provided 1x e/c and LL strengthening exs with green band

Further Info - nil red flags

Discharge Outcome:

The patient failed to attend or cancelled review appointment(s) with no further contact.

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Halligan Richard CHI: 1108626173 GCL 23/04/2026 v1

Lindsay McGowan

Band 6 Physiotherapist

Barrhead Health and [redacted] Centre, 213 Main Street, Barrhead, G78 1SW

0141 800 7107

Lindsay.McGowan@ggc.scot.nhs.uk

Electronically Signed: ,

cc.

Scanned Document
30-Apr-2026 RF
Additional:Scanned Document

Filename: iGPRDA.pdf
Extension:.tif
Pages:

[redacted]

MMA

[redacted]

Neilston Medical Centre
1 High Street
Neilston
Glasgow
G783HJ

Date 15/04/2026

Ref: 100346

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Mr Richard [redacted] Halligan
Client Reference: #100346
Client Address: 68 [redacted] Road , Neilston , Glasgow, G78 3HU
Date of Birth: 11/08/1962
Also Known As:
Name in Care:
NHS Number
Previous Addresses:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.
Scope of Request

We request a complete copy of the patient's full medical records, including all data held in electronic, paper, and archived formats.

This specifically includes:
Full GP records (not a summary printout)
Consultation notes and free-text entries
Historical paper records (including Lloyd George records where applicable)
Coded clinical data
Correspondence to and from hospitals, specialists, and external providers
Mental health records held within the GP file
[redacted] or alerts

[redacted]

Referral records and outcomes
Medication and prescription history
Any scanned documents or attachments

Format Requirement
We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

Historical Records
Please ensure searches include:
Archived and legacy systems
Paper and scanned records
Records transferred from previous GP practices

Enclosures
We enclose:
Signed authority
Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe
We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

Non-Holding of Data
If you do not hold a complete record, please confirm:
The dates of records held
Details of any previous GP practices

Service of Documents
We only accept service of documents via email at evidence@mmalegal.co.uk. Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

Investigations Team
MMA Legal
E: evidence@mmalegal.co.uk
T: 0161 363 0816

NHS Confidential: Personal data about a patient

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Richard [redacted] Halligan
Date of Birth:	11/08/1962
Previous Names (if any):	
Current Address:	68 [redacted] Road Neilston Glasgow G78 3HU
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	STOK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	evidence@mmalegal.co.uk
Telephone Number	0161 563 0816

1. STATUS AND CONSTRUCTION

1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:
- 1.1.1. UK GDPR
- 1.1.2. Data Protection Act 2018
- 1.1.3. Common law confidentiality
- 1.1.4. Any related statutory, regulatory or supervisory framework

1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that [redacted] personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.

1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

2. APPOINTMENT

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised

2.1. The Client appoints the Representative to act fully on their behalf in connection with:
- 2.1.1. An application to Redress Scotland;
- 2.1.2. Any review, reconsideration or appeal;
- 2.1.3. Evidence gathering and submission;
- 2.1.4. Any associated advisory, compensatory or restorative process.

2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

3.1. This Authority applies to all public and private bodies including (without limitation):
- 3.1.1. Local Authorities and Councils
- 3.1.2. NHS Boards and GP Practices
- 3.1.3. Health & [redacted] Partnerships
- 3.1.4. Integration Joint Boards
- 3.1.5. Religious bodies and orders
- 3.1.6. Residential and [redacted] providers
- 3.1.7. Education authorities and [redacted]
- 3.1.8. Government departments
- 3.1.9. Archive services
- 3.1.10. Insurers holding historical liability files
- 3.1.11. Successor, merged or restructured public bodies

3.2. The Authority applies whether Records are:
- 3.2.1. Archived, microfiche, digitised or handwritten;
- 3.2.2. Stored off-site by contractors;
- 3.2.3. Held by dissolved or reconstituted institutions;
- 3.2.4. Transferred following statutory reorganisation.

3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:
- 3.3.1. The institution has closed or restructured;
- 3.3.2. Records are archived or require manual retrieval;
- 3.3.3. Records are held by insurers or successor bodies;
- 3.3.4. Retrieval involves time or administrative burden.

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:
- 4.1.1. Physical and mental health records
- 4.1.2. Psychiatric and psychological reports
- 4.1.3. Therapy and counselling notes
- 4.1.4. CAMHS records
- 4.1.5. [redacted] and [redacted] files
- 4.1.6. Ethnicity or religious data where recorded

This includes all NHS and private medical providers.

This explicit consent may be withdrawn at any time by written notice.

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

5.1.1. Criminal offence data
5.1.2. [redacted] investigation material
5.1.3. [redacted] investigations
5.1.4. Statements and intelligence logs
5.1.5. Outcome decisions

Including records held by:

5.1.6. [redacted] Scotland
5.1.7. Any predecessor Scottish [redacted] force
5.1.8. Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.
6.2. Where necessary, redaction shall be limited strictly to third-party information.
6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

7.1. Any refusal, limitation or redaction must:
7.1.1. Identify the specific statutory exemption relied upon;
7.1.2. Explain how that exemption applies to the particular Record;
7.1.3. Confirm why partial disclosure is not possible;
7.1.4. Be communicated in writing.
7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.
7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.
8.2. Disclosure shall not be refused because:
8.2.1. An internal template form has not been used;
8.2.2. The Authority is considered "out of date" within internal policy;
8.2.3. Additional consent is sought beyond reasonable identity verification.
8.3. Any organisation acting in good [redacted] reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	R Halligan
Print Name	Richard [redacted] Halligan
Date	23/03/2026

Witness	
Name	[redacted] Rawston
Address	STOK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	[redacted] Rawston
Date	23/03/2026

Completion Certificate

Reference ID: 7e0ccde1-22cd-4df3-6374-450ac5418b6d

Document Details

Document Name(s):	part-1, part-3, cfa, loa, fee-clarity
Total Pages:	4
Sent By:	[redacted] Rawston (195.21.72.3)
Completed Date:	Mar 23, 2026 13:47:00 UTC

Signer Information

Name:	Mr Richard [redacted] Halligan
Email:	rhalligan@gmail.com
Telephone:	07859046918
IP Address:	92.40.192.43

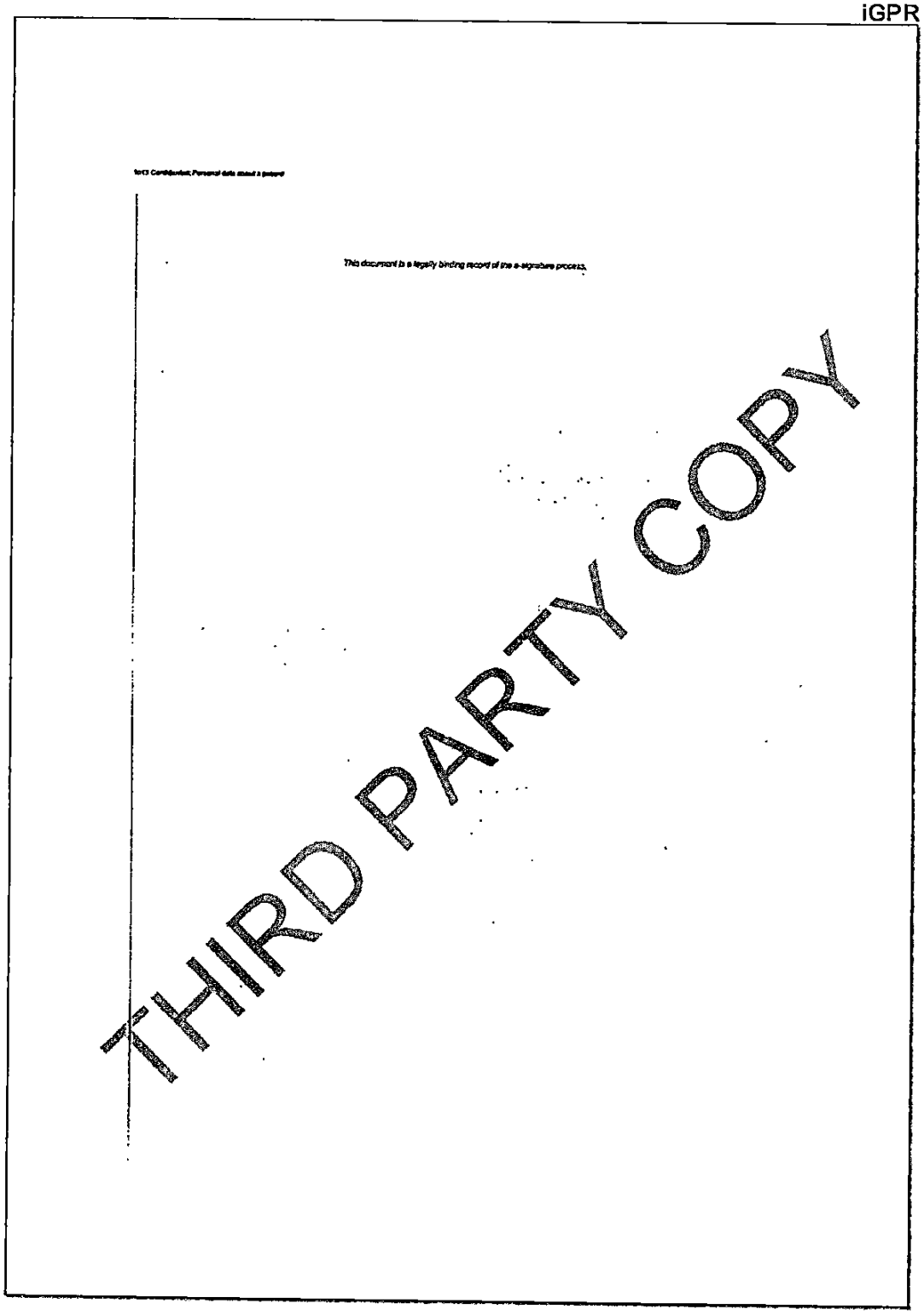
Verified Electronic Signature

Audit Trail

Action	Timestamp	IP Address
Created	2026-03-23 13:46:06	System
Document link sent to client by email	2026-03-23 13:46:06	System
Document link sent to client by sms	2026-03-23 13:46:07	System
Document link opened by client	2026-03-23 13:46:30	92.40.192.43
Document electronically signed	2026-03-23 13:47:00	92.40.192.43

Security Verification

SHA-256 Checksum: 61dce2851af9ac6f893a3107811bd5077a22c1341c7ccd1c84e9cd16f67e237231


This document is a legally binding record of the e-signature process.
THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work
17-Mar-2026 Dr Alanna MacRae (PART)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Hip pain; Duration: 17/03/2026 - 28/04/2026)
Filename: FitNote.pdf
Extension: tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms — Richard Halligan

I assessed your case on: 17 / 03 / 2026

and, because of the following condition(s): Hip pain

I advise you that:
- [X] you are not fit for work.
- [ ] you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
- [ ] a phased return to work
- [ ] amended duties
- [ ] altered hours
- [ ] [redacted] adaptations

Comments, including functional effects of your condition(s):

This will be the case for: 6 Week(s)

or from / / to / /

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: Dr Alanna MacRae

Issuer's profession: Doctor

Date of statement: 17 / 03 / 2026

Issuer's address:
THE MEDICAL CENTRE
1 HIGH STREET
NEILSTON, G78 3HJ
Telephone: 0141 880 0505

Unique ID: Med 3 04/22 [redacted]

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 [redacted] 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 [redacted] 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: Mr, Mrs, Miss, Ms — HALLIGAN
Other names: RICHARD
Address: 68 [redacted] ROAD
NEILSTON
GLASGOW Postcode G78 3HJ
Date of birth: 11 / 08 / 1982 Mobile:
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.

eMED3 (2010) new statement issued, not fit for work
11-Feb-2026 Dr Nasser Rashid (NR1)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Hip pain; Duration: 11/02/2026 - 29/03/2026)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms — Richard Halligan

I assessed your case on: 11 /02 / 2026

and, because of the following condition(s): Hip pain

I advise you that:
- [X] you are not fit for work.
- [ ] you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
- [ ] a phased return to work
- [ ] amended duties
- [ ] altered hours
- [ ] [redacted] adaptations

Comments, including functional effects of your condition(s):

This will be the case for:
or from 11 /02 / 2026 to 29 /03 / 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: Dr Nasser Rashid
Issuer's profession: Doctor
Date of statement: 11 /02 / 2026
Issuer's address:
THE MEDICAL CENTRE
1 HIGH STREET
NEILSTON, G78 3HJ
Telephone: 0141 880 0505

Unique ID: Med 3 04/22 [redacted]

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 [redacted] 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 [redacted] 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

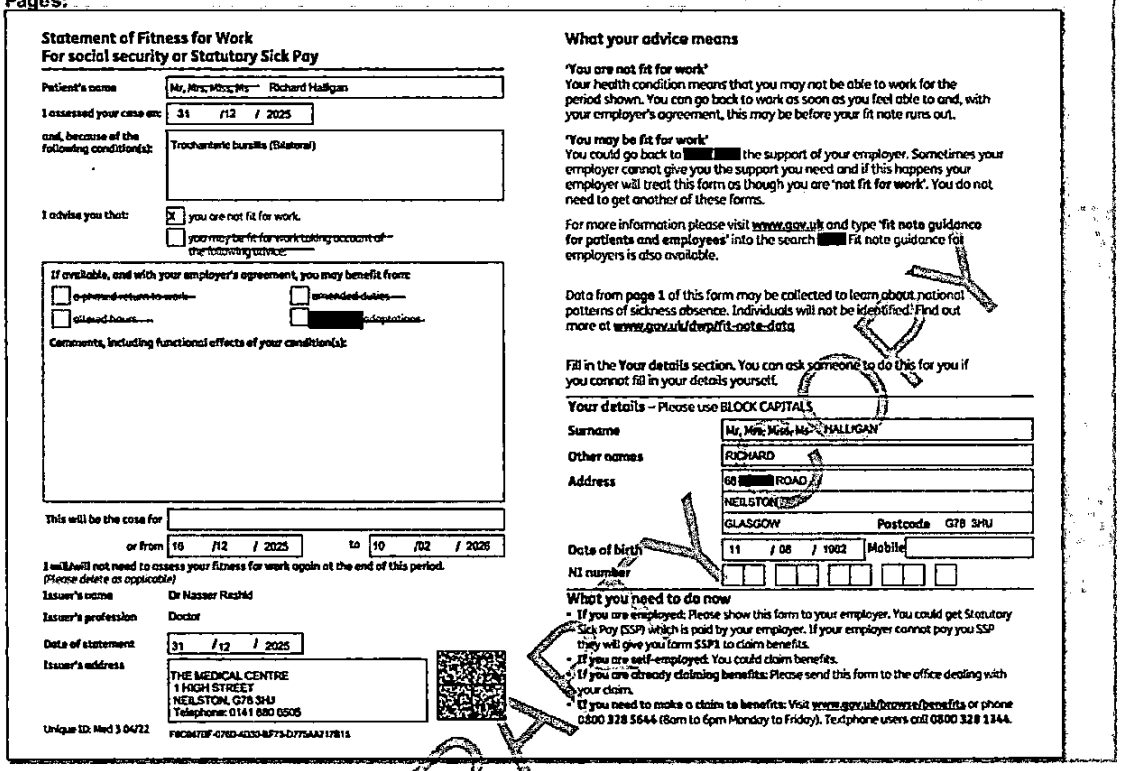
Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname: Mr, Mrs, Miss, Ms HALLIGAN
Other names: RICHARD
Address: 68 [redacted] ROAD
NEILSTON
GLASGOW Postcode G78 3HU
Date of birth: 11 / 08 / 1962 Mobile:
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 for benefits:** Visit www.gov.uk/browse/benefits or phone 0800 328 5644 (8am to 6pm Monday to Friday). Textphone users call 0800 328 1344.

eMED3 (2010) new statement issued, not fit for work
31-Dec-2025 Dr Nasser Rashid (NR1)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Trochanteric bursitis (Bilateral); Duration: 16/12/2025 - 10/02/2026)
Filename: FitNote.pdf
Extension:.tif
Pages:



Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms Richard Halligan

I assessed your case on: 31 /12 / 2025

and, because of the following condition(s): Trochanteric bursitis (Bilateral)

I advise you that:
- [X] you are not fit for work.
- [ ] you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
- [ ] a phased return to work
- [ ] amended duties
- [ ] altered hours
- [ ] [redacted] adaptations

Comments, including functional effects of your condition(s):

This will be the case for:
or from 16 /12 / 2025 to 10 /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: Dr Nasser Rashid
Issuer's profession: Doctor
Date of statement: 31 /12 / 2025
Issuer's address:
THE MEDICAL CENTRE
1 HIGH STREET
NEILSTON, G78 3HJ
Telephone: 0141 880 0505

Unique ID: Med 3 04/22 F8C847DF-07ED-4D30-BF73-D775AA717B15

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 [redacted] 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 [redacted] 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

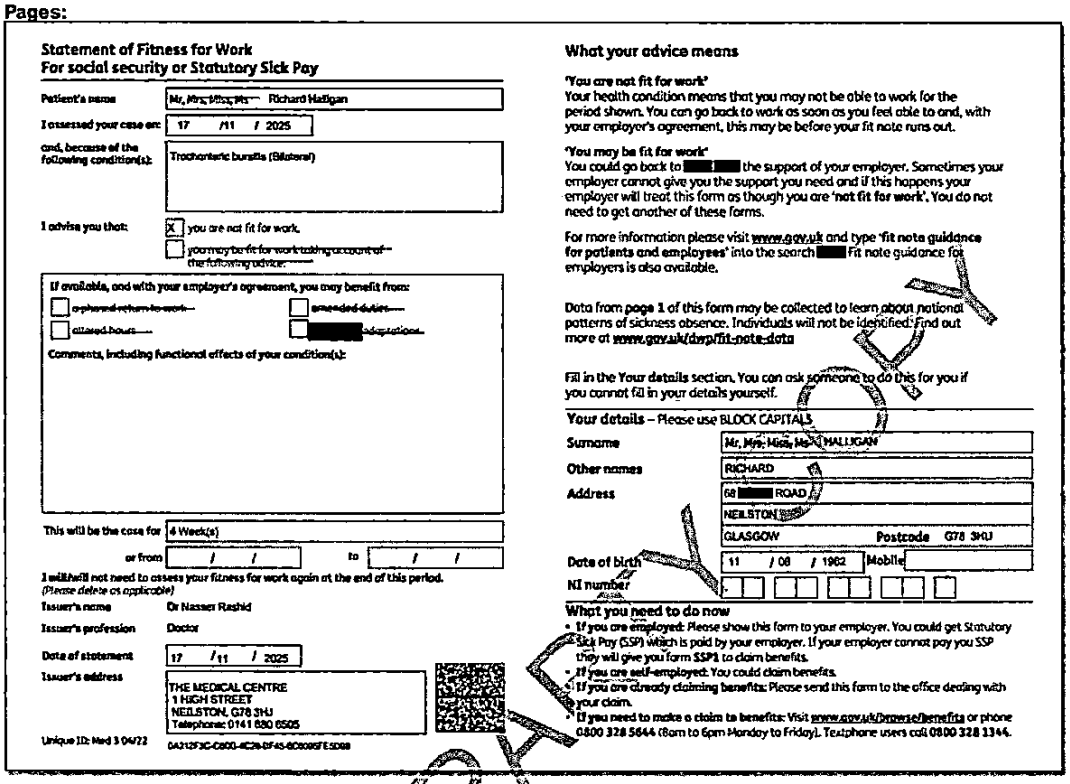
Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname: Mr, Mrs, Miss, Ms HALLIGAN
Other names: RICHARD
Address: 68 [redacted] ROAD
NEILSTON
GLASGOW Postcode G78 3HJ
Date of birth: 11 / 08 / 1982 Mobile:
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 for benefits: Visit www.gov.uk/browse/benefits or phone 0800 328 5644 (8am to 6pm Monday to Friday). Textphone users call 0800 328 1344.

eMED3 (2010) new statement issued, not fit for work
17-Nov-2025 Dr Nasser Rashid (NR1)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Trochanteric bursitis (Bilateral); Duration: 17/11/2025 - 15/12/2025)
Filename: FitNote.pdf
Extension:.tif
Pages:



Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms — Richard Halligan
I assessed your case on: 17 / 11 / 2025
and, because of the following condition(s): Trochanteric bursitis (Bilateral)

I advise you that:
- [X] you are not fit for work.
- [ ] you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
- [ ] a phased return to work
- [ ] amended duties
- [ ] altered hours
- [ ] [redacted] adaptations

Comments, including functional effects of your condition(s):

This will be the case for: 4 Week(s)
or from: / / to: / /
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: Dr Nasser Rashid
Issuer's profession: Doctor
Date of statement: 17 / 11 / 2025
Issuer's address:
THE MEDICAL CENTRE
1 HIGH STREET
NEILSTON, G78 3HJ
Telephone: 0141 880 0505

Unique ID: Med 3 04/22
0A212F3C-C800-4C2A-BF45-8C0095FE5D88

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 [redacted] 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 [redacted] 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: Mr, Mrs, Miss, Ms HALLIGAN
Other names: RICHARD
Address: 68 [redacted] ROAD
NEILSTON
GLASGOW Postcode G78 3HJ
Date of birth: 11 / 08 / 1962 Mobile:
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 for benefits:** Visit www.gov.uk/browse/benefits or phone 0800 328 5644 (8am to 6pm Monday to Friday). Textphone users call 0800 328 1344.

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
Pat Togher

Glasgow City Health and Social Care Partnership
Leverndale Hospital
510 Crookston Road
Glasgow G53 7TU

www.nhs.ggc.org.uk
www.glasgow.gov.uk

GDPR Legal Team
Health Records Department
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU

Date: 16 April 2026
Your Ref: 100346
Our Ref:GDPR/SAR/1108626173

Private
MMA Legal Ltd
Stok
43 – 59 Prices Street
Stockport
SK1 1RY

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation
Patient: Mr Richard Halligan DOB: 11 08 1962

Further to our acknowledgement letter to you dated 16 04 2026 in which you seek a copy of your client's personal information, our request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

Copy of Mental Health Services health records held within NHS GG & C

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- **Patient health records, photographs or radiology images**
- **Video/telephone recordings, including CCTV images**
- **Witness statements**
- **Incident reports**
- **Complaints files**
- **Emails**

If phoning please ask for Mrs Patricia Doherty
Telephone: 0141 211 6682
Email: patricia.doherty@ggc.scot.nhs.k

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

- **We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation**

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- **Adult general hospital records – six years after the date of last entry**
- **Maternity records – 25 years after the birth of the last child**
- **Children's and young people's records – until the child or young person's 25th birthday.**
- **Mental health records – 20 years after the date of the last contact**

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

Please note you have the right to contact the Scottish Information Commissioner if you are unhappy with how your request has been dealt with. The contact details are noted below

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours faithfully

Irene Whyte
Health Records Manager
South and East Glasgow
Mental Health Services, NHS GGC

Enc

HALLIGAN, Richard (Mr) Date of Birth: 11-Aug-1962 (63y)

68 Craig Road, Neilston, Glasgow, G78 3HU

CHI Number:	110 862 6173	Home Tel:	
Usual GP:	MACRAE, Alanna (Dr)	Work Tel:	
Patient Type:	Community Registered	Mobile Tel:	07859046918
Registered:	14-Sep-2022	Email:	rhhalligan@gmail.com
Language:	unknown	Dispensing:	No
Advocacy Needs:		Transport Needs:	

Problems
No problems recorded.
Medication
No Current Medication
Allergies
No allergies recorded.

Consultations

29-Oct-2023 23:35	Face to face consultation (NHS GG&C Mental Health Services) MCQUEEN, Arlene (NursePractitioner)
Comment	History:SAS have arrived - unable to obtain ECG due to patient moving around Richard has been taken to hospital for review. Patient has walked to ambulance with paramedics. Patient can be referred back if returns back in custody or needs to be seen. History:An arresting police officer has asked if writer if Richard can be reviewed as patient reports he is not feeling well. Seen at : 21.50 and 22.05amcqueen Examination:ACVPU -AGCS 15B.M 7.3pearl 3mm/3mmTemperature: 35.1O/E - pulse rate: 72Systolic BP: 132Diastolic BP: 87Blood oxygen saturation: 100.0O/E - respiratory rate: 14Assessment:Patient has waked from van to treatment room for assessment, Richard appears to be having an anxiety attack, he is seen to be hyperventilating. Richard has confirmed his demographics correctly . Vital signs within normal range - patient reports feeling anxious. Patient reports he suffers from anxiety. Patient has calmed down and reassurance given, Richard has walked to the holding cell.Have been asked to review Richard at 22.05 as he is having central chest pain- patient has walked through to the treatment room at 22.05.Patient reports left sided chest pain radiating down left arm, and is still seen to be hyperventilaitng, Richards states he cant see anything and feels "everything is coming in". and thinks he is going to die. Suspect severe anxiety attack however cannot rule out MI, have asked police to dial 999.300mg Aspirin administered at 22.15 via PGDGTN spray x 2 sprays via PGD AT 22.158l 02 administered for comfortVital signs within normal range. 120/69pulse 72sats 97%SAS have arrived at 22.40 for review. Recommendations:SAS called for ECG/ review suspect severe anxiety attack, cannot rule out MI
03-Oct-2022	Winvoice Pro Filing MCCARTHY, Fiona (CBTherapist)
Additional	Attachment MH47 Standard Letter | Eastwood Health and Care Centre Mental Health | Fiona McCarthy
16-Sep-2022 11:28	Administration note, Other care (NHS GG&C Mental Health Services) GRIEVE, Rachel (Administrator)
Comment	Text to patient: Good morning. We recently received a referral to our service (bridges primary care mental health team) in order for us to process your referral for assessment appointment we would kindly ask that you respond to this text/telephone our team to advise you wish to OPT IN to the service. Our telephone

	number is 01414510590 and our email address is bridges.pcmht@ggc.scot.nhs.uk please OPT IN to the service within 10 working days, if we do not hear from you within this time scale we will assume you do not require input from the team and will discharge you back to the routine care of your GP. Bridges pcmht.
14-Sep-2022 17:38	Administration note (NHS GG&C Mental Health Services) MCCARTHY, Fiona (CBTherapist)
Comment	GP referral received and allocated to Bridges tel screening waiting list for band 6+ clinician. opt in letter to be sent See previous Bridges assessment and may be beneficial to ask patient if he attended RAMH as per previous advice and outcome of same.
14-Sep-2022 12:20	NHS GG&C Mental Health Services MCKINNEY, Elizabeth (LocalityAdministrator)
Document	SCI Gateway referral letter 🗎 SCI Gateway referral letter from Dr A Capaldi and Partners (14-Sep-2022)
14-Sep-2022 12:20	Inbound Referral (NHS GG&C Mental Health Services) MCKINNEY, Elizabeth (LocalityAdministrator)
Referral	Referral to primary care mental health team From: Dr A Capaldi and Partners
12-Mar-2021 16:10	Progress notes (NHS GG&C Mental Health Services) DUFFY, Angela (PrimaryCareLiaisonWorker)
Comment	Completed RAMH referra and discharge letter sent to GP, informed Richard of the referral to RAMH.
12-Mar-2021	Unknown DUFFY, Angela (PrimaryCareLiaisonWorker)
Additional	Attachment 🗎 MH47 Standard Letter | Eastwood Health and Care Centre Primary Care Mental Health Team | Angela Duffy
12-Mar-2021 15:57	NHS GG&C Mental Health Services DUFFY, Angela (PrimaryCareLiaisonWorker)
Document	Other referral 🗎 RAMH referral (12-Mar-2021)
09-Mar-2021 10:27	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) CAMPBELL, Christine (MentalHealthPractitioner)
Comment	Template: **Psychological Theraples HEAT Target CT** Discussed at CCM (Mhairi Selkirk, Clinical Lead Bridges PCMHT; Christine Campbell, Mental Health Practitioner Bridges PCMHT). Agreed suitable for anger management with RAMH. Angela Duffy (MHFacilitator) & admin tasked re same. Psychological therapy summary report
Examination	Not suitable for psychological therapies
03-Mar-2021 12:50	NHS GG&C Mental Health Services DUFFY, Angela (PrimaryCareLiaisonWorker)
Document	History / symptoms 🗎 History / symptoms and CORE 10 (03-Mar-2021)
03-Mar-2021 11:00	Telephone consultation (NHS GG&C Mental Health Services) DUFFY, Angela (PrimaryCareLiaisonWorker)
Comment	Richard attended his telephone screening appt core=14 no risk. Richard explained his difficulties with anger, he was imprisoned when he was younger due to same. Explained RAMH provide anger management, agreed to being referred by writer if deemed appropriate at the CCM. Agreed to emailing anger management information, breathing technique, explained relaxed breathing and relaxation apps.
01-Mar-2021 13:35	Administration note, Other care (NHS GG&C Mental Health Services) GRIEVE, Rachel (Administrator)
Comment	core 10 sent to patient.
01-Mar-2021 13:33	Administration note, Other care (NHS GG&C Mental Health Services) GRIEVE, Rachel (Administrator)
Comment	text to patient: good afternoon richard. i am messaing you from bridges primary care mental health team. you have a screening appointment booked for wednesday 3rd march 2021 at 11.00am. angela will call on your mobile to discuss and carry out this appointment. please advise if this is not suitable by calling our team on 01414510590. i will also email a form to be used during your appointment. kind regards, bridges pcmht.
01-Mar-2021 12:48	Administration note (NHS GG&C Mental Health Services) CAMPBELL, Christine (MentalHealthPractitioner)
Comment	Viewed SCI Gateway referral. Accepted for t/phone screening assessment. Placed on waiting list for same. Given past behaviour/anger issues clinician to explore risk to self and others.

01-Mar-2021 10:08	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	SCI Gateway referral letter (26-Feb-2021) SCI Gateway referral letter from Dr A Capaldi and Partners (26-Feb-2021)
01-Mar-2021 10:08	Inbound Referral (NHS GG&C Mental Health Services) FINLAY, Ann Jeanette (LocalityAdministrator)
Referral	Referral to primary care mental health team From: Dr A Capaldi and Partners
30-Jan-2019 15:23	NHS GG&C Mental Health Services MCELHOLM, Elaine (BusinessSupport)
Document	Follow-up clinic letter sent to GP Closure Letter (30-Jan-2019)
29-Jan-2019 13:05	Progress notes (Barrhead St Andrews House (Addictions)) WILSON, Mary (ADRSLeadOfficer)
Comment	28/01/2019 - Mary Wilson, Team Manager, Community Addiction Services - Case closed as unplanned discharge - declined assessment appointment offered and advised he no longer wanted support from the service. GP/Referrer will be advised.
17-Jan-2019	NHS GG&C Mental Health Services MCELHOLM, Elaine (BusinessSupport)
Document	Appointment letter sent to patient Assessment Appointment Letter (25-Jan-2019)
15-Jan-2019 11:30	Administration note (NHS GG&C Mental Health Services) HOSSACK, Sarah (ADRSNurse)
Comment	Richard DNA assessment appt- passed to Admin for 2nd appt
08-Jan-2019 15:18	NHS GG&C Mental Health Services MCELHOLM, Elaine (BusinessSupport)
Document	Appointment letter sent to patient Assessment Appointment Letter (15-Jan-2019)
08-Jan-2019 12:12	NHS GG&C Mental Health Services MCLUNDIE, Valerie (ClericalOfficer)
Document	SCI Gateway referral letter (07-Jan-2019) SCI Gateway referral letter from Dr A Capaldi and Partners (07-Jan-2019)
08-Jan-2019 12:12	Inbound Referral (NHS GG&C Mental Health Services) MCLUNDIE, Valerie (ClericalOfficer)
Referral	Referred for addictions assessment From: Dr A Capaldi and Partners

Referrals

Date	Term	Details	Clinician	Status
14-Sep-2022	Referral to primary care mental health team	FROM: Dr A Capaldi and Partners	MCKINNEY, Elizabeth (LocalityAdministrator)	Ended
01-Mar-2021	Referral to primary care mental health team	FROM: Dr A Capaldi and Partners	FINLAY, Ann Jeanette (LocalityAdministrator)	Ended
08-Jan-2019	Referred for addictions assessment	FROM: Dr A Capaldi and Partners	MCLUNDIE, Valerie (ClericalOfficer)	Ended

Care plans

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Our Ref: RG
Job ID: 100212471
Date: 03/10/2022

PRIVATE & CONFIDENTIAL

Dr LD McTaggart
Neilston Medical Practice
The Medical Centre
1 High Street
Neilston
G78 3HJ

Mental Health
Eastwood Health and Care Centre
Drumby Crescent
Clarkston
Glasgow
G76 7HN
Tel: 01414510590
www.nhsggc.org.uk

Dear Dr McTaggart

Re: Richard Halligan DOB: 11/08/1962 CHI: 1108626173
Address: 68 Craig Road, Glasgow, G78 3HU

We received the above patient's referral to the service. We sent them an OPT IN text to OPT IN if they required an assessment from our service.

The patient did not OPT IN as requested and as we have not heard from them we will assume they no longer require input.

Their referral will be closed at this time, and they will be discharged back to your routine care.

We will be more than happy to accept a future referral if you feel they require our service.

Yours sincerely

Fiona McCarthy
Practitioner

Authorised on 03/10/2022 11:57:25 by Typist Rachel Grieve, on behalf of Fiona McCarthy.

RAMH
recovery across mental health

REFERRAL

Email: referrals@ramh.org

Admin Co-ordinator: 41 Blackstoun Road, Paisley PA3 1LU Tel: 0141 847 8900

If you know the service you require please tick the appropriate box

Causeway Community [ ] Causeway Employability [ ] East Renfrewshire Adult Counselling [X]

ERYCS [ ] Employability (Renfrewshire) [ ] FIRST Crisis [ ]

Information (East Renfrewshire) [ ] Information (Renfrewshire) [ ]

Lifeskills/Re-Use Store [ ] Renfrewshire Community Service [ ] Community Link: [ ]

Housing: East Renfrewshire [ ] Renfrewshire [ ]

Mr **First Name:** Richard **Surname:** Halligan

D.O.B. 11/08/1962 **Gender:** M **National Insurance No:** (if known)

Address: 17 Holehouse Brae, Neilston **Post Code:** G78 3LX

Tel No (H): N/A **Tel No. (W):** N/A **Mobile No:** (07859) 046918

Email address: rhhalligan@gmail.com **School:** **Year:**

Is it ok to contact the person by phone/letter/email at home/work/mobile?

Home:	Yes [ ]	No [ ]	**Work**	Yes [ ]	No [ ]	**Leave a message**	Yes [ ]	No [ ]	
Mobile	Yes [X]	No [ ]	**Letter to Home**	Yes [X]	No [ ]	**Ok to identify service**	Yes [ ]	No [ ]	
Email	Yes [X]	No [ ]	**Consent SMS**	Yes [ ]	No [ ]	**GDPR Confidentiality**	Yes [ ]		

GP: MCKEAN, Alison (Dr) **GP Telephone No:** 0141 880 6505

Actual Name of Practice: DR Capaldi and Partners **CHI Number: 110 862 6173**

Medication

Is the person taking any form of medication? Yes [ ] No [ ]

If so please indicate what type

Is the person being prescribed any drugs to assist them with their mental health problems? Yes [ ] No [ ]

If so please indicate what type

Anti-Psychotics [ ] Anti-Depressants [X] Other (please specify) [ ] **Sertraline 50mg, hadn't started them at his telephone screening appointment with writer (03/03/2021)**

Referrer: Angela Duffy **Occupation/Relationship to service user:** Mental Health Facilitator

Address: Eastwood Health & Care Centre, Drumby Crescent, **Post Code:** G76 7HN.

Tel No: 0141 451 0590/0500 **Fax No:** N/A **E-Mail:** angela.duffy@ggc.scot.nhs.uk

Is the person aware of the service and in agreement to the Referral? Yes [X] No [ ]

Is the young person willing to attend the service? N/A Yes [ ] No [ ]

If a young person, are their parent /guardian aware of referral? N/A Yes [ ] No [ ]

Other Supports Yes [ ] No [ ]

Agency **Contact** **Tel:**

Agency _____ Contact _____ Tel: _____

Agency _____ Contact _____ Tel: _____

Reasons for Referral, including support guidelines or action to be taken if RAMH staff have any concerns:

Richard is a 58 year old man, at his screening appointment he identified he needed support with anger difficulties. This has impacted on his relationship with his wife and he is estranged from his son (not spoken in 2 years). He recently moved out of the marital home he shared with his wife and 12 year old daughter and was staying in a hotel (run by a friend) at the time of his screening appointment. He stated his anger, temper, shouting and not listening is having a negative effect on his life and he wants to address this. He stated he has never been violent towards his family. He was imprisoned when he was younger due to violence. Last physically violent about 4 years- £800 fine.

Please tick ALL OF THE REASONS that best describes the person's reasons for seeking support at this time.

Abuse	☐	Cognitive/Learning	☐	Pregnancy	☐
Addictions-Drugs/Alcohol	☐	Depression	☐	Psychosis	☐
Adverse Childhood Experience	☐	Eating Issues	☐	School Issues	☐
Anger Issues	☒	Family Issues	☐	**Self-Harm**	☐
Anxiety/Stress	☐	Interpersonal/Relationship difficulties	☐	Suicidal Ideation/Behaviour	☐
Bereavement/Loss	☐	Living/Welfare/Housing	☐	Trauma	☐
Bi-Polar Illness	☐	Loneliness	☐	Work/Academic/Training	☐
Bullying	☐	Personality/Challenging Behaviour	☐	Other (please state)	
Carer	☐	Physical Health/Illness	☐		

Risk Assessment, Safeguarding or Protection Issues

Do you know of any areas of risk/concern that RAMH should be aware of **Yes** ☐ **No** ☐

Please provide details, including guidance on what action, e.g. FIRST Crisis should take, if they are unable to make initial contact with the service user, is there anyone you would like us to contact?:

Living Arrangements

Carer role in household	☐	Living with foster care	☐
Caring for Children	☐	Living with parents/guardian	☐
Living alone	☐	Living with spouse/partner	☐
Living in homeless unit	☐	Living with other relatives/friends	☐
Living in residential/secure accommodation	☐	Looked after at home	☐
Living in supported accommodation	☐	Other (please specify)	☐

Does the person have any medical/mental health conditions? **Yes** ☐ **No** ☐

Please give details

Can Referrer please tick if you have discussed Self Directed Support (SDS) options, and which option 1-4

SDS Option 1 ☐ 2 ☐ 3 ☐ 4 ☐

Ethnicity

Asian or Asian British ☐ Black or Black British ☐ White or White British ☐

Mixed Background ☐ Other Ethnic Group ☐ (type in here)

Signature: _____ **Date Referred:** _____

RAMH operates a confidential and secure service and is registered under the Data Protection Act and are GDPR Compliant. The information you provide will be processed by computer. You may have access to information on written request.

RAMH is a charity registered in Scotland No SC0 10430 and is a Company Limited by Guarantee No 14145

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

East Renfrewshire Council

Julie Murray
Chief Officer

Our Ref: 24/02/2021
Job ID: 100021443
Date: 12/03/2021

PRIVATE & CONFIDENTIAL

Dr.AD Capaldi
Dr A Capaldi & Partners
The Medical Centre
1 High Street
Neilston
G78 3HJ

Primary Care Mental Health Team
Eastwood Health and Care Centre
Drumby Crescent
Clarkston
Glasgow
G76 7HN
0141 451 0590/0500
www.nhsggc.org.uk

Dear Dr Capaldi

Re: Richard Halligan DOB: 11/08/1962 CHI: 1108626173
Address: 17 Holehouse Brae, Glasgow, G78 3LX

Discharge Letter

Richard attended his telephone screening appointment on 3rd March 2021, he identified he required support for anger management. This support is not provided by Bridges to Wellbeing team. Richard agreed to being referred to RAMH, referral has been sent today (12/03/2021) and I have also sent him literature on anger management. If you require any more information then please do not hesitate to contact myself on the telephone number above.

Yours sincerely

Angela Duffy
Facilitator

Authorised on 12/03/2021 16:09:54 by Angela Duffy.

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

NHS Greater Glasgow and Clyde

BRIDGES

TELEPHONE SCREENING FORM

Patient name: HALLIGAN, Richard (Mr)	**Assessing clinician: Angela Duffy**
CHI: 110 862 6173	**Date: 03/03/2021**
Core 10 score: 14/40	Risk: 0
Confidentiality understood and agreed:	**YES** ☒ **NO** ☐
Do you consent to our service sending you text messages:	**YES** ☒ **NO** ☐
Do you consent our service sending you correspondence via email:	**YES** ☒ **NO** ☐
If yes, record email address:	**rhhalligan@gmail.com**
***If answered no to any of the above, please place in alerts.**	

Current Circumstances: (Lives alone/with partner/parents. Employed/Unemployed/Studying etc. Dependents. Caring for someone.)

Usually lives with wife daughter 8 years-called her a useless mother, left the home 4 weeks ago due to argument with wife. Staying in his friends hotel in Glasgow

Estranged son age 42 - not spoke in 2 years (he said he won't let anyone speak to him like that again)

Estranged from sister -not spoke in approx. 2 years.

Father left when he was a baby, he died several years ago. Felt he should have been told more- would have like to have known his father even though he was told he was not a good role model.

Builder to trade- stay at home dad. Does jobs here and there- stated wife has a good job

Violent passed towards others, not family.

Childhood –stated he was brought up in a housing scheme were violence and criminality was normalised

Suddenly stopped smoking cannabis 4 weeks ago. Last 30 years smoked cannabis daily

Presenting Problems: (Onset / duration/ intensity/ frequency / previous episodes. Symptoms – physical, emotional, altered thoughts/behaviour. Avoidance? Relationships affected?
Triggers: internal / external. What prompted referral? Impact on individual i.e. level of function/ADL?

Anger, temper, mood.

Imprisoned when he was younger due to violence. Last physically violent about 4 years- £800 fine. Never violent towards family.

'I think I am always right-shout to get my point across'. Not listening, 'just kick off and say things I regret'. Blow up without warning. Contempt for people. Aware of how his

temper is impacting on others. Married for 10 years, wife and marriage are important to him. Previous argument with wife 8 weeks ago, she walked out and went to visit her friend in Wales

Don't drink as been violent towards others due to this. Recently an acquaintance informed him that he used to be scared of him. Reputation for being violent. Verbally abuse.

Feels at times his mood is low and Just wants to talk then turn into an argument -always feel frustrated.

Safety & Risk Factors (suicidal thoughts, suicidal ideation, risk of violence, neglect, drug and alcohol, domestic abuse)

(Double click the boxes to choose either 'not checked' or 'checked' to mark correctly)

☒ Experiencing no thoughts of self-harm/suicide

☐ Experiencing thoughts of self-harm/suicide, however, have no plans to act upon these thoughts

☐ Experiencing thoughts of self-harm/suicide, have made some plans, however, would not act upon these due to protective factors in place

N.B Risk Assessment required if risk factors identified.

Previous history of self-harm/suicide?
N/A

Comments:

N/A

Illicit Drug Use: previously smoked cannabis for 30 years, stopped 4 weeks again-felt low due to this, feels better now. Replaced stop smoking cigarettes with cannabis and this impacted on smoking cannabis more.

He felt before he was using cannabis as a medicine, convinced himself it stopped him being violent- views this differently now.

Alcohol Consumption: no

Other Substances: (caffeine, nicotine) smoking roll up occasionally

Other Risks:

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

NHS Greater Glasgow and Clyde

BRIDGES

Contact With Services/Psychological Services – Past or Present:

NO

Protective Factors/Supports: (Helpful strategies, support available, skills and knowledge, what interests/activities they enjoy? What keeps them well/ helps them to recover?)
Work- achieving, not working at present
Wife- separated for 4 weeks

Prescribed Medication: (Name, dose, duration, side effects, compliance, is it helping?)

Sertraline 50mg- not taken it as yet, suggested he contacts his GP to arrange an appointment to discuss this.

Over the Counter Medication: no

Patient's Expectations/Goals For Treatment: (What needs to change? Miracle Question)

Not blow up, anger management. Understand how my behaviour affects others.

Assessor's Impression: Discussed anger management. Informed Bridged do not provide support for anger as the primary issue. Explained RAMH provide anger management, agreed to being referred by writer if deemed appropriate at the CCM. Agreed to emailing anger management information and link to RAMH. Discussed relaxed breathing and relaxation apps.

Outcome of Screening: Discuss at CCM

HI CBT	☐	**Counselling**	☐
LI CBT	☐	**Face to Face Assessment**	☐
Moodskills Group	☐	**CMHT**	☐
BA Group	☐	**CBT Group**	☐
Bridges Allocations	☐		
Signpost (cCBT, RAMH)	☐		
Other (please specify)	☐		

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

NHS
Greater Glasgow
and Clyde

BRIDGES

Any further comments:

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

NHS Greater Glasgow and Clyde

BRIDGES

CORE-10 Measure Screening

Client CHI: 110 862 6173	**Client name: HALLIGAN, Richard (Mr)**
Date form given: 03/03/2021	**Therapist ID: Angela Duffy**
Gender: male	**Age: 58**

IMPORTANT – PLEASE READ THIS FIRST

This form has 10 statements about how you have been **OVER THE LAST WEEK**. Please read each statement and think how often you felt that way last week. Then tick the box which is closest to this.

	Over the last week.....	Not at all	Occasionally	Sometimes	Often	All of the time
1.	I have felt tense, anxious or nervous	☒0	☐1	☐2	☐3	☐4
2.	I have felt I have someone to turn to for support when needed	☒4	☐3	☐2	☐1	☐0
3.	I have felt able to cope when things go wrong	☐4	☐3	☒2	☐1	☐0
4.	Talking to people has felt too much for me	☒0	☐1	☐2	☐3	☐4
5.	I have felt panic or terror	☒0	☐1	☐2	☐3	☐4
6.	I made plans to end my life	☒0	☐1	☐2	☐3	☐4
7.	I have had difficulty getting to sleep or staying asleep	☒0	☐1	☐2	☐3	☐4
8.	I have felt despairing or hopeless	☐0	☐1	☐2	☒3	☐4
9.	I have felt unhappy	☐0	☐1	☒2	☐3	☐4
10.	Unwanted images or memories have been distressing me	☐0	☐1	☐2	☒3	☐4

TOTAL (Clinical Score*) 14

*** Procedure:** Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the clinical score.

Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

STRICTLY CONFIDENTIAL

Dr Alison McKean
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

East Renfrewshire HSCP
Community Addiction Team &
Community Recovery Team
St Andrew's House
113 Cross Arthurlie Street
Barrhead
G78 1EE
Phone: 0141 577 4685
Fax: 0141 577 3762

Our Ref: MW/EMcE
Date Typed: 30 January 2019

Dear Dr McKean

RE: Richard Halligan (11.08.1962) 17 Holehouse Brae, Neilston, G78 3LX

I refer to the above named who you referred to our service on 8 January 2019.

Two assessment appointments were offered and he phoned to say he did not wish support. Advised he can contact at any time in future should situation change.

Yours sincerely

Mary Wilson
Team Manager

STRICTLY CONFIDENTIAL

Richard Halligan
17 Holehouse Brae
Neilston
G78 3LX

East Renfrewshire HSCP
Community Addiction Team &
Community Recovery Team
St Andrew's House
113 Cross Arthurlie Street
Barrhead
G78 1EE
Phone: 0141 577 4685
Fax: 0141 577 3762

Our Ref: MH/EMcE
Date Typed: 17 January 2019

Dear Richard

You have been referred to the service by Dr Alison McKean.

Sorry you missed your appointment with us on 15 January 2019; I can offer you the following second appointment.

The following is an assessment appointment to enable you to discuss your needs and thereafter a care plan will be developed to enable your needs to be met.

Time:	**9.30am**
Date:	**Friday 25 January 2019**
Place:	**St Andrew's House, 113 Cross Arthurlie Street, Barrhead, G78 1EE**

Please contact this service to rearrange the above appointment if it is inconvenient for you.

If you do not attend the appointment, it will be assumed that you do not wish to be in contact with this service at this time. However, please do not hesitate to re-establish contact when appropriate for you.

Yours sincerely

Munmun Hyder
Addiction Support Worker

cc Dr Alison McKean, Neilston Medical Centre, 1 High Street, Neilston, G78 3HJ

Privacy Statement
You can find out how we use your information in our privacy statement on our website.

East Renfrewshire Community Addiction Team
East Renfrewshire Community Recovery Team

Assessment Explained

What to expect
The assessment will involve a one-to-one discussion between a staff member and you. The purpose of the assessment is for us to get a better understanding of your drug and/or alcohol problem and identify your needs. Our assessment paperwork is known as a Single Shared Assessment, and this is used locally by health and social work staff to assess people's needs.

Questions we will ask
We will talk to you about your circumstances and your needs – what circumstances have brought you to our service. Questions you will be asked will include your past and current drug and/or alcohol use, health, financial, legal issues and your overall living circumstances. You will also have the opportunity to ask any questions you may have. It may also help the assessment if we involve people who contribute to your care. This could be a relative who looks after you, or professionals involved in your care such as your GP.

SMR25
For clients using drugs, either as primary or secondary use, we are required to complete an SMR 25 data form which will be passed to the Information and Statistics Division of the Scottish Drug Misuse Database, Scottish Government. This information is used solely for the collection of statistics in Scotland to assist research and development and when looking at allocation of funding.

Consent
We will always speak to you about what is involved in your care and ensure you are involved in making decisions about it. To ensure you receive the best possible care, we will ask you to allow us to share your information with other professionals as appropriate. We will ask you to sign a consent form at your assessment appointment to allow this to happen.

What happens next?
Once the assessment has been completed and your needs have been agreed, you will be allocated a worker who will meet with you on a regular basis and agree the goals of treatment, care and support. This is written down as a "Care Plan".

The assessment will usually take an hour or more so please allow time for this.

STRICTLY CONFIDENTIAL

Richard Halligan
17 Holehouse Brae
Neilston
G78 3LX

East Renfrewshire HSCP
Community Addiction Team &
Community Recovery Team
St Andrew's House
113 Cross Arthurlie Street
Barrhead
G78 1EE
Phone: 0141 577 4685
Fax: 0141 577 3762

Our Ref: SH/EMcE
Date Typed: 8 January 2019

Dear Richard

You have been referred to this service by Dr Alison McKean.

The following is an assessment appointment to enable you to discuss your needs and thereafter a care plan will be developed to enable your needs to be met.

Time:	**11.30am**
Date:	**Tuesday 15 January 2019**
Place:	**St Andrew's House, 113 Cross Arthurlie Street, Barrhead, G78 1EE**

Please contact this service to rearrange the above appointment if it is inconvenient for you.

If you do not attend the appointment, it will be assumed that you do not wish to be in contact with this service at this time. However, please do not hesitate to re-establish contact when appropriate for you.

Yours sincerely

Sarah Hossack
Addiction Nurse

cc. Dr Alison McKean, Neilston Medical Centre, 1 High Street, Neilston, G78 3HJ

Privacy Statement
You can find out how we use your information in our privacy statement on our website.

East Renfrewshire Community Addiction Team
East Renfrewshire Community Recovery Team

Assessment Explained

What to expect
The assessment will involve a one-to-one discussion between a staff member and you. The purpose of the assessment is for us to get a better understanding of your drug and/or alcohol problem and identify your needs. Our assessment paperwork is known as a Single Shared Assessment, and this is used locally by health and social work staff to assess people's needs.

Questions we will ask
We will talk to you about your circumstances and your needs – what circumstances have brought you to our service. Questions you will be asked will include your past and current drug and/or alcohol use, health, financial, legal issues and your overall living circumstances. You will also have the opportunity to ask any questions you may have. It may also help the assessment if we involve people who contribute to your care. This could be a relative who looks after you, or professionals involved in your care such as your GP.

SMR25
For clients using drugs, either as primary or secondary use, we are required to complete an SMR 25 data form which will be passed to the Information and Statistics Division of the Scottish Drug Misuse Database, Scottish Government. This information is used solely for the collection of statistics in Scotland to assist research and development and when looking at allocation of funding.

Consent
We will always speak to you about what is involved in your care and ensure you are involved in making decisions about it. To ensure you receive the best possible care, we will ask you to allow us to share your information with other professionals as appropriate. We will ask you to sign a consent form at your assessment appointment to allow this to happen.

What happens next?
Once the assessment has been completed and your needs have been agreed, you will be allocated a worker who will meet with you on a regular basis and agree the goals of treatment, care and support. This is written down as a "Care Plan".

The assessment will usually take an hour or more so please allow time for this.