EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR A YASIN

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

F	C
16 NOV 2017	
S	T

14th NOVEMBER 2017

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07754151754

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY

Your patient attended our Department on TUESDAY 14th NOVEMBER 2017 at 17:59 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- UNWELL

On examination I found:-

Patient declared allergies at ED attendance: PENICILLIN

Investigations: BIOCHEMISTRY

Investigations: CLOTTING STUDIES

Investigations: 12 LEAD ECG PERFORMED

Diagnosis: SEPSIS,

Immunisation:

Treatment: MEDS - INTRAVENOUS

Treatment: MEDS - ORAL

Treatment: INFUSION FLUIDS

Treatment: INTRAVENOUS CANNULA

Treatment: RECORDING VITAL SIGNS

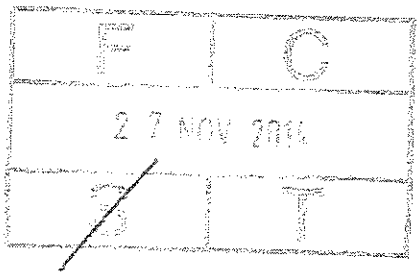
Treatment: ADVICE - VERBAL

sposal & Discharge Details: MEDICAL ASSESSMENT UNIT:

urs sincerely

LOCCI - ST3, ED
tomatically generated and therefore unsigned.

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 **Fax:** 01733 349 221
Freephone: 0800 111 4354



Date 14/11/2014

Dear Colleague
63 Lincoln Road Surgery

Re: Richard Dean DOB: 30/09/1962
Address: 19 Adelaide, Bretton, Peterborough, PE3 9PG

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of [substance]

Impression
Mr Dean presented slightly low in mood and unkempt. He was polite and cooperative throughout the consultation. No evidence of intoxication or withdrawal symptoms.

Management plan
1. **I have agreed to continue with the same regime until next review**
2. **Key worker appointment for support and psychosocial intervention to continue**
3. **Next medical review on 06/02/2015 at 10.30**
4. **Letter to GP**

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CRI
Methadone mixture 1mg/1ml 32ml

Current prescription from GP
Diazepam 17mg OD

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: no
Other: Nil
Over the counter medication: Nil
Tobacco: 3 cigarettes a day
Alcohol: no

Urine drug screening positive for: Methadone/Benzodiazepine

Physical Health
Hep C positive, diagnosed 5 years ago, he is currently under the care of the local specialist. He also had history of DVT, last episode 1.5 years ago. Hep B vaccination completed five years ago. Allergy to penicillin.

Mental Health
He reported no major mental health issue. He reported no history of self harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was no evidence of anxiety.

Social History
He lives in a shared accommodation. He has no driving licence. He has six grown up children, he has regular contact with them. He is currently unemployed.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client.
No recent forensic history disclosed.

Investigations:
Nil

Discussion

1. I have explained him the risk of using illicit substances and prescribed medication.
2. The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

North West Anglia
NHS Foundation Trust

GP SUMMARY

ED Attendance Number: PCH-24-031960-1

Patient Information	Attendance Information	Peterborough City ED
Name: Richard Dean **DOB:** 30 Sep 1962 **Address:** 14 Drayton , Bretton , PETERBOROUGH PE3 9XL **Hospital No:** DIS0529177 **NHS Number:** 498 167 2195	**Date& Time:** 14 Mar 2024 12:10 **Type:** New Attendance **Presented With:** constipation? **Incident Type:** Illness **ED Clinician:** Nandita Anand	Peterborough City Hospital Bretton Gate Peterborough PE3 9GZ CareGroup: ED Majors

AT BOROUGHBURY MED CENTRE DR
Craig Street,Peterborough,Cambridgeshire,PE1 2EJ

GP Action

-

Diagnosis

1. Constipation (chronic) **Qualifier:** Suspected diagnosis

Investigations

Please note only 15 patient investigations are shown in this letter. Please refer to Anglia ICE for a comprehensive list of investigations and results.

Treatment

Treatments:

Interventions:
1. Guidance / advice - written

Safeguarding Concerns

No safeguarding issue

Children NAI/PST Tool

Referral Information

Outcome & Destination

Status: A&E Treatment complete
Outcome: Discharged - no follow up
Follow up:
Left Department: 14 Mar 2024 16:14

TTO Detail

Drug: Non Dept Drugs **Frequency:** Four times a day **Route:** Oral **Amount:** 1 pack **Duration:** 6 days
Comments: Macrogol 3350

E-Notes

RAT Comments:

ED Clinician Notes:

Principal Presenting Problem: constipation
History of Presenting Problem: 61 M
comes with c/o inability to pass stool since 7 days
has been eating
said he has tried laxatives but did not help

passing urine okay
no vomiting
no fever

no other systemic symptoms
Past Medical History: Drug dependance
DVT
hiatus hernia
Diverticular disease
Observations and General Examination: patient is conscious, oriented
BP- 122/60
RR- 17
Spo2- 100% on ra
PR- 88
temp 36.4
Chest Examination: No chest tenderness
Abdominal Examination: Abdomen SNT
No guarding/ rigidity
bowel sounds +
Other Examination: PR -
slight fecal impaction+
Differential Diagnosis: ? constipation
Management or Treatment Plan: Plan
enema and review
Progress Note 1: > given movicol according to BNF, adviced to take daily and come back to ED if symptoms dont improve

Speciality Notes:

KIMPTON, Nicole (NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG)

From: CAB (NORTH WEST ANGLIA NHS FOUNDATION TRUST)
Sent: 11 December 2018 15:21
To: BoroughburyMedicalCentre (NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG)
Subject: returned referrals
Attachments: 4981672195 11.12.2018.pdf

Cut and paste the following content to the email body:
If replying to this email please include patients details thanks you.
A referral has been received from your GP practice for an outpatient appointment outside the NHS e-Referral Service (e-RS). The referral is attached and must be re-referred through the appropriate service eon e-RS. If you have any queries please contact 01733 673177 or 01733 673684
Please note that patient responsibility has now been handed back to you until we receive the e-RS referral by selecting the appropriate service. No outpatient appointment has been made at this stage for you.

Yours Faithfully

Outpatient Administration Team
Email: peh-tr.CAB@nhs.net

UA- ERS
THIS IS A NEW REFERRAL

Boroughbury

Request for Follow Up

JN 07DEC18

REF: JC/sg

Consultant Respiratory Physician
Department of Respiratory Medicine
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough

DIS 05291?7

5 DEC 2018

03 Dec 2018

Dear Colleague

Re: Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195
19 Adderley, Bretton, Peterborough PE3 8RA
Mob: 07787 654419

Many thanks for your review of this 56 year old man.

He is known to be an ex intravenous heroin user and he remains on Methadone via ASPIRE. He has been 'clean' for 4-5 years. He has chronic Hepatitis C and bloods consistent with previous Hepatitis B with immunity. He has a history of recurrent DVT on lifelong anticoagulation. He has a Hiatus Hernia. He is known to have mixed anxiety and depressive disorder.

He lives alone and has a supportive daughter. He smokes 5/day and is teetotal.

He has been complaining of feeling very unwell for at least 18 months and has multiple ongoing symptoms and weight loss. During this time he has had multiple A&E attendances, admissions to hospital and outpatient appointments with Gastroenterology, Colorectal and Endocrinology. It appears he was briefly under the care of Dr Brij but I think this was following an acute admission rather than through the Respiratory pathway. He has been extensively investigated with little yield to date.

He was recently admitted to hospital again under the medics.

At discharge he was listed for a CT chest, abdomen and pelvis. This has now been reported and shows some bronchiectasis and a 10mm right upper lung nodule.

Cont/d . .

RECEIVED CRO
11 DEC 2018

Boroughbury Medical Centre
Craig Street *Emergencies:* *Tel: 01733 307850*
Peterborough *Enquiries:* *Tel: 01733 907820*
PE1 2EJ *Appointments:* *Tel: 01733 307840*
Fax:01733 566945

Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
Werrington
Peterborough *Fax: 01733 579734*
PE4 6QB

The patient tells me he received a phone call from the hospital about the lung nodule saying that they would be arranging follow-up and a repeat CT scan of his chest in 3 months. However, I note ACU have since written to the surgery asking the GP to arrange this.

He complains of multiple ongoing symptoms but amongst them ongoing chest pain and breathlessness. He also feels he continues to lose weight. As such I would be grateful if you would arrange review of this man in the Respiratory clinic and enter him into the lung nodule surveillance programme for interval scanning in 3 months.

Many thanks for your help.

With best wishes,

Yours sincerely

Dr Jason Cockerill
MB BS BSc (Hons) MRCGP AICSM

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895524
F: 01733 349221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

Change Grow Live | Aspire Recovery Service
Peterborough City Centre

PRIVATE AND CONFIDENTIAL
Date/Time:14/02/2025

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

Please be aware that this letter has been generated from medical notes and sent without signing to avoid delay.

Dear Dr

Date 14/02/2025

Re: Richard Dean DOB: 30/09/1962
Address: 14 Drayton, Bretton, Peterborough, PE3 9XN

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of heroin

F13.2 Mental and Behavioural Disorder due to the use of benzodiazepine

Impression
Richard attended on time and presented slightly low in mood, pickup regime was changed after he missed three medical review. He was polite and cooperative throughout the consultation.

Management plan

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895624
F: 01733 349221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

Change Grow Live

Aspire
Recovery Service
Peterborough City Centre

We have agreed to move back to weekly pickup and continue with the same regimen for the Espranor 6mg daily and the diazepam 14mg daily reducing by 2mg fortnightly till 10mg and after 2 mg a month till 0

Discussed necessity to attend regular medical review to avoid treatment review in absence.

Naloxone discussed and already issued

Next medical review in 24/52 or earlier if needed

Letter to GP

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CGL
Espranor 6mg od
Diazepam 14mg od reducing by 2mg fortnightly
Current prescription from GP
Omeprazole 20mg od; Tamsulosin 400mcg; Anticoagulant; Mirtazapine 45mg;

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895624
F: 01733 349221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: No
Other: Nil
Over the counter medication: Nil
Tobacco: he stopped smoking
Alcohol: No

Urine drug screening positive for: Buprenorphine/Benzodiazepine/Cocaine(disputed)

Physical Health
Hep C cleared in 2023, last BBVs test 11/2024 negative. He also had history of DVT, last episode four years ago, he has had also a CT scan two years ago for a suspect pulmonary embolism, negative. Hep B vaccination completed. Allergy to penicillin.

Mental Health
He has been diagnosed with depression/anxiety long time ago, currently under the care of his GP. He reported no history of self-harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was evidence of mild anxiety.
Capacity: I had no concerns regarding capacity during the consultation today. The client was able to comprehend and retain information, weigh up the consequences of his choices and communicate his decisions

Social History

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895624
F: 01733 349221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

Aspire
Recovery Service
Peterborough City Centre

He lives on his own. He has no driving licence. He has six adult children, and he has regular contact with them. He is currently on ESA.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client.

No recent forensic history disclosed.

Investigations:
Nil

Discussion

I have explained him the risk of using illicit substances and prescribed medication.

The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Advised to contact the service, his keyworker, or his GP if any concerns, after hours to contact A&E or mental health crisis team and call 111 option 2.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

:EMERGENCY DEPARTMENT
el. No. (01733) 673285

CNSULTANT: DR O AKINTADE -USE OAKE CODE↕

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

13th OCTOBER 2017↕

17 OCT 2017

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear POOLED BOROUGHBURY ↕

our patient attended our Department on FRIDAY 13th OCTOBER 2017 at
:14 pm

eferred by: GP-MEDICAL ASSESSMENT

LINICAL DETAILS
heir presenting complaint was:- MEDICAL EXPECTED- CHEST PAIN

n examination I found:-

atient declared allergies at ED attendance: PENICILLIN↕

nvestigations: X-RAY

nvestigations: BIOCHEMISTRY

nvestigations: CARDIAC ENZYMES ↕

iagnosis: OTHER - MEDICAL, ↕

mmunisation: ↕

reatment: INTRAVENOUS CANNULA

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL ↕

isposal & Discharge Details: MEDICAL ASSESSMENT UNIT↕

ours sincerely

A AKINTADE - CON MED/MFE

North West Anglia
NHS Foundation Trust

Dept of Gastroenterology + Hepatology 302
Consultant: Dr. A. Khan

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Direct Line: 01733 677527
Fax: 01733 676786
Switchboard: 01733 678000
Email: nwangliaft.gastro@nhs.net

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 13 May 2019
Priority **routine**

Transcribed: 22 May 2019
Reference: PN/PB

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Colleague

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

Thank you for referring this pleasant 56 year old gentleman who attended today generally feeling shaky and unwell, stating that he had been passing dark urine with associated significant weight loss. I note from previous history a similar history was given in 2017 to Dr Amin when he presented with progressive weight loss. Mr Dean states that he has been reducing his Methadone over the last few years coming down from 50 down to 20 ml. He has also stopped smoking recently.

He has had four samples of urine sent which have all returned back negative excluding urinary tract infection. I also note that he is under the care of the Respiratory Team who are monitoring his lung nodules. CT scan performed in October 2018 showed no malignancy and with no other worrying features seen apart from 10 mm lung nodule.

Mr Dean has dropped in weight from 15 stones to 13.8 stones. His appetite is poor and bowels are otherwise regular.

His past medical history is of hep C, previous addict to cocaine and also suffers with anxiety, depression and COPD. He is currently taking PPI, Methadone, Apixaban and Diazepam. He is an ex-smoker and drinks no alcohol. His father died of cancer ?type.

On examination he looked unkempt, shaky, tattooed and extremely anxious. He had no jaundice, clubbing or nodes. Palm erythema noted but no thyroid swelling. Abdomen was soft with mild left sided tenderness with gas bloat, lung masses and organomegaly seen. From the above history plus examination, the possibility of withdrawal seems to be most likely as the patient has reduced his Methadone significantly. I have however arranged for further blood tests to exclude underlying sepsis or infection. I note a urine dipstick in clinic today was found to be completely clear and I have arranged for early gastroscopy so as to exclude possible ulcer. If however the patient were to feel a progressive shakiness or malaise, I have advised that he goes to the Emergency Department for admission.

Yours sincerely

Electronically signed by
Dr Prakash Nair
Consultant

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard C Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

RICHARD DEAN

Copy to GP [redacted]

NHS number: 498 167 2195 Hospital Number: DIS0529177

Peterborough and Stamford Hospitals NHS Foundation Trust

Assessment & Treatment Unit

Telephone: 01733 677779

Patient Identification
RICHARD DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH
PE3 8RA

Inpatient Letter

Admission Date	13/07/2011 08:00
Discharge Date	13/07/2011 08:00
Sex	Male
Date Of Birth / Age	30/09/1962, 48 Years
Marital Status	Single
NHS number	498 167 2195
Hospital Number	DIS0529177

Main Diagnosis - Deep Vein Thrombosis confirmed

US Compression venography lower limb Rt
swollen right leg, previous DVT, known IVDU, Wells score 4
ENTERED BY: Jayne Sansby Ext 4301
BLEEP: 7779
Clinical History :
swollen right leg, previous DVT, known IVDU, Wells score 4
ENTERED BY: Jayne Sansby Ext 4301
BLEEP: 7779
US Compression venography lower limb Rt :
I was unable to see the common femoral vein due to the extensive scar tissue due to Mr Dean's usage. There was a thrombus in the right proximal superficial femoral vein.
CONCLUSION: Evidence of a DVT was seen on the scan.
This examination has been reported by Sandra Booth, Advanced Practitioner - Ultrasound.
Reported by: BOOTH SANDRA / RGNSR1

Reason for Attendance - Suspected Deep Vein Thrombosis

Relevant History
Previous VTE
IVDU

Investigations / Procedure - Doppler Ultrasound

Management and Progress
Anticoagulation – LMWH
Discussed with on call SPR and at present not suitable for warfarin as he is still injecting. He says that the last time was 10/7 ago.

Anticoagulation Duration
Ideally long term as this is second episode of VTE.

[53324/0]

RICHARD DEAN **NHS number:** **498 167 2195** **Hospital Number:** **DIS0529177**

Allergies - Penicillin

Follow Up Arrangements - Return to referrer

Advice to Patient - Anticoagulation counselling

Medication Changes - No Change

DVT Discharge Medication - Tinzaparin 0.8mls mls

Consultant	DR SATEESH NAGUMANTRY
Ward	PCH Assessment & Treatment
Specialty	Nursing Episode
Letter Ref	53324/0
Date Printed	13/07/2011 15:04
Signed	Jayne Sansby Ext 4301 [Nurse (R,D)]

[53324/0]

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Assessment & Treatment Unit

Telephone: 01733 677779

Patient Identification
RICHARD DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH
PE3 8RA

Inpatient Letter

Admission Date	13/07/2011 08:00
Discharge Date	13/07/2011 08:00
Sex	Male
Date Of Birth / Age	30/09/1962, 48 Years
Marital Status	Single
NHS number	498 167 2195
Hospital Number	DIS0529177

Main Diagnosis - Deep Vein Thrombosis confirmed

US Compression venography lower limb Rt
swollen right leg, previous DVT, known IVDU, Wells score 4
ENTERED BY: Jayne Sansby Ext 4301
BLEEP: 7779
Clinical History :
swollen right leg, previous DVT, known IVDU, Wells score 4
ENTERED BY: Jayne Sansby Ext 4301
BLEEP: 7779
US Compression venography lower limb Rt :
I was unable to see the common femoral vein due to the extensive scar tissue due to Mr Dean's usage. There was a thrombus in the right proximal superficial femeral vein.
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Reported by: BOOTH SANDRA / RGNSR1

Reason for Attendance - Suspected Deep Vein Thrombosis

Relevant History
Previous VTE
IVDU

Investigations / Procedure - Doppler Ultrasound

Management and Progress
Anticoagulation – LMWH
Discussed with on call SPR and at present not suitable for warfarin as he is still injecting. He says that the last time was 10/7 ago.

Anticoagulation Duration
Ideally long term as this is second episode of VTE.

[53324/0]

Follow Up Arrangements - Return to referrer

Advice to Patient - Anticoagulation counselling

Medication Changes - No Change

DVT Discharge Medication - Tinzaparin 0.8mls mls

Consultant	DR SATEESH NAGUMANTRY
Ward	PCH Assessment & Treatment
Specialty	Nursing Episode
Letter Ref	53324/0
Date Printed	13/07/2011 15:04
Signed	Jayne Sansby Ext 4301 [Nurse (R,D)]

[53324/0]

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Dept of Urology 202
Consultant: Mr. S. Sharma

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
PE3 9GZ

Direct Line: 01733 677473
Fax: 01733 676741
Switchboard: 01733 678000
Email: Anita.Lewis@pbh-tr.nhs.uk

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 13 Jan 2017
Priority **routine**

Transcribed: 18 Jan 2017
Reference: MC/RC

Pooled Boroughbury,
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Doctor

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

I have reviewed this gentleman in the urology clinic today. His lower urinary tract symptoms have remarkably improved on Tamsulosin. His flow rate has shown non obstructed curve with negligible post void residual.

I would be grateful if you could continue him on the Tamsulosin indefinitely. For the time being I am happy to discharge him back to your kind care.

Kind regards

Yours sincerely

Electronically signed by
Mr Malek Chanawani
Speciality Registrar

As this is a clinical letter written from one professional to another it is likely to contain some technical information. If you do not understand any part of this letter and wish to obtain specific explanation regarding the contents please discuss this with your GP.

Mr. Richard C DEAN - 30 Sep 1962, 498 167 2195

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. R. Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. R. Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Direct Line: 01733 677527
Fax: 01733 676786
Switchboard: 01733 678000
Email: nwangliaft.gastro@nhs.net

Dept of Gastroenterology + Hepatology 302
Consultant: Dr. I. Amin

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 13 Dec 2018
Priority **routine**

Transcribed: 08 Jan 2019
Reference: TD/SR

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

Dear Mr. Dean

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

We have received a request for a Gastroenterology opinion from your GP. On review we have decided that you need an appointment in the Gastroenterology Outpatient Clinic for further assessment. We are writing to let you know that you are on a waiting list and will receive a letter from our Outpatient Department confirming the date and time a few weeks in advance of the appointment.

Please contact Outpatients on 01733 673555 if you have any queries.

Yours sincerely

Electronically approved by Mrs Sue Redmond
Secretarial Assistant on behalf of
Dr Tapas Das
Consultant

Please note this letter has been sent without approval, at the request of the Consultant/Nurse, to avoid delay.

Distribution:
Mr. Richard C Dean (Patient) — post
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net

North West Anglia
NHS Foundation Trust

Department of Ambulatory Care Unit
Consultant: Ambulatory Care Nurse

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Direct Line: 01733 677779
Fax:
Switchboard: 01733 678000
Email: nwangliaft.acuservices@nhs.net

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 13 Aug 2023
Priority **routine**

Transcribed: 13 Aug 2023
Reference: AJ/AJ

Pooled Boroughbury
General Practitioner
Craig Street
Peterborough
Cambridgeshire
PE1 2EJ

Dear Mr./Ms. Pooled Boroughbury

Mr. Richard DEAN DOB 30 Sep 1962
14 Drayton, Bretton, Peterborough, PE3 9XL

Mr Dean had previous DVT from IVDU long term swelling to right leg 5cm larger than left. non compliant with treatment ?DVT WELLS 3
ENTERED BY: Jon Darling
BLEEP: 8754

US Compression venography lower limb Rt, 13/08/2023:

RED STAR REPORT. This report needs urgent attention by the requester.
This is a positive report for a DVT. There is no need to investigate for cancer for people with unprovoked DVT or PE unless they have relevant clinical symptoms or signs.

The deep venous system of the right leg was examined. As previously documented on other scans, this was a technically difficult scan due to patient's history and anatomy.
Within the right common femoral vein and there is a non-occlusive thrombus. Furthermore, there is another non-occlusive thrombus noted within the right proximal SFV,

at the level of the at the right profunda and a further one within the mid SFV. It is difficult to tell if this is a new blood clot or old from a previous DVT.

The left CFV is patent.

CONCLUSION : Non-occlusive thrombus noted within the CFV and two within the SFV.

Reported by: Bethaney HAYES Advanced Practitioner in Ultrasound, RA74529

Mr Dean states that sometimes he forgets to take his medication for 2-3 days at a time. Discussed with Dr Shahid, prescribed Apixaban 10 mg twice daily for 1 week then Gp to kindly prescribe further Apixaban 5 mg twice daily for long term. Anti-coagulation clinic referral made. Discharged home with advice to remind himself to take his medication and safety netting advice given.
I have spoken to Mr deans daughter Helena who has agreed to remind him daily to take his medication.

Yours sincerely

Electronically signed by
A. Jones

Distribution:
Pooled Boroughbury, General Practitioner (GP) — by email
Mr. Richard Dean (Patient) — post

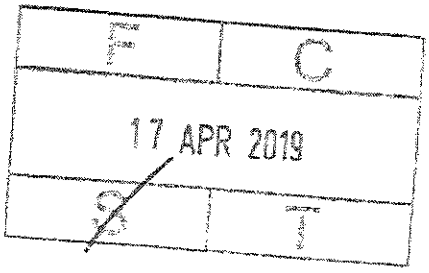
PRIVATE AND CONFIDENTIAL
Mr. Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

RICHARD C DEAN

Copy to GP

NHS number: 4981672195

Hospital Number: DIS0529177



North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Ambulatory Care Unit
Tel: 01733 677779

Outpatient Letter

Patient demographics

Patient name RICHARD C DEAN
Patient address 19 ADDERLEY
BRETTON
PETERBOROUGH
PE3 8RA

Patient sex Male
Date of birth 30/09/1962
Patient marital status Single
NHS number 498 167 2195
Other identifier DIS0529177

Admission details

Appointment Date 13/04/2019 08:00

Reason for Attendance/Clinical Summary

RIF pain
Chest pain, Dizzyness and SOB

Past Medical History

EX IVDU
DVT
Hepatitis C
Anxiety
essential tremor with unsteady gait
Previous OD

Investigations / Procedure / Results of Investigations

Coag Screen

APTT		26	Secs	25 - 37	13/04/2019 18:21:00
APTT Ratio		0.83	Ratio	0.80 - 1.20	13/04/2019 18:21:00
PT		14	Secs	10 - 16	13/04/2019 18:21:00
PT Ratio(INR)		1.08	Ratio	0.80 - 1.25	13/04/2019 18:21:00
Fibrinogen		2.1	g/L	2.0 - 4.5	13/04/2019 18:21:00
Thrombin Time		15.4	Secs	11.0 - 17.0	13/04/2019 18:21:00

Full Blood Count

Full Blood Count

WBC		7.2	10^9/L	4.0 - 11.0	13/04/2019 18:21:00
RBC		5.16	10^{12}/L	4.40 - 6.50	13/04/2019 18:21:00
Hb		160	g/L	130 - 180	13/04/2019 18:21:00
HCT		0.470		0.400 - 0.530	13/04/2019 18:21:00
MCV		91.1	fl	80.0 - 100.0	13/04/2019 18:21:00
MCH		31.0	pg	27.0 - 33.0	13/04/2019 18:21:00
MCHC		340	g/L	318 - 364	13/04/2019 18:21:00
RDW		12.5		11.5 - 15.0	13/04/2019 18:21:00
PLT		166	10^9/L	150 - 400	13/04/2019 18:21:00

RICHARD C DEAN **NHS number: 4981672195** **Hospital Number: DIS0529177**

Lymphs		1.5	10^9/L	1.4 - 4.8	13/04/2019 18:21:00
Monos		0.5	10^9/L	0.1 - 0.8	13/04/2019 18:21:00
Neuts		5.2	10^9/L	1.8 - 7.7	13/04/2019 18:21:00
Eosins		0.1	10^9/L	0.1 - 0.6	13/04/2019 18:21:00
Basos		0.0	10^9/L		13/04/2019 18:21:00

ESR

Note change in reference ranges

ESR		2	mm/hr	0 - 15	13/04/2019 18:21:00

C Reactive Protein

C Reactive Protein		<10	mg/L	<10	13/04/2019 18:16:00

eGFR

eGFR - If AfroCaribbean multiply result by 1.159

eGFR (CKD-EPI)		76	ml/min	>60	13/04/2019 18:16:00

Liver Function Tests

LFT's

Albumin	*	34	g/L	35 - 50	13/04/2019 18:16:00
Total Bilirubin		8	umol/L	<21	13/04/2019 18:16:00
ALT		14	U/L	10 - 60	13/04/2019 18:16:00
Alkaline Phosphatase		127	U/L	30 - 130	13/04/2019 18:16:00
Total Protein		76	g/L	60 - 80	13/04/2019 18:16:00

Troponin T

Troponin HS ranges based on 6 hrs post chest pain
Less than or equal to 14ng/L - negative
Greater than 14ng/L - suggests myocardial damage but ONLY
if non-ischaemic causes (e.g. PE, CKD, AKI, Sepsis
tachyarrhythmia) have been excluded
See 'Guideline for the management of suspected Acute
Coronary Syndrome/NSTEMI' for more information

Troponin T (HS)		5	ng/L		13/04/2019 18:16:00

Crt & Electrolytes

Creatinine and Electrolytes

Sodium		142	mmol/L	133 - 146	13/04/2019 18:16:00
Potassium		4.5	mmol/L	3.5 - 5.3	13/04/2019 18:16:00
Creatinine		96	umol/L	59 - 104	13/04/2019 18:16:00
Chloride		107	mmol/L	95 - 108	13/04/2019 18:16:00
AKI stage		NA			13/04/2019 18:16:00

Urea

Urea		4.8	mmol/L	2.5 - 7.8	13/04/2019 18:16:00

Management and Progress
Seen by Med Reg, Imp?Appendicitis

Anticoagulation Patients only - Not applicable

Follow Up Arrangements & Discharge Details
Referred to surgical team for opinion.
Seen by Surgical Reg. GP to consider out patient OGD/Colonoscopy to rule out any bowel cancer due to long term constipation.

Allergies & Adverse Reactions - Penicillin

Advice to Patient - Safety Netting Advice given

Sepsis (Infection & end organ dysfunction)
Patient HAS NOT had a diagnosis of Sepsis during this Admission

Potential memory concern identified? - No

RICHARD C DEAN **NHS number:** 4981672195 **Hospital Number:** DIS0529177

GP practice

GP practice details x Boroughbury Surgery
Boroughbury Surgery
Craig Street
PETERBOROUGH
Cambs
PE1 2EJ
Phone: 01733 62979

GP practice identifier D81026

Person completing record

Name Anna Jones

Designation or Discharge role Dept\Ward R& Disch

Date completed 13/04/2019 20:06

Discharge details

Discharging consultant DR ASMAA AL-CHIDADI

Discharging specialty/department General Medicine

Clinic PCH Ambulatory Care Unit

Date of discharge 13/04/2019 19:00

Distribution list

Copy-to: GP / Patient (Delete as appropriate) Specify additional Copy-to recipients if required:

Letter Ref 486684/0

Date Printed 13/04/2019 20:06

Signed Anna Jones [Dept\Ward R& Disch]

[486684/0]

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-031444-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard C Dean
DOB: 30 Sep 1962
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH
PE3 8RA
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 13 Apr 2019 14:18
Type: New Attendance
Previous Attendances: 61
Presented With:(complaint)
CHEST PAIN SOB
Incident Type: Other than above
ED Clinician:

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:

INVESTIGATIONS:

Bed Side:
1. ECG

TREATMENT:
Treatments:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Admitted
Destination: Ambulatory Care
Follow up:
Left Department: 13 Apr 2019 15:08

TTO Detail:

CLINICIAN E-NOTES:

TOKODA, Jerry (BOROUGHBURY MEDICAL CENTRE)

From: BOROUGHBURYADMIN (NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H)
Sent: 12 October 2023 09:41
To: boroughburymedicalcentre (NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H)
Subject: FW: URGENT FAO GP, DOB 30/09/1962 SURNAME Dean

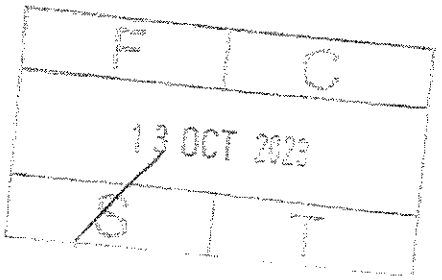
From: Jones, Karen (Capita Public Service) <Karen.Jones1@capita.com>
Sent: 11 October 2023 15:37
To: BOROUGHBURYADMIN (NHS CAMBRIDGESHIRE AND PETERBOROUGH ICB - 06H) <cpicb.boroughburyadmin@nhs.net>
Subject: URGENT FAO GP, DOB 30/09/1962 SURNAME Dean

Good afternoon,

Can you please bring the below information to the attention of a GP today. I am a registered Health Professional and assessed your patient today at time 09:20. There are concerns in regard to: Richard Dean DOB 30/09/1962. During PIP assessment dated 11/10/2023. Mr Dean reports he has had past and current suicidal thoughts, and last time was a couple of weeks ago, which a GP is not aware of. He reports he is able to keep himself safe and has no plans to act on these thoughts. Given the reported concerns the necessity to inform a GP/HP of our concerns was highlighted. Mr Dean gave consent. The above information has been shared as Capita's duty of care to Mr Dean. If you wish to discuss the above information any further, please do not hesitate to contact myself on the number below.

Please can you acknowledge receipt of this email.

Kind regards,



Karen Jones
Disability Assessor

Capita

Mobile: 07752785025
Address: 65 Gresham Street, London EC2V 7NQ

EMERGENCY DEPARTMENT
el. No. (01733) 673285

ONSULTANT: DR C LIU‡

O: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

17 OCT 2017

12th OCTOBER 2017‡

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ‡

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear POOLED BOROUGHBURY ‡

ur patient attended our Department on THURSDAY 12th OCTOBER 2017 at
:23 am

ferred by: SELF

INICAL DETAILS
eir presenting complaint was:- PAIN PASSING URINE/SOB

examination I found:-
XIETY

tient declared allergies at ED attendance: PENICILLIN‡

vestigations: NONE ‡

iagnosis: , ‡

munisation: ‡

eatment: RECORDING VITAL SIGNS

eatment: ADVICE - VERBAL ‡

sposal & Discharge Details: ALLOWED HOME‡

urs sincerely

LOCUM SHO ED
tomatically generated and therefore unsigned.

isposal & Discharge Details: REFERRED OTHER HOSPITAL:

ours sincerely

RITSON - ST5, ED
utomatically generated and therefore unsigned.

NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

12th JULY 2011

F	C
21 JUL 2011	
S	T

RE: Patient
RICHARD DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 042154/11

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Our patient attended our A/E Dept on TUESDAY 12th JULY 2011 at 3:45 pm.

Referred by: SELF

Their presenting complaint was:-
? RIGHT LEG

On examination I found:-
RIGHT LEG DVT

Investigations: BIOCHEMISTRY

Investigations: HAEMATOLOGY

Investigations: 12 LEAD ECG PERFORMED

Diagnosis: DEEP VENOUS THROMBOSIS, R LOWER LEG

Immunisation:

Treatment: MEDS - ORAL

Treatment: ADVICE - VERBAL

Disposal: REFERRED OTHER CLINIC

Yours sincerely

HABEEB - ED REGISTRAR

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-013147-1

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 12 Feb 2020 09:28
Type: New Attendance
Previous Attendances: 85
Presented With:(complaint) ?
CONSTIPATION
Incident Type: Other than above
ED Clinician: Daniel Kirk

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. No abnormality detected **Qualifier:** Suspected diagnosis

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:

Interventions:
1. Guidance / advice - written

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Discharged - no follow up **Ward:** 0
Follow up:
Left Department: 12 Feb 2020 12:39

TTO Detail:

CLINICIAN E-NOTES:

Principal Presenting Problem: constipation
History of Presenting Problem: pt was seen in ED 6/7 ago with not been able to open bowels was dischagred home with constipation and movical opened bowels once 5/7 after taking movical he reports that it was diarrhoea. he reports that he hasn't opened his bowels for 4/7
he has lower regional abdo pain which is described as a cramping
non radiating
pain score 6/10
nothing increases pain, nothing reduces pain
no pr bleeding, no thick dark stools, no d/v, no nausea, no weight loss, no weight sweats
no headache, not dizzy, not lightheaded, no chest pains, no sob, no palaptions, no cough, no calf or ankle swelling
Past Medical History: Ex-IVDU
Hep C
DVT no PE
groin abscess when using IV drugs 2007 - sepsis

Current Medications: apixaban
Tamsulosin
Diazepam
methadone

Allergies
penicillin

Smoking, Alcohol, Drugs, Family and Social History: lives in a bunglow is self caring
smokes-sometimes
alcohol- small amount
drugs-rerports hes a ex ivdu but not used recently
Observations and General Examination: pt looks very well alert, no sign of resp distress, doesn't appear in pain, no jaccol.
obs see chart news-0
pain score 5/10
Abdominal Examination: doesn't appear deyhdrated onj anemic
inspection-no massess, no pulsating
ausc-active bowel sounds, pain free
percusion- no orgamomagly pain free
palpation- tender over all regions of abdo, soft, no guarding, not distended no massess, no pulsating, muphys neg, neg mc burneys, neg rosving, neg pasos sign.
Neurological and Spine Examination: AMTS 4/4 GCS 15/15
Differential Diagnosis: ?constipation
Management or Treatment Plan: obs
assessment
pain relief
urinaylsis
bm
abg
Progress Note 1: bloods and abdo x-ray all normal form the 6/2/2020
urinalysis- nil all normal
bm.5.9
abg-lac-1.76 ph-7.403
Progress Note 2: r/v
history noted
abdo pain,sediments in urine
noted recent admission and previous investigations-abdo xray,recent USG abdo
o/e Abdo pain-soft,mild epigastric tenderness,no guarding/rigidity

IMp-likely gsatritis
Plan-VBG and urine dip,if all ok -home with PPI,stop laxatives,saftey net

Patient Discharge Summary: when discharged pt jumped off bed and walked out looking pain free, i gave him red flag and worsening advicve for abdo pain but he shouted that he already new it and walked out half way thorugh.

returned referrals

CAB (NORTH WEST ANGLIA NHS FOUNDATION TRUST)

Wed 12/12, 10:13 15:05

BoroughburyMedicalCentre (NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG) <CAPCCG.BoroughburyMedicalCentre@nhs.net>;

[redacted]

2921672195 12.12.2018.pdf;

If replying to this email please include patients details thanks you.

A referral has been received from your GP practice for an outpatient appointment outside the NHS e-Referral Service (e-RS). The referral is attached and must be re-referred through the appropriate service eon e-RS. If you have any queries please contact 01733 673177 or 01733 673684

Please note that patient responsibility has now been handed back to you until we receive the e-RS referral by selecting the appropriate service. No outpatient appointment has been made at this stage for you.

Yours Faithfully

Outpatient Administration Team
Email: peh-tr.CAB@nhs.net

Boroughbury
Medical Centre

REF: JC/sg 11 DEC 2018

Dr S Seechurn
Consultant
Department of Diabetes & Endocrinology
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
PE3 9GZ

RECEIVED CRO
12 DEC 2018

07 DEC 2018

03 Dec 2018

Dear Dr Seechurn

Re: Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195
19 Adderley, Bretton, Peterborough PE3 6RA
Mob: 07787 654419

DIS0529177

Many thanks for your letter dated 6th September 2018.

I initially referred this man to Endocrinology complaining of feeling very unwell approximately one hour after eating a meal. He described feeling very sweaty, shaky, weak and unwell and was very clear that this occurred after eating. There was also a background lethargy but he was noticing a marked deterioration shortly after eating. He has had diabetes screening on a number of occasions in the past and this has always been negative. I wondered if he had some form of postprandial syndrome.

He is known to be an ex intravenous heroin user and he remains on Methadone via ASPIRE. He has been 'clean' for 4-5 years. He has chronic Hepatitis C and bloods consistent with previous Hepatitis B with immunity. He has a history of recurrent DVT on lifelong anticoagulation. He has a Hiatus Hernia. He is known to have mixed anxiety and depressive disorder.

He lives alone and has a supportive daughter. He smokes 5/day and is teetotal.

He has been complaining of feeling very unwell for at least 18 months and has multiple ongoing symptoms. During this time he has had multiple A&E attendances, admissions to hospital and outpatient appointments with Gastroenetrology and Colorectal. He has been extensively investigated with little yield to date.

Cont/d . . .

Boroughbury Medical Centre
Craig Street *Emergencies:* *Tel: 01733 307850*
Peterborough *Enquiries:* *Tel: 01733 907820*
PE1 2EJ *Appointments:* *Tel: 01733 307840*
Fax:01733 566945

Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
Werrington
Peterborough *Fax: 01733 579734*
PE4 6QB

I understand he was seen in the Endocrinology Clinic in September and you suggested some tests but he walked out of the clinic appointment when you declined to admit him for these and no results have since materialised.

He continues symptomatic and is keen for review. As such I wondered if you might offer him a further review appointment to rule out any form of endocrinopathy as a possible cause of his ongoing symptoms.

Many thanks for your help.

With best wishes,

Yours sincerely

Dr Jason Cockerill
MB BS BSc (Hons) MRCGP AICSM

North West Anglia
NHS Foundation Trust
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Dept of Gastroenterology + Hepatology 302
Consultant: Dr. I. Amin

Direct Line: 01733 677527
Fax: 01733 676786
Switchboard: 01733 678000
Email: gastrosecs@pbh-tr.nhs.uk

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date:
Priority **urgent**

Transcribed: 12 Dec 2017
Reference: IA/DH

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Mr./Ms. Pooled Boroughbury

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

This gentleman has been investigated for a history of dysphagia, weight loss and ongoing constipation. He has already had a CT scan. Following his previous appointment he had a gastroscopy that showed a small hiatus hernia measuring 1cm. There were mild spasms noticed in the distal oesophagus. The rest of the upper GI tract was normal. Duodenal mucosa has been reported as normal. Oesophageal biopsies have also come back as normal with unremarkable squamous mucosa.

I have, as mentioned in my previous plan, organised for him to have oesophageal pH and manometry studies to investigate for any dysmotility.

I am copying in the letter to Mr Dean and hopefully this is acceptable to him to have the pH and manometry test.

With many thanks and kind regards.

Yours sincerely

Electronically approved by Mrs. Dawn Hicks
Secretarial Assistant on behalf of
Dr I Amin
Consultant Gastroenterologist

Please note this letter has been sent without approval by the consultant at their request, in order to avoid delay.

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard C Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust
DEPARTMENT OF GASTROENTEROLOGY – DEPARTMENT 302

PETERBOROUGH CITY HOSPITAL
Edith Cavell Campus
Bretton Gate
Peterborough
Cambridgeshire
PE3 9GZ

Telephone: 01733 677526 / 01733 677527/01733 677528/01733 677529
Fax: 01733 676786

FAX

TO: Boroughbury Practice

FROM: Dr I Amin

FAX NUMBER: 566945

DATE: 12/12/17

REF: Richard Dean.

D.O.B 30/09/1962

Urgent Letter

3 Pages including header sheet

Should this fax have been sent to you in error, would you please contact one of the above numbers.

Dept of Gastroenterology + Hepatology 302
Consultant: Dr. I. Amin

North West Anglia
NHS Foundation Trust
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Direct Line: 01733 677527
Fax: 01733 676786
Switchboard: 01733 678000
Email: gastrosecs@pbh-tr.nhs.uk

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date:
Priority **urgent**

Transcribed: 12 Dec 2017
Reference: IWDH

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

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19 Adderley, Bretton, Peterborough, PE3 8RA

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Yours sincerely

Electronically approved by Mrs. Dawn Hicks
Secretarial Assistant on behalf of
Dr Amin
Consultant Gastroenterologist

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Distribution:
Pooled Boroughbury General Practitioner (GP) — email to
cap.ccg.boroughbury.medicalcentre@nhs.net
Mr. Richard C Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

North West Anglia
NHS Foundation Trust

Respiratory Dept 309

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Direct Line: 01733 673731
Fax:
Switchboard: 01733 678000
Email: nwangliaft.respiratoryinvestigations@nhs.net

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 11 Nov 2024
Priority **routine**

Letter Creation Date: 11 Nov 2024
Transcribed Date:
Reference: SB/

The Medical Officer
General Practitioner
Craig Street
Peterborough
Cambridgeshire
PE1 2EJ

Dear Mr./Ms. Dr

Mr. Richard DEAN **DOB 30 Sep 1962**
14 Drayton, Bretton, Peterborough, PE3 9XL

Thank you for referring Mr Dean for lung function testing. Unfortunately, this patient did not attend this appointment and as per the Access Policy we are now discharging this patient back to your care.
Please re-refer if this appointment is required in the future.

Yours faithfully

Electronically signed by
Samantha Burt
Healthcare Science Apprentice

Distribution:
The Medical Officer, General Practitioner (GP) — by email

North West Anglia
NHS Foundation Trust

GP SUMMARY

ED Attendance Number: PCH-24-030555-1

Patient Information	Attendance Information	Peterborough City ED
Name: Richard Dean **DOB:** 30 Sep 1962 **Address:** 14 Drayton , Bretton , PETERBOROUGH PE3 9XL **Hospital No:** DIS0529177 **NHS Number:** 498 167 2195	**Date& Time:** 11 Mar 2024 15:21 **Type:** New Attendance **Presented With:** kidney pain - unwelll **Incident Type:** Illness **ED Clinician:** Charleen Liu	Peterborough City Hospital Bretton Gate Peterborough PE3 9GZ CareGroup: ED Majors

AT BOROUGHBURY MED CENTRE DR
Craig Street,Peterborough,Cambridgeshire,PE1 2EJ

GP Action

Diagnosis

1. Constipation (chronic) **Qualifier:** Suspected diagnosis

Investigations

Please note only 15 patient investigations are shown in this letter. Please refer to Anglia ICE for a comprehensive list of investigations and results.

Treatment

Treatments:

Interventions:
1. Prescription / medicines prepared to take away **Comments:** n

Safeguarding Concerns

No safeguarding issues identified

Children NAI/PST Tool

Referral Information

Outcome & Destination

Status: A&E Treatment complete
Outcome: GP
Follow up:
Left Department: 11 Mar 2024 18:00

TTO Detail

E-Notes

ED Clinician Notes:

Principal Presenting Problem: bilateral lower back/ flank pain, Rt leg discoloration
History of Presenting Problem: few days hx of lower back/ flank and urinary frequency. Denies dysuria/ blood in urine. Also mentioned weight loss, and reduce bowel movement for few days. Has been passing flatus. Similar complaints to usual presentation as per frequent attender care plan. Denies vomiting.
Past Medical History: DVT, ex IVDU. Groin abscess previously 2007. Frequent ED attender (care plan in place)
Current Medications: APIXIBAN, DIAZEPAM, TAMSULOSIN, PPI
ALLERGIC TO PENICILLIN.
Abdominal Examination: not distended. soft, not tender. BS nomral. normal percussion.
Limb Examination: Feet - mildly congested/ venous discolouration to Rt foot. normal sensation. well perfused. Cap refill <2 secs to both feet and toes. Pedal pulses palpable in both feet.
Differential Diagnosis: ?constipation. no sign of bowel obstruction. venous insufficiency to Rt leg - no sign of ischaemia
Management or Treatment Plan: BM - normal. obs normal. USS abdo -2020 - noraml aorta. urine dip - NAD. Patient requested for blood test - advised no indication for blood test. advised movicol. saftety netting adv given.

Speciality Notes:

Hospital Number: DIS0529177
Name: Richard Dean
NHS Number: 498 167 2195

Medical Assessment

11 June 2021 Richard Dean

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

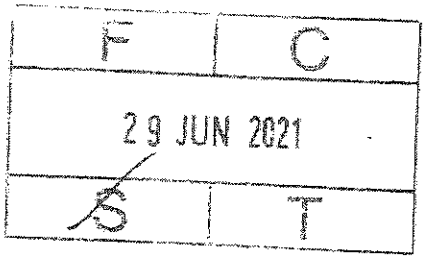
Dear Doctor

Ref:	Richard Dean
DOB	30-09-1962
Address	14 Drayton, Peterborough PE3 9XN

Summary for GP

Overview

Medical assessment done at drug addiction clinic on- 11th June 2021
With recovery worker-
At start session on- 6mg espranor daily- weekly pickup



Positive results from most recent drug test:

Discussion
Heroin use- not using
On 6mg espranor daily- continue
Discussion on suboptimal dosing, drug use and overdose risk

Investigations and Medical interventions
ECG if needed for Torsades de pointes risk- not needed

Diagnosis
F11.2 Opiate dependence

Current prescription from CGL – as above

Current prescription from GP as stated by client
Diazepam 5mg daily
Mirtazapine 15mg daily
Omeprazole 20mg daily
Apixaban- for DVT
Accrete D3 tablets

Drug allergies - penicillin

Current Substance Use
Heroin- not used 9 years
Crack- no
Benzos- prescribed
Cannabis- 2 per day
Alcohol- no
Speed- no

Medical Assessment

11 June 2021 Richard Dean

Previous alcohol problems- no

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

Smoking cigarettes and cessation discussion – 6 days

Substance use and Treatment History
Heroin use for over- about 2005
Injecting use for over- about age 18- with speed
Hepatitis C test- antibodies, last RNA 2017 negative
Hepatitis B vaccination- had in past
Naloxone training and discussion overdose- not got, discussed does not want
Locked Box- discussed, does not want
Safe disposal sharps- not using
Gone over illicit substances- about 2010
Serious infection- hepatitis c positive in past
DVT- in past – about 2018

Method of funding drug use
Not using

Family History
Any history of sudden death- no

Physical Health

Current health issues-
DVT 2018- Legs ache especially where had DVT
Hepatitis C in past
Had endoscopy for loose bowels- was normal

Mental Health
Past or active mental health issues- anxiety/depression- followed up by GP- life in general
Suicide/self-harm history- no
Mood- states low

Social History
Accommodation -ok
Partner- no
Children and Safeguarding- 6 children- all over 18
Recent Work- no
Recent education- no
Recent crime- no

Forensic History
Any pending legal issues - no
Convictions for violent offences or arson- no

Medical Assessment

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

11 June 2021 Richard Dean

Mental State Examination
Mood – as above in mental health
Speech - normal
Thought disorder, Suicidal thoughts, Voices, Paranoia-no

Physical examination

COWS score- if needed

Drowsy or drunk
Presentation -
Injection sites-
BP Pulse

Risk Management

Children and safeguarding- as above in social history

Contact with children or carer responsibilities
Methadone and substance safekeeping: discussed need to keep methadone /buprenorphine away from children and not to get intoxicated when supervising them.

Driving
DVLA – legal issues discussed

Overdose Risk
Risk of loss of tolerance and accidental overdose if using alcohol, illicit drugs and sedating medication discussed

Support for drug and other issues
Regular review with key worker for support and psychosocial intervention to look at drug and other issues.
Support from other agencies as indicated by assessment

Management Plan

1) Current prescription from CGL –as above
2) Regular review with key worker for support and psychosocial intervention to look at drug and other issues
3) Try and get client to have Naloxone training, BBV testing & Hepatitis B immunisations if not recently done
4) Next medical review due in 3 months time.

Request to GP

Please take care when prescribing other medications that may have misuse potential e.g. benzodiazepines, opioid analgesia, pregabalin etc.

Medical Assessment

11 June 2021 Richard Dean

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

Yours sincerely,
Dr R S Basi (GP with a specialist interest in drug addiction)

EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

...gh and Stamford Hospitals
NHS Foundation Trust

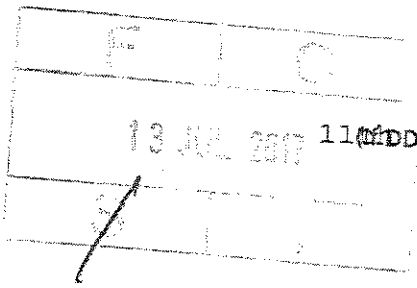
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(DDI prefix extension number with 67)

CONSULTANT: DR A BHANOT↕

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ



11th JULY 2017

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY ↕

Your patient attended our Department on TUESDAY 11th JULY 2017 at 3:36 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- ABDO PAIN

On examination I found:-

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: X-RAY

Investigations: HAEMATOLOGY

Investigations: BIOCHEMISTRY ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: INTRAVENOUS CANNULA

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: DISCHARGED TO CARE OF GP↕

Yours sincerely

AGARWAL - TRUST DR ST2
Automatically generated and therefore unsigned

↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANT: DR K MORTIMORE↕

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ
Tel: 01733 678000
(If DDI prefix extension number with 67)

11th JULY 2016↕

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NOT ON PHONE ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY ↕

Your patient attended our Department on MONDAY 11th JULY 2016 at 1:37 pm

Referred by: SELF

Their presenting complaint was:-
ABSCESS PROBLEM

On examination I found:-
WORRIED ABOUT MOLE ON HIS BACK. PLEASE CONSIDER REF TO DERMATOLOGY ↕

Investigations: NONE/NO FURTHER INVESTIGATIONS ↕

Diagnosis: OTHER - DERMATOLOGY, ↕

Immunisation: ↕

Treatment: ADVICE - VERBAL ↕

Disposal: DISCHARGED TO CARE OF GP↕

Yours sincerely

I MALIK - ED DOCTOR
Automatically generated and therefore unsigned.

:↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR D VIJAYASANKAR↕

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

7th AUGUST 2017↕

F | C
-9 AUG 2017
S | I

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY ↕

Your patient attended our Department on MONDAY 7th AUGUST 2017 at 2:21 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- ABDOMINAL PAIN

On examination I found:-
PRESENTED WITH CONSTIPATION NO SIGNS OF OBSTRUCTION. WORRIED RE LIVER FUNCTION BECAUSE OF HEP C + PLEASE REVIEW PT

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: NONE ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: REDIRECTED TO OWN GP↕

Yours sincerely

KANDAVELU - ST5, ED
Automatically generated and therefore unsigned.

HOPE into ACTION

Enabling churches to house the homeless

F	C
11 OCT 2018	
8	

Dr Cockerill

Boroughby Medical Centre

Craig Street

Peterborough

PE1 2EJ

Wednesday 10th September 2018

Dear Dr Cockerill

I am writing on behalf of one of my tenants, Mr Richard Dean of 19 Adderley, Bretton, Peterborough; who I have been working with for the last 18 months as his Empowerment Worker. I realise that Mr Dean takes a variety of medication and has been seen by medical professionals on numerous occasions for varying issues. I meet with Mr Dean on a regular basis and have been with him when he has attended Accident and Emergency feeling particularly unwell only a couple of months ago.

I visited Mr Dean on Monday 8th September and he looked very pale and stated he was feeling very tired, and this is how he feels virtually every day. He went onto say that he feels very lethargic and tired after eating, even if it's only a sandwich, and needs to use laxatives to help his bowel work. His main concern seems to be that it takes several hours on most days before he notices his medication working, and believes that this is due to his liver or pancreas not working as it should. Looking back through my notes over the last year and more, I understand that Mr Dean has had some tests to do with his liver function and many tests on his blood, and that these have come back within normal parameters.

Please may I request that you give Mr Dean an appointment in further considering whether there could be a reason why he should continue to feel lethargic and drained most of the time, and whether this is linked to his medication or could be some other physical issue. It has been brought to my attention today that Mr Dean was admitted to hospital after I saw him on Monday and was released this morning.

Yours sincerely

Patrick Ryan – Church and Tenant Empowerment Worker

HEAD OFFICE

Hope Into Action Hope Centre, 26 North Street, Peterborough PE1 2RA

E: info@hopeintoaction.org.uk **T:** 00 44 (0)1733 558901
W: www.hopeintoaction.org.uk **Twitter:** @hopeintoaction

Registered in England and Wales No. 7309173. Registered charity No. 1137585

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F: 01733 549221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

Change Grow Live | Aspire Recovery Service
Peterborough City Centre

PRIVATE AND CONFIDENTIAL
Date/Time: 10/05/2024

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

Please be aware that this letter has been generated from medical notes and sent without signing to avoid delay.

Dear Dr

Date 10/05/2024

Re: Richard Dean DOB: 30/09/1962
Address: 14 Drayton, Bretton, Peterborough, PE3 9XN

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of heroin

F13.2 Mental and Behavioural Disorder due to the use of benzodiazepine

Impression
Richard attended on time and presented slightly low in mood, he is under investigation after he lost almost 10kg. He was polite and cooperative throughout the consultation.

Management plan

We have agreed to continue with the same regime for the Espranor

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Peterborough City Centre

We have agreed to pause the reduction of diazepam until the ongoing investigations are completed. At this moment, he is experiencing significant anxiety and fear regarding potential adverse news from the results.

Naloxone discussed and already issued

Discussed importance of social distancing and procedure to reduce the probability to be exposed to COVID-19

Next medical review in 24/52 or earlier if needed

Letter to GP

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CGL
Espranor 6mg od
Diazepam 15mg od
Current prescription from GP
Omeprazole; Tamsulosin 400mcg; Anticoagulant; Mirtazapine 45mg; Diazepam 5mg nocte

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc

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Recovery Service
Peterborough City Centre

Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: No
Other: Nil
Over the counter medication: Nil
Tobacco: he stopped smoking
Alcohol: No

Urine drug screening positive for: Buprenorphine/Benzodiazepine

Physical Health
Hep C successfully treated, last test 01/2023, advised to repeat the test. He also had history of DVT, last episode four years ago, he has had also a CT scan two years ago for a suspect pulmonary embolism, negative. Hep B vaccination completed five years ago. Allergy to penicillin.

Mental Health
He has been diagnosed with depression/anxiety long time ago, currently under the care of his GP. He reported no history of self-harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was evidence of mild anxiety.
Capacity: I had no concerns regarding capacity during the consultation today. The client was able to comprehend and retain information, weigh up the consequences of his choices and communicate his decisions

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Social History
He lives on his own. He has no driving licence. He has six adult children, and he has regular contact with them. He is currently on ESA.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client.

No recent forensic history disclosed.

Investigations:
Nil

Discussion

I have explained him the risk of using illicit substances and prescribed medication.

The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Advised to contact the service, his keyworker, or his GP if any concerns, after hours to contact A&E or mental health crisis team and call 111 option 2.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist