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Witness Statement

NAME OF WITNESS	Mr Ronan Carroll
OCCUPATION	Assistant Director, Anaesthetics and Surgery
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Thursday 6 April 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Ronan Carroll. I am employed by the Southern Health and Social Care Trust as Assistant Director for Anaesthetics and Surgery. I have been in this position since 1st April 2016. Prior to this date, I was employed as Assistant Director for Cancer and Clinical Services between 2007 and 2016 within the Southern HSC Trust. I came into my recent position following a restructure with the Acute Services Directorate.
2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and / or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
3. I agreed to answer questions specifically related to the terms of reference previously shared with me.
4. I have always been aware of issues of concern in respect of Mr O'Brien's practice. I previously had responsibility for cancer performance within the Trust as well as the booking centre / cancer unit. Referrals to urology went to the Consultant of the week and would be sent to the relevant Consultant secretary for triage. Staff within the booking centre would expect to receive the referrals the next day or relatively soon thereafter and so would arrange a pre-determined time to go to collect the triaged referrals. On and off since 2007 I would have been made aware of problems with Mr O'Brien's triage. The booking centre staff wouldn't get the referrals back in the time scales needed.

5. There are 2 different cancer pathways, 31 day pathway and 62 day pathway. Staff would have struggled to get the referral back within the timescales needed from Mr O'Brien. There was not the same problem with the other Urologists.
6. I am aware the problem was discussed with Mr O'Brien and I would have been aware from senior management meetings that both Gillian Rankin and Debbie Burns discussed the matter with Mr O'Brien. At one time Mr O'Brien told me he didn't agree with the cancer standards and would continue to practice as he had always practised. This would be going back to 2007. I was never in a meeting when discussions with Mr O'Brien took place but I was aware the discussions were had.
7. I took up post in April 2016 which brought with it responsibility for Urology. I was unaware of the issue of the routine un-triaged referrals until I received a letter from Mr Glackin. (I knew previously about the red flag issues when I worked in cancer services.) Mr Haynes had raised an IR1 in respect of a particular patient Patient
10 who he had seen at his outpatient clinic. The patient had been seen as a routine patient but has been referred a considerable time before to the service. On review of the patient and the referral to the service, he felt the patient should have been upgraded to red flag based on the symptoms.
8. The issue resulted in a Serious Adverse Incident (SAI) investigation Chaired by Mr Glackin. There were several issues with the care of the patient. There were issues regarding diagnostic images not having been correctly reported on etc. From a urology perspective Mr Glackin discovered that Mr O'Brien was the urologist of the week. It was felt that the symptoms recorded by the GP on the referral letter should have resulted in the referral being regraded to red flag. This referral had not been triaged. This led to a "look back exercise" to see if there were other untriaged referrals that same week, there were a number and in turn this led to a review of all referrals.
9. It came to my attention through this that because referrals from the booking centre were not coming back from Mr O'Brien's office, it had been agreed that if referrals didn't come back, the secretary would put them onto the system according to the GP triage so they would not be lost in the system. Mr Glackin wrote to myself and Esther Gishkori expressing concern about what he had found and that process has taken us to the point of this investigation, I believe that may have been November 2016.
10. At some point after my appointment I was made aware of the letter to Mr O'Brien in March 2016 from Eamon Mackle and Heather Trouton outlining concerns which were to be addressed by Mr O'Brien. I didn't see the matter as being anything new, just another attempt at trying to manage Mr O'Brien. The issues in March 2016 related to his review backlog and notes being kept at home. The SAI issue was not known at that time.
11. I met with Martina Corrigan, Head of Service to look at the letter from Mr Glackin. I needed to look into his concerns and so we broke the letter down into the separate issue i.e. triage, unreturned patient notes, clinic outcomes etc. Separately I received an e-mail from Mr Haynes. Mr

Haynes was aware of a patient seen privately by Mr O'Brien who was treated un-chronologically. As a result of the e-mail, we looked to see if there was a trend for TURP patients to be seen out of sequence and there were a number identified.

12. We also discovered clinics were not being dictated.
13. When all of the issues of concern were looked at, I admit to being very shocked at the magnitude of it. I don't think anyone appreciated the magnitude of the issues of concern.
14. I shared this with Dr Wright, Medical Director and Esther Gishkori, Director of Acute Services and a meeting was set up under the Maintaining High Professional Standards process where the outcomes of what had been found were shared.
15. During this period of time (Nov/Dec 2016) Mr O'Brien was on sick leave due to a matter unrelated to these concerns. Dr Wright met with Mr O'Brien in late December 2016 to advise him of the concerns and to explain the process for investigation.
16. In terms of TOR and affected patients, we know there are 5 patients who it's felt should have been upgraded if triaged, who now have a cancer diagnosis. The Consultant Urologists within the Trust have completed a full review of all patients and in total 24 they felt should have been upgraded. A peer assessment was done on the 24 cases and then is agreed with by at least one other colleague.
17. We work to IEAP standards which sets out 72 hours for an outcome of referrals. All of the Consultants know every day they must triage prioritising the red flags. The Consultants can make a decision to keep to the GP triage category or to upgrade.
18. Mr O'Brien never said he was not doing triage. I was unaware he was finding it difficult to fit in with his other work and would have raised this as an issue but he never said he wasn't doing it. There are no issues with the other Consultants completing their triage. Mr O'Brien's outpatient workload was lighter than some of his colleagues and his theatre time was comparable.
19. In terms of patient notes, I knew this was an issue when I took up post. It was Mr O'Brien's practice to have notes at home. I had no idea of the scale of the problem. I understand there were previous conversations between Mr O'Brien, Mr Mackle and Dr Wright about these concerns. I don't know if someone was looking at the scale of the problem or if it was known and no-one choose to address it.
20. Mr O'Brien is a respected Consultant and it is difficult to address such issues. Everyone knew you would need to be prepared for a fight. He likes to do things his own way. The scale of this epitomises this. I don't know any other Consultant who would think it is OK to work this like this.

21. With NICER the issue re patient notes has become less and so people have found ways around missing notes. There are still 13 sets of notes missing and he has been asked about them. I have no recollection of anyone using IR1's to document missing notes.
22. The Consultants working through the notes and undictated clinics have some concern that other appointments to other specialities have been missed as the letters were not dictated. There are no significant patient complaints regarding Mr O'Brien. The waiting lists are now so long so we have complaints generally about waiting times. Mr O'Brien does not use digital dictation and therefore it is not possible to monitor when clinics haven't been dictated. All of the other Consultants use digital dictation which allows for every clinic to be linked on PAS. If a clinic is not dictated this would highlight it. Consultants are using digital dictation 3 to 4 years now. While there is nothing specifically documented, my expectation would be that Mr O'Brien's secretary should have been flagging if outcomes were not dictated. I am now aware there are hundreds of letters from clinics not dictated by Mr O'Brien.
23. Mr O'Brien knows his patients really well but has kept a lot of the information relating to his patients retained in his head. It is not safe clinical practice.
24. An issue which concerned me this week is that when I checked regarding bed pressures, Mr O'Brien has no clinical priority noted on the theatre list. He said they are all urgent and 'they will all be done'. We need to be able to prioritise patients when there are bed pressures so we know who can be cancelled if absolutely necessary. The only person who knows the priority is Mr O'Brien.
25. In respect of TOR 4 – I was notified via e-mail from Mr Haynes about concerns relating to Mr O'Brien's private patients. Currently checks are ongoing on all patients in 2015 and 2016. The current waiting time for a routine procedure in Urology is 170 weeks. There does appear to be patients taken out of chronological order and operated on sooner. This is being looked into further to see if there were specific reasons for clinical priority in these cases.
26. Mr O'Brien says he has 4 categories of prioritisation; semi urgent, urgent, soon and routine, or something like that. This Trust has 2 categories urgent or routine. The rest of the urologists follow that.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	Personal Information redacted by the USI 
DATE	17.8.17

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Witness Statement

NAME OF WITNESS	Mr Eamon Mackle
OCCUPATION	Consultant Surgeon
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Wednesday 24 April 2017
PRESENT AT INTERVIEW	Mrs Slobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Mr Eamon Mackle. I am employed by the Southern Health and Social Care Trust as a Consultant Surgeon. I was appointed to the Trust in 1992 and have held the positions of lead clinician covering outpatients and medical records and have also held the post of Associate Medical Director up to April 2016.
2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and / or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
3. I agreed to answer questions specifically related to the terms of reference previously shared with me.
4. I explained that I believe I have had to speak with Mr O'Brien at least 3 times regarding his practice relating to GP referrals and keeping referral letters in his office. There has been a long standing history in this regard. He had letters in a file, at 1 time there were 200 at this stage I was Lead Clinician for OPD. He said he hadn't made a decision about triage for those – I said he had since he had selected some letters and dealt with them then he had made a decision regarding the others not being as urgent. There also has been a history of Mr O'Brien having charts in his office, he would regularly have huge numbers of charts in his office. Frequently there would have been medical records staff on their knees looking for charts in his office.
5. I was not his line manager for all of this period.

6. Between 2009 and 2011 there were regular meetings with the Urology Consultants regarding service improvements as the Trust wanted to expand the service. Joy Ewart and subsequently Dr Gillian Rankin were involved in these meetings. Mr O'Brien, Mr Michael Young and Mr Mamood Acktar were in post as Consultants in Urology. The commissioners felt we didn't have a very efficient service and therefore we met for an hour or more every week on a Monday night to discuss the situation and service. It was a very frustrating time. The issues were relating to patient flow, management of records and the numbers of patients to be seen. All Consultants were present.
7. It was frustrating because at one meeting we would agree a concession and also they would concede a point, at the next meeting the negotiations would start again but the concession was assumed to have been banked. I worked on this for approximately 2 years and the service was finally expanded up to 6 Consultants.
8. In April 2010, I can't specifically recall the exact date but it was the time of the ash cloud, there were a huge number of letters not triaged. Following discussion with the Director I was instructed to inform Mr O'Brien that his study leave for a European meeting the next day was being withdrawn because of governance concerns over the backlog of referral letters. Mr O'Brien did the letters that evening but as the ash cloud happened he didn't get to the meeting.
9. I felt there was no appetite among the other two urologists to directly do anything about the problems with Mr O'Brien, perhaps in part because they were a small speciality of only three. I felt Mr Akhtar was quite antagonistic with me at the time but interestingly when he was leaving to take up a post in England he came and said that he had come to realise that we were acting in the best interest of Urology.
10. Mr O'Brien has a reputation for being slow and it is difficult to tell someone they are wrong to be spending so long on their management of a patient. It is far easier to show that someone hasn't spent enough time with managing a patient's problem. There were 2 other issues I had to deal with. One was in relation to the appropriateness of Mr O'Brien's use of antibiotics. This had been raised as an issue therefore on behalf of the Trust I contacted Mr Mark Fordham, Cons Urologist in Liverpool to review the situation. Sanctions were ultimately introduced in the prescribing of same by the Medical Director and Dr Demani, Consultant Microbiologist. The second issue related to an incident when we were alerted by nursing staff that Mr O'Brien had removed notes from a patient's chart and dumped them in a bin in ward. Again he was advised of his inappropriate action and the matter was dealt with informally.
11. Sometime around 2011/2012, following the regular Monday meetings re Urology performance and modernisation, Mr O'Brien complained that I was bullying / harassing him. Dr Gillian Rankin who was the Director of Acute Services at the time advised me to be very cautious and to have someone with me whenever I spoke with Mr O'Brien. It hindered my ability to manage him in the same manner as any other consultant.

12. Between 2012 and 2016 I was as a result very cautious in my dealings with Mr O'Brien. I was shocked to be accused of bullying / harassment. I felt any challenge I had made to Mr O'Brien was legitimate and the challenges were designed to encourage new ways of working in urology and were only raised at meetings in the presence of senior managers. I didn't challenge the advice I was given by the Dr Rankin.
13. In 2013/14 there was a Northern Ireland urology review undertaken by Mark Fordham. Mark expressed to me that he felt we had a significant problem in trying to get Aidan to develop / modernise his practice
14. In July 2012 or 2013, not sure exactly of the date, Mr O'Brien had a huge backlog of patients and he stopped seeing new patients to clear the backlog. 18 months later he asked for another month free of Out-patients, on that occasion the Trust felt it couldn't be supported. Michael Young also took on triaging for Mr O'Brien for over 6 months at a point.
15. Mr O'Brien was supported within his specialty and so no problems were being flagged in the specialty. However it appeared at management level that indeed there were problem and this was partly behind the reason to have regular Monday meetings with urology.
16. In respect of TOR 1 I understood there was a problem but I would have had no idea of the numbers involved. Charts were the main issue of concern. I expect there would be delay to patient care but I have no specific knowledge of harm to patients.
17. Other Consultants within surgery would have triaged within a week. This is certainly the case within general surgery. I don't know of any triage issues with any of the other urologists.
18. In terms of notes, Mr O'Brien transferred notes to and from clinics especially in Enne. I am told Mr O'Brien would have had large numbers of notes at home. Medical records staff would have spent considerable time looking for charts. I don't know the extent of the numbers involved however. This could have led to serious governance issue however with NIECR a lot of the risks with charts not being available for OP Clinics has been mitigated.
19. I understand that there was a problem with Mr O'Brien and his undictated outcomes as this had been an on-going issue. I do not know the extent of the issue. I would suspect patient care was delayed because he did not dictate outcomes or letters at the end of the clinic, hence the charts were taken home. Staff should be doing dictation as they see patients. I would never leave a clinic without dictating it and I don't know anyone else who leaves clinics undictated.
20. In respect of concerns about private patients, this is something I heard recently but I would have no other knowledge of that.
21. On 24 March 2016 a letter was sent to Mr O'Brien regarding concerns about triage, backlog, letters not being done and notes at home. As AMD I took the letter and went to speak with Mr

O'Brien. I didn't go through the letter but it set out to him the actions he needed to take and I asked him to address the issues. We did not discuss any supports to address the issues. My role as AMD ceased around this time and so I was not involved in the follow up after the letter went. My involvement ended at that point.

This statement was drafted on my behalf by Mrs Slobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE		Personal Information redacted by the USI		
DATE				10.17

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Witness Statement

NAME OF WITNESS	Mr Anthony Glackin
OCCUPATION	Consultant Urologist
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Wednesday 3 May 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Mr Glackin. I am employed by the Southern Health and Social Care Trust as a Consultant Urologist.
2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and / or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
3. I agreed to answer questions specifically related to the terms of reference previously shared with me.
4. In respect of TOR 1 I was asked if I was aware of if there have been any patient referrals to Mr A O'Brien which were un-triaged in 2015 or 2016 as was required in line with established practice / process. I am aware of patient of referrals which were not triaged.
5. I chaired a Serious Adverse Incident (SAI) investigation in the autumn of 2016 and through this SAI it became clear to me that the patient had not been triaged. A 'look-back' exercise was completed by the Governance team which identified 7 other patients which had not been triaged. This alerted the Trust to the issue of concern and I now understand there have been a significant number of referrals identified that were not triaged.
6. The SAI investigation completed in April 2017 and was in respect of a patient Patient
10 This issue arose because of a referral which came into the Trust in 2015 but the patient was not seen until

February 2016. As a result of this patient attending the Trust, Mr Haynes was concerned about the delay and raised a Datix.

7. The SAI has been concluded and I am satisfied the patient received the appropriate treatment. The patient had a recurrence of breast cancer but she is now well. I have met with the patient and her husband along with the governance team and the patient has been fully briefed on the delay with the triage of her referral.
8. Through the SAI I established that the Trust had made a decision at a point to put a default mechanism into the triage system. The decision was that the referral and booking centre were to implement a process when referrals were not triaged by a Consultant that they would default to the GP triage assessment and would be put in the system according to the GP assessment. I was asked to explain why this was the case. I explained that the default process was put in place due to the large number of un-triaged referrals in Urology. I suspect this is largely down to one Consultant – Mr O'Brien.
9. I explained that the referrals generally come into the Trust in 2 forms, a CCG referral which is an electronic referral from a GP or alternatively via letter. A small number of referrals may come through other Trust Consultants or via the Emergency Department. The referrals are collated in the Referral and Booking Centre and provided to the Consultants. In Urology it is understood that the referrals will be left on a daily basis in either the Thorndale Unit or we can collect them. It is understood by the Consultants that the referrals are collected, triaged in a timely manner and then returned for actioning by the Referral and Booking Centre.
10. By way of background, I explained that sometime in either 2012 or 2013, the referral process was changed. The Urology team expanded from 2 Consultants to 5 Consultant's and we agreed a new working model which was the Consultant of the Week model. As Consultant of the Week, you are responsible for triage. We also introduced new patient clinics which allowed us to complete investigations and organise appropriate tests etc. rather than have patients come back and forward for the various appointments.
11. At this time we had a large volume of red flag referrals and we wanted to see them in a more timely way so these new patient clinics were set up to deal with that.
12. The decision to introduce a default process was taken by the Referral and Booking Centre, I believe however I believe that it was done with the knowledge of the clinical service. The names of the individuals who agreed this, I am not sure. It has been a known issue within the Trust in respect of Mr O'Brien's un-triaged referrals. However over the years there has also been an increase in workloads which has also been known.
13. I advised that the number of current referrals to the Urology service is 8,000 per year however this was approximately 5,500 when the service was re-modelled in 2012/13. Some of these are

multiple referrals for the same person because of the long timescales to be seen within the service.

14. The first I became aware of the default process was in 2016 via the SAI process. I can understand why the default process was put in place but I don't agree with it.
15. The issue with patient Patient
10 came to light via Mr Haynes who had raised a Datix because of the delay with the referral. The patient had recurrent breast cancer and also required treatment for a kidney problem. The case was discussed at MDT and I was asked to Chair the SAI. I believe this was sometime in summer 2016 however the SAI didn't happen until autumn 2016. There were 3 key issues in this case. The SAI looked at problems with radiology reporting, the second was a failure of clinicians to understand findings from the x-rays and the triage issue was the least of the 3 issues.
16. The patient was referred to Urology as a routine referral via her GP for a kidney or renal cyst and I believe associated pain. The Referral and Booking Centre did not receive the triage from the Consultant which should have been done by Mr O'Brien. Therefore the referral was managed as a routine referral. I would have triaged the referral differently had I seen it in 2015. It is my view that a Urologist would have picked up the more serious issue if it had been triaged.
17. I was asked if I felt there was a delay with the treatment plan as a result of the non-triage. I advised that I feel it would have been triaged differently and as we agreed as a team that we would arrange investigations before attendance at clinics I feel this would have picked up issues with this patient. The case could have been discussed at a variety of forums within the Trust. I feel there was enough information in the GP referral letter to have led a Consultant Urologist to do advance triage. The routine referral by the GP was a reasonable referral on the part of the GP but the GP didn't have all the required information. This patient had a lesion on her kidney which was not mentioned on the MRI report. Mr Haynes immediately spotted the problem when he reviewed the referral. Most of us would have picked up that there was something suspect from reading the letter and I would have looked up x-rays.
18. I was asked if I had spoken with Mr O'Brien about the SAI. I advised I had not as during the period of the SAI Mr O'Brien was on a period of sick leave. I advised that I provided a draft report which went to Mr O'Brien for comment. The report contained a number of factual errors which were amended and in my view were very minor matters. Mr O'Brien's written response was very lengthy and written in an adversarial and legal manner so I felt a conversation was not appropriate. The current MHPS investigation process had also commenced by this point.
19. The atmosphere in the Department has been difficult and we were advised by the Assistant Director, Ronan Carroll, not to discuss the matters. Prior to Christmas we had a team dinner and things were fine but in November / December 2016 it became clear that the SAI was uncovering more issues. Quickly after the new year we learnt to our dismay and surprise that Mr O'Brien had been excluded from work and the extent of the issues.

20. We were shocked as a team. We have been given limited information but we have been made aware of the nature of the concerns. It has left us all feeling awkward and difficult because we are his colleagues but we knew there were real issues which needed to be addressed. We have also been down one Consultant and so the workload for everyone has increased.
21. I am aware of other cases of non-triage aside from the Patient
10 case. I have been involved in a look back exercise where other cases have been identified. Myself and the other Urology Consultants have all undertaken additional triage and chart reviews. I am not sure if all routine and urgent referrals were left un-triaged or if some were done by Mr O'Brien. Red-flag referrals are easily identifiable and are generally printed on yellow paper so we can pick them out easily from the other referrals in the bundle.
22. Our routine referrals have increased significantly over the last year. Referral patterns from GPs have also changed. We now have a lot more red flag referrals. We had been triaging red flag referrals in 2 weeks but because of staffing difficulties we are now out to 30 days.
23. I advised that we are averaging 176 referrals for Urology per week. I was asked if this can reasonably be done in terms of triage. I explained that everyone works differently. Mr O'Brien frequently expressed a view that he did not have time to do triage and he flagged that he couldn't manage the situation. Some of us are able to do it contemporaneously however others are not as quick but always got it done.
24. Mr O'Brien raised the issue of triage at our weekly Thursday Consultant meetings and with the Head of Service, Martina Corrigan. But it was not the only issue he raised about what he felt was more important or less important. The issue of triage would have been discussed at the weekly meetings and Mr O'Brien liked to vent at these meetings – he did this about triage and new clinics. The response back from some of us at the meetings was that style of working and organisations was generating the problem. It was Mr O'Brien's insistence in terms of advanced triage and phoning people to make arrangements was not the best use of his time. This was expressed by me and some of the other Consultants but Mr O'Brien would not accept that his practice was causing the problems. He felt there were things he shouldn't have to do because of his long waiting list.
25. In terms of context – there were 3 Urologists in June 2012 which eventually rose to 5 Consultants. I started in August 2012. Mr O'Brien and Mr Michael Young had extensive waiting lists at this time and this largely remained the case. Both still have long waiting lists and a backlog of reviews. I know Mr O'Brien felt there were other things more pressing on his time. This was a workload issue for him. The other Consultants don't have these problems and we are not dealing with the same volume in terms of our waiting lists. There is certainly a bit of 'wanting to hold onto things'. Every Consultant makes different decisions about how to manage things. That's one of the reasons his waiting list is so long. His approach is very different approach to his colleagues and I am not saying it isn't good work or safe but Mr O'Brien does fall behind with things. He doesn't

see the numbers we see in OP clinics. His slowness was not challenged/managed. His style of working and his organisation was generating a lot of his problems e.g. his insistence on doing what he has termed enhanced triage/ phoning of patients himself. That wasn't an efficient use of time and he didn't accept that.

26. I was aware Mr O'Brien was not completing triage as he should have been. I knew this because patients I was seeing that should have been triaged by Mr O'Brien were coming with very little or no triage information on file. I think red flags were being done but the default process I can only suspect was in place because the Referral and Booking Centre were not getting triages back. I was aware of the problem with triage within the last 2 years. When it became clear there were a large number of patient's un-triaged it was shocking to us.
27. It is clear there were delays to care because of the un-triaged referrals but I am not aware of the specifics re any harm to a patient.
28. In relation to patient notes, I was made aware by the Assistant Director that there were a large number of notes presumed to be off Trust premises. It was common knowledge that Mr O'Brien would have had patient charts at home. I did backlog review clinics of Mr O'Brien's and notes were not available so the assumption was they were somewhere else. This was not discussed at our Thursday's meetings.
29. Patient notes are now less important when seeing a patient because NIECR is available. The fact of notes not being available does not impact on patients. However having notes at home would not be the practice of other Consultant's. I attend Dungannon and I don't take notes with me. Clinics are dictated at the time and notes are returned by the Trust.
30. I am aware of a set of patient notes missing as the patient spoke to me about it, but I don't know the reason why.
31. In terms of un-dictated clinics, I have participated in a look-back exercise and I know there are patient notes where the patient attended and there may be a brief entry on the chart but no letter in the chart. This has been a frequent finding of the look back exercise. There may be patients who have had a long period of care with Mr O'Brien but it is not clear what discussions or actions have been taken, so anyone picking this up is essentially starting at the beginning because there was little detail in the note and no letter
32. We also did some backlog review clinics for AOB and in some cases there is a long time lapse since the patient was last seen so we now have to look at these patients as new patients because we can't deal with them as review patients i.e. it took longer to see them and that was agreed.
33. There are brief notes in the chart and this may be fine for some patients but it is not sufficient for others coming behind to determine what has been done. I became aware of this issue in January 2017 and the scale of the issue.

34. I was asked about my practice at clinics and I explained that I dictate the majority of letters immediately after each patient is seen unless I need to clarify something and then I will do that dictation within a day or two.
35. I am aware that Mr O'Brien went to the Erne clinic on a Monday. I am not sure how many patient's he saw but I know he insisted on having Tuesday mornings for admin time after the clinic. This caused some dissent among other members of the team so when we became aware that the dictation was not done it was bitter to hear.
36. Productivity from the Erne was poor in comparison to other clinics and so to hear the admin was not completed was difficult. CHKS publishes data in terms of productivity so everyone can see what their peers are doing. Mr O'Brien is an outlier in terms of clinical activity.
37. I was asked if there was other work Mr O'Brien was doing which may have impacted on clinic dictation and triage. I explained Mr O'Brien held a number of other roles – he was Chairman of the local MDT and Chairman of the Regional NICAN group which would have been a reasonable workload for him. However there was not equity in terms output and he had additional Pas for that in 2015/16 when he was doing that.
38. I am aware that Mr Young informally did some of Mr O'Brien's triage but I am not aware of any formal agreement between them. I haven't done any triage for Mr O'Brien.
39. In terms of the undictated clinics, of the small sample I have looked at there are a small number of patients who have not had management plans actioned. So far I have looked at 2 boxes with about 12 charts in each box. I have come across 1 patient who should have been a red flag referral but there is no letter or outcome on PAS so I am not sure if outcome decision made or communicated... Mr O'Brien has identified the procedure to be done but there is no letter on file to say that the patient was referred on.
40. I was asked about Mr O'Brien's private patients and if any had been seen faster than is in keeping with waiting list times. I advised that I have no evidence of this however with the look back exercise, it does appear that some patients have been seen quicker than anticipated.
41. I was asked if I knew what senior management within the Trust may have known. I explained that Urology has been a problem area in terms of waiting times so I can't see how managers wouldn't have been aware of the concerns. I know managers and the other consultants would have been aware of his workloads but the scale of un-dictated clinics and un-triaged referrals was a shock to me and I am not sure if managers were aware of the extent of the performance issues. I feel aspects of Mr O'Brien's performance has deteriorated over the time I have been in post and it raises issues for me in respect of burnout and excessive workloads for a long period of time. His way of working doesn't help- letters were too long and over detailed, when they were there. He expresses very clear views on how triage should be done yet then we find out he has not been

doing it at all, at least in a lot of cases. Mr O'Brien has a different working style which is very different from his colleagues but it is clear to me that his workload along with all Consultants has increased significantly. When we find out work had not been completed it is a bitter pill for us all. 42. The Trust has tried to address the long waiting lists and the numbers of referral with new pathways.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness:

SIGNATURE	
DATE	

17

Witness Statement

NAME OF WITNESS	Mrs Anita Carroll
OCCUPATION	Assistant Director, Functional Support Services
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Friday 19 May 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Anita Carroll. I am employed by the Southern Health and Social Care Trust as Assistant Director of Functional Support Services. I have held this position from 2007. Within this role I have responsibility for the Referral and Booking Centre.
2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and / or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
3. I agreed to answer questions specifically related to the terms of reference previously shared with me.
4. I explained that I became aware of problems with Mr O'Brien's triage in February 2014. I was in attendance at a meeting with Debbie Burns when a triage process was shared and implemented. I understood this was because of problems with triaged letters. I have attached the triage process to my statement for information.
5. The Acute Directorate at that time had in place acute performance meetings which I sometimes attended but some of my heads of service Katherine Robinson and Helen Forde attended. General issues about triage were discussed and it was felt it was a good opportunity to document a flowchart.

14. Now there is a lot of information in NIECR and so the chart is not as important as it previously would have been.
15. In December 2016, I was sent an email by Katherine Robinson to say she had become aware of undictated clinics and patient outcomes not being completed. I am not aware if this led to delays in treatment.
16. I am not aware of any issues relating to Mr O'Brien's private patients.
17. I didn't attend many of the acute performance meetings so I wouldn't necessarily have been aware about issues of concern. Katherine Robinson would have attended these meetings and so would have been more aware of the issues.

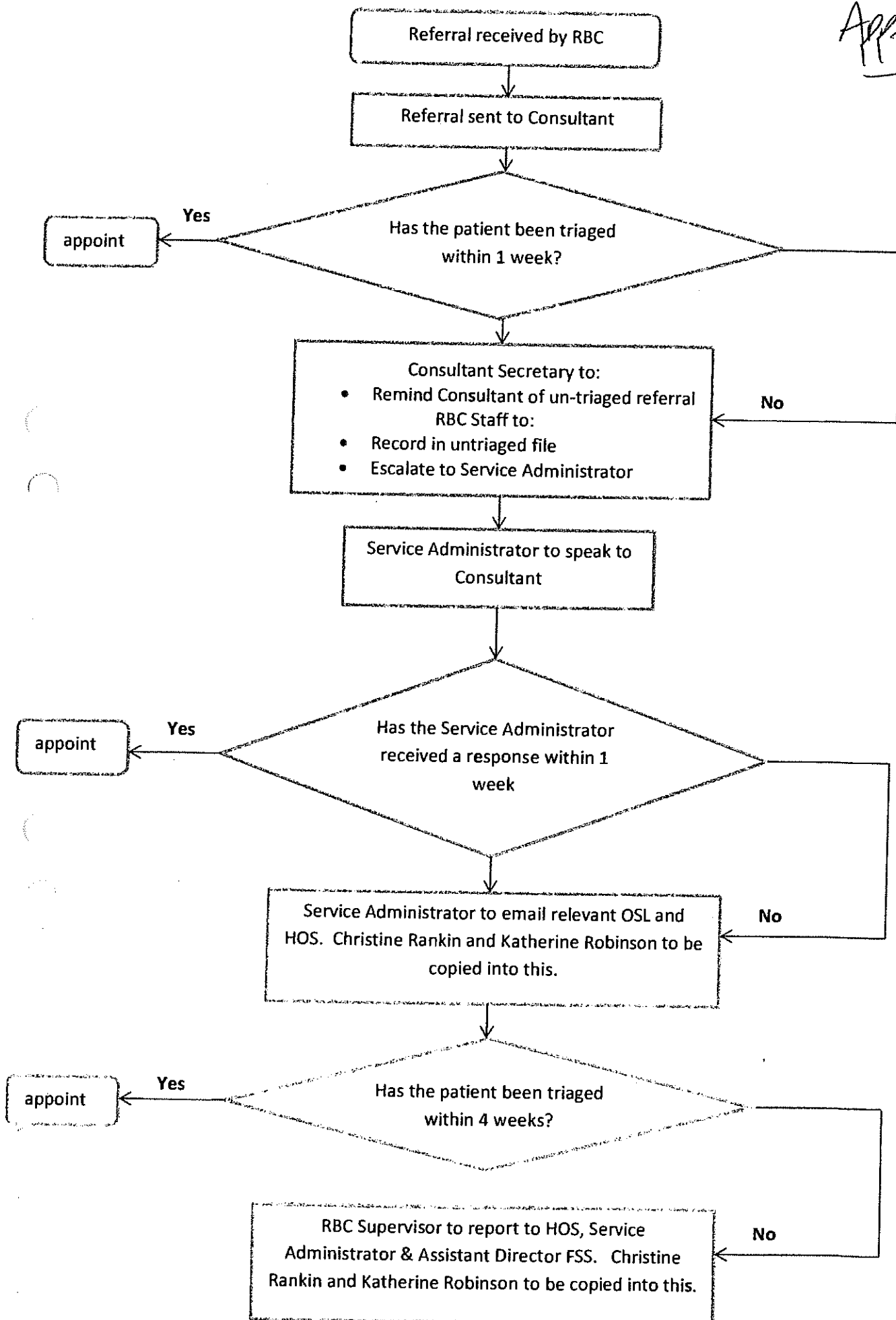
This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	Personal Information redacted by the USI
DATE	17/8/17

Feb 14

Appendix A

TRIAGE PROCESS

18

Witness Statement

NAME OF WITNESS	Mr Colin Weir
OCCUPATION	Consultant Surgeon / Clinical Director
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Wednesday 24 May 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Mr Colin Weir. I am employed by the Southern Health and Social Care Trust as a Consultant Surgeon and I am also the Clinical Director for General Surgery, Daisy Hill Hospital, ENT, Craigavon Area Hospital and Urology, Craigavon Area Hospital. I have been employed in the Clinical Director role for approximately 12 months.
2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and / or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
3. I agreed to answer questions specifically related to the terms of reference previously shared with me.
4. In my role as Clinical Director, I have been Mr O'Brien's line manager for approximately 12 months.
5. In respect of TOR 1 I was asked if I was aware of if there have been any patient referrals to Mr A O'Brien which were un-triaged in 2015 or 2016 as was required in line with established practice / process. I explained that I was first made aware of issues of concerns by Dr Charlie McAlister who was Associate Medical Director for the Urology service when I was initially appointed as Clinical Director. Dr McAlister had been appointed temporarily for both ATICS and Surgery. Mr Eamon Mackle had previously held the AMD position.

6. Dr McAlister first mentioned to me that there were concerns about Mr O'Brien's triage, keeping notes at home and undictated clinics in or around August 2016. He put it in terms of there being a bit of an issue with charts, triage and clinics but it wasn't put to me as a really serious problem.
7. I met with the Head of Service, Martina Corrigan around the end of September 2016 and I got further information about charts that were tracked to Mr O'Brien but were not in the Trust, that Mr O'Brien was way behind with triage of GP referrals and a backlog needing to be addressed. At this point the intention was very much to deal with the issues informally. There was no formality about the matter. The approach to managing the issues was all informal and it was about how we could help Mr O'Brien to get him back on track. No-one knew the enormity of the problem.
8. I was appointed as Clinical Director around April 2016 and the issues of concern were not immediately brought to my attention. I recall discussions between Mark Haynes and Dr McAlister at the weekly Thursday meetings about the concerns but it was not addressed directly with Mr O'Brien because he may not have been at the meetings. I think I first became aware there were issues around the summer of last year. I discussed the concerns with Michael Young who is the clinical lead in Urology and he was aware of the concerns.
9. I remember that the intention was for Martina and Ronan to discuss with Mr O'Brien but I do recall it was always meant to be on an informal basis. This meeting didn't happen as far as I understand. I had discussed the matter with Martina and Michael Young and then I was made aware that it had gone to the Medical Director's office and that Dr Wright was looking at it.
10. I don't think people knew the enormity of the problem or how far back it was going on. I know I was told at a point not to meet with Mr O'Brien about this issue. I can't recall who said this to me, it may have been Ronan.
11. In terms of TOR 1, I know now that there is a problem with Mr O'Brien not triaging patients but I didn't know the extent of the problem at the time.
12. In respect of the issue to do with notes, again I was aware there was an issue with Mr O'Brien having notes at home but not the extent of the problem.
13. In relation to the undictated clinics I was broadly made aware of an issue by Dr McAlister but I did not know the detail or extent of the problem.
14. In relation to TOR 4, I was not aware of any issue related to private patients.
15. I know managers within the Trust were aware of the problems with Mr O'Brien and I was shown a letter dated March 2016 addressed to Mr O'Brien. Dr McAlister felt the correspondence in March 2016 had not addressed the problem and he wanted to manage it in a different way. I recall Dr McAlister saying that Mr O'Brien was a good surgeon and he felt could help him get back on track. This was all without the knowledge of the enormity of the problems.

16. Since the MHPS process has commenced, I have met with Mr O'Brien to revise and agree his job plan. This is not yet agreed. Currently we are giving consideration to his SWAH clinic to ensure there is not as generous an allowance for travel etc. Mr O'Brien's productivity has been lower than others but he is working to the agreed action plan and he is now using digital dictation.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	Personal Information redacted by the USI
DATE	7/6/2017

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Witness Statement

NAME OF WITNESS	Mr Mark Haynes
OCCUPATION	Consultant Urologist
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Wednesday 24 May 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Mr Mary Haynes. I am employed by the Southern Health and Social Care Trust as a Consultant Urologist. I was appointed in May 2014 as a Consultant within the Southern Trust having previously worked as a Consultant in Sheffield since April 2010.
2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and / or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
3. I agreed to answer questions specifically related to the terms of reference previously shared with me.
4. I explained that each Consultant takes all GP referrals to the urology service for a week at a time when they are the Consultant of the Week. Additional referrals can come in for named Consultants but these don't necessarily go through the Referral and Booking Centre and will go directly to Consultants. The number of these type of referrals vary.
5. I was initially unaware of any un-triaged referrals. There were long waiting lists and lots of red flags were seen. It became apparent to me as routine referrals came through to be seen that they hadn't been triaged. Patients were booked onto waiting lists irrespective of not being triaged so it wasn't immediately apparent that triage was not being done. It did become apparent however when patient's came to clinics but that could be 70 weeks later because of the waiting list.

6. I know we all work at different speeds and Mr O'Brien works differently to me. I was aware he was not getting through triage like I was but I was not aware that he hadn't gotten through any of it.
7. The bulk of referrals are routine. I think it is good practice to do triage within 24 hours of receipt of the referral but the reality is that the routine waiting list is 70 weeks so a routine patient isn't going to be seen anyway even if triage is done within 24 hours. I became aware of issues about Mr O'Brien's triage when on occasions GPs sent in a second letter and they were then being triaged by someone different..
8. I recall one specific issue – I always go through my patient lists before a clinic and I looked at this particular clinic and a patient was referred for a renal cyst. It became apparent to me that there was a radiology mistake. The patient referral suggested a benign renal cyst and an MRI was recommended. On looking at the report, it said that the lower pole renal cyst was benign but there was no mention of a mid pole cyst. The abnormal cyst was not commented on and because benign cysts would normally be discharged without being seen by urologists, the patient would not have been seen. The patient wasn't triaged and was put on a routine waiting list.
9. Had I received the referral I would have picked it up. I can't say if everyone would have picked it up. There was an opportunity to pick up the issue with the radiology discrepancy but because triage wasn't done it wasn't picked up.
10. I think triage is a nonsense. I don't know why secondary care take responsibility for re-categorising primary care assessment. It is a GP issue. I don't think we should be checking the GP got it right. It takes an inordinate amount of Consultant time. There are generally between 10 to 20 upgraded per week. In the main doing triage is fine. I am not talking about advance triage just checking the GP referral.
11. I am aware that there have been un-triaged referrals because of the SAI process. We were probably all aware of seeing the odd untriaged referral but when they are being seen by 6 different people, seeing the odd one didn't seem like that much. It turns out we were all getting them, so it wasn't just the odd one.
12. Before I met with patient Patient
10 in the clinic I got the MRI re-reported and I explained to the patient that there as a misreported scan. I was very open and honest with the patient. A CT scan was done which showed an enlarged lymph node. The patient was diagnosed and treated for breast cancer secondaries and then also kidney cancer. I completed an IT1 form because of this case and as a result the SAI process happened. It was Chaired by Mr Glackin.
13. Because we take responsibility for triage there was potential for harm for all patients not triaged.

14. Ideally all triage should be completed within 24 hours. I feel this is reasonable. The reality is that on-call week is busy and comes down to what is reasonable for that week. I might not get all triage done and might have to complete some of it the following week. Some Consultants work quicker than others and so each Consultant has to take responsibility for the referrals during their week on-call, otherwise it would roll into the next week and the next Consultant can't pick up outstanding triage.
15. In my view, what's reasonable depends upon the original referral category so for example red flags should be done within 24 hours. For urgent and routines within 3-7 days is fine.
16. I know at least one patient, Patient 10 who could have come to harm because Mr O'Brien did not triage and I believe there is another delayed cancer diagnosis for a bladder cancer patient so potentially, yes, patients have come to harm. As it turned out Patient 10 had the breast secondaries picked up because of the delay.
17. In respect of TOR 2, I have completed IR1's in the past because of notes. I recall 2 patients both of whom were seen in clinic by Mr O'Brien where there was no dictation. I picked up one patient because I was asked by Martina Corrigan. The 2nd was a lady from Omagh seen in clinic who was told she was coming to me. It didn't happen and so the GP sent another referral in. the first referral had not been triaged anyway. When I took her to theatre to do a nephrectomy there were no notes. I put an IR1 in about that.
18. I am also aware that there were times when notes were not available. This is when I was doing backlog review clinics. I have seen patients with no dictation from previous attendances and no notes available. That's very difficult. At times I was told the notes were not available so I said I wouldn't see patients without notes. (There would have been no letter on ECR either.)
19. At one point notes were found in Enniskillen clinic and there was a referral to me done 4 to 5 months after I operated on the patient. There was clearly no check that things were improving. When notes were returned in December I had already operated on the patient. There was a letter done then, dated December though the letter didn't take account for the surgery already done. (ie the dictated letter was done prior to notes being brought in to the hospital in December and not at the time.) That shows a lack of insight.
20. Mr O'Brien's patients were added to the waiting lists at the time they should have joined based on the GP referral. Unlike the other Consultants, Mr O'Brien managed his own waiting list. Mr O'Brien would have all his patient's organised himself, his secretary did not do this. It was not always clear why he added people to his waiting lists as he did. He did all the phoning/ planning and arranging himself. Other consultants let their secretary do that. No-one knows whats on his wating list as he manages it himself.
21. I know there has been an issue with undictated clinics and I know this stretches back further than 2015. I know of one patient who attended clinic 6 times dating back to 2013 and there was no no

no dictation done except by a registrar on one occasion. The GP cannot know what the clinical management plan was for their patient without an outcome.

22. From SWAH there appeared to be no dictation, no outcome sheets and no notes brought back.

23. It appeared to me to be accepted practice that a senior member of the team did not do dictated outcomes from clinics. Many people knew Mr O'Brien stored notes at home but there was no action taken. It was also accepted that Mr O'Brien would transport files in his car from clinics and then would have these at home. We have created this issue. It was the Trust process and is still the Trust process. Everyone knew they were with him and were having to get him to bring the notes in if they were needed. It only applies to the SWAH clinics as there is transport to all other clinics. Mr Young does the SWAH clinic also but I think he takes the notes home and then drops them back again.

24. You can't run a safe practice without contemporaneous notes. I have looked up the duties of a doctor as required by the GMC and it doesn't specifically state a doctor has to do a letter for every attendance. I thought however it was accepted practice by the Trust. Maybe they didn't know the extent of it. The impression I have is that management knew about the issue of notes. The secretaries knew. Medical records knew.

25. My impression is that when a patient needed something done it was done but there have definitely been delays for patients. There certainly has been the potential for the delay of clinical management plans.

26. In terms of Mr O'Brien's private patients, it seemed to me that Private patient's appeared not to wait very long. I was aware of patient's seen privately who then had their operation out with the timescale for the same problem for an NHS patient. I raised this in an e-mail in June 2015 and also December 2015 to Michael Young and Martina Corrigan. It was an irritation for me that I had patients waiting much longer for the same problem. His waiting times seemed out of keeping with everyone else's. I believe Mr Young spoke to him about it. It is difficult to challenge a view and opinion with Mr O'Brien.

27. I am aware the previous AMD Mr Mackle raised issues with Mr O'Brien and this had become very difficult. Operationally Martina Corrigan knew of the issues and I anticipate she escalated these concerns. The problems were well known in medical records. Other people must have known such as anaesthetists, he was taking people to theatre without clear notes and at times with no pre-op done. He has been here a long time and it's just been accepted. I haven't worked anywhere else where a consultant would have been able or allowed to say I am not doing that, or have that accepted.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	
DATE	

20

Witness Statement

NAME OF WITNESS	Ms Noeleen Elliott
OCCUPATION	Personal Secretary
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Wednesday 24 May 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations Mr Brian Smyth, NIPSA
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Noeleen Elliott. I am employed by the Southern Health and Social Care Trust as a Personal secretary to Mr Aidan O'Brien, Consultant Urologist.
2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and / or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
3. I agreed to answer questions specifically related to the terms of reference previously shared with me.
4. I was supported at the meeting by my trade union representative, Mr Brian Smyth, NIPSA.
5. In respect of TOR 1 I was asked if I was aware of if there have been any patient referrals to Mr A O'Brien which were un-triaged in 2015 or 2016 as was required in line with established practice / process. I explained that in February 2015 the responsibility for triage went to the Trust's Referral and Booking Centre. After this date secretaries were no longer responsible for following up on referrals. I advised that there would previously have been delays with Mr O'Brien's triage prior to February 2015. I would have been advised by the Referral and Booking Centre of delays or lack of response from Mr O'Brien.
6. I advised that the Referral and Booking Centre receive the referral in and log it on PAS, they then would note and record referrals that are sent back following triage by the Consultant. I would

have received lists from the Referral and Booking Centre highlighting triages which had not been received back. There were no delays with 'red-flag' cases. Red-flag referrals were always dealt with.

7. Around February 2015 a new system was introduced in Urology with the 'Consultant of the Week'. During Consultant of the week, when a Consultant has no scheduled clinical activity they undertake admin and the triage. Prior to 2015, I would have given Mr O'Brien referrals to Mr O'Brien for triage but after February 2015, triage moved to the Booking Centre who allocated the referrals to the consultants each week. I would have been aware of delays with triage through the odd e-mail I got but I always put it back to Leanne Brown in the Booking Centre. Generally when an e-mail was sent to me, it was also sent to Mr O'Brien so I didn't feel I needed to act on anything.
8. Between February 2015 and December 2016 I never saw referrals sitting in Mr O'Brien's office. Mr O'Brien's office is pristine and he doesn't have things sitting around. Prior to February 2015, I would have left referrals in his office for him.
9. I cannot comment if there was a potential for harm or actual harm caused to any patient.
10. Working for Mr O'Brien is different than working for other Consultants. I previously worked for two other Urology Consultants. I had not previously had any previous issue with delays with triage.
11. In respect of terms of reference 2, I confirmed that all notes tracked to Mr O'Brien were not stored within the Trust. It is widely known within the Trust that Mr O'Brien has notes in his house. Leanne Hanvey types Mr O'Brien's private patient's work and Mrs O'Brien would e-mail her looking for charts. Leanne would pull the charts and leave them in Mr O'Brien's office. The notes would be tracked out to Mr O'Brien's private patient cabinet in his office but the notes wouldn't be there.
12. If a chart was requested by someone for another clinic, I would have e-mailed Mr O'Brien and asked him to bring in the chart. He would usually bring the chart back the next day or sometimes if he was at home he would bring it back later the same day. The charts could have been requested for various reasons.
13. Mr O'Brien did 2 outreach clinics. The South West Acute Hospital clinic (SWAH) is held in Enniskillen and as there is no transport between Trusts, Martina Corrigan would transport the charts to the clinic and Mr O'Brien took them back with him. The charts were not brought back and generally were at Mr O'Brien's house. The SWAH patient charts were generally not needed elsewhere in the Trust as the patients were Western Trust patients and would have had a separate chart there. The other outreach clinic Mr O'Brien attended was Armagh. The charts were delivered to Armagh by transport and brought back by Mr O'Brien.



14. In December 2016 I was asked by Katherine Robinson in the Referral and Booking Centre for a list of clinics that I had not received outcome sheets for. I provided this list to the case investigator and it is appended to this statement. The clinics are for the period 2015 and 2016.
15. When Mr O'Brien was on sick leave at the end of 2016 he addressed at least 20 clinics and outcomes were completed for those clinics. In all cases, I didn't get an outcome sheet back at the time of the clinic. Mr O'Brien was in touch with me in early February when he was due to come back to work following his sick leave and he asked me about the charts that he had returned from home in January 2017. I told Mr O'Brien that there weren't in his office and he asked about the outcome sheets with the charts. I told him I had never seen the outcome sheets. I explained the charts had been moved to the admin floor during the first week in January 2017.
16. I noticed the delays got worse in or around April 2016 and there were clinics other than SWAH which had no outcomes.
17. I have recently received a call from a patient and when I looked up the patient, they were not on any waiting list for a procedure they were told they needed. I didn't tell the patient they were not on the list but explained that there was a wait for the procedure. I told Mr O'Brien via e-mail.
18. When a patient such as the one I took the call from is added to a list, they are always added to the waiting list at the date they were seen. As generally the lists are so long, they will be seen when they should be but the case is just not captured on the Trust's system or data.
19. On occasion I would have mentioned to Mr O'Brien about typing for his clinics. Mr O'Brien didn't do a clinic letter for every attendance but he would have put all information into one long letter at the end of the episode of treatment. When asked if Mr O'Brien kept the patient's GP informed during the course of a treatment process, I advised that in some cases I don't believe he would have written to the GP until the end.
20. Mr O'Brien was under extreme pressure and he would have advised me that he had a lot of work to do. The typing I did for Mr O'Brien would be very long and it took a long time to do each of his letters. Some dictated letters were 3 or 4 pages long. When asked if Mr O'Brien used his Tuesday morning PA time to do admin I advised that I am not aware of what he did on Tuesday mornings. Mr O'Brien operated one to two Tuesday morning in the month in the Day Surgery Unit. I advised that Mr O'Brien sends e-mails at 2am or can be operating at 10pm. He works very hard and does over and above so I wouldn't question where he was. If he wasn't in the office it didn't mean he wasn't working.
21. I recently had to request a chart from the Head of Urology's office for another clinic. When I received the chart, I noticed the patient should have been put on the waiting list for urodynamic studies. This patient was originally seen in June 2016 and should have been on the urodynamics waiting list. As this waiting list is shorter than some others, this patient could have had their procedure by the end of last year if he/she had been placed on the waiting list.

22. I don't know if any charts are missing.

23. I would have received requests for up to 10 charts per day. When I sent an e-mail to Mr O'Brien to request the chart he would have brought it back in. The dictation would have been done it. I am aware there are clinics that have not been dictated. Please refer to the appended list. There were some clinic letters done but not all.

24. In terms of Mr O'Brien's private patients, it is my view that Mr O'Brien has to determine the clinical priority of patients to be seen. Mr O'Brien would have informed me when a private patient was being added onto to a list.

25. The matters I have been asked about were known widely to everyone. Everyone knew what was happening. Mr O'Brien's practice has been the same even when Monica was his secretary. People knew about it so I didn't feel I needed to be flagging anything.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	Personal Information redacted by the USI
DATE	1.8.17

21



Witness Statement

NAME OF WITNESS	Mrs Helen Forde
OCCUPATION	Head of Health Records, ED Staff, Admin Ward Staff & Renal Staff
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Monday 5 June 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Helen Forde. I am employed by the Southern Health and Social Care Trust as Head of Health Records, ED Staff, Admin Ward Staff & Renal Staff. The referral and booking centre is the responsibility of Katherine Robinson.
2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and / or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
3. I agreed to answer questions specifically related to the terms of reference previously shared with me.
4. During the time Dr Gillian Rankin was Director of Acute Services, I know Katherine Robinson would have produced weekly lists for each Consultant for un-triaged referrals. There was a regional target for triage of 72 hours. I would have been at meetings when these issues were discussed and I would have been aware of outliers from the 72 hour target. I would have known there was a problem with Mr O'Brien's triage. A report went to each Head of Service to follow up on outstanding referrals.
5. At one point when all out-patients were being seen very quickly this wasn't a problem but as the waiting times got longer it was important that triage was done. I know Mr O'Brien was different to other Consultants in terms of the numbers of un-triaged referrals and his frequency on the list. This was around 2012.

6. Around 2015/2016 there was a change in structure and so I was not involved and wasn't aware of any issues.
7. I know there are other Consultants who don't triage within 72 hours but Mr O'Brien was known as particularly poor in completing the triage. I know Katherine would have chased to get things triaged but would then have taken whatever the GP referral letter had indicated to triage the referral. I think this was agreed.
8. In terms of notes, the only tracking code was for Mr O'Brien's office for charts tracked out to him. The only time we would know if a chart wasn't there was if we needed it and went looking for it. I know it would have been a regular occurrence that Mr O'Brien would have had charts at home. He generally would have returned them the next day if a chart was being looked for.
9. There is a checking mechanism to check on how long notes are tracked out for and to whom. We unfortunately don't have the capacity to do those checks. I know it was raised a number of times with the AD and HOS that charts were at home. At a point Datixs were completed. As far as I know Debbie Burns said she was working with Mr O'Brien and staff were told not to fill in Datix as she didn't want him annoyed. This was around 2014.
10. There was never any similar issue raised about any other Consultant in terms of notes. I don't know how many charts were at home. I know when Mr O'Brien was on sick leave in 2016 all charts were asked to be returned and Martina Corrigan said Mr O'Brien was going to do some work on them and then he brought them back.
11. I believe there are still 11 charts missing all of which are tracked out specifically to Mr O'Brien.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	Personal Information redacted by the USI
DATE	21/8/17

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Witness Statement

NAME OF WITNESS	Mrs Heather Trouton
OCCUPATION	Assistant Director of Acute, Integrated maternity women's health, cancer and clinical services
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Monday 5 June 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Mrs Heather Trouton. I am employed by the Southern Health and Social Care Trust as Assistant Director of Acute, Integrated maternity women's health, cancer and clinical services. I was appointed to this role in April 2016. I previously worked as Assistant Director of Surgery and Elective Care between September 2009 and 31 March 2016.
2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and / or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
3. I agreed to answer questions specifically related to the terms of reference previously shared with me.
4. I explained that a new Director had taken up post within Acute Services in August 2015 and she decided to change the structure at a senior level within the Directorate. She wanted to have 3 clinical staff to operationally manage the Directorate. This resulted in an internal move and reduced Assistant Director roles from 7 to 5. Tracey Boyce and Anita Carroll remained in their roles. Simon Gibson went to the Medical Director's office and Barry Conway took up a role dealing with strategic reform. Anne McVey went to Medicine, I got women's services and Ronan Carroll got Surgery.
5. In respect of TOR 1, I advised that I wouldn't know the detail about un-triaged referrals but I am aware that MR O'Brien did not agree with triage and he made it clear that he didn't agree with

the 3 categories of referral. Mr O'Brien would have said red flags were important and the others were not important. He didn't agree with the system in place.

6. Many of us were aware that Mr O'Brien didn't agree with the system in place and so on weeks when he was due to do triage it was addressed with the clinical lead – his colleagues picked up the slack. It was not possible to get Mr O'Brien to do triage in a timely manner so a default position was adopted to ensure patients weren't waiting to be booked at all. I know it isn't satisfactory but it is what happened. The default position was known and agreed by the Director, the AMD, myself as AD and the Head of Service. It was felt that it was at least some safety measure.
7. I had numerous conversations with Mr O'Brien about triage, notes and his review backlog. He always disagreed with the triage. I would have said to him that that's the system in place and I would have tried to help him. Sometimes there was a change for a short period of time but then he reverted to his own way of doing things.
8. It has been a problem since I came into post, Michael Young was the Clinical Lead, Mr O'Brien the 2nd Consultant and the third person changed regularly so didn't have management input so there was not a lot of clinical challenge to Mr O'Brien. I addressed concerns about Mr O'Brien with Michael Young and he spoke to him. But it was the way it was under both Dr Rankin and Debbie Burns since 2009.
9. Did Mr O'Brien ever say he was not doing triage or clinic dictation, possibly, but it was never agreed he could not do it. There was a Urology review during this time and experts made recommendations at consultant level. Mr O'Brien did not agree with them. Mr O'Brien had his own view about things. He was clear about what he did not agree with and felt he needed more admin time generally, he handwrites everything. As an example, the way it generally works is that a Theatre list is agreed and the Consultant will ask their secretary to list the date and to organise and the secretary goes off to do that including arranging for the patient to attend. Mr O'Brien however insists on ringing every patient himself to attend but that is not what we need him to be doing. He wanted admin sessions to fit in with every aspect of what he wanted to do. He is already on a high number of PA's so to give additional time for admin is not sensible because he didn't use the admin support available to him. There was never an issue of other specialities doing triage.
10. When the issues were raised, Michael Young as the Clinical Lead would have said he would sort it out so it was left with him and he would have helped Mr O'Brien in his practice and so the issues were improved for a period of time.
11. While I was concerned about his practice I was content patients were being seen and red flags were being done. As most referrals came in as red flags I was satisfied patients were being seen. I did have a concern about upgraded referrals but there was no data to show how many were being upgraded so I felt relatively comfortable that patients coming in as red flags were being

seen. The numbers being upgraded were not that many and I felt the risk was relatively small for the one that may slip through. New urology colleagues were not willing to let him not triage.

13. I was involved in the conversation regarding the 23 March 2016 letter which was issued to Mr O'Brien. Mr O'Brien's general way of doing this is maverick. Every Director knew but nothing moved. I felt with the newly appointed Medical Director things might progress. There was a meeting held with Dr Wright on 11 January 2016 at 10 am and the concerns were outlined to him and I took his advice so we formally addressed the issues via a letter.
14. Some time ago Eamon Mackle tried to address the issues but Dr Rankin had said not to do anything further because a complaint had been received accusing Eamon Mackle of bullying and he was told he should not address further issues with Mr O'Brien. Eamon Mackle appointed Robin Brown to be a go between with Urology. Mr Brown made attempts too. Improvements were short term but then he went back to his behaviours again. There was a general view that Eamon Mackle was unable to deal with the issues because he was told not to. In my opinion Mr Young and Mr Brown felt uncomfortable holding Mr O'Brien to account.
15. I feel, their view was that he is a very intelligent man and a good doctor, therefore we could overlook small things. Trying to get peer and medical management support to deal with the issues was difficult to do.
16. The letter was sent to address issues regarding not triaging, his review backlog and notes at home. More recently there has been new appointments made and so there is a bigger urology team and there are members who were willing to peer challenge. The letter was given to Mr O'Brien and the expectation was that he would set out a plan as to how he was going to deal with the outstanding work.
17. I moved post on 1st April 2016, so I left it with Esther Gishkori and Ronan Carroll to deal with the action plan. I got nothing back directly from Mr O'Brien.
18. Mr O'Brien was outwith other Consultants I dealt with. I didn't come across any other surgeon who didn't agree with or partake in triage.
19. I know there was an issue with Mr O'Brien taking notes home because some were missing and Martina Corrigan had to chase these. Mr O'Brien was told he should not have notes at home. He was also told by Mr Young and Mr Brown. I shared an email of 22 January 2015 as an example of this issue which is appended to this statement. Mr O'Brien would bring them back but the process started again. I didn't know the number of charts he had or if it was a constant trickle. He should not have had any at home.
20. In respect of TOR 3, I was unaware that dictation was an issue until March 2016 when colleagues started doing validation of backlog. There has always been a review backlog in Urology but they have tended to hold on to patients to review the clinical decision. The review backlog for Mr O'Brien was particularly long. Others addressed theirs so Tony Glackin and Mark Haynes looked back to try to sort the issues. This was done on Patient Centre not via the notes. During that process they realised that nothing was on Patient Centre so that prompted my concern in March

2016. It was relatively close to when the 23 March letter went out. There was nothing recorded in the notes or on Patient Centre. This in my view was the most serious issue as we cannot have patients treated without records.

21. I cannot remember if this prompted me to look at the clinics, I'm sure Martina Corrigan did a review. Patients were still being treated but recoverable information was a problem. It was certainly outside of acceptable practice not to dictate. I don't know if there was a delay with clinical management plans for patients, he may have had his own way of managing things.
22. In respect of TOR 4, on some occasions when scrutinising lists because of pressures there were some patients on the list earlier than you would have expected but Mr O'Brien always had a clinical rationale as to why a particular patient was on the list. They were not necessarily all private patients but some were.
23. Mr Mackle, Dr Rankin, Debbie Burns, the AD, the HOS all had discussions with Michael Young and Robin Brown. The issues were repeatedly addressed but no lasting change resulted. There seemed to be no way of enforcing him to comply. I think the formal process did not happen because when the previous issue arose, Mr Mackle was warned off by Dr Rankin at that point and Mr Mackle then took a back seat.
24. From I came into post, it was very well known that Mr O'Brien did not comply with the management way of managing patients. There were repeated informal attempts to resolve with no real action happening. When addressing clinical practice we rely largely on peer support. I think he has some sympathy with some colleagues as he is really good with his patients. But more recently there is a bigger team able to stand up and say this is not good clinical practice.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	
DATE	

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Witness Statement

NAME OF WITNESS	Ms Katherine Robinson
OCCUPATION	Referral & Booking Centre Manager
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Monday 5 June 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. My name is Katherine Robinson. I am employed by the Southern Health and Social Care Trust as Referral & Booking Centre Manager and have been in this role for approximately 7 to 8 years.
2. I have been asked to provide this witness statement in respect of an investigation into concerns about the behaviour and/or clinical practice of Mr Aidan O'Brien, Consultant Urologist being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
3. I agreed to answer questions specifically related to the terms of reference previously shared with me.
4. I explained that I am aware of issues of concerns in respect of non-triaged referrals however I do not know the numbers involved off hand. I know the issue was a regular occurrence. Mr O'Brien would have done some triage, he would have sent some down to the booking centre but others we would not have got. I do not know what type of referrals were not done but I presume the red flags were done. I know these were not a big issue at Tuesday meetings.
5. The concern about Mr O'Brien triage was raised every Tuesday morning at Dr Rankin's meeting. I would have tabled the issue. Urology was always the one with larger numbers not returned. It was always an issue. Triage was always discussed on Tuesday mornings. Then Debbie Burns, when she took over as Director, put a new process in place for escalation and she said triage not completed was to be referred to the Assistant Director and they were to chase. The meetings didn't deal with the issue as rigorously as when Dr Rankin was Director. It went through a pocket when it got better but I do not know what Dr Rankin did about it.

6. Escalation made a difference on and off. It was a persistent problem in 2015/16. It seemed to be the same problem all the time. It was different with the rest of Urology. Mr Young would have been a bit delayed but if chased he would have done it. However, Mr O'Brien was the worst offender. In my opinion Mr O'Brien being chased did not make a difference.
7. In or around March/April 2014 there was an email from Martina Corrigan and Anita Carroll and we were told to book the longest waiters on the list. This did away with some of the chasing and those not returned were to be defaulted to the GP referral.
8. In February 2015 a new Urology admin process was started where triage was to be left daily in the Thorndale Unit for the Consultant of the week. Mr O'Brien was not great at this whereas all other consultants were good. In 2015, if triage was not returned within 3 days it was added to waiting list with GP the prioritisation. We always knew to keep a copy of the paper referrals to Mr O'Brien in case they were not done and so could go to other Consultants. This meant extra work to keep referrals safe.
9. In respect of TOR 1b, I am not aware if any patient's came to harm as a result of non-triage. Mr O'Brien was not always the only one who didn't return his triage but he was constantly the worst and we were always chasing him since I started in post. Everyone knew of the issue.
10. I am now aware clinics were not dictated. Charts were always missing or at his home. Mr O'Brien has his own way of doing things but he was always disorganised in my opinion.
11. In December 2016, Mr O'Brien's secretary brought it to my attention that loads of clinics were not dictated. The Centre would get a backlog report from his secretary every 2 weeks but these were not on her list. Noeleen Elliott knew this but we only became aware of undictated clinics in December 2016. As far as I know, she raised this as we started to get more robust with the reports and she felt she needed to declare it. She should have been flagging it months before as there are SWAH clinics from 2015/16 not done.
12. It is unusual for Consultants to not dictate clinics. She would have been asked how many clinics she was waiting on but she did not realise to flag to us. We currently don't have a sophisticated enough report to say clinics are not dictated on.
13. I know from Noeleen Elliott in December 2016 that clinics were not dictated. Mr O'Brien was on a period of sick leave and he started to dictate outcomes when he was off. Any calls from patients would have been going to the secretary rather than the Booking Centre. She should have been raising this. We were all aware of problems from time to time and this was escalated to the Head of Service but there was no-one aware of the extent of problem as Mr O'Brien.
14. Everyone knew the issues with Mr O'Brien's triage, charts not being kept up to date and with his admin. The Head of Service and Assistant Director were aware. Recently there is no forum with Esther Giskhori in post for learning from these things. I hope there is learning out of this.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

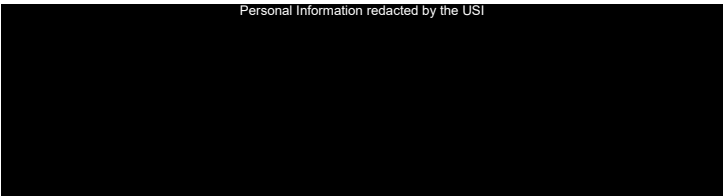
This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	Personal Information redacted by the USI
DATE	11/11/17.

Comments concerning the Witness Statement of Mr. Michael Young

- In Paragraph 9, Mr. Young relates that we had introduced advanced triage, and that all consultants bought into the change. As indicated above, this has certainly not been the case, and still does require resolution. Of course, his referring to advanced triage not being a necessity, has proven to be the let out clause in the vast majority of referrals.
- In Paragraph 32, Mr. Young may have given the impression that I had been allocated the Tuesday morning after the monthly Monday SWAH clinic instead of undertaking a day surgical operating list. I believe that it has since been clarified that is not so.
- In Paragraph 36, Mr. Young relates that the vast number of the charts reviewed by him and his colleagues had no dictated letter relating to the patient's outpatient consultation. I would have understood that none would have had, as all of the charts being reviewed were only those for whom no outpatient letter had been dictated.
- In Paragraph 41, Mr. Young states that managers had not discussed the issues of concern with him. I believe that this assertion is at variance with those of other witnesses.
- In Paragraph 42, Mr. Young relates that I had never indicated that I was not doing all my triage, even though I had previously advised, in his presence, to him and to others, that I had found it impossible to do. Perhaps it had been expected that I would do it anyway, even though I had advised that I had found it impossible.

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Aidan O'Brien
01 April 2018

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Quality Care - for you, with you

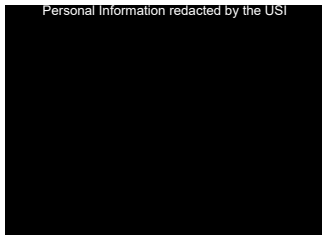
14 June 2017

STRICTLY PRIVATE & CONFIDENTIAL

BY E-MAIL ONLY

Mr Aidan O'Brien

Personal Information redacted by the USI



Dear Mr O'Brien

Re: Formal investigation under Maintaining High Professional Standards Framework (MHPS)

I refer to the on-going investigation under the Maintaining High Professional Standards Framework.

You will have received the witness list from me at an earlier date in the investigation and I can advise that I have now met with all witnesses I feel are appropriate to the investigation. If you feel there are any other relevant witnesses please let me know to ensure I can consider if I need to speak with them.

The next step of the investigation is to meet with you and therefore I would like to meet with you on Wednesday 28 June 2017 at 9.30am in the HR Meeting Room, Ground Floor, Hill Building, St Luke's Hospital site, Armagh.

I am sending you this as early notice of the meeting to enable you to arrange accompaniment should you wish to do so. You are entitled to be accompanied to this meeting as per Section 1 paragraph 30 of the Maintaining High Professional Standards Framework.

I would be grateful if you could confirm your attendance at this meeting as soon as possible via e-mail with Personal Information redacted by the USI

Prior to our meeting I will send you details of the matters I wish to discuss with you to enable you to prepare for our meeting. You should expect to receive this information from Siobhan Hynds at the beginning of week commencing 19 June 2017.

Yours sincerely

Dr Neta CHada
Associate Medical Director &
Case Investigator

Copy to: Dr A Khan, Case Manager

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Respondent Statement

NAME OF WITNESS	Mr Aidan O'Brien
OCCUPATION	Consultant Urologist
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Thursday 3 August 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations Mr Michael O'Brien, son
NOTES	The terms of reference were shared prior to the date of statement.

1. The meeting commenced with welcome and introductions. The format of the meeting was outlined to me and it was explained that the meeting would be based on the previously shared Terms of Reference for the investigation.
2. I asked for a full updated list of witnesses to be sent to me. I also asked for all witness statements to be shared with me. This was agreed.
3. I have been asked to provide this statement in respect of an investigation in response to concerns about my conduct/clinical practice being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework.
4. I agreed to answer questions specifically related to the terms of reference previously shared with me.
5. My name is Mr Aidan O'Brien, I am employed by the Southern Health and Social Care Trust as a Consultant Urologist. I have been in this position for 25 years.

Term of Reference 1

6. I explained that when patient referrals are sent to me there are only a minority which are personalised to me. To my knowledge I have always responded to these referrals.

7. Of the referrals allocated to me i.e. those allocated to me as Consultant Urologist of the week, I did not triage those allocated to me in 2015/2016.
8. The practice of allocating referrals was established when the model of Urologist of the Week was established. It proved to be impossible to do while being Urologist of the week. I advised it wasn't possible to do so. It wasn't clear what was the process supposed to be. We were one of the latter specialities to introduce the Consultant of the week model.
9. In terms of the numbers of referrals not triaged I believe the numbers cited to me are factually accurate.
10. I was in agreement with the Urologist of the week model and the Trust sanctioned it. In the early stages, discussions were held about what we could do. There were not enough Consultants in place and one of the issues was triage. This was considered as part of the new model. We never got a directive that Trust expected us to do triage. This is what the Consultant clinical staff agreed. It was felt there was more time when doing Consultant of the Week to do triage. The other Consultants when they are not Consultant of the Week are fully engaged in elective service.
11. It was agreed by the Urology Consultants at the time of the new model in 2014 that we would do triage. I was present for that.
12. I have always continued to do 'Red Flag' triage. 'Red Flags' are handled by a different office and so I dealt with those. The rest were not being triaged by me because I did not have time to do so.
13. I sat at meetings when we reviewed system. The quality of referrals is such that you cannot properly triage them. There is a marked distinction between triage and proper triage. There is a difference between full triage. I raised this at meetings. I proposed that if we were not doing proper triage then why request Consultants to do this. My view was that if the only thing to do was look at the categorisation to determine upgrade based on key phrases or indicators on the referral then why not use Advanced Nurse Practitioners to do it.
14. Did I ever say I was no longer doing this? I did not and I regret not doing that but I thought by attending the meetings and raising the issues, I was doing that.
15. In my appraisal at end of last year, in 2016 for 2015 it states that I do red flag referrals when I am Urologist of the week. Perhaps my appraiser did not appreciate the impact of that. I shared a copy of the referred to appraisal sheet which is appended to this statement.
16. At a point I was the NICAN Chair and part of this was a national peer review. I had endeavoured to get colleagues to do red flag triage.

- 17.A principal agreement was reached at the Urology MDT meeting on 12 March 2015 that advanced triage of red flag referrals would not be conducted as many of my colleagues found this to be very time consuming. I shared a copy of the Urology MDT Business Meeting notes of the 12 April 2015 meeting which is appended to this statement.
- 18.It was noted by Dr Neta Chada that triaging red flags is not same as triaging the other referrals. I accepted this. It was further noted by Dr Chada that my Appraisal document does not say I was not doing triage. I again accepted this.
- 19.I explained that I knew triage was the system in place. I had raised the issue at various meetings saying that it was impossible. I did not specifically say I was not doing it. There was a time issue with triage. I couldn't get colleagues to do advanced red flag triage but everyone else was doing triage.
- 20.The issue for me was about how triage was being done. I watched it being done by one of my colleagues and it was based on perhaps one line or phrase in the referral, it was ticked off like swatting flies. I believe it was inadequate and unsafe. It was done by freeing up time when other duties of Urologist of the week would have been more important in my opinion. There were other processes required to be done to make it better.
- 21.It was noted that I was previously informed that a look back exercise had been completed on the referrals that were not triaged. The review of each referral was done on the basis of the referral submitted and no other information i.e. basic triage. There were 24 patients upgraded by way of the look back process. Of these 24 there were 4 patients diagnosed with cancer. The 5th case is that of patient ^{Patient 10} which had been the case which commenced the initial SAI. I was asked for my response to these cases.
- 22.I advised that I am surprised there was such a small number upgraded and it is rather enlightening in a number of ways to find 2 of them are early stage and on active surveillance. The irony is they may have benefited from the delay. I know one patient was referred for radical radiotherapy for prostate cancer, the delay has no impact on this issue.
- 23.Patient ^{Patient 10} the delay has had no negative impact and she has had curative surgery.
- 24.Patient ^{Patient 13} had previously been investigated for Haematuria and was found not to have any issue. Patient has had treatment and surgery for Bladder cancer. The concern would be if the delay was prior to definitive surgery as he would have an increased risk of metastatic disease. This is really the only one patient of concern.

25. One thing I find most remarkable is the condition that has been focused is only when malignancy has been found, as opposed to other conditions. Patients can die from other Urological causes but they would not be red flag.
26. It was confirmed to me the delays for each of the 5 confirmed diagnosis which are Patient Patient
13 235 days, the others are 207, 179, 151 days. These findings came from review. I accepted these details.
27. Triage is still a major issue but it remains to be addressed. When I met with Colin Weir, Martina Corrigan and Ronan Carroll I raised concerns again recently but those discussions were very much hampered because of investigation. Colin said that we may need to think about ring fenced time for triage. Overall system problems need to be documented. Inclusion of triage while Urologist of the week is dangerous and is consuming valuable time for elective work. I told people it was not possible to do it, I felt I made it clear I wasn't able to do it.
28. I explained that I stored the un-triaged referrals in chronological order in cabinet in my office. I didn't give them to anyone because they were just copies and I knew there was a default to the GP referral category. I knew the default would kick in. This was put in place in 2014.

Term of Reference 2

29. It was noted that I had returned 365 sets of notes from home on request from the Medical Director in November 2016. I accepted this as accurate. I advised that I had given a response on 13 missing notes. The oldest chart I held at home would have been April 2015. It never affected other specialities because I returned charts on request. When returning a chart I would have also have processed it urologically. I would have telephoned the patient, reviewed and updated the chart.
30. I do not believe from urological perspective there was an issue for patients. I had already processed 62% of all patients seen at the clinics, those patients who were most urgent. I retained outcomes to ensure they were all properly processed but this has been hampered by the investigation. I shared my clinic updates at the meeting and explained that of 51 clinics, there were 500+ patients, 300+ were fully processed and I returned 211 with the outcome sheets attached to Martina Corrigan in January.
31. The only charts I returned were the 211 unprocessed. These were all NHS charts for patients. There were also 80+ patients I was seeing privately. I did the outcomes for 211 and returned them on 9 January. In June there were still patients not managed. There was no detriment to any patient as they would go back onto waiting list at the point when they should have been seen. There was no effect on their clinic management or outcome.



Short break – Returned at 11.25am

32. Referring back to triage (Term of Reference 1) I advised that I am surprised by my colleagues doing the normal triage process. I asked for a copy of the Trust Guidelines on triage. It was clarified that there was no specific Trust guideline but rather what was being referred to was the Regional Integrated Elective Access Protocol.

33. I explained that it is really important to appreciate the differences in terms of what individuals may mean about triage and also that you cannot divorce it from the context. What is urgent today in terms of a referral may not be seen until next August. The outcomes that were not on a system may have increased the quantity to be seen but it won't have lengthened the wait.

Term of Reference 3

34. I shared a copy of the outcomes sheets I returned to Martina Corrigan in January 2017. I accepted that of the 66 un-dictated clinics there were no dictated outcomes for the patients. I returned the outcomes for these patients to Martina Corrigan in January 2017.

35. Dr Chada explained her concern to be that GPs were not aware of what was happening with their patient after each clinic attendance. She advised that when other Consultants looked at the patient, there were no letters for any attendances at clinic or investigations. There was nothing on NICER. No-one would have known they had attended as my patient. I explained that some of the patients could have been cancer review patients for example and I would type updates on the CAPP system. GPs may have known what was going on in various other ways. Some cancer patients would be going through the MDM process as part of the oncology review on Fridays. I explained that I type updates on the CAPP system so we have an ongoing record of the patient.

36. I advised that prior to receiving the 23 March 2016 letter, I would have reviewed and typed update on CAPPs. Cancer tracker sends update to GP. I advised that I understand it is important that GPs know but it is not necessarily the most important thing from the out-patient appointment. I explained that I give a full update to the patient at the clinic, I am thanked by patients for explaining to patients in detail and in simple terms what is the plan for them. It is not my experience that patients forget my explanation. On occasion, I give my mobile number to cancer patients and they can come back to me. It is a wonderful thing to write to the GP but to do it in a reflective manner. I feel it is a compromise of the quality of appointment time to dictate during that time. I don't do it then but I do it afterwards.

37. I advised that I requested admin time following SWAH, I did not request additional admin time but rather just not to be placed on to do day surgery the morning following my clinic at SWAH. On Tuesday morning on alternative weeks, I do day surgery, I asked not to do day surgery

because SWAH is a long day and I would have to do admin work after that. I did administrative work all the time.

38. I provided a folder to Dr Chada in terms of additionality and time required to organise work, I did clinics over and above my requirements. I explained I was at a point asked to lower my number of PAs in my job plan. I explained that for me the greatest thing is theatre time over and above admin time. This pales to virtual insignificance in terms of patients who are getting procedures done. For example in 2016 I didn't take 1 operating day off on leave.

39. Dr Chada stated that it is important that we must meet what the Trust requires of me. That we cannot decide what we want to do. She stated that we can raise issues but we can't just not do aspects of our work. I explained that I had written and raised this over 25 years to outline delays but this is what happens when the Trust doesn't address it. Patients ring me when they can't be seen, not the Trust. GPs are desperately begging for surgery to be done.

40. I have a frustration with the preoccupation about dictating at end of clinic by some of my colleagues. Sometimes it needs to wait 24/48 hours for results.

41. I accepted that outcome sheets for the 68 clinics were not returned on time. I explained that I introduced clinical outcome sheets years ago as a fail safe if e.g. medical records misfiled or take chart and outcome sheet missed. I gave the outcome sheets to my secretary as cross check to ensure things are done. I accept there is no outcome/dictation for a particular point in time – this is the 211 patients on the sheet. I would have dictated on charts before they were returned to the Trust but the outcome sheet wasn't returned until all of the clinic was processed. I accept that by doing this the safety measure of the outcome sheet was not in place – that is true.

42. Dictation was done for urgent patients. I may not have had an outcome for clinic but there would be an outcome on the dictated letter for the patients completed. I may have done one outcome and amalgamated letters. Until this investigation arose, I was entirely unaware of any obligation to dictate on every episode. I am not aware of any explicit requirement to dictate on each contact. I have looked at the GMC guidance on this. I feel dictation has gone overboard, I was quite taken aback by the requirement to dictate on every contact. It is important but not the most important thing I have to do within the next hour after seeing a patient. I might have to go theatre, I simply don't have enough time to complete all work. I have watched a colleague do triage at 11pm when he should be sleeping.

43. I returned all outcomes on 9th January. I accept a number of the people who have had to be added to lists were not dictated contemporaneously. There are 211 of the patients with less clinical priority who are waiting long periods of time to be reviewed. This has been lengthened by 6 months because of this investigation.

44. I don't think it has led to a delay with their management plan. A significant number of the patients could have been discharged. I went through all on 9 January. I went through all 211 and looked at the clinical priority. There was no evidence to suggest anyone has been disadvantaged or delayed.

Term of Reference 4

45. I stated that I find this allegation deplorable, there is something wrong going on here. Since this process began, various viewpoints have been put to me, that there is an easier and safer way to handle this but it has been put forward because there is an agenda behind it.

46. There has been no comparable analysis done on figures which show private patients have not been given priority.

47. I advised that I need the full list of the patients referred to. It was agreed that this would be provided to me and a further meeting would be arranged to seek my response to this matter.

Term of Reference 5

48. I advised people within the Trust that I found triage impossible to do. I felt it was synonymous with saying I was not doing it. I wish I had left the referrals back to copper fasten that I was not doing triage but when you are so overwhelmed and you ask for help it is difficult. When I sought help from Eamon Mackle he shrugged his shoulders. My suffering increased as I myself needed surgery e.g. I haven't slept well before this meeting, I dream about fictitious patients, I have that all of the time.

49. When I received the March 2016 letter identifying concerns I was struggling. After trying my best to deal with all the issues, particularly red flag cancer issues, it was just appalling. When I took off on sick leave I had 30 such patients and I asked the Head of Service and colleagues to deal with those waiting longest. How can you do a job plan with reduced expectations and forget about these patients.

50. Dr Chada queried about the notes and outcomes and asked if I had raised it with management regarding the time issue. I explained that it was something I would have discussed previously with Michael Young. Martina would have known about charts at home when I look off ill. I felt that at least I could deal with some charts. It was known about for a long time.

51. After 25 years having raised and raised issues, verbally in meetings after a time I stopped doing it when it didn't achieve anything. Repeatedly managers refused to do anything.

52. The 23 March 2016 letter I remember well. It was on a Thursday, may have been a day or so after the 23rd I got it. I was asked by Martina Corrigan to meet Mr Mackle. I was concerned because of a previous complaint I had about him, I had lodged a grievance about him. But I went along and it was very courteous. He said he appreciated my hard work and preferred to give me the letter personally rather than send it by post. He raised issues, which were in the letter and I asked 'What do you want me to do?' he shrugged. Martina Corrigan was there in place of Heather. They left and I concerned myself with people suffering poor clinical outcomes. There was no particular action plan put in place.
53. After I got the letter I just worked harder. I looked at the review backlog and did entire clinics. I find it distressing to look back over those 9 months. There were times before I had my surgery when I was in so much pain but I worked when I was ill.
54. I did additional review lists and sacrificed my admin time. I wish it was otherwise, but it was for the good of the patients. It was better to have relieved discomfort of a patient.
55. I have spent time operating from 9am to 8pm for years when it was not part of my job plan. Michael Young has also done it. All the additionalities that have been done were additional to my job plan activity which was in place of SPA time, admin time and my own time. I had to do this activity when I was recovering from my surgery. Management did not offer any support.
56. Dr Chada enquired if I work differently from my colleagues. I advised that yes I do, we all work differently. Some ways can be irritating. Some colleagues refused to provide clinical summaries for MDM as is required, they would just have sent the cancer tracking letter. It all led to me believing I had enough and stepping down from a management role.
57. I know triage is an issue for people but they are doing it. Other activities are suffering as a consequence. It is a tick box. You can do it if you don't do a 3 hour ward round and know every detail about each patient. Some colleagues get their registrar to do the ward round.
58. Since I have returned to work with the action plan in place, I come on a Thursday and have to have everything returned by 4pm the next Friday so I take an annual leave day and spend all night doing all what is needed. As I sit here, I still don't know what is expected of me in respect of triage. This month on the 18th I'm at a wedding, so I will tick the boxes and complete triage.
59. Dr Chada advised that I am required to review the referral information only and make a decision about the appropriate category. Dr Chada stated that she appreciated there was not enough time to do enhanced triage and that would be a good way of doing it, but it was not what was being expected I advised that this is the first time I have ever had it clarified in terms of what is expected of me. I confirmed that I am doing enhanced triage on current referrals. Last week on

call I did 60 enhanced. Sometimes it may be 150 but the last period was relatively light because of holiday time.

60. I have no difficulty in reflecting, I haven't had the time to be faultless. Dr Chada asked me if from 2015 I would do anything differently. I advised that I find it difficult to answer that when faced with reality of need I am faced with.

61. I advised that I have already responded to the SAI case of **Patient 10**. I have read her referral and I would have kept it as routine. If I am criticised for not having triaged, the only way the routine referral from GP could be reasonably upgraded would be to have reviewed the digitalised images. I haven't seen the final report 6 months later.

62. I feel I should have been provided with an opportunity of support to deal with the concerns before it was moved to a formal investigation process.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	
DATE	

Comments relating to the Respondent Statement of Thursday 03 August 2017

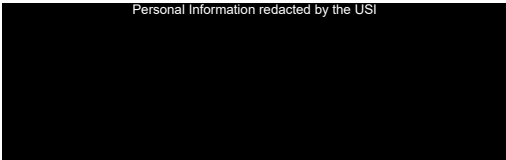
The following is a list of comments relating to the interview conducted by Dr. Chada on Thursday 03 August 2017:

- The statement did not include my enquiry relating to my failure to receive amended Notes of previous meetings following my submission of those proposed amendments. (This related to the Note of the meeting with Dr. Wright and Ms. Hainey on 30 December 2016 and to the Note of the meeting with Mr. Weir and Ms. Hynds on 24 January 2017.)
- Paragraph 3 relates that I have been asked to provide this statement in respect of an investigation in response to concerns about my conduct / clinical practice being carried out in accordance with the Trust Guidelines for Handling Concerns about Doctors and Dentists and the Maintaining High Professional Standards Framework. Paragraph 3 is incorrect as I was not asked to provide this statement in accordance with either the Trust Guidelines or the Framework, nor could I have possibly been asked to do so, for the reasons as detailed in my letter of 30 July 2017, addressed to Dr. Khan. Succinctly, the Trust formulated its Guidelines in September 2010 in response to its obligation to do so, in order to implement the Framework. Therefore, such an investigation can only be conducted by the Trust in accordance with its Guidelines, and as the investigation was not completed by 30 January 2017, its continuation since then cannot have been, and has not been, in accordance with its Guidelines.
- Paragraph 7 should read: 'Of the non-personalised referrals allocated to me, i.e., those allocated to me as Consultant Urologist of the week, I triaged all red flag referrals during 2015 and 2016, but did not triage the remaining referrals during 2015 and 2016.'
- Even though later paragraphs elaborate further, Paragraph 8 requires some amendment by way of clarification. The practice of allocating referrals to be triaged by the Consultant Urologist of the week, whilst being Consultant Urologist of the week, was introduced concurrent with the introduction of the Consultant Urologist of the week model in 2014. Whilst I did agree with it being so, I soon found it impossible to do, and in did advise by early 2015 that I had found it impossible to do. The possibility or otherwise of doing so was not assisted by the complete lack of any clarity or agreement regarding the detail of the triaging process.
- Paragraph 9 referred to the number of referrals which I had not triaged during 2015 and 2016. I have been provided with the details of 319 referrals which I had not triaged during that time, and agree that that number is factually correct.
- The second sentence in Paragraph 13 should read: 'The *quantity* of referrals is such that cannot properly triage them'.
- Paragraph 14 is very important. Did I ever say that I was no longer doing this. I believe that I did by advising that I had found it impossible to do. I did not use the words 'I am no longer

doing this' as I did not appreciate that those words were required in addition to advising that I had found it impossible to do, but nevertheless, I do regret not additionally doing so.

- The second sentence of Paragraph 16 should read 'I had endeavoured to get colleagues to do *advanced* red flag triage'.
- Paragraph 20 should also have included my assertion that I am aware that inpatient care has been compromised by Consultants of the week conducting triage while being Consultant Urologist of the week, and patients have suffered as a consequence.
- The first sentence of Paragraph 29 should read 'It was noted that I had returned 288 sets of notes from home, *on 03 January 2017*, on request from the Medical Director in *December 2016*'.
- The first three sentences of Paragraph 31 should read 'I returned a total of 288 charts from my home. These included 77 Trust charts of patients who had attended privately and 211 Trust charts of NHS patients, the latter consisting of 22 patients who had been discharged, and 189 patients who had attended clinics, without dictation.
- Paragraph 34 should read 'I shared a copy of the outcome sheets I returned to Martina Corrigan in January 2017. I accepted that there were *41 clinics for which dictated outcomes had not been done for all patients who had attended those clinics. A total of 450 patients had attended those clinics. Following their clinical prioritisation, 261 (58%) patients had clinical outcomes dictated and implemented, 189 patients had not.*'
- The first sentence of Paragraph 41 should read 'I accepted that outcome sheets for the 41 clinics were not returned on time'.
- The third sentence of paragraph 43 should read '*There are 189 of the patients with less clinical priority, some of whom are waiting long periods of time to be reviewed.*'

Personal information redacted by the USI



Aidan O'Brien
30 March 2018

26

Respondent Statement

NAME OF WITNESS	Mr Aidan O'Brien
OCCUPATION	Consultant Urologist
DEPARTMENT / DIRECTORATE	Directorate of Acute Services, Craigavon Area Hospital
STATEMENT TAKEN BY	Dr Neta Chada, Associate Medical Director / Case Investigator
DATE OF STATEMENT	Monday 6 November 2017
PRESENT AT INTERVIEW	Mrs Siobhan Hynds, Head of Employee Relations
NOTES	The terms of reference were shared prior to the date of statement.

1. The meeting commenced with welcome and introductions. The format of the meeting was outlined to me and it was explained that the meeting would be based on the previously shared Terms of Reference for the investigation.
2. The purpose of the meeting is to address Term of Reference 4 which had not been previously responded to.
3. Dr Chada explained that this was the final meeting after which she could conclude the process. I explained to Dr Chada that I have a number of priorities in November / December including my Appraisal which I wish to get completed. I advised that I would be concentrating on this in the coming weeks. I outlined that this process is having a significant impact on myself and my wife – it is a difficult time. Dr Chada outlined that once we have agreed statements, a case report can be provided to the Case Manager.
4. I advised that I have a number of issues with and comments to make on the previously shared notes from my first meeting with Dr Chada and also with the witness statements shared with me. I noted I intend to make commentary on both.
5. I advised that of the 9 patients, highlighted to me for response in respect of time being added to the waiting list and when they came in for a procedure, only 2 were TURP patients. The initial information shared with me in respect of these concerns related only to TURP patients. I asked for clarification on this and if there had been a full review of my private patients undertaken – not just TURP patients.

6. I provided Dr Chada with a written synopsis relating to each patient queried, including an explanation as to why they had been seen and timescale. I outlined that the date recorded for these patients as to when they were placed on waiting list is incomprehensible. I provided the date of the private consultations and noted that the procedure dates were correct in the main.
7. *For the purpose of this note, I have appended a copy of the written response submitted to Dr Choda on 6 November 2017. This note provides only comments made at the meeting that are not contained in the written submission:*

a. PATIENT

Personal
Information

I reviewed this man privately on 20 February 2016. He was an anxious man, his mother was ill at time. I was not able to convince him that a scrotal swelling he had was benign. He had his procedure 31 days after I saw on 22 March 2016. He returned to me on 25 June 2017 and had a CT scan which showed no evidence of pathology. He was referred to mental health services for treatment of depression.

When I reviewed him in Armagh Community Hospital in June, he was still an anxious man – he had an anxiety about cancer. Some people are anxious with the fear or prospect of cancer – so I expedited his admission. I would have done same thing if he had attended as a NHS patient.

b. PATIENT

Personal
Information

My comment here is on the word reasonable as confirmed by my colleague. This was an 86 year old with haematuria seen after 46 days. This person was seen after 46 days and not 9 days as suggested. She was seen within the 62 day cancer guidelines.

c. PATIENT

Personal
Information

This man attended my clinic privately on 2 May 2015 with persistent incontinence. His wife had died in February 2017. I expedited his cystoscopy, which was on 15 April 2016 as an additional patient in my SPA time. This was 349 days after seeing this patient.

d. PATIENT

Personal
Information

This lady was seen on 24 March 2016 with loin pain, she had a large left renal stone and was admitted on 27 April 2016 (after 25 days). This patient would have been an emergency had she been referred from the Emergency Department.

e. PATIENT

Personal
Information

This patient had been referred twice by his GP. He was seen for procedures on 8 July 2016, he would probably have been routine (a 94 weeks wait for routine). He had significant difficulties with bed wetting. I expedited this patient and they were seen as an outpatient after 45 days and further referred to the Day Surgical Unit after a further 32 days.

f. PATIENT Personal Information redacted

I saw this patient privately on 20 July 2015. At that time the wait for routine appointment was 170 weeks. It would have been indefensible not to put this gentleman on an urgent NHS list. His admission was on 21 July 2016 after 428 days.

In July 2015 he would have been on a waiting list, he wasn't but should have been. No one knew he needed to be on a waiting list. The Trust should have known he was on a waiting list but didn't. I put this patient on medication in July 2015 to try to improve symptoms.

g. PATIENT Personal Information redacted

This patient was seen by me on 21 November 2015. A CT scan was performed on 30 November 2015 and he was admitted on 24 February 2016 and had bladder cleared. He was then entirely symptom free. This gentleman died in Personal Information redacted

h. PATIENT Personal Information redacted

This patient was seen by me on 23 July 2016 and was admitted on 16 August 2016 and catheterised. It is hard to understand how a senior clinician could say this was not reasonable.

i. PATIENT Personal Information redacted by the USI

I saw this 90 year old man on 8 October 2016 because of discomfort due to on-going catheterisation. I expedited his admission on 2 November 2017. It is not appropriate for a 90 year old man to cope with a recurrence of infection.

j. PATIENT Personal Information redacted

I first assessed Personal Information redacted by the USI on 1 October 2016 because of severe urinary symptoms. Because of the severity of his symptoms I arranged for him to attend hospital on 4 November 2016, 34 days later.

k. PATIENT Personal Information redacted

This is the Personal Information redacted by the USI who has been a personal friend for many years and Personal Information redacted by the USI I reviewed Personal Information redacted by the USI on 30 January 2016 at Personal Information redacted by the USI

request as she was experiencing severe symptoms and was rising up to 4 – 5 times per night to pass urine. [Personal Information redacted by the USI] was seen on 16 February 2016 after 17 days. No patient was displaced. I operated during an additional operating session on 24 February 2016 (after a further 8 days). I was operating an additional 3 hours on that particular day. Mr M Young and I started doing longer days to try to get operating done. There was resistance to this from some nursing staff and anaesthetists. I do additional operating sessions when Theatre is vacant rather than admin or SPA time. I do not have operating prior to 12 noon in job plan. My clinical admin time is separate to this.

8. I had intended to bring along my Waiting List but have not got it with me. Foolishness in the Department of Health have left us with only 2 categories for referrals. Categories 1 and 3 were removed and now we have only have 2 and 4. There is no official category for red flag.
9. I always put patients with Catheter on urgent. I review waiting list every month to look at red flags. There is a 3rd Category – those with catheter, if symptomatic they need to be seen, we need to grade those on the waiting list all the time. Urgent are those with Indwelling catheter, stent, red flags.
10. Dr Chada asked if I looked at the NHS waiting list would this look the same and I replied yes. I receive complaints constantly regarding waiting lists.
11. The last day when we met on 3 August 2017, I got the list of patients to comment on. I found this day very difficult. My wife who does my private admin has no access to unit numbers etc. but I did know the first patient was [Personal Information redacted by the USI] and she said [Personal Information redacted by the USI] is not a TURP patient. I was advised at a meeting on 24 January 2017 that the concern was regarding TURP patients. This was further re-affirmed by Dr Wright on 30 March 2017 that a review was conducted of TURP patients and Ronan Carroll's witness statement stated there had been 3 TURP patients identified. I was shocked by that.
12. I looked at TURP patients on the back of the meetings and I reviewed all patients. Waiting times for private TURP patients were looked at. There was a marginal difference between NHS and TURP patients. I was left wondering were the concerns all anecdotal – a generalisation arrived at. I expect this to be forensically looked at – what was the issue/added issue in January. I expected to have those lists long before August 2017.

This statement was drafted on my behalf by Mrs Siobhan Hynds, Head of Employee Relations and I have confirmed its accuracy having seen it in draft and having been given an opportunity to make corrections or additions.

This statement is true to the best of my knowledge. I understand that my signed statement may be used in the event of a conduct or clinical performance hearing. I understand that I may be required to attend any hearing as a witness.

SIGNATURE	
DATE	

Comments concerning the Respondent Statement of the Meeting of 06 November 2017

The following are comments regarding the draft Respondent Statement of 06 November 2017, received upon request on 04 March 2018:

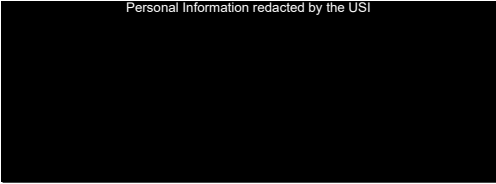
- The draft Respondent Statement did not include any reference to a lengthy discussion concerning the difficulty in responding to allegations made of witnesses in their statements without being provided with documentary evidence of those allegations. One such allegation was used to exemplify this difficulty. It has been alleged that I had been allocated more administrative time in my job plan than my colleagues had. Not only was I unaware of having been so, I am unable to clarify whether the allegation is true as I do not have any knowledge of the job plans of my colleagues. It would therefore have been useful to be provided with that clarification in order to be able to make an informed comment upon the allegation.
- Paragraph 5 requires amendment. I was first made aware of a concern having been raised regarding patients who had attended privately and who had subsequently been admitted for TURP after a waiting time that was significantly less than for other patients, when I met with Mr. Weir and with Ms. Hynds on Tuesday 24 January 2017. I was informed in writing that there were nine such patients. The concern had been added to the initial three concerns as Issue Four. It, and the number of patients concerned, were reiterated in the Note of that meeting. Both were again repeated in writing in the Return to Work meeting with Dr. Khan on 09 February 2017. When Dr. Wright wrote to me on 30 March 2017, he claimed that it had been established that there were at least 9 TURP patients who had been seen privately, who were routine in terms of clinical priority, but appeared to have had their NHS procedure done in non-chronological order. Lastly, in his witness statement of 06 April 2017, Mr Carroll reported that he and Martina Corrigan had looked to see if there was a trend for TURP patients to be 'seen out of sequence and there were (*sic*) a number identified'. He did not specify the number.
- As indicated by the draft Respondent Statement, I had been provided, on 03 August 2017, with a list of 11 patients who had procedures performed, having previously had a private consultation. The list included the details of the date upon which each patient had been entered on the waiting list and the date of the procedure performed. It also included a judgement provided by a senior clinician as to whether there had been a clinical reason why each patient had waited such a short period of time. As indicated, I provided copies of a synopsis of each case, including the clinical reasons and circumstances pertaining to the management of each case.
- In doing so, I clarified that the date on which each case had been placed on the waiting list had been correct in only two cases. It did appear that the patients may have been placed on a waiting list on the date upon which their GP was being advised of their admission, with no relation to the date upon which they had had a private consultation. As a consequence, it did appear that one patient was admitted for surgery 54 days after entry on a waiting list rather than 428 days after the consultation when it was agreed to proceed with surgery. However, I also pointed out that another patient had been entered on the waiting list 12 days before he had had any consultation.

- In the course of doing so, and as inadequately indicated in the draft Respondent Statement, I drew attention to the inadequacy of having waiting lists with only two categories of urgency (urgent and routine), instead of four, as had been the case previously. I advised that there is no separate category for red flag patients. Instead, they are added to the urgent waiting list which is almost four years long. I advised that patients awaiting TURP provide an example of the inadequacy of the current categorisation. For example, it could not justified to have patients with indwelling catheters following acute urinary retention, often complicated by acute renal injury or urosepsis or both, waiting four years for admission for TURP.
- Also, in the course of doing so, I expressed concern that another clinician could have arrived at a judgement regarding the clinical justification for admission after any period of time, on the basis of a letter alone. I was particularly concerned that it had not been considered reasonable to have an 82 year old woman admitted for ureteroscopic laser lithotripsy to a 1.2 cm stone obstructing her left ureter, and doing so after a period of 25days.
- As inferred by the Respondent Statement, I was asked by Dr. Chada whether there were any further comments I had to make concerning the list provided. I advised that the most striking feature of the list was that it was not a list of nine, or more, patients who has been admitted for TURP after a prior private consultation at all. It did in fact include three patients who had been admitted for TURP after an apparently short period of time following a private consultation, though one of those had been the patient admitted 428 days following that consultation, rather than 54 days.
- At the meeting with Dr. Chada on 03 August 2017, I requested to be advised of the manner in which that conclusion had been reached. I was advised by Ms. Hynds on 28 September 2017 that it had been so by having a report run on all of the surgery performed by me in 2016. I advised Dr. Chada and Ms. Hynds at the meeting of 06 November 2017 that I had since reviewed all of the surgery performed by me during that same period. I reported that a total of 46 patients had prostatic resection (TURP) during 2016, and that indeed nine previously had an private outpatient consultation with me. I advised that the mean time from the consultation when it was decided to proceed to TURP for those nine patients (whether that consultation was the earlier private consultation or an intervening NHS review consultation) was 202 days. The mean waiting period for the remaining 37 patients was 219 days. Also, five (56%) of the nine patients who had had a private consultation had waited more than 100 days, in contrast to fourteen (38%) of the remaining 37 patients. I provided Dr. Chada with these figures, asserting my belief that they do not reflect a preference given to those with whom I had had a private consultation previously.
- The draft Respondent Statement does not include my expressed concerns regarding the above. It does not include my expressed concern regarding the failure to have undertaken a comparative analysis of the periods of time awaited by those admitted for TURP, having had a previous outpatient consultation and those who had not. Since this issue was first raised on 24 January 2017, I had enquired whether such a comparative analysis had been undertaken. In fairness, I had been advised that it had not. Instead, and according to the

Witness Statement from Mr. Carroll, following receipt of one email received from Mr. Haynes, he and Mrs. Corrigan had had a look to see if any such patients were 'seen out of sequence' and that 'there were (*sic*) a number identified'. I expressed my concern that, on the basis of this 'look', a non-comparative conclusion may have been made without any reference to the clinical circumstances. I further expressed my concern that Dr. Wright had then been advised of that conclusion. Indeed, Dr. Wright had additionally stipulated that all nine TURP patients had been categorised as routine! I expressed my concern that the Oversight Group would also have been similarly informed by the time it had met on 26 January 2017 to consider my exclusion.

- Lastly, the draft Respondent Statement does not include my expressed request that this matter be investigated, and that I be advised of its outcome.

Personal Information redacted by the USI



Aidan O'Brien
31 March 2018.

27

INTEGRATED ELECTIVE ACCESS PROTOCOL

EXECUTIVE SUMMARY

APRIL 2008

SECTION 1 – CONTEXT

- 1.1 This protocol has been developed to encompass the elective pathway within a hospital environment. The principles can be applied to primary and community settings, however it is recommended that guidance is developed which recognises the specific needs of the care pathway provided in these settings.
- 1.2 The length of time a patient needs to wait for hospital treatment is an important quality issue and is a visible public indicator of the efficiency of the hospital services provided by the Trust. Ensuring prompt timely and accurate communications with patients is a core responsibility of the hospital and the wider local health community.
- 11.4 Robust data quality is essential to ensure accurate and reliable data is held on PAS, to facilitate clinical and clerical training and to support the production of operational and management information.
- 1.5 An Executive Director should have lead responsibility for implementing the protocol.
- 1.6 There a number of underpinning principles:
 - Patients should be treated on the basis of clinical urgency
 - Patients with same clinical urgency should be treated in turn
 - Patients added to lists must be ready for assessment/treatment
 - Inpatient care should be exception and not the norm
 - Booking systems will be developed to ensure convenience for patients
 - Capacity will be linked to Service and Budget Agreements
- 1.7 Booking principles have been developed to support all areas across the elective pathway where appointment systems are used. Offering patient's

choice of date and time is essential in agreeing and booking appointments with patients and Trusts should ensure that their booking systems enable patients to choose hospital appointments that are convenient for them.

- 1.8 Facilitating reasonable offers to patients should be seen within the context of robust booking systems being in place. Booking development work within Trusts should be consistent with regional and local targets and provide a framework for consistent regional booking processes.
- 1.9 All booking processes should be underpinned with the relevant local policies and procedures to provide clarity to operational staff.

SECTION 2 – MANAGEMENT OF ICATS

- 2.1 Referrals will be managed through a centralised registration process in the nominated Hospital Registration Offices (HRO's) to receive, register and process all ICATS referrals.
- 2.2 Where ICATS is in place for a specialty, all referrals should be registered and scanned on the Electronic Referral Management System (ERMS) within 24 hours of receipt. Each ICATS must have a triage rota to ensure every referral is triaged and the next step confirmed within 3 working days of receipt into HRO. Following triage, the outcome will be confirmed by letter to GP and patient within a further 2 working days (5 working days in total from receipt of referral).
- 2.3 All new patients should be able to book their appointment and the expectation is that follow-up patients should also be able to choose the date and time of appointment. All patients must be offered reasonable notice. A reasonable offer is defined as an offer of appointment, irrespective of provider, that gives the patient a minimum of three weeks' notice and choice of two appointments.
- 2.4 Patients who have the opportunity to agree the date and time of their appointment, and who DNA, will normally be referred back to the care of their referring clinician. If a patient cancels their appointment, they will be given a second opportunity to attend, which should be within 6 weeks.
- 2.5 It is essential that leave/absence of ICATS practitioners is organised in line with the Trust's notification of leave protocol. Trusts should have robust policies and procedures that minimise the cancellation/reduction of ICATS clinics.

- 2.6 It is essential that Trusts have effective clinical management arrangements in place. Changes in patient details must be updated on ERMS and medical records on the date of the clinic. When the assessment has been completed and a clear decision taken on the next step, patient outcomes must be recorded on ERMS.
- 2.7 Robust clinic templates should be agreed between clinicians and service managers, with clear processes in place for requests to change templates.
- 2.8 A continuous process of data quality validation should be in place to ensure data accuracy at all times. Trusts should ensure that all relevant data fields are completed in ERMS. This should be undertaken as a minimum on a monthly basis and ideally on a weekly basis as waiting times reduce.

SECTION 3 - MANAGEMENT OF OUTPATIENT SERVICES

- 3.1 There will be dedicated Hospital Registration Offices (HROs) within Trusts to receive, register and process all outpatient referrals. The HROs will be required to register and scan referrals (where appropriate) onto ERMS and PAS.
- 3.2 There will be dedicated booking functions within Trusts, developed in line with the booking principles outlined in Section 1.7. The booking processes for non-routine groups of patients, or those with additional needs should be designed to identify and incorporate the specific pathway requirements of these patients.
- 3.3 To promote and ensure equity for patients, referrals into Trusts should be pooled where possible within specialties. Referrals to a specific consultant by a GP should only be accepted where there are specific clinical requirements or stated patient preference.
- 3.4 All referrals should be received at the HRO and registered within 1 working day of receipt and able to be tracked through the system. GP priority must be recorded at registration. All outpatient referrals will be prioritised and returned to the HRO within 3 working days. Following prioritisation, referrals must be actioned on PAS and appropriate correspondence issued to patients within 1 working day.
- 3.5 Where clinics take place, or referrals can be viewed less frequently than weekly, a process must be put in place and agreed with clinicians whereby GP prioritisation is accepted, in order to proceed with booking urgent patients.

- 3.6 All consultant led outpatients where the patient attends the Trust should be booked. The key requirements are that the patient is directly involved in negotiating the appointment date and time, and that no appointment is made more than six weeks into the future.
- 3.7 All routine patients must be booked within the maximum waiting time guarantee. Urgent patients must be booked within the maximum wait agreed locally with clinicians, from the date of receipt. It is recognised that there will be occasional exceptions to this, where clinical urgency dictates that the patient is appointed immediately. Trusts should ensure that when accommodating these patients, the appointment process is robust and clinical governance requirements are met.
- 3.8 All new and review consultant led outpatient clinics should be able to book their appointment. The use of the Patient Choice field on PAS is mandatory. For non-ISOFIT and manual administration systems, Trusts should ensure that they are able to record and report patients who have been booked.
- 3.9 Patients who have chosen the date and time of their appointment, and who DNA, will normally be referred back to the referring clinician. Where a fixed appointment has been issued, patients will have 2 opportunities to attend.
- 3.10 If a patient cancels their appointment, they will be given a second opportunity, which should be within 6 weeks.
- 3.11 it is essential that planned medical and other clinical leave or absence is organised in line with agreed Trust Human Resources (HR) protocol. Trusts must have robust policies and procedures that minimise the cancellation/reduction of outpatient clinics or diagnostic sessions and the

work associated with the rebooking of appointments. There should be clear medical and clinical agreement and commitment to this HR policy. Where cancelling and rebooking is unavoidable the procedures used must be equitable, efficient and comply with clinical governance principles and ensure that maximum waiting times for patients are not compromised.

- 3.11 It is essential that Trusts have effective clinical management arrangements in place. Clinic outcomes must be recorded on the day of the clinic. Follow-up appointments must be made within a time-frame specified by the clinician.
- 3.12 Clinic templates should be agreed between clinicians and service managers, with clear processes in place for requests to change templates. Templates should reflect commissioned volumes.
- 3.13 A continuous process of data quality validation should be in place to ensure data accuracy at all times and robust / accurate PTLs. This should be undertaken as a minimum on a monthly basis and ideally on a weekly basis as waiting times reduce.
- 3.14 Outpatient transfers to alternative providers must always be with the consent of the patient and receiving consultant. Administrative speed and good communication are very important to ensure this process runs smoothly. The Technical Guidance for Handling Patient Transfers must be fully complied with.

SECTION 4 – MANAGEMENT OF DIAGNOSTIC SERVICES

- 4.1 There will be a centralised registration process within Trust to receive, register and process all diagnostic referrals. It is expected that this will be in a single location, where possible.
- 4.2 The Trust should work towards introducing choice of the date and time of tests to all patients. The Booking Principles outlined in Section 1 of the IEAP should be considered in the development of this strategy.
- 4.3 Trust must have in place arrangements for pooling all referrals unless there is specific clinical information which determines that the patient should be seen by a particular consultant with sub-specialty interest.
- 4.4 All referrals will be registered on PAS / relevant IT systems within one working day of receipt. All diagnostic requests, appointments and waiting lists should be managed according to clinical priority. All referrals and requests must be prioritised and clinical urgency clearly identified. Clinicians will be responsible for ensuring that cover is provided for referrals to be read and prioritised during their absence.
- 4.5 Referrals and requests will be prioritised and returned to the central registration point within three working days.
- 4.6 Session or clinic templates should be constructed to ensure enough capacity is available to treat each stream within the maximum waiting time guarantees. Maximum waiting times for urgent patients should be agreed locally with clinicians.
- 4.7 Patients of equal clinical priority will be selected for appointment in chronological order and Trusts must ensure that regional standards and

targets in relation to waiting times and booking requirements are met. The process of selecting patients for diagnostic investigations is a complex activity and entails balancing the needs and priorities of the patient and the Trust against the available resources.

- 4.8 Booking will enable patients to have an opportunity to contact the hospital and agree a convenient time for their appointment. Booking strategies should be developed in line with the booking principles outlined in Section 1.7. In the interim, while fixed appointments are being issued, Trusts should ensure that the regional guidance is followed in the management of patients.
- 4.9 Where a patient has had an opportunity to agree the date and time of their appointment, and they DNA, they will normally be referred back to the care of their referring clinician. If a patient cancels their appointment, they will be given a second opportunity to attend, which should be within 6 weeks.
- 4.10 Transfers to alternative providers must always be with the consent of the patient and receiving consultant. Administrative speed and good communication are very important to ensure this process runs smoothly.
- 4.11 It is essential that leave / absence is organised in line with the Trust's Human Resources leave protocol. It is necessary for Trusts to have robust policies and procedures that minimise the cancellation / reduction of diagnostic sessions and the work associated with re-booking appointments. Where cancelling and re-booking is unavoidable the procedures used must be equitable and comply with clinical governance.
- 4.12 When the consultation has been completed and where there is clear decision made on the next step, patient outcomes must be recorded on

the date of the clinic. The outcome of the diagnostic test must be available to the referrer without undue delay. A standard for reporting of tests will be introduced in 2008 and Trusts will be expected to monitor and audit compliance to the standards.

- 4.13 Clinic templates should be agreed between clinicians and service managers, with clear processes in place for requests to change templates. Templates should reflect commissioned volumes.
- 4.14 A continuous process of data quality validation should be in place to ensure data accuracy at all times. This should be undertaken as a minimum on a monthly basis and ideally on a weekly basis as waiting times reduce.
- 4.15 The management of planned patients should be in line with the guidance outlined in Section 6 – Elective Admissions. Trusts should be able to demonstrate consistency in the way planned patients are treated and that patients are being treated in line with the clinical constraints.
- 4.16 Where more than one diagnostic test is required to assist with clinical decision making, the first test should be added to the waiting list with additional tests noted.

SECTION 5 – MANAGEMENT OF AHP SERVICES

- 5.1 All AHP referrals must be date stamped on the day of receipt and registered onto the relevant information system within 1 working day of receipt.
- 5.2 Trusts should work towards a system whereby all AHP referrals are received at a dedicated registration function (s).
- 5.3 All referrals must be triaged or assessment to make a clear decision on the next step of a referral and clinical urgency (urgent or routine) clearly identified and recorded. All referrals will be prioritised and returned to the registration point within 3 working days.
- 5.4 Trusts must ensure that protocols are in place to prevent unnecessary delay from date stamping / logging of referrals to forwarding to the AHP department responsible for referral triage and / or initiation of treatment. It will be the responsibility of the relevant manager to monitor this performance indicator.
- 5.5 A robust system should be in place to ensure that cover is provided for referrals to be read and prioritised during practitioners' absence. A designated officer should oversee this and a protocol will be required for each service.
- 5.6 Where referrals can be reviewed less frequently than weekly, a process must be put in place and agreed with AHPs whereby the referrer's prioritisation is accepted in order to proceed with booking urgent patients.
- 5.7 If at the referral stage the patient / client is identified as being clinically or socially unfit to receive the necessary service, the referral should not be

accepted (not added to a waiting list) and returned to the originating referrer with a request that they re-refer the patient / client when they are clinically or socially fit to be seen.

- 5.8 Urgent patients must be booked within locally agreed maximum waits from the date of receipt. All routine patients should be appointed within the maximum waiting time guarantee. Local booking processes should be developed and based upon the principles outlined in Section 1.7 of the IEAP.
- 5.9 A minimum of 3 weeks notice should be provided for all routine patients. This does not prevent patients being offered an earlier appointment. Patients refusing short notice appointments (i.e. less than 3 weeks notice) will not have their waiting time clock reset, in line with guidance on reasonable offers outlined in Appendix 3.
- 5.10 Patients, within each clinical priority category, should be selected for booking in chronological order, i.e. based on the date the referral was received. Trusts should ensure that local administrative systems have the capability and functionality to effectively operate a referral management and booking system that is chronologically based.
- 5.11 Trusts should ensure that robust prospective planning arrangements are in place, with clear escalation procedures to facilitate capacity gaps to be identified and solutions found in a timely manner to support operational booking processes and delivery of the targets.
- 5.12 No patient should have his or her appointment cancelled. If Trusts cancel a patient's appointment, the waiting time clock will not be reset and the patient will be offered an alternative reasonable appointment date, ideally at the time of cancellation and no more than 6 weeks in advance. The

Trust must ensure that the new appointment date is within the maximum waiting time guarantee.

- 5.13 It is essential that AHP practitioners and other clinical planned leave or absence is organised in line with an agreed Trust Human Resources (HR) protocol, to minimise the cancellation / reduction of AHP clinics and the work associated with rebooking patients. The protocol should require a minimum of 6 weeks notice of planned leave and there should be clear practitioner agreement and commitment to this. Where cancelling and rebooking is avoidable, the procedures used must be equitable, efficient and comply with clinical governance principles.
- 5.14 All patients will have their attendance recorded or registered on arrival for their appointment. When the assessment / treatment has been completed and where there is a clear decision made on the next step, the patient outcomes must be recorded on the date of clinic.
- 5.15 All review appointments must be made within the timeframe specified by the practitioner. Where there are linked interventions, discussions on a suitable review date should be discussed and agreed with the practitioner.
- 5.16 Clinic templates should be developed and agreed between the practitioner and service manager which should reflect commissioning volumes. Templates will identify the number of slots available for new urgent, new routine and follow up appointments; specify the time each clinic is scheduled to start and finish; and identify the time allocated for each appointment slot. A relevant senior manager should have responsibility for this process.
- 5.17 A continuous process of data quality validation should be in place to ensure data accuracy at all times.

SECTION 6 – MANAGEMENT OF ELECTIVE ADMISSIONS

- 6.1 All patients must be added to either an active or planned waiting list within 2 working days of the decision to admit being made, indicating as a minimum a 3 digit OPCS code. Clinical priority should be identified as urgent or routine. Where a decision to admit depends on the outcome of diagnostic tests, patients should not be added until results are known.
- 6.2 Trusts should develop booking systems to support patients having a choice of date and time for their elective procedure, which is line with reasonable guidance. Notification of leave policies must be adhered to.
- 6.3 Patients on planned lists must have an indicative month of treatment, which is regularly monitored, to ensure that planned patients are receiving treatment when it is clinically required.
- 6.4 Patients who cancel a reasonable offer will be given a second opportunity to book an admission, which should be within 6 weeks of the original admission date. If a patient DNAs, a second date should not normally be offered if the patient has had an opportunity to agree the date and time of their admission. If the hospital initiates a cancellation then the patient's waiting time will not be reset and the patient will be offered an alterative reasonable date within a maximum of 28 days.
- 6.5 Periods of suspension should not exceed 3 months. Suspended patients must have a review date, which must be 1st of the month.
- 6.6 All patients requiring an elective procedure must undergo a preoperative assessment, which should involve an anaesthetic assessment and can be provided using a variety of methods, including telephone, postal or face to face.

28

Hynds, Siobhan

From: Corrigan, Martina
Sent: 06 June 2017 08:41
To: Hynds, Siobhan
Cc: Chada, Neta
Subject: FW: photo
Attachments: IMG_4239.JPG

Hi Siobhan

Photo of GP referral letters that was in filing cabinet drawer that was not triaged..

Regards

Martina

Martina Corrigan

Head of ENT, Urology, Ophthalmology and Outpatients Craigavon Area Hospital

INTERNAL: EXT [Personal Information redacted by the USI] dialling from Avaya phone. If dialling from old phone please dial [Personal Information redacted by the USI]

EXTERNAL [Personal Information redacted by the USI]

Mobile: [Personal Information redacted by the USI]

Consulting with the Chairman

Lehigh University School
for Law has been recommended and approved

Age Group	Total (%)	Male (%)	Female (%)	Male (%)	Female (%)
18-24	15	10	20	10	20
25-34	25	15	35	15	35
35-44	35	25	45	25	45
45-54	45	35	55	35	55
55-64	55	45	65	45	65
65+	65	55	75	55	75

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Abstract

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 2. Re: [redacted]
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 4. Time: [redacted]
 5. Location: [redacted]
 6. Witnesses: [redacted]
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Plan of Contract - Page 2

Upgraded Red Flags from Triage along with Outcomes updated on 8 May 2017

Hospital Number	Name	Red Flag STATUS As of 8 May 2017	Comments
Personal Information redacted by the USI	Patient 11	CONFIRMED	Prostrate
	Patient 13	CONFIRMED	Bladder
	Patient 12	CONFIRMED	Prostrate
	Patient 14	CONFIRMED	Prostrate
	Personal Information redacted by the USI	Closed	
		Closed	
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		Closed	
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		Closed	

Also Patient Patient 10 Personal Information redacted by the USI (Renal)

Patient 14

Personal Information
redacted by the USI

0 06/06/16 Consultant Upgrade to 'Red Flag' referred to Craigavon

238 30/01/2017 1st apt 07/02/2017. Received from HOS.

240 01/02/2017 Late upgrade - received in cancer services on 30.01.17 - HoS, Head of Cancer Services & OSL aware of patient. Appointment booked for 07.02.17.

246 07/02/2017 First Seen at Craigavon

249 10/02/2017 Await clinic outcome from 07.02.17

251 12/02/2017 Clinic outcome 07/02/17 - Given that it has been 8 months since his last PSA I have repeated this today at clinic. If it remains elevated or has risen further I will proceed with an MRI of his prostate as he has no contra-indications to this. If however his PSA remains stable I think it is reasonable to continue with 6 monthly surveillance PSA. I will be in touch with his results when they are available

254 15/02/2017 PSA results slightly reduced. Emailed Mr O'Donoghue to advise of results and if patient is to remain on pathway. If patient is to remain on pathway, MRI may be the next step - awaiting reply.

260 21/02/2017 MRI was requested on 17.02.17 and patient has an appointment for 24.02.17 - he may require TRUSB following scan depending on report.

289 22/03/2017 TRUSB to be appointed - they are trying to get extra dates set up for clinics. OSL has been updated on this patients pathway.

290 23/03/2017 Kate advised - unable to contact this pt via phone despite leaving messages? have asked Nicola to send him a letter to offer biopsy next Tuesday 28th on additional slot I put on

290 23/03/2017 TRUSB appointed for 28.03.17.

295 28/03/2017 Patient has been listed for MDM discussion 06.04.17 with pathology from TRUSB.

304 06/04/2017 MDM Action : Discussed at Urology MDM 06.04.17.

304 06/04/2017 Have advised OSL that this patient is now a confirmed cancer patient on day 304 for MDM 06.04.17.

Patient		Date letter received in Trust	Date Patient would have been seen if triaged (between 10 and 14 days)
Patient 14		06-Jun-16	15-20 June 2016
Patient 11		18-Jul-16	28 July- 2 Aug 2016
Patient 13		28-Jul-16	8 – 15 Aug 2016
Patient 12		08-Sep-16	18 – 22 Sept 2016

Date Patient seen	Number of days delayed
30-Jan-17	238 days
10-Feb-17	207 days
23-Jan-17	179 days
06-Feb-17	151 days

Patient 12

Personal Information
redacted by the USI

Day	Date	Event
0	08/09/2016	Consultant Upgrade to 'Red Flag' referred to Craigavon
144	30/01/2017	Suspect Cancer 'Red Flag' referral from GP/Dentist referred to Craigavon
144	30/01/2017	1st apt 06/02/2017. Received from HOS.
146	01/02/2017	Late upgraded referral - received in cancer services on 31.01.17 - patient has been booked for 06.02.17 - HoS, Head of Cancer Services & OSL aware of patient.
151	06/02/2017	First Seen at Craigavon
152	07/02/2017	MRI has been requested to rule out cancer - appointed for 14.02.17.
160	15/02/2017	MRI was performed 12.02.17 - - will email to get this reported on and further management will be planned when report is available.
166	21/02/2017	MRI remains to be reported - this was escalated to OSL as there is a delay with getting MRI's reported. Further management will be planned when report is available.
169	24/02/2017	MRI has not been reported - patient has been escalated.
173	28/02/2017	MRI has been outsourced for reporting - await report.
175	02/03/2017	MRI Prostate performed - further management to be decided with results. +/- TRUSB.
180	07/03/2017	MRI Prostate has been reported on 01.03.17 - TRUSB requested on 07.03.17 - date to be arranged.
187	14/03/2017	No date has been given yet for TRUSB will check with Kate for date for this patient.
188	15/03/2017	TRUSB appointed for 11.04.17
188	11/04/2017	TRUSB performed
197	20/04/2017	Confirmed Cancer MDM discussion with TRUSB pathology.

Patient 11

Personal Information
redacted by the USI

Day	Date	Event
0	18/07/2016	Consultant Upgrade to 'Red Flag' referred to Craigavon
205	08/02/2017	Late upgrade received in cancer services - to be appointed.
207	10/02/2017	Appointed for 20.02.17.
213	16/02/2017	RF apt still in place for 20.2.17. PSA has been redone 30.1.17 as requested to patient by Mr Haynes. Slight reduction: 5.5 on 31.1.17. Previously: 5.6 on 26.7.16.
217	20/02/2017	First Seen at Craigavon
218	21/02/2017	Update on this patient - Just to make you aware this gentleman who has a PSA of 5.5 with a prostate volume of 31cc and focal calcification is for MRI and prostate biopsies and I would appreciate if you could keep him on your system
218	21/02/2017	MRI has been appointed for 27.02.17 and he will require TRUSB following scan. Will escalate patient to OSL - he was a late upgrade to cancer services.
227	02/03/2017	MRI performed on 27.02.17 - results awaited - TRUSB to be arranged once results are available.
232	07/03/2017	MRI Prostate reported 06.03.17 - further management awaited to see if TRUSB is required.
232	07/03/2017	Emailed Mr Haynes the authorised MRI report for advice.
233	08/03/2017	Mr Haynes has contacted nurse specialist & secretary to request patient be contacted for TRUS. He is not on any anticoagulants. For MDM when biopsies are ready.
239	14/03/2017	Date to be defined for TRUSB - will check with Kate if she has a date for this patient.
240	15/03/2017	TRUSB appointed for 04.04.17 - this will be Day 04.04.17 - Day 260.
247	22/03/2017	TRUSB appointed for 04.04.17 - this will be Day 04.04.17 - Day 260. Patient is currently on Day 247.
252	27/03/2017	MRI(Expected on 27/02/17) at Craigavon

239 23/03/2017 For MDM - appt 4/4/17 date selected by patient adjustment can be made

239 28/03/2017 TRUSB appointed for 04.04.17 patient choice of date - for MDM with pathology.

239 03/04/2017 Suspension End : Suspension - Patient Reasons Patient choice for date

241 05/04/2017 TRUSB performed on 04.04.17 For MDM 13.04.17.

246 10/04/2017 There is no MDM on 13.04.17 - patient has been moved to 20.04.17 for discussion - will highlight to OSL as he already on day 246 Please see update on this patient's pathway. He is currently on day 274 and he is having a bone scan performed tomorrow. I had listed him for MDM this week but it has been cancelled due to audit so he has been deferred to 18.05.17 which will be on day -

257 21/04/2017 Discussed at Urology MDM 20.04.17. Mr ^{Patient 11} to be seen in clinic for a discussion of all treatment options including AS. Should have a bone scan has recommended on MRI 27.02.17.

260 24/04/2017 Review with Consultant arranged for 03.05.17 - D269- Bone scan and MRI to be requested.

270 04/05/2017 MDM update - Mr ^{Patient 11} has organ confined low risk prostate cancer on biopsies and MRI scan. A bone scan was recommended on the basis of his MRI scan and this has been requested. For MDM discussion/review of radiology and subsequent outpatient follow up with Mr Haynes.

274 08/05/2017 Bone scan being performed 09.05.17 - patient was listed for MDM 11.05.17 but it was cancelled due to audit - for MDM 18.05.17 with report and will update OSL on this patient.

284 18/05/2017 MDM Action : Bone Scan and subsequent outpatient review

Patient 13

Personal Information
redacted by the USI

DAY	DATE	EVENT
0	28 July 2016	Consultant Upgrade to 'Red Flag' referred to Craigavon
179	23 January 2017	Patient was added to CaPPS.
179	23 January 2017	First appointment is on 31/01/17. Letter sent on 23/01/17.
187	31 January 2017	First Seen at Craigavon
187	31 January 2017	Decision to Treat
		Late upgraded referral - Received in cancer services on 23.01.17 - patient attended appointment on 31.01.17 - HoS, Head of cancer & OSL aware of patient.
188	01 February 2017	CTU has been requested and is to be appointed and patient has been added to WL for surgery date to be defined. Will highlight patient to OSL as he is a major breach if cancer is confirmed.
190	03 February 2017	CTU has been appointed for 14.02.17 - date to be defined for surgery.
194	07 February 2017	RF TURBT has been scheduled for 22.02.17.
195	08 February 2017	Pathology : UPC URINE ~
196	09 February 2017	CT
201	14 February 2017	First Treatment : Surgery
209	22 February 2017	Consultant Upgrade to 'Red Flag' referred to Craigavon
0	28 July 2016	Patient was added to CaPPS.
179	23 January 2017	First appointment is on 31/01/17. Letter sent on 23/01/17.
179	23 January 2017	First Seen at Craigavon
187	31 January 2017	Decision to Treat
		Late upgraded referral - Received in cancer services on 23.01.17 - patient attended appointment on 31.01.17 - HoS, Head of cancer & OSL aware of patient.
188	01 February 2017	CTU has been requested and is to be appointed and patient has been added to WL for surgery date to be defined. Will highlight patient to OSL as he is a major breach if cancer is confirmed.
190	03 February 2017	CTU has been appointed for 14.02.17 - date to be defined for surgery.
194	07 February 2017	RF TURBT has been scheduled for 22.02.17.
195	08 February 2017	Pathology : UPC URINE ~
196	09 February 2017	CT
201	14 February 2017	First Treatment : Surgery
209	22 February 2017	

Patient 14

Personal Information
redacted by the USI

DAY	DATE	EVENT
0	06 June 2016	Consultant Upgrade to 'Red Flag' referred to Craigavon
238	30 January 2017	1st apt 07/02/2017. Received from HOS. Late upgrade - received in cancer services on 30.01.17 - HoS, Head of Cancer Services & OSL aware of patient. Appointment booked for 07.02.17.
240	01 February 2017	First Seen at Craigavon
246	07 February 2017	Await clinic outcome from 07.02.17
249	10 February 2017	Clinic outcome 07/02/17 - Given that it has been 8 months since his last PSA I have repeated this today at clinic. If it remains elevated or has risen further I will proceed with an MRI of his prostate as he has no contra-indications to this. If however his PSA remains stable I think it is reasonable to continue with 6 monthly surveillance PSA. I will be in touch with his results when they are available
251	12 February 2017	
254	15 February 2017	PSA results slightly reduced. Emailed Mr O'Donoghue to advise of results and if patient is to remain on pathway. If patient is to remain on pathway, MRI may be the next step - awaiting reply. MRI was requested on 17.02.17 and patient has an appointment for 24.02.17 - he may require TRUSB following scan depending on report.
260	21 February 2017	
289	22 March 2017	TRUSB to be appointed - they are trying to get extra dates set up for clinics. OSL has been updated on this patients pathway. Kate advised - unable to contact this pt via phone despite leaving messages? have asked Nicola to send him a letter to offer biopsy next Tuesday 28th on additional slot I put on
290	23 March 2017	TRUSB appointed for 28.03.17.
295	28 March 2017	Patient has been listed for MDM discussion 06.04.17 with pathology from TRUSB.
304	06 April 2017	MDM Action : Discussed at Urology MDM 06.04.17. Have advised OSL that this patient is now a confirmed cancer patient on day 304 for MDM 06.04.17.
304	06 April 2017	

Patient 12

Personal Information
redacted by the USI

DAY	DATE	EVENT
0	08 September 2016	Consultant Upgrade to 'Red Flag' referred to Craigavon
144	30 January 2017	Suspect Cancer 'Red Flag' referral from GP/Dentist referred to Craigavon
144	30 January 2017	1st apt 06/02/2017. Received from HOS.
146	01 February 2017	Late upgraded referral - received in cancer services on 31.01.17 - patient has been booked for 06.02.17 - HoS, Head of Cancer Services & OSL aware of patient.
151	06 February 2017	First Seen at Craigavon
152	07 January 2017	MRI has been requested to rule out cancer - appointed for 14.02.17.
160	15 February 2017	MRI was performed 12.02.17 -- will email to get this reported on and further management will be planned when report is available.
166	21 February 2017	MRI remains to be reported - this was escalated to OSL as there is a delay with getting MRI's reported. Further management will be planned when report is available.
169	24 February 2017	MRI has not been reported - patient has been escalated.
173	28 February 2017	MRI has been outsourced for reporting - await report.
175	02 March 2017	MRI Prostate performed - further management to be decided with results. +/- TRUSB.
180	07 March 2017	MRI Prostate has been reported on 01.03.17 - TRUSB requested on 07.03.17 - date to be arranged.
187	14 March 2017	No date has been given yet for TRUSB will check with Kate for date for this patient.
188	15 March 2017	TRUSB appointed for 11.04.17
188	11 April 2017	TRUSB performed
197	20 April 2017	Confirmed Cancer MDM discussion with TRUSB pathology.

Patient 11

Personal Information
redacted by the USI

DAY	DATE	EVENT
0	18 July 2016	Consultant Upgrade to 'Red Flag' referred to Craigavon
205	08 February 2017	Late upgrade received in cancer services - to be appointed.
207	10 February 2017	Appointed for 20.02.17. RF apt still in place for 20.2.17. PSA has been redone 30.1.17 as requested to patient by Mr Haynes. Slight reduction: 5.5 on 31.1.17. Previously: 5.6 on 26.7.16.
213	16 February 2017	First Seen at Craigavon
217	20 February 2017	
218	21 February 2017	Update on this patient - Just to make you aware this gentleman who has a PSA of 5.5 with a prostate volume of 31cc and focal calcification is for MRI and prostate biopsies and I would appreciate if you could keep him on your system MRI has been appointed for 27.02.17 and he will require TRUSB following scan. Will escalate patient to OSL - he was a late upgrade to cancer services.
218	21 February 2017	MRI performed on 27.02.17 - results awaited - TRUSB to be arranged once results are available.
227	02 March 2017	MRI Prostate reported 06.03.17 - further management awaited to see if TRUSB is required.
232	07 March 2017	
232	07 March 2017	Emailed Mr Haynes the authorised MRI report for advice. Mr Haynes has contacted nurse specialist & secretary to request patient be contacted for TRUS. He is not on any anticoagulants. For MDM when biopsies are ready.
233	08 March 2017	Date to be defined for TRUSB - will check with Kate if she has a date for this patient.
239	14 March 2017	TRUSB appointed for 04.04.17 - this will be Day 04.04.17 - Day 260.
240	15 March 2017	TRUSB appointed for 04.04.17 - this will be Day 04.04.17 - Day 260. Patient is currently on Day 247.
247	22 March 2017	MRI(Expected on 27/02/17) at Craigavon
252	27 March 2017	For MDM - appt 4/4/17 date selected by patient adjustment can be made
239	23 March 2017	TRUSB appointed for 04.04.17 patient choice of date - for MDM with pathology.
239	28 March 2017	Suspension End : Suspension - Patient Reasons Patient choice for date
239	03 April 2017	
241	05 April 2017	TRUSB performed on 04.04.17 For MDM 13.04.17.

		There is no MDM on 13.04.17 - patient has been moved to 20.04.17 for discussion - will highlight to OSL as he already on day 246 Please see update on this patient's pathway. He is currently on day 274 and he is having a bone scan performed tomorrow. I had listed him for MDM this week but it has been cancelled due to audit so he has been deferred to 18.05.17 which will be on day -257 21/04/2017 Discussed at Urology MDM 20.04.17. Mr Patient 11 to be seen in clinic for a discussion of all treatment options including AS. Should have a bone scan has recommended on MRI 27.02.17.
246	10 April 2017	
260	24 April 2017	Review with Consultant arranged for 03.05.17 - D269- Bone scan and MRI to be requested.
		MDM update - Mr Patient 11 has organ confined low risk prostate cancer on biopsies and MRI scan. A bone scan was recommended on the basis of his MRI scan and this has been requested. For MDM discussion/review of radiology and subsequent outpatient follow up with Mr Haynes.
270	04 May 2017	
274	08 May 2017	Bone scan being performed 09.05.17 - patient was listed for MDM 11.05.17 but it was cancelled due to audit - for MDM 18.05.17 with report and will update OSL on this patient.
284	18 May 2017	MDM Action : Bone Scan and subsequent outpatient review

29



Southern Health and Social Care Trust

Consultant: Mr R Brown, Consultant Surgeon
 Secretary: Mrs J O'Brien
 Telephone: [Redacted]
 Fax: [Redacted]

Daisy Hill Hospital
 5 Hospital Road
 Newry BT35 8DR
 Tel: 028 30835000

LUTs Clinic
 Urology Department
 Craigavon Area Hospital
 Portadown

Dear Doctor

Re: **Patient Name:** [Redacted]
D.O.B.: [Redacted]
Address: [Redacted]
Hospital No: [Redacted]

HCN: [Redacted]

Date/Time of Clinic: 25/05/16

Follow Up:

Mr Brown would appreciate your further opinion on this patient. He has been attending Mr Brown in Daisy Hill with regard lower urinary tract symptoms. He has had episodes of urinary retention and has had a self-retaining catheter since February of this year. He has had 3 failed trial removal of catheters. He has had an episode of traumatic haematuria with an attendance at A&E. This has now settled and urine is running clear.

We have seen this patient today at the clinic and I have discussed the options. We have advised Mr [Redacted] that a 4th trial removal of catheter is likely to fail, he is still keen to try this however, so we have booked him for this on 14th June. In the meantime I have stopped the Alfuzosin and commenced him on Dutasteride 500 mcg once per day. A recent PSA on 17th May was 28, PR examination demonstrated an enlarged smooth prostate with a palpable sulcus. We would appreciate if you could see this gentleman for advice and further management.

Yours sincerely

Dictated but not personally signed

Christopher Brown
 SHO to Mr Brown

Red Flag	☒	FRUS
Upgrade Ref	☐	Ref: 01/06/16
Urgent	☐	Ref: 01/06/16
Routine	☐	Ref: 01/06/16
Other	☐	
Virtual	☐	

red Flag

Date Dictated: 25/05/16-/jl

Date Typed: 01/06/16

Personal Information redacted by the USI

CCG

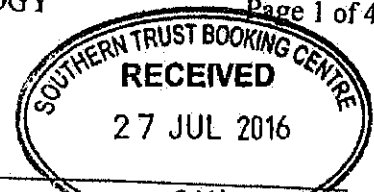
Personal Information redacted by the USI

HCN:

Personal Information redacted by the USI

27-Jul-2016, UROLOGY

Page 1 of 4



For Trust use only:

HCN:

Personal Information redacted by the USI

Date Sent: 27-Jul-2016

Referral GAH 27-Jul-2016

Personal Information redacted by the USI

Surname:

Personal Information redacted by the USI

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Practice code:

Personal Information redacted by the USI

Contact number(s)

Telephone:

Personal Information redacted by the USI

Fax:

Class had us

Referral to: Craigavon Area Hospital
 Specialty: UROLOGY
 Urgency: **URGENT**
 Urgency Reason: no priority reason given
 Electronic Attachment Present?: No
 HCP Name:
 Designation:

Referral Type:

Out Patient

Red Flag

TRUS

Upgrade Red Flag

Flex. C/U

Urgent

Flow Rate

Practice Email:

Routine

Ultrasound

Other

Virtual

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher:

Personal Information redacted by the USI

Referring GP: DR L

Personal Information redacted by the USI

Referring GP Cypher:

Personal Information redacted by the USI

HCN Number	Personal Information redacted by the USI		
Surname:	Personal Information redacted by the USI		
Previous Surname:	Personal Information redacted by the USI		
DOB:	Personal Information redacted by the USI		
Registered Contact Details:	Personal Information redacted by the USI		
Tel No:	Personal Information redacted by the USI		
Patient Email:	Personal Information redacted by the USI		
Preferred Contact Details if different from above:	Personal Information redacted by the USI		
Title:	Mr	Personal Information redacted by the USI	
Forenames:	Personal Information redacted by the USI		
Known as:	Personal Information redacted by the USI		
Gender:	Male	Personal Information redacted by the USI	
Mobile:	Personal Information redacted by the USI		

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

CCG

Personal Information redacted by
the USI

HCN:

Personal Information redacted by
the USI

27-Jul-2016, UROLOGY

Page 2

Description: 1 EPISODE FRANK HAEMATURIA WITH UTI, PAST HISTORY OF UTIS

Comment: :had episode of frank haematuria with dysuria & back pain 2 wks ago - attended OOH Gp & was prescribed antibiotics as dipstick indicated UTI. Unfortunately MSSU wasnt sent. Is type II diabetic & has history of UTIs. Was on tolvaz for urgency & nocturia but **doesnt** feel has helped & gives him dry mouth so **advised** drug holiday.

PSA checked last year 1.1
normal stream, some terminal dribbling
:abd snt no masses no lumps
urine drip trace leuco
:check uss renal tracts
rpt mssu
refer urology re Ix of haematuria
FBP U&e LFT TFT LIPIDS GLUCOSE HBA1C

RELEVANT PAST MEDICAL HISTORY

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Frank haematuria	-	12-Jul-2016	12-Jul-2016
Background diabetic retinopathy	both eyes	30-Oct-2015	30-Oct-2015
Magnesium deficiency	-	19-Jan-2015	19-Jan-2015
Stroke and cerebrovascular accident unspecified	old lacunar Infact on ct	21-Aug-2014	21-Aug-2014
Diabetic retinopathy	left eye	26-Mar-2014	26-Mar-2014
Lumbar disc degeneration	L3/4-severe	22-Mar-2013	22-Mar-2013
Urinary frequency	-	09-Feb-2012	09-Feb-2012
[M]Schwannoma NOS	-excised from right thigh	24-May-2011	24-May-2011
Dislocation of shoulder NOS	left	25-Mar-2011	25-Mar-2011
[D]Localized swelling, mass and lump, lower limb	-	05-Jul-2010	05-Jul-2010
H/O: vertebral fracture	body of t12	14-Apr-2010	14-Apr-2010
Pneumothorax	right	14-Apr-2010	14-Apr-2010
Closed fracture zygoma	right	14-Apr-2010	14-Apr-2010
[X]RTA - Road traffic accident	fractured rt zygoma, rt max antrum, ribs 3-12 posteriorly and 3-10 anteriorly, rt sided pulmonary contusions, small rt apical pneumothorax, #vertebral body t12	14-Apr-2010	14-Apr-2010
Musculoskeletal pain - joints	-	17-Jun-2009	17-Jun-2009
Foot pain	-	10-Jun-2009	10-Jun-2009
Diabetic retinopathy	-	27-Jun-2008	27-Jun-2008
Essential hypertension	-	20-Sep-2006	20-Sep-2006
Haemochromatosis	-	07-Jun-2006	07-Jun-2006

Type 2 diabetes mellitus	-	28-Dec-2005	28-Dec-2005
Non-insulin dependent diabetes mellitus	-	28-Dec-2005	28-Dec-2005
[X]Moderate depressive episode	-	26-Sep-1994	26-Sep-1994
Sciatica	-	04-Jan-1993	04-Jan-1993

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date recorded</u>
Diagnostic fibreoptic endoscopic exam of upper GI tract	06-Feb-2014
Diagnostic colonoscopy	06-Feb-2014
Excision lesion of muscle NEC	24-May-2011

MEDICATION

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

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Omeprazole Capsules (Gastro-Resistant) 20 mg	317291008	28 capsule	1 DAILY AS REQUIRED	-	08-Apr-2015	-
Paroxetine Hydrochloride Tablets 10 mg	421041006	28 tablet	1 DAILY TOTAL DOSE 30 MG DAILY	-	01-Oct-2014	-
Clopidogrel Tablets 75 mg	319799004	28 tablet	ONE TO BE TAKEN IN THE MORNING	-	21-Aug-2014	-
Atorvastatin Tablets 40 mg	320031002	28 tablet	ONE TO BE TAKEN AT NIGHT	-	21-Aug-2014	-
Onetouch Ultra Test Strips	211611000001106	50 strip	AS DIRECTED	-	03-Mar-2014	-
Sildenafil Citrate Tablets 100 mg	326715008	4 tablet(s)	1 TABLET APPROX 1 HR BEFORE SEXUAL ACTIVITY	-	24-Feb-2014	-
Gabapentin Capsules 100 mg	323013002	84 capsule	1 TID	-	12-Jan-2012	-
Metformin Hydrochloride Tablets 500 mg	325278007	112 tablet	2 TABLETS (1 G) TWICE A DAY	-	21-Mar-2011	-
Gabapentin Capsules 400 mg	323015009	100 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	13-Oct-2010	-
Amlodipine Tablets 10 mg	319284000	28 tablet	1 DAILY	-	21-May-2010	-
Gliclazide M/R Tablets 30 mg	134587001	112 tablet	TWO TO BE TAKEN DAILY	-	10-Nov-2006	-
Paroxetine Hydrochloride Tablets 20 mg	321964006	2*30 tablet	ONE TO BE TAKEN DAILY	-	28-May-1999	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Nitrofurantoin Capsules 50 mg	324570005	30 capsule	ONE TO BE TAKEN FOUR TIMES A DAY	-	13-Jul-2016	-
Fesoterodine Fumarate M/R Tablets 8 mg	442489000	28 tablet	ONE TO BE TAKEN DAILY	-	08-Jan-2015	-

ALLERGIES & RISKS**Lifestyle risks**

SMOKING STATUS

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Never smoked tobacco		17-Dec-2015

ALCOHOL INTAKE

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Alcohol consumption	<c>	04-Feb-2010

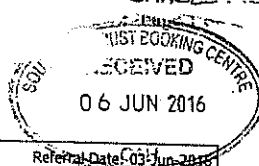
BMI

31.4

SOCIAL HISTORY**OTHER PATIENT DATA**

Signature of referring doctor (or
other professional)

Date



Personal Information redacted by the USI

Referral Date: 03-Jun-2016

Date Sent: 03-Jun-2016

Surname:

Patient 14

Personal information redacted by the USI

Practice address

Personal Information redacted by the USI

Practice code:

Personal Information redacted by the USI

Contact number(s)

Telephone:

Personal Information redacted by the USI

Fax:

Red Flag	TRUS
Urgency	Flex. Q/H
Urgency	Flex. Q/H
Practice Email:	URGENT
Referral Type:	Other Out Patient
Virtual	PSA 5.63 1/6/16

Referral to: Craigavon Area Hospital

Specialty: UROLOGY

Urgency: URGENT

Urgency Reason: no priority reason given

Electronic Attachment Present?: No

HCP Name:

Designation:

Practice Code:

Personal Information

Registered GP:

Personal Information

Registered GP Cypher:

Personal Information

Referring GP:

Personal Information

Referring GP Cypher:

Personal Information

HCN Number

Personal Information redacted by the USI

Title:

MR

Surname:

Patient 14

Forenames:

Patient 14

Previous Surname:

Personal Information redacted by the USI

Known as:

DOB:

Gender:

Male

Registered Contact Details:

Tel No:

Mobile:

Personal Information redacted by the USI

Patient Email:

Preferred Contact Details if different from above:

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: Raised PSA

Comment: Many thanks for seeing this patient - Small rise in PSA noted on routine testing earlier in year - had returned to Normal on repeat testing but most recent test raised again (5.63) . Few LUTS and nil overt on clinical examination . Please see and advise regards further investigation .

RELEVANT PAST MEDICAL HISTORY

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

Description	Comment	Modifier	Date of onset	Date recorded
[D]Raised PSA	-	New event	20-Jan-2016	20-Jan-2016
Varicose eczema	-	-	07-Dec-2015	07-Dec-2015
Varicose veins of the legs	left leg	-	07-Dec-2015	07-Dec-2015
Cataract	Right	-	16-Sep-2015	16-Sep-2015
Body mass index 30 - obesity	-	-	09-Oct-2014	09-Oct-2014
Engineers - professional	Construction Engineer	-	09-Oct-2014	09-Oct-2014
BP - hypertensive disease	-	-	21-Apr-2010	21-Apr-2010
Retinal detachment NOS	LATERALITY=Right : SUMMARY=Yes	-	06-Feb-2010	06-Feb-2010
Obesity	-	-	04-Feb-2010	04-Feb-2010

Past procedures (High and medium priority - all)

Description	Comment	Modifier	Date recorded
Extracapsular extraction of cataract	right	-	16-Sep-2015
Phacoemulsification lens insertion prosthetic replacement	RIGHT	New event	14-Sep-2015
Haemochromatosis gene screening test	Negative	-	02-Jan-2015
Statin prophylaxis	-	-	04-Nov-2014
Serum ferritin high	-	-	22-Oct-2014
Serum cholesterol	raised	-	02-Nov-2012
Vasectomy NEC	SUMMARY=Yes	-	20-Aug-1986

MEDICATION

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

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Amlodipine 5mg tablets	88863020	tablet	1 TABLET ONCE A DAY	-	06-Jul-2015	-
Perindopril erbumine 8mg tablets	79311020	tablet	1 TABLET ONCE A DAY	-	06-Jul-2015	-
Atorvastatin 10mg tablets	83943020	tablet	1 AT NIGHT FOR CHOLESTEROL	-	29-Dec-2014	-

Recent medication (Any medication issued within last 168 days not shown above)

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Perindopril erbumine 8mg tablets	79311020	tablet	1 TABLET ONCE A DAY	-	06-Jul-2015	-

ALLERGIES & RISKS

Lifestyle risks

SMOKING STATUS

Description	Comment	Date Recorded
Never smoked tobacco	Smoking status on date of event: Never smoked.	09-Oct-2014

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>

Alcohol habits: Alcohol consumption	Drinking status on eventdate: Current drinker; Units of alcohol drank per week: 8. NOTES: Drinks 8 units Wine/week Not advised.	04-Nov-2004

BMI

32

SOCIAL HISTORY

Housing: Mainstream
Employment: Regular Paid Employment
Ethnic Origin: White Irish

OTHER PATIENT DATA

Signature of referring doctor (or other professional)	Date

CUREO
AOB

Personal Information redacted by the USI

10-May-2016, UROLOGY

Personal Information redacted by the USI



For Trust use only:

Personal Information redacted by the USI

Referral Date: 10-May-2016

Date Sent: 10-May-2016

Surname:

Personal Information redacted by the USI

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Practice code:

Personal Information redacted by the USI

Contact number(s)

Telephone:

Personal Information redacted by the USI

Fax:

Referral to: Cragavon Area Hospital
 Specialty: UROLOGY
 Urgency: **ROUTINE**
 Urgency Reason: no priority reason given
 Electronic Attachment Present?: No
 HCP Name:
 Designation:

Referral Type: Out Patient

Red Flag	TRUE
Urgent	FALSE
Practice Email:	
ROUTINE	
Other	
Virtual	

PSA only
 Manual up
 stay at
 this level

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher: Referring GP:

Personal Information redacted by the USI

Referring GP Cypher:

Personal Information redacted by the USI

HCN Number:

Personal Information redacted by the USI

Surname: Previous Surname: DOB: Registered Contact Details: Tel No: Patient Email: Preferred Contact Details if different from above: Title: Forenames: Known as: Gender: Mobile:

Mr

Personal Information redacted by the USI

Male

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: Raised PSA

Comment: I would be grateful if you would see this 68 year old man with a raised PSA It was checked initially on the 24 th of February and the result was 5.36 ng/ml a urine sample was dipped which showed protein only and msu was

clear. A digital rectal examination was done on the 09 th of March which was normal. He then had the PSA repeated on the 11 th of April and the result was 4.88. I have discussed with him that this was a very borderline result and the options are rechecking or referring to urology. He is aware that he may need no further investigation but would prefer if I referred to urology clinic for your review and opinion. Thank you for your help with this.

RELEVANT PAST MEDICAL HISTORY**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Retinal detachment NOS (Right)	RVH	12-Aug-2014	12-Aug-2014
Chronic kidney disease stage 3	-	30-Jun-2009	30-Jun-2009
Closed fracture distal phalanx, toe	left little	01-Jan-1980	01-Jan-1980
Closed fracture of three ribs	3rd 4th and 5th right side	01-Jan-1979	01-Jan-1979

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
BCSP faecal occult blood test normal	Bowel Cancer Screening Programme	11-Mar-2014
Abdominal aortic aneurysm screening	within normal limits	22-Oct-2012
Faecal occult blood test	screening negative	24-Feb-2012
Serum cholesterol raised	-	01-Mar-2011
Diagnostic arthroscopy of knee	tear of lateral meniscus	23-Feb-2001
Aspiration of bursa	pre-patella	01-Jan-2001
ECG: ventricular ectopics	-	01-Jan-1983
SMR - submucous resection of nasal septum	-	01-Jan-1966

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

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Simvastatin Tablets 40 mg	0212000Y0AAADAD	28 TABLET	TAKE ONE DAILY	-	01-Mar-2011	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Neomycin And Chlorhexidine Hydrochloride Cream 0.5 % 0.1 %	-	15 gram	APPLY QDS	-	29-Apr-2016	42 Days
Clarithromycin Tablets 500 mg	0501050B0AAADAD	14 tablet	BD FOR ONE WEEK HOLD STATIN	-	11-Apr-2016	7 Days
Diclofenac Sodium E/c tablets 50 mg	-	28 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	25-Feb-2016	42 Days

ALLERGIES & RISKS**Lifestyle risks****Allergies**Description

Adverse reaction to Penicillins

Adverse reaction to Erythromycin

SMOKING STATUS

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Never smoked tobacco		07-Jan-2014

ALCOHOL INTAKE

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Alcohol consumption, 0 units/week		28-Apr-2008

BMI

30.47

SOCIAL HISTORY**OTHER PATIENT DATA**

Signature of referring doctor (or
other professional)

Date

Personal Information redacted by the USI

11-Nov-2015, UROLOGY

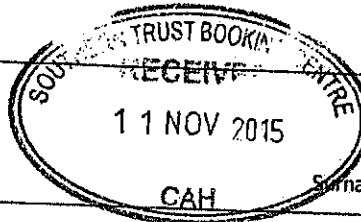
Personal Information redacted by the USI

Page 1 of 3

For Trust use only:

Personal Information redacted by the USI

Date Sent: 11-Nov-2015



Referral Date: 11-Nov-2015

Surname: [redacted]

Personal Information redacted by the USI

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Practice code:

Personal Information redacted by the USI

Contact number(s)

Telephone:

Fax:

Red Flag	TRUS
Upgrade Red Flag	Flex. C/U
Urgent	Flow Rate
Routine	Practice Email: Ultrasound
Other	Out Patient
Virtual	

Referral to: South Tyrone Hospital
Specialty: UROLOGY
Urgency: **ROUTINE**
Urgency Reason: no priority reason given
Electronic Attachment Present?: No
HCP Name:
Designation:

Referral Type: Out Patient

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher:

Personal Information redacted by the USI

Referring GP:

Personal Information redacted by the USI

Referring GP Cypher:

HCN Number	Personal Information redacted by the USI	Title:	Mr
Surname:	[redacted]	Forenames:	Personal Information redacted by the USI
Previous Surname:		Known as:	
DOB:		Gender:	Male
Registered Contact Details:		Mobile:	
Tel No:			
Patient Email:			
Preferred Contact Details if different from above:			

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: Prostatism

Comment: Frequency, hesitancy, weak stream, nocturia, dribbling at end.

PSA raised.

Please see and advise

RELEVANT PAST MEDICAL HISTORY

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

Description	Date of onset	Date recorded
Dyspepsia	01-Jan-2011	01-Jan-2011
Obesity	07-May-2010	07-May-2010
Ischaemic heart disease	19-Apr-2005	19-Apr-2005
Diverticulitis	26-Sep-1988	26-Sep-1988
Diverticulosis	26-Sep-1988	26-Sep-1988

Past procedures (High and medium priority - all)

Description	Comment	Date recorded
Cervical spine X-ray	There is some mid and lower cervical degenerative change by way of relatively large anterior osteophyte formation. Minor changes are noted posteriorly. There is reduction in the height-TRUNCATED	12-May-2005

MEDICATION

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

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Bisoprolol Fumarate Tablets 2.5 mg	-	28 tablet	TAKE ONE DAILY	-	05-Nov-2014	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	0103050L0AAAAAA	28 capsule	ONE DAILY	-	21-Jan-2011	-
Aspirin E/c tablets 75 mg	0209000A0AAAKAK	28 TABLET	ONE DAILY	-	28-Jun-2007	-
Atorvastatin Tablets 40 mg	0212000B0AAACAC	28 TABLET	take one at night	-	05-Jul-2005	-
Perindopril Erbumine Tablets 8 mg	-	28 TABLET	TAKE ONE DAILY	-	05-Jul-2005	-

Recent medication (Any medication issued within last 168 days not shown above)

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Trimethoprim Tablets 200 mg	0501080W0AAAEAE	14 tablet	TAKE ONE TWICE DAILY	-	30-Oct-2015	7 Days
Fusidic Acid And Betamethasone Valerate Cream 2 % 0.1 %	-	30 GRAM	TAKE ONE TWICE DAILY	-	20-Oct-2015	43 Days
Clotrimazole Cream 1 %	1310020H0AAABAB	20 GRAM	apply three times/day	-	20-Oct-2015	43 Days

ALLERGIES & RISKS

Lifestyle risks

SMOKING STATUS

Description	Comment	Date Recorded
Ex smoker		17-Apr-2014

ALCOHOL INTAKE

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Alcohol consumption, 0 units/week		17-Apr-2014

BMI

31.89

SOCIAL HISTORY**OTHER PATIENT DATA**

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

Personal Information redacted by the USI

30-Sep-2015, UROLOGY

Page 1 of 2

Personal Information redacted by the USI

Upgrade RF.

For Trust use only:

Personal Information redacted by the USI

Referral Date: 30-Sep-2015

Date Sent: 30-Sep-2015

Surname:

Personal Information redacted by the USI

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Practice code:

Personal Information redacted by the USI

Contact number(s)

Telephone:

Personal Information redacted by the USI

Fax:

Practice Email:

Referral to:

Craigavon Area Hospital

Referral Type:

Out Patient

Specialty:

UROLOGY

Urgency:

URGENT

Urgency Reason:

Other priority reason

Electronic Attachment Present?:

No

HCP Name:

Designation:

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher:

Personal Information redacted by the USI

Referring GP:

Personal Information redacted by the USI

Referring GP Cypher:

USU +ve NOVI4

HCN Number

Personal Information redacted by the USI

Surname:

Previous Surname:

DOB:

Registered Contact Details:

Tel No:

Patient Email:

Preferred Contact Details if different from above:

Title:

Mr

Forenames:

Personal Information redacted by the USI

Known as:

Gender:

Male

Mobile:

Personal Information redacted by the USI

No other records since then.

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: Haematuria

507, agrees

Comment: This 50 years old gentleman has been complaining of passing blood stained urine on and off since November 2014. He would feels like a flu coming on before passing a bit darker urine and in November urinalysis showed blood++. Recently he informed me that he passed fresh blood this time which is painless. No hx of any prostate cancer and U/S done last year was normal and his PSA was normal eventhough he does not c/o LUT symptoms. Urinalysis today showed blood+++. I would be grateful if he could be seen for consideration of further investigation like cystoscopy? He is otherwise fit and well. Thank you.

RELEVANT PAST MEDICAL HISTORY**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Frank haematuria		30-Sep-2015	30-Sep-2015

MEDICATION

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

No current medications recorded

Recent medication (Any medication issued within last 168 days not shown above)

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Ciprofloxacin Tablets 500 mg	324606008	10 tablet	ONE TO BE TAKEN TWICE A DAY		30-Sep-2015	

ALLERGIES & RISKS**Lifestyle risks****SMOKING STATUS**

Description	Comment	Date Recorded
Never smoked tobacco		04-Nov-2014

ALCOHOL INTAKE

Description	Comment	Date Recorded
Alcohol consumption		04-Nov-2014

BMI

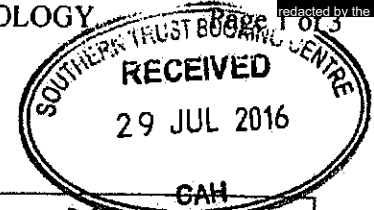
24.7

SOCIAL HISTORY**OTHER PATIENT DATA**

Signature of referring doctor (or other professional)

Date

29-Jul-2016, UROLOGY



For Trust use only:

HCN:

Personal Information redacted by the USI

Referral Date: 29-Jul-2016

Date Sent: 29-Jul-2016

Surname:

Personal Information redacted by the USI

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Contact number(s)

Telephone:

Personal Information redacted by the USI

Fax:

Red Flag	Practice code:	Personal Information redacted by the USI
Upgrade ☒ Red Flag		Flex. C/U
Urgent		Flow Rate
Routine	Practice Email:	Ultrasound
Other	Out Patient	DRE
Virtual		

Referral to: Craigavon Area Hospital
 Specialty: UROLOGY
 Urgency: **URGENT**
 Urgency Reason: no priority reason given
 Electronic Attachment Present?: No
 HCP Name:
 Designation:

Referral Type:

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher:

Personal Information redacted by the USI

Referring GP:

Referring GP Cypher:

HCN Number	Personal Information redacted by the USI	Title:	MR
Surname:	Personal Information redacted by the USI	Forenames:	Personal Information redacted by the USI
Previous Surname:		Known as:	-
DOB:		Gender:	Male
Registered Contact Details:		Mobile:	Personal Information redacted by the USI
Tel No:			
Patient Email:			
Preferred Contact Details if different from above:			

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: Raised PSA

Comment: This 57 year old gentleman has had some mild LUT symptoms in recent months. He has noticed a reduction in flow, as well as some day time urgency/frequency. He does not however have to get up at night. A PSA was checked in April and was 4.54. This was repeated on 25/7/16 and is now 6.23. I would be grateful for your assessment.

RELEVANT PAST MEDICAL HISTORY

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

<u>Description</u>	<u>Date recorded</u>
Blepharitis NOS	28-Jul-2014
Trigger finger	19-Apr-2013
Haemorrhoids	12-Nov-2011
Hiatus hernia	02-Dec-2010
Erectile dysfunction	26-Mar-2010
Meibomian cyst	26-Mar-2009
Fracture of tibia and fibula	19-Feb-2006
Cutaneous horn	02-Sep-2003
Lateral epicondylitis of elbow	20-Oct-1997
Tennis elbow	24-Jun-1997
Capsulitis NOS	17-Feb-1992
Fracture of tibia	03-Sep-1977

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Inject trigger finger/thumb	4th	14-Nov-2014
Syringing of ear	-	23-Nov-2012
Syringing of ear	-	16-Nov-2012
Colonoscopy	-	12-Nov-2011
OGD	-	02-Dec-2010
Appendicectomy	-	07-Oct-2008
Vasectomy for contraception	-	15-Oct-2001
Colonoscopy	-	17-Nov-1994
Trimming of turbinate of nose	-	22-Oct-1991
Nasal septoplasty	-	22-Oct-1991
Circumcision	-	15-Aug-1989
Trendelenburg operation	-	02-Nov-1986
Excision of skin cyst	-	03-Apr-1986
Repair of inguinal hernia	-	17-Mar-1969
Repair of inguinal hernia	-	10-Dec-1959

MEDICATION

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

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Sildenafil Citrate Tablets 100 mg	gh53.	-	-	-	-	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Fusidic Acid M/R Eye Drops 1 %	k3g1.	-	-	-	-	-

ALLERGIES & RISKS

Lifestyle risks

Allergies

Description

NSAIDs

Naproxen E/c tablets 250 mg

SMOKING STATUS

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Ex-smoker		13-Apr-2015

ALCOHOL INTAKE

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Light drinker		12-Oct-2010

BMI

24.3

SOCIAL HISTORY**OTHER PATIENT DATA**

Signature of referring doctor (or
other professional)

Date

12-Feb-2016, HAEMATURIA

Page 1 of 3

Guro/Urology

For Trust use only:
HCN: [Personal Information redacted by the USI]
Date Sent: 12-Feb-2016

12 FEB 2016

Referral Date: 12-Feb-2016

Surname: [Personal Information redacted by the USI]

Personal Information redacted by the USI

Practice address

[Personal Information redacted by the USI]

M. 17.1.A

Practice code:

[Personal Information redacted by the USI]

Contact number(s)

Telephone:

[Personal Information redacted by the USI]

Fax:

ROUTINE

Practice Email: ☒

Virtual

Out Patient

Referral to: Craigavon Area Hospital
Specialty: HAEMATURIA
Urgency: **URGENT**
Urgency Reason: no priority reason given
Electronic Attachment Present?: No
HCP Name:
Designation:

Referral Type: Out Patient

Practice Code: [Personal Information redacted by the USI]
Registered GP: [Personal Information redacted by the USI]
Registered GP Cypher: [Personal Information redacted by the USI]
Referring GP: [Personal Information redacted by the USI]
Referring GP Cypher: [Personal Information redacted by the USI]

HCN Number	[Personal Information redacted by the USI]	Title:	Mr
Surname:	[Personal Information redacted by the USI]	Forenames:	[Personal Information redacted by the USI]
Previous Surname:	[Personal Information redacted by the USI]	Known as:	-
DOB:	[Personal Information redacted by the USI]	Gender:	Male
Registered Contact Details:	[Personal Information redacted by the USI]	Mobile:	[Personal Information redacted by the USI]
Tel No:	[Personal Information redacted by the USI]		
Patient Email:	[Personal Information redacted by the USI]		
Preferred Contact Details if different from above:	[Personal Information redacted by the USI]		

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: haematuria

Comment: Please could this 50yr old man be reviewed?
 He had persistent micro haematuria in 2013 and was seen at OPC - flex cyst / IVU and USS all normal.
 Over the past year he has had several UTIs - coliforms on MSSU.
 Each episode was associated with micro haematuria but settled with abx.
 Today he presents with 2 days of frank haematuria with no other symptoms.
 I have sent urine for o+s.
 Given this painless frank haematuria and ongoing recurrent UTIs I would appreciate your assessment.

RELEVANT PAST MEDICAL HISTORY**Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Date of onset</u>	<u>Date recorded</u>
Erectile dysfunction	28-May-2014	28-May-2014
[D]Snoring	13-Jan-2010	13-Jan-2010

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

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Sildenafil Citrate Tablets 100 mg	0704050Z0AAACAC	8 tablet	USE AS DIRECTED	-	28-May- 2014	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Trimethoprim Tablets 200 mg	0501080W0AAAEAE	14 TABLET (S)	ONE TWICE DAILY	-	12-Feb- 2016	7 Days
Co-Amoxiclav 500/125 Tablets	0501013K0AAAIAJ	21 TABLET (S)	1 TID	-	22-Jan- 2016	42 Days
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	28 CAPSULE (S)	1 DAILY TO PROTECT STOMACH	-	14-Oct- 2015	42 Days

ALLERGIES & RISKS**Lifestyle risks****Allergies**Description

Adverse reaction to Co-Amoxiclav 500/125

SMOKING STATUS

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Ex smoker		13-Sep-2013

ALCOHOL INTAKE

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Alcohol consumption, 6 units/week		13-Sep-2013

BMI**SOCIAL HISTORY****OTHER PATIENT DATA**

12-Feb-2016, HAEMATURIA

Page 3 of 3

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

Date

CCG - Patient 12 HCN: [Redacted] 08-Sep-2016, UROLO

RECEIVED Page 1 of 3
SEP 2016
CAH

For Trust use only:
HCN: [Redacted] Referral Date: 08-Sep-2016
Date Sent: 08-Sep-2016
Surname: [Redacted] Patient 12
Personal Information redacted by the USI

Practice address
[Redacted]
Personal Information redacted by the USI
Practice code: [Redacted] Personal Information redacted

Contact number(s)
Telephone: [Redacted]
Fax: [Redacted] Personal Information redacted by the USI

Red Flag	TRUS
Upgrade Red Flag	Flex. C/U
Urgent	Flow Rate
Routine	Practice Email
Other	Out Patient
Virtual → 2	Ultrasound
PSA Contingency to R with 2 out of 3	

Referral to: Craigavon Area Hospital
Specialty: UROLOGY
Urgency: **URGENT**
Urgency Reason: no priority reason given
Electronic Attachment Present?: No
HCP Name:
Designation:

Referral Type: [Redacted]

Practice Code: [Redacted] Personal Information redacted by the USI
Referring GP: [Redacted] Personal Information redacted by the USI
Registered GP: [Redacted] Personal Information redacted by the USI
Registered GP Cypher: [Redacted] Personal Information redacted by the USI
N. 9.5.

HCN Number	Patient 12	Title:	Mr
Surname:	[Redacted]	Forenames:	[Redacted] Patient 12
Previous Surname:		Known as:	
DOB:		Gender:	Male
Registered Contact Details:		Mobile:	
Tel No:			
Patient Email:			
Preferred Contact Details if different from above:			

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint
Description: lower urinary tract symptoms and elevated PSA.
Comment: Dear Urologist

Please may I have your advice on this 72 year old man with lower urinary tract symptoms and elevated PSA. This man has previously been reviewed in regards to an elevated PSA. He complains of increasing lower urinary tract symptoms of frequency and nocturia.

He denies any haematuria or dysuria.

He decided to stop his combodart due to erectile dysfunction.

He denies any erectile dysfunction while taking Contiflo.

His PSA has had a slow general increase over the last number of years and is now 7.34.

I would appreciate your opinion on biopsy of his prostate.

Thank you

RELEVANT PAST MEDICAL HISTORY

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

Description	Comment	Date of onset	Date recorded
Closed fracture of calcaneus	: Laterality = Left	27-Apr-2003	27-Apr-2003
Duodenal ulcer NOS	-	16-Mar-1984	16-Mar-1984

MEDICATION

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

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Contiflo XI M/R capsules 400 micrograms	-	60 capsule	TAKE ONE DAILY	-	24-Jul-2014	-

Recent medication (Any medication issued within last 168 days not shown above)

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Gaviscon Peppermint Liquid Relief Oral suspension	-	600 ml	5MLS QID	-	19-Aug-2016	42 Days
Gaviscon Peppermint Liquid Relief Oral suspension	-	600 ml	5MLS QID	-	16-Jun-2016	42 Days
Gaviscon Peppermint Liquid Relief Oral suspension	-	600 ml	5MLS QID	-	01-Apr-2016	75 Days
Rozex Gel 0.75 %	1310012K08DAAAR	40 gram	APPLY BD	-	24-Mar-2016	42 Days

ALLERGIES & RISKS

Lifestyle risks

SMOKING STATUS

Description	Comment	Date Recorded
Current smoker		11-Aug-2016

ALCOHOL INTAKE

Description	Comment	Date Recorded
Alcohol consumption 1 Units per week	Alcohol type=Beer	29-Sep-2008

BMI

25.59

SOCIAL HISTORY

OTHER PATIENT DATA

Signature of referring doctor (or
other professional)

Date

For Trust use only: HCN: Personal Information redacted by the USI		Referral Date: 28-Jul-2016	
Date Sent: 28-Jul-2016		Surname:	Patient 11

Personal Information
redacted by the USI

Practice address

Personal Information
redacted by the USI

Practice code:

Personal
Information
redacted by the USI

Contact number(s)

Telephone:

Personal Information
redacted by the USI

Fax:

Practice Email:

Referral to: Craigavon Area Hospital Referral Type: Out Patient
 Specialty: UROLOGY
 Urgency: URGENT
 Urgency Reason: no priority reason given
 Electronic Attachment Present?: No
 HCP Name:
 Designation:

Practice Code: Personal Information redacted by the USI Registered GP: Personal Information redacted by the USI Registered GP Cypher: Personal Information redacted by the USI
 Referring GP: Personal Information redacted by the USI Referring GP Cypher:

HCN Number	Personal Information redacted by the USI	Title:	Mr
Surname:	Patient 11	Forenames:	Patient 11
Previous Surname:	-	Known as:	-
DOB:	Personal Information redacted by the USI	Gender:	Male
Registered Contact Details:	Personal Information redacted by the USI		
Tel No:	Personal Information redacted by the USI	Mobile:	-
Patient Email:	-		
Preferred Contact Details if different from above:			

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: Elevated PSA.

Comment: This 66 year old man has mixed symptoms of overactive bladder and prostatism. Recent MSU and urinalysis were normal, but PSA was 5.6. On examination he has a moderately enlarged smooth prostate. I have commenced him on Oxybutynin recently and he has felt some improvement in his LUTS. Please see and advise regarding further management of his elevated PSA. I have also referred this man to the Continence Service for bladder studies.

RELEVANT PAST MEDICAL HISTORY**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[D]Raised PSA	5.6	27-Jul-2016	27-Jul-2016
Hip pain	left	11-Jul-2016	11-Jul-2016
Shoulder pain	Rt	11-Jul-2016	11-Jul-2016
Overactive bladder		07-Jul-2016	07-Jul-2016
Acute back pain - thoracic		07-Jul-2016	07-Jul-2016
Lumbar disc degeneration	L4/L5 and L5/S1	27-Mar-2014	27-Mar-2014
Haemorrhoids		19-May-2000	19-May-2000
C/O - low back pain		02-May-2000	02-May-2000
Localised, secondary osteoarthritis	Lumbar	20-Mar-2000	20-Mar-2000

Past procedures (High and medium priority - all)

Description	Date recorded
[SO]Facet joint of lumbar spine	27-Mar-2014

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

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Oxybutynin Hydrochloride Tablets 2.5 mg	326561005	56 tablet	one twice a day	-	11-Jul-2016	-
Cetirizine Hydrochloride Tablets 10 mg	320818006	30 tablet	ONE TO BE TAKEN DAILY	-	15-Jul-2015	-
Butrans Transdermal Patches 5 micrograms/hour	9565311000001104	4 patch	APPLY ONE PATCH. CHANGE EVERY SEVEN DAYS	-	22-May-2015	-
Sildenafil Citrate Tablets 100 mg	326715008	4 tablet	HALF A TABLET AS PRESCRIBED	-	13-Mar-2014	-
Balneum Bath Oil 84.75 %	3309611000001109	500 ml	AS DIR	-	15-Aug-2012	-
Paracetamol Caplets 500 mg	196421000000109	100 tablet	ONE OR TWO TO BE TAKEN FOUR TIMES DAILY AS REQUIRED	-	15-Jun-2012	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	317309001	28 capsule	1 AT NIGHT	-	06-May-2008	-

Recent medication (Any medication issued within last 168 days not shown above)

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration

Potassium Citrate Mixture 1.5g/5 ml	14610411000001107	200 ml	TAKE TWO 5 ML SPOONFUL THREE TIMES A DAY	-	15-Jul-2016	-
Trimethoprim Tablets 200 mg	324431001	6 tablet	one twice a day	-	07-Jul-2016	-
Deep Heat Maximum Strength Cream	9507511000001102	35 gram	APPLY TWICE A DAY OR THREE TIMES A DAY	-	07-Jul-2016	-
Diazepam Tablets 5 mg	321197008	14 tablet	ONE AT NIGHT	-	07-Jul-2016	-
Nasonex Nasal Spray 50 micrograms/dose	123711000001109	1 spray	1 PUFF TWICE A DAY TO EACH NOSTRIL	-	15-Jun-2016	-
Uniroid Hc Ointment	754811000001109	30 gram	APPLY THREE TIMES DAILY	-	15-Jun-2016	-
Laxido Orange Oral Powder Sachets Sugar Free	17420611000001107	30 sachet	1 -2 DAILY	-	01-Jun-2016	-
Flucloxacillin Capsules 500 mg	323465006	28 capsule	ONE TO BE TAKEN FOUR TIMES A DAY	-	28-Apr-2016	-
Laxido Orange Oral Powder Sachets Sugar Free	17420611000001107	30 sachet	1 -2 DAILY	-	22-Apr-2016	-
Nasonex Nasal Spray 50 micrograms/dose	123711000001109	1 spray	1 PUFF TWICE A DAY TO EACH NOSTRIL	-	31-Mar-2016	-
Loratadine Tablets 10 mg	320822001	30 tablet	ONE AT NIGHT	-	21-Mar-2016	-
E45 Itch Relief Cream	2933811000001102	500 gram	APPLY TWICE DAILY	-	25-Feb-2016	-
Prochlorperazine Maleate Buccal Tablets 3 mg	322143005	8 tablet	1 TWICE A DAY S/L	-	25-Feb-2016	-
Uniroid Hc Ointment	754811000001109	30 gram	APPLY THREE TIMES DAILY	-	12-Feb-2016	-
Flucloxacillin Capsules 500 mg	323465006	28 capsule	ONE FOUR TIMES A DAY	-	05-Feb-2016	-

ALLERGIES & RISKS

Lifestyle risks**Allergies**Description

Adverse reaction to Pregabalin
Adverse reaction to Pseudoephedrine
Adverse reaction to Transtec
Adverse reaction to Doxycycline Monohydrate
Adverse reaction to Penicillin V
Adverse reaction to Clarithromycin
Adverse reaction to Co-Amoxiclav 500/125
Adverse reaction to Regurin
Adverse reaction to Vesicare
Adverse reaction to Sudafed
Adverse reaction to Transtec
Adverse reaction to Peptac
Adverse reaction to Tramadol Hydrochloride
Adverse reaction to Helimet
Adverse reaction to Mobic

SMOKING STATUS

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Ex smoker		09-May-2014

ALCOHOL INTAKE

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Alcohol consumption	<c>	19-Feb-2016

BMI

33.6

SOCIAL HISTORY**OTHER PATIENT DATA**

Signature of referring doctor
(or other professional)

Date

25 OCT 2016

For Trust use only:

HCN: [redacted]
Personal Information redacted by the USI

Referral Date: 24-Oct-2016

Date Sent: 24-Oct-2016

Surname: [redacted]

Personal Information redacted by the USI

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Practice code:

Personal Information redacted by the USI

Contact number(s)

Telephone:

Personal Information redacted by the USI

Fax:

DAISY HILL HOSPITAL	
Red Flag	
Urgent	
Routine	Practice Email:
Referral Type:	Out Patient
Return to GP	
Redirect To	Same.
Direct To Test/Clinic	

Referral to: Craigavon Area Hospital

HAEMATURIA

Speciality:

Urgency:

URGENT

Urgency Reason: no priority reason given

Electronic Attachment Present?:

No

HCP Name:

Designation:

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher:

Personal Information redacted by the USI

Referring GP:

Personal Information redacted by the USI

Referring GP Cypher:

Personal Information redacted by the USI

68: Perist micro-haem

HCN Number

Personal Information redacted by the USI

Surname:

Personal Information redacted by the USI

Previous Surname:

Personal Information redacted by the USI

DOB:

Personal Information redacted by the USI

Registered Contact Details:

Tel No:

Patient Email:

Preferred Contact Details if different from above:

[redacted]

Title:	Ms BGFIR.
Forenames:	[redacted]
Known as:	
Gender:	Female
Mobile:	07544 11111

Special Needs or Requirements

See Haem Atch

Reason for Referral/ History of Presenting Complaint

Description: haematuria reduced eGFR

Feb 17

Comment: Dear Mr Glackin,
Please review this 68year old regarding microscopic haematuria, urinalysis +++ blood on dipstick, MSU NAD no infection, also describes vague bilateral flank and groin pain over last few wks.
No frequency or dysuria.
eGFR reduced to 43, was 50 1yr ago. ACR NAD.
BP 130/80
Add SNT.
?cause haematuria, decreasing eGFR.

RELEVANT PAST MEDICAL HISTORY

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

Description	Comment	Date of onset	Date recorded
[X]Osteopenia	-	21-Apr-2016	21-Apr-2016
Osteoporosis	-	29-Jan-2015	29-Jan-2015
Chronic kidney disease stage 3	-	14-Apr-2014	14-Apr-2014
Malignant neoplasm of female breast (Left)	Invasive mucinous - Grade 2	09-Sep-2011	09-Sep-2011
Osteoporosis	no treatment unless a fracture occurs.	27-Jul-2007	27-Jul-2007
Temporomandibular joint-pain-dysfunction syndrome	-	13-Feb-2004	13-Feb-2004
Type 2 diabetes mellitus	-	06-Jan-2003	06-Jan-2003
[X]Osteopenia	-	19-Mar-2002	19-Mar-2002
Gastric ulcer NOS	-	28-Mar-2000	28-Mar-2000
Hypertlipidaemia NOS	chol 6.5	01-Jan-1995	01-Jan-1995
Hypertensive disease	-	01-Jan-1992	01-Jan-1992
Endometriosis	-	01-Jan-1986	01-Jan-1986
Acquired hypothyroidism	Start Date: 01/01/1988	01-Jan-1986	01-Jan-1986
Female pelvic inflammatory diseases	-	01-Jan-1982	01-Jan-1982
Anxiety states	1968-1972	01-Jan-1968	01-Jan-1968
Migraine	-	01-Jan-1965	01-Jan-1965
Immature personality disorder	-	01-Jan-1964	01-Jan-1964
[X]Depression NOS	-	01-Jan-1964	01-Jan-1964

Past procedures (High and medium priority - all)

Description	Comment	Date recorded
Laparoscopic cholecystectomy	-	23-Mar-2012
Wide local excision of breast lesion	Margins clear	12-Sep-2011
Bilateral salpingoophorectomy	-	01-Jan-1987
Laminectomy approach to lumbar spine	excision L5/S1 discs	01-Jan-1985
Total abdominal hysterectomy NEC	benign	01-Jan-1982
Laparoscopic ventrosuspension	-	01-Jan-1979
Laparoscopic ventrosuspension	-	01-Jan-1976

MEDICATION

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

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPSULE	TAKE TWO DAILY	-	27-Jan-2016	-
Atenolol Tablets 50 mg	0204000E0AAABAB	28 tablet	TAKE ONE DAILY	-	17-Nov-2015	-
Perindopril Erbumine Tablets 2 mg	0205051M0A0AAAAA	30 tablet	TAKE ONE DAILY	-	19-Oct-2015	-
Estriol Intravaginal cream 0.01 % with applicator	-	1 pack	TWICE WEEKLY	-	23-Jun-2015	-

Piroxicam Gel 0.5 %	1003020R0AAAAA	112 gram	APPLY TID	-	29-May-2015	-
Adcal-D3 Caplets 750 mg + 5 micrograms (200 units)	-	112 tablet	2 TABS BD	-	20-Mar-2015	-
Exemestane Tablets 25 mg	-	30 TABLET	TAKE ONE DAILY	-	20-Nov-2014	-
Atorvastatin Tablets 40 mg	021200080AAACAC	28 TABLET	TAKE ONE DAILY	-	06-Dec-2007	-
Amitriptyline Hydrochloride Tablets 10 mg	0403010B0AAAGAG	56 TABLET	TAKE 2 NOCTE	-	09-Dec-2010	-
Levothyroxine Sodium Tablets 100 micrograms	-	28 TABLET	take one each morning	-	14-Jan-2013	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage -</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Movicol Oral powder (lemon and lime) 13.6 grams/sachet	0106040M0BBAAAA	30 SACHET	ONE SACHET TWICE DAILY, INCREASE AS REQUIRED TO MAX 8 SACHETS IN 24HRS.	-	14-Oct-2016	42 Days
Peppermint Oil E/C, M/R capsules 0.2 ml	-	30 capsule	1 TID	-	07-Oct-2016	42 Days
Tramadol Hydrochloride M/R capsules 100 mg	040702040AAAHAAH	60 capsule	TAKE ONE TWICE A DAY - FOR SEVERE PAIN ONLY, CAN BE ADDICTIVE	-	28-Sep-2016	42 Days
Folic Acid Tablets 400 micrograms	0901020G0AABF8F	90 tablet	TAKE ONE DAILY	-	12-Sep-2016	90 Days
Tears Naturale Eye drops	1108010F08DAAA4	15 ml	QID	-	09-Sep-2016	-
Folic Acid Tablets 5 mg	0901020G0AAAGAG	100 tablet	TAKE ONE DAILY	-	08-Sep-2016	100 Days
Phenoxymethylpenicillin Tablets 250 mg	0501011P0AAAJAJ	80 TABLET	TAKE TWO FOUR TIMES DAILY	-	28-Jun-2016	10 Days
Clotrimazole Cream and Pessary 2 % + 500 mg	-	1 pack	PESSARY STAT THEN APPLY CREAM TWICE DAILY FOR 7-10 DAYS	-	28-Jun-2016	42 Days
Diazepam Tablets 2 mg	0401020K0AAAHAAH	28 tablet	TAKE ONE BD PRN IN SHORT TERM	-	28-Jun-2016	42 Days
Tramadol Hydrochloride M/R capsules 100 mg	040702040AAAHAAH	60 capsule	TAKE ONE TWICE A DAY - FOR SEVERE PAIN ONLY, CAN BE ADDICTIVE	-	17-Jun-2016	83 Days
Tears Naturale Eye drops	1108010F08DAAA4	15 ml	QID	-	02-Jun-2016	42 Days
Ibandronic Acid Tablets 150 mg	-	3 tablet	ONCE A MONTH	-	13-Oct-2015	-
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	60 CAPSULE	take one or two twice a day when required for severe pain	-	29-Jul-2013	-

ALLERGIES & RISKS**Lifestyle risks****Allergies**Description

Drug allergy to Aspirin

Drug allergy to Brufen

Drug allergy to Diflucan

SMOKING STATUSDescriptionComment Date Recorded

Never smoked tobacco

14-Oct-2016

ALCOHOL INTAKEDescriptionComment Date Recorded

Alcohol consumption, 0 units/week

14-Oct-2016

BMI

25.64

SOCIAL HISTORY**OTHER PATIENT DATA**Signature of referring doctor (or
other professional)

Date

Garofur

For Trust use only:
HCN: [Personal Information redacted by the USI]
Date Sent: 15-Feb-2016

Referral Date: 15-Feb-2016

Surname: [Personal Information redacted by the USI]

15 FEB 2016

THE HEALTH CENTRE

Practice address

Personal Information redacted by the USI

Contact number
(s)

Telephone:

Fax:

Personal Information redacted by the USI

Practice
code:

Personal Information redacted by the USI

Practice
Email:

Personal Information redacted by the USI

Referral to: Craigavon Area Hospital
Specialty: UROLOGY
Urgency: **ROUTINE**
Urgency Reason: no priority reason given
Electronic Attachment Present?: No
HCP Name:
Designation:

Referral Type: Virtual Out Patient

Practice Code: [Personal Information redacted by the USI] Registered GP: [Personal Information redacted by the USI] Registered GP Cypher: [Personal Information redacted by the USI]
Referring GP: [Personal Information redacted by the USI] Referring GP Cypher: [Personal Information redacted by the USI]

HCN Number	[Personal Information redacted by the USI]	Title:	MR
Surname:	[Personal Information redacted by the USI]	Forenames:	[Personal Information redacted by the USI]
Previous Surname:	NOVALUE	Known as:	-
DOB:	[Personal Information redacted by the USI]	Gender:	Male
Registered Contact Details:	[Personal Information redacted by the USI]		
Tel No:	[Personal Information redacted by the USI]	Mobile:	NOVALUE
Patient Email:	NOVALUE		
Preferred Contact Details if different from above:	[Personal Information redacted by the USI]		

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: ? Balanitis Xerotica Obliterans (BXO)

Comment: Dear Doctor, this 70 year old man has a very abnormal looking foreskin which appears to be scarred and ulcerated. [redacted] reports that he had some form of partial circumcision performed in the 1970's for a tight foreskin. ? Has developed Balanitis Xerotica Obliterans (BXO) in the residual foreskin. I would value your assessment and advice on further management. Could you please offer him an appointment for your clinic.

RELEVANT PAST MEDICAL HISTORY**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Meatal stenosis	urethral	26-Nov-2013
Osteopenia	-	03-Nov-2009
CA	4\8\09	17-Aug-2009
OA	-	18-May-2009
Peripheral vascular disease	-	09-Jun-1999

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

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Aspirin Tablets 75 mg	bu25.	-	-	-	-	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Co-Codamol 15/500 Tablets	dlaU.	-	-	-	-	-

ALLERGIES & RISKS**Lifestyle risks****SMOKING STATUS**

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Smoker		05-Aug-2015

ALCOHOL INTAKE

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Light drinker		05-Aug-2015

BMI

22.9

SOCIAL HISTORY**OTHER PATIENT DATA**

Signature of referring doctor (or other professional)

Date



**Southern Health
and Social Care Trust**

**CRAIGAVON AREA HOSPITAL
68 LURGAN ROAD
PORTADOWN BT63 5QQ**

**UROLOGY DEPARTMENT
CLINIC LETTER**

**CONSULTANT UROLOGIST:
SECRETARY:
TELEPHONE:**

**Mr A J Glackin
Elizabeth**

Personal Information redacted by the USI

Personal Information redacted by the USI

Dear DR

Personal Information redacted by the USI

**Re: Patient Name:
D.O.B.:
Address:
Hospital No:**

Personal Information redacted by the USI

Personal Information redacted by the USI

HCN: Personal Information redacted by the USI

Date/Time of Clinic: 08/02/17

Follow Up: DISCHARGE

Presenting complaint – e-coli urinary tract infection October 2016

This lady was referred as a visible haematuria. However on discussion with the patient she reports no history of visible haematuria. I note that she had dipstick haematuria detected at the time of her UTI presentation.

Mrs Personal Information redacted by the USI has had a further MSU sent on 24th January 2017 which is clear. I note that she has a slightly compressed EGFR of 55mls per minute likely secondary to her history of hypertension. She had a CT scan of her abdomen and pelvis in July 2016 which was satisfactory. She does not present with any risk factors for urothelial cancer. In view of the fact that she is asymptomatic and has only had a single urinary tract infection I don't think she needs to be subjected to invasive investigation for visible haematuria. I have reassured her and discharged her back to your care.

Kind regards

Yours sincerely

**Mr A J Glackin
MD, FRCSI (Urol)
Consultant Urologist**

Personal Information redacted by the USI

OPEN ACCESS

HAEMATURIA CLINIC

Patient details:

Personal Information redacted by the USI

GP details:

Personal Information redacted by the USI

Personal Information redacted by the USI

Cypher Code:

Personal Information redacted by the USI

History:

Frank haematuria ☒ ☐ ☐ ☐
 Painful ☒ ☐ ☐ ☐

Microscopic Haematuria ☐ ☐ ☐ ☐
 Painful ☐ ☐ ☐ ☐

Other symptoms frank haematuria, pain relieved by UTI

N.B Dipstick, haematuria (with no microscopic haematuria on MSST) & Male urinary infection are not suitable for Open access referral. These should be referred to Mr Brown's outpatient clinic.

Anticoagulants need not be stopped before attendance
 However METFORMIN must be omitted on the day of attendance.

Drugs
 Warfarin ☐ ☐ ☐ ☐
 Paracetamol ☐ ☐ ☐ ☐
 Aspirin ☐ ☐ ☐ ☐
 Metformin ☐ ☐ ☐ ☐

Smoking ☐ ☐ ☐ ☐
 Significant Occupational History ☐ ☐ ☐ ☐

omit on day of admission
 Other

Aspirin by BD

All patients should have MSST, Urine C&T log and U&Es at time of referral. All men 50 years of age should have PSA sent

MSST ☐
 U&Es ☐

Urine Routine ☒
 PSA ☐

DAISY HILL HOSPITAL			
Red Flag		BE	
Spec. Comp.		Urology (DITG)	
Referral to GP		Trained By	
Referral to			
Direct to Test			

Flex Clin
 u/s.

had CT abd
 last yr.

logy Services Inquiry.

HCN Personal Information Summary Personal Information Forename Personal Information Dob Personal Information
AE Number Personal Information
Assessment redacted by the USI Seen By Personal Information redacted by the USI Time 0130

54 yr ♂

6/6 - Prostate in
→ Prostate 2yr ago

do gyn x 3/4
+ benign

Take do hormone
1x day

no retention

no fever

no const

1
E

Mr I.B. do 14/4 89km

no wms
96% Rm

5ms

long - 47

11 - so 92x
Hormone Clin

Reb if definite

discussed with ED consultant" yes ☐

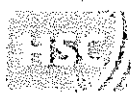
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CLIKO
AXG

29/1/16

AOB-10262

Personal Information redacted by the USI



Southern Health
and Social Care Trust

MEDICAL/GASTROENTEROLOGY
DEPARTMENT
REFERRAL LETTER

CONFIDENTIAL

UROLOGY DEPARTMENT
CAHGT

Dear COLLEAGUE

Re: Patient Name:
D.O.B.:
Address:
Hospital No:

Personal Information redacted by the USI

Personal Information redacted by the USI

H&C No:

Personal Information redacted by the USI

Problem List: Haematuria, Aortic valve replacement (on Warfarin), Fatigue

I would appreciate if you would see this gentleman soon. He attends my Out-Patient clinic for fatigue which has been ongoing for a while. He has aortic valve replacement. Today at clinic he informs me that he is having frequency of micturition and nocturia (about 2-3 times at night). Urine has revealed + protein and ++ blood. We would appreciate if you would see this gentleman soon at Urology Out-Patient clinic.

Yours sincerely

Personal Information redacted by the USI

Personal Information redacted by the USI

17.1.17

DR G AHMED

LOCUM MEDICAL CONSULTANT/GASTROENTEROLOGIST

Date Dictated: 29/01/16

Date Typed: 04/02/16 J McBride

US 1.3.16 OK.

Other

Virtual

Craigavon Area Hospital, 68 Lurgan Road, Portadown, Co. Armagh, BT63 5QQ

Secretary: Mrs Sarah White. Tel: Personal Information redacted by the USI

Email: Personal Information redacted by the USI

CCG-

Personal Information redacted by the USI

HCN:

Personal Information redacted by the USI

29-Oct-2015, HAEMATURIA

Page 1 of 3

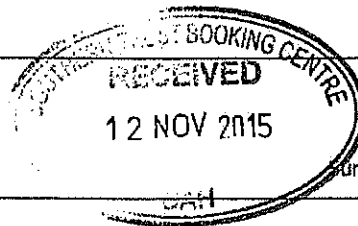
Personal Information redacted by the USI

For Trust use only:

HCN:

Personal Information redacted by the USI

Date Sent: 12-Nov-2015



Referral Date: 29-Oct-2015

Surname:

Personal Information redacted by the USI

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Practice code:

Personal Information redacted by the USI

Contact number(s)

Telephone:

Personal Information redacted by the USI

Fax:

Red Flag	TRUS
Upgrade Red Flag <i>as per mchc 16/11/17</i>	Flex. C/U
Urgent	Flow rate
Routine	Ultrasound
Other	Practice Email:
Virtual	Out Patient

Referral to: Craigavon Area Hospital
 Specialty: HAEMATURIA
 Urgency: **ROUTINE**
 Urgency Reason: no priority reason given
 Electronic Attachment Present?: No
 HCP Name:
 Designation:

Referral Type: Out Patient

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher:

Referring GP:

Referring GP Cypher:

HCN Number	Personal Information redacted by the USI	Title:	Mrs
Surname:	Personal Information redacted by the USI	Forenames:	Personal Information redacted by the USI
Previous Surname:		Known as:	
DOB:		Gender:	Female
Registered Contact Details:			
Tel No:		Mobile:	<i>* See CAH Urology or DHH Haematology? *</i>
Patient Email:			
Preferred Contact Details if different from above:			

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: microscopic haematuria

Comment: This 52 year old lady was noted to have microscopic haematuria on routine fostering examination. She has no

urinary symptoms at all. Urinalysis showed ++ blood. I have sent of MSSU.

In view of her asymptomatic, please assess at your haematuria clinic.

RELEVANT PAST MEDICAL HISTORY

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

Description	Comment	Date of onset	Date recorded
Microscopic haematuria		29-Oct-2015	29-Oct-2015
Dysphagia		20-Oct-2015	20-Oct-2015
Female rectocele	some pelvic incontinence	20-Sep-2015	20-Sep-2015
Headache		06-Oct-2014	06-Oct-2014
Chronic low back pain		28-Oct-2013	28-Oct-2013
Thrombophlebitis of a superficial leg vein NOS		23-Aug-2013	23-Aug-2013
Hallux varus - acquired		30-Jul-2013	30-Jul-2013
Detrusor instability		02-Apr-2012	02-Apr-2012
Ankle pain		08-Sep-2011	08-Sep-2011
Headache		14-Jul-2011	14-Jul-2011
Menopause		24-Jun-2011	24-Jun-2011
Sciatica		19-Oct-2010	19-Oct-2010
Hallux valgus - acquired	right - lapidus, alken correction foot	13-Aug-2010	13-Aug-2010
Acute back pain - lumbar		15-Dec-2009	15-Dec-2009
Varicose veins of legs		24-Apr-2008	24-Apr-2008
Pain in joint - arthralgia		24-Apr-2008	24-Apr-2008
Thrombophlebitis NOS		07-Dec-2006	07-Dec-2006
Migraine		01-Jan-1999	01-Jan-1999
H/O: asthma	1997	01-Jan-1997	01-Jan-1997
Thrombophlebitis NOS	9/12 gestation	01-Jan-1997	01-Jan-1997
Sciatica		01-Jan-1996	01-Jan-1996
Chronic cervicitis	loop excision of cervix	01-Jan-1995	01-Jan-1995
Thrombophlebitis NOS	G.P. Surgery, SUPERFIC.L KNEE Other	21-Sep-1991	21-Sep-1991
Hand eczema	Recurrent	01-Jan-1989	01-Jan-1989
Atopic dermatitis/eczema		01-Jan-1974	01-Jan-1974

Past procedures (High and medium priority - all)

Description	Date recorded
Foot joint operations	08-Aug-2010
Lumbar spine X-ray	01-Jan-1998
Colonoscopy abnormal	01-Jan-1995
Injection into varicose vein of leg	01-Jan-1989

MEDICATION

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

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Solifenacin Tablets 5 mg	415557006	30 tablet	ONE TO BE TAKEN DAILY	-	02-Apr-2012	-
Paracetamol Tablets 500 mg	322236009	100 tablet (s)	TWO TO BE TAKEN EVERY SIX HOURS	-	08-Sep-2011	-

Recent medication (Any medication issued within last 168 days not shown above)

Drug name	Code	Formulation	Dosage	Frequency	Date started	Duration
Omeprazole Capsules (Gastro-Resistant) 20 mg	317291008	2*28 capsule	2 ONCE DAILY56	-	20-Oct-2015	-
Lansoprazole Capsules	317309001	28 capsule	1 ONCE DAILY	-	19-Oct-	-

(Gastro-Resistant) 30 mg Lansoprazole Capsules	317309001	28 capsule	1 ONCE DAILY	2015
(Gastro-Resistant) 30 mg				26-Aug-2015
Fusidic Acid And Betamethasone Valerate Cream 2 % 0.1 %	331849001	30 gram	APPLY THIN LAYER TWICE A DAY MAX 2 WEEKS	21-Aug-2015
Ibuprofen Tablets 400 mg	329653008	40 tablet	ONE TO BE TAKEN THREE TIMES A DAY	20-Jul-2015
Ibuprofen Tablets 400 mg	329653008	40 tablet	ONE TO BE TAKEN THREE TIMES A DAY	30-Jun-2015
Ibuprofen Tablets 400 mg	329653008	40 tablet	ONE TO BE TAKEN THREE TIMES A DAY	03-Jun-2015
Lansoprazole Capsules (Gastro-Resistant) 30 mg	317309001	28 capsule	1 ONCE DAILY	05-Feb-2015

ALLERGIES & RISKS**Lifestyle risks****Allergies**Description

Adverse reaction to Tapentadol

Adverse reaction to Meloxicam

SMOKING STATUS

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Never smoked tobacco		07-May-2010

ALCOHOL INTAKE

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Teetotaler		06-Aug-1998

BMI

36.1

SOCIAL HISTORY**OTHER PATIENT DATA**

Signature of referring doctor (or
other professional)

Date

SULC
AOB

CCG -

Patient 13

HCN:

Personal Information redacted by the USI

28-Jul-2016, UROLOGY

Personal Information redacted by the USI



For Trust use only:

HCN:

Personal Information redacted by the USI

Referral Date: 28-Jul-2016

Date Sent: 28-Jul-2016

Surname:

Patient 13

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Practice code:

Personal Information redacted by the USI

Contact number(s)

Telephone:

Fax:

Personal Information redacted by the USI

VH, MSU-re
Age 74.5.

Referral to: Cragavon Area Hospital
 Specialty: UROLOGY
 Urgency: **ROUTINE**
 Urgency Reason: no priority reason given
 Electronic Attachment Present?: No
 HCP Name:
 Designation:

Referral type:

Red Flag

TRUS

Upgrade Red Flag

Flex. C/U

Urgent

Practice Email: Flow Rate

Routine

Out Patient

Ultrasound

Other

Virtual

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher:

Personal Information redacted by the USI

Referring GP:

Referring GP Cypher:

HCN Number	Personal Information redacted by the USI	Title:	Mr
Surname:	Patient 13	Forenames:	Patient 13
Previous Surname:	-	Known as:	-
DOB:	Personal Information redacted by the USI	Gender:	Male
Registered Contact Details:			
Tel No:	-	Mobile:	-
Patient Email:	-		
Preferred Contact Details if different from above:			

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: .

Comment: Episode of single haematuria 4 wks ago, no associated flank pain, nil since.
 No other urinary symptoms.

Normal cystoscopy in 1996 for haematuria in context of dermatomyositis.
o/e abdo snt, prostate enlarged, nodule right lobe.
PSA normal, GFR 52, urinalysis normal, MSU negative.
Thank you for seeing to consider cystoscopy.

RELEVANT PAST MEDICAL HISTORY**Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Chronic kidney disease stage 3	-	11-May-2016	11-May-2016
Glaucoma	-	10-Feb-2004	10-Feb-2004
Dermatomyositis	polymyositis	19-Nov-1998	19-Nov-1998
Anxiety with depression	-	09-Nov-1998	09-Nov-1998
Urinary tract infection, site not specified	with cystitis	29-May-1996	29-May-1996

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date recorded</u>
Trabeculectomy	16-Nov-2015

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

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Quetiapine Fumarate Tablets 25 mg	0402010ABAAABAB	28 tablet	ONE AT NIGHT	-	18-Aug-2014	-
Ketoconazole Shampoo 2 %	1309000I0AAAAAA	120 ml	AS DIRECTED	-	07-Oct-2013	-
Paracetamol Tablets 500 mg	0407010H0AAAMAM	60 tablet	2 TABS 4/6 HRLY PRN	-	19-Aug-2013	-
Doublebase Gel (Pump Dispenser)	-	500 gram	AS DIRECTED	-	19-Aug-2013	-
Escitalopram Tablets 20 mg	-	28 tablet	TAKE ONE DAILY	-	07-Dec-2010	-
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	28 CAPSULE	TAKE ONE DAILY	-	03-Mar-2008	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Terbinafine Hydrochloride Cream 1 %	131002030AAAAAA	30 GRAM (S)	APPLY BD	-	25-May-2016	42 Days
Anusol Cream	0107010D0BBAAAC	23 gram	apply twice daily	-	25-May-2016	42 Days
Fusidic Acid Cream 2 %	1310012F0AAABAB	30 gram	APPLY TDS	-	22-Apr-2016	42 Days
Loperamide Hydrochloride Capsules 2 mg	0104020L0AAAAAA	30 capsule	AS DIRECTED	-	19-Feb-2016	73 Days
Clarithromycin Tablets 500 mg	0501050B0AAADAD	14 tablet	ONE BD	-	18-Feb-2016	42 Days
Urea Lotion 10%	-	250 ml	AS DIRECTED	-	19-Nov-2015	230 Days
Dexamethasone Eye drops 0.1 %	-	20 ml	8 DROPS DAILY	-	16-Nov-2015	197 Days
Naproxen Tablets 500 mg	1001010P0AAAEAE	28 TABLET	1 WITH FOOD BD, STOP IF SICKNESS OR HEARTBURN DEVELOPS	-	18-Aug-2014	-

ALLERGIES & RISKS**Lifestyle risks****Allergies**Description

H/O: penicillin allergy

SMOKING STATUSDescriptionCommentDate
RecordedCigarette smoker, 10
Cigarettes/day

04-Jun-2015

ALCOHOL INTAKEDescriptionCommentDate
Recorded

Alcohol consumption, 4 units/week

04-Jun-2015

BMI

33.71

SOCIAL HISTORY**OTHER PATIENT DATA**

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

CCG

Personal Information redacted by the USI

HCN:

Personal Information redacted by the USI

09-Sep-2016, UROLOGY



Page 1 of 4

For Trust use only:

HCN:

Personal Information redacted by the USI

Referral Date: 09-Sep-2016

Date Sent: 09-Sep-2016

Surname:

Personal Information redacted by the USI

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Practice code:

Personal Information redacted by the USI

Contact number(s)

Telephone:

Personal Information redacted by the USI

Fax:

Referral to: Craigavon Area Hospital
 Specialty: UROLOGY
 Urgency: **ROUTINE**
 Urgency Reason: no priority reason given
 Electronic Attachment Present?: No
 HCP Name:
 Designation:

Referral Type: Out Patient

Red Flag	TRUS
Upgrade Red Flag	Flex. C/U
Urgent	Flow Rate
Routine	Practice Email: Ultrasound
Other	
Virtual 45yrs Frank Mac- altered habit smoker 1700 hrs 2008	

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher:

Personal Information redacted by the USI

Referring GP:

Referring GP Cypher:

HCN Number	Personal Information redacted by the USI	Title:	Mr
Surname:	Personal Information redacted by the USI	Forenames:	Personal Information redacted by the USI
Previous Surname:		Known as:	-
DOB:		Gender:	Male
Registered Contact Details:		Mobile:	Personal Information redacted by the USI
Tel No:			
Patient Email:			
Preferred Contact Details if different from above:			

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint
 Description: Haematuria

Comment: I would appreciate your review of this man who present with frank haematuria. He also has a recent history of c/o hesitancy, poor flow and terminal dribbling. PSA normal. Renal function normal.

RELEVANT PAST MEDICAL HISTORY**Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Blood in urine - haematuria		01-Sep-2016	01-Sep-2016
Foot pain		15-Aug-2016	15-Aug-2016
Sciatica		28-Jul-2015	28-Jul-2015
Alcohol dependence syndrome	-	25-Mar-2015	25-Mar-2015
[Personal Information redacted by the USI]	-	09-Oct-2014	09-Oct-2014
Low mood	-	09-Oct-2014	09-Oct-2014
[X]Alcohol addiction	-	09-Oct-2014	09-Oct-2014
[Personal Information redacted by the USI]		09-Oct-2014	09-Oct-2014
[Personal Information redacted by the USI]		09-Oct-2014	09-Oct-2014
[Personal Information redacted by the USI]		08-Oct-2014	08-Oct-2014
Sciatica	-	07-Oct-2013	07-Oct-2013
Hydrocele	moderate right sided hydrocele	23-May-2012	23-May-2012
Central serous retinopathy	right eye	24-Apr-2009	24-Apr-2009
Right inguinal hernia	-	14-Oct-2005	14-Oct-2005
Duodenitis	Mild	13-Oct-2005	13-Oct-2005
Closed fracture nose	-	24-May-2003	24-May-2003
Closed fracture rib	-	24-May-2003	24-May-2003
Superficial injury of back NOS, without major open wound	soft tissue injury to back	24-May-2003	24-May-2003
[X]Assault by bodily force	by group	24-May-2003	24-May-2003
Haemorrhoids	-	14-Oct-1996	14-Oct-1996
Fracture of nasal bones	following assault	22-Nov-1992	22-Nov-1992

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date recorded</u>
Magnetic resonance imaging of lumbar spine abnormal	10-Oct-2015
Plain X-ray lumbar spine	09-Oct-2013
Laser therapy - retinal lesion	21-Oct-2010
Retinal laser therapy	30-Apr-2010
Frenuloplasty of penis	27-Mar-2009
Primary repair of inguinal hernia	01-Nov-2005
Gastroscopy NEC	13-Oct-2005
Nasal operations	02-Jun-2003

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

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Amitriptyline Hydrochloride Tablets 50 mg	321747004	28 tablet	ONE AT NIGHT - DISPENSE WEEKLY	-	07-Mar-2016	-
Maxitram Sr M/R Capsules 200 mg	14976811000001101	60 capsule	ONE TWICE A DAY - DISPENSE WEEKLY	-	07-Mar-2016	-
Zopiclone Tablets 7.5 mg	321175006	28 tablet	ONE AT NIGHT - DISPENSE WEEKLY	-	07-Mar-2016	-
Pregabalin Capsules 300 mg	415165003	56 capsule	1 TWICE A DAY IN WEEKLY BOX	-	14-Oct-2015	-
Campral Ec E/C Tablets 333 mg	762911000001103	168 tablet	2 TID IN WEEKLY BOX	-	19-Aug-2015	-
Citalopram Hydrobromide Tablets 20 mg	321987003	28 tablet	1 DAILY IN WEEKLY BOX	-	19-Aug-2015	-
Citalopram Hydrobromide Tablets 10 mg	321989000	28 tablet	1 DAILY IN WEEKLY BOX	-	19-Aug-2015	-
Lansoprazole Capsules (Gastro-Resistant) 30 mg	317309001	28 capsule	OD - DISPENSE IN WEEKLY BOX	-	30-Jul-2015	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Amitriptyline Hydrochloride Tablets 25 mg	321746008	28 tablet	TOTAL 75 MG AT NIGHT - DISPENSE IN WEEKLY BOX	-	05-Sep-2016	-
Trimethoprim Tablets 200 mg	324431001	14 tablet	ONE TO BE TAKEN TWICE A DAY	-	01-Sep-2016	-
Naproxen Tablets 500 mg	329807003	28 tablet	ONE TO BE TAKEN TWICE A DAY	-	15-Aug-2016	-
Capsaicin Cream 0.025 %	330262003	45 gram	APPLY TWICE A DAY	-	15-Aug-2016	-
Hydrocortisone And Miconazole Cream 1 % + 2 %	331745004	30 gram	APPLY TO SOLE OF FOOT TWICE DAILY	-	15-Aug-2016	-
Naproxen Tablets 500 mg	329807003	14 tablet	ONE TO BE TAKEN TWICE A DAY	-	01-Aug-2016	-
Laxido Orange Oral Powder Sachets Sugar Free	17420611000001107	30 sachet	1 -3 DAILY	-	18-Jul-2016	-
Phenoxymethylpenicillin Tablets 250 mg	323416001	2*28 tablet	TO TO BE TAKEN FOUR TIMES A DAY	-	26-May-2016	-

ALLERGIES & RISKS**Lifestyle risks****SMOKING STATUS**

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Current smoker	<c>	05-Jan-2015

CCG - [Personal Information redacted by the USI], HCN: [Personal Information redacted by the USI], 09-Sep-2016, UROLOGY

Page 4 of 4

ALCOHOL INTAKE

BMI

32.3

SOCIAL HISTORY

OTHER PATIENT DATA

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

Date



Southern Health
and Social Care Trust

Surgical Department
Daisy Hill Hospital,
5 Hospital Road, Newry,
Co Down, N. Ireland, BT35 8DR
Tel: [redacted]
Personal Information redacted by the USI

DEPARTMENT OF SURGERY

DR PAUL HUGHES, ASSOCIATE SPECIALIST

E-MAIL: [redacted]
Personal Information redacted by the USI

SECRETARY:

Mrs Gillian McCrum

Directline:

10/02/16

NOT TRIAGED!

10 FEB 2016

MR GLACKIN
CONSULTANT UROLOGIST
CRAIGAVON AREA HOSPITAL
CRAIGAVON

Dear MR GLACKIN

Re: Patient Name:

D.O.B.:

Address:

Hospital No:

H&C No:

Thank you for seeing this 77 year old lady with a history of persistent non-visible haematuria. This dates back a number of years. Previous treatment in 2012, with IVP/USS/ flexible cystoscopy, was normal. She has a history of rheumatoid arthritis and is on Methotrexate. Of note, she tells me that she had a repair of her left ureter following an injury during a caesarean section in 1967.

Flexible cystoscopy was normal. However, CT urogram shows an equivocal filling defect in the distal left ureter (report enclosed). I discussed the case with Robin Brown and we would be grateful for your opinion as to whether this lady needs ureteroscopy.

Yours sincerely

Dictated but not personally signed

Dr Paul Hughes
Associate Specialist
/GMCC

consider repeat
imaging

24 FR >60, 20.12.16

AZ 18.1.17

✓	✓
Virtual	

«PTFNAMES» «PTNAME» DOB: «PTDOB» H+C: «PTNHS»

rpt cytology no malign cells.

CT Urogram
08/02/2016 13:12

Personal Information redacted by the USI

Final report 08/02/2016 14:27
for CT Urogram

Preliminary signature

Final signature
Elgindy, Nabil

Personal Information
redacted by the USI

08/02/2016 13:12 CT Excretory Urogram

Reason for referral : Non visible haematuria

**Clinical details : Non visible haematuria. No urinary symptoms. Non-smoker.
Cytology shows atypical cells & red blood cells. H/O RA - on Methotrexate**

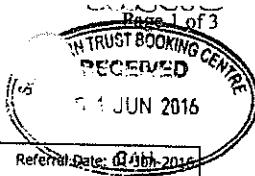
CT FINDINGS:

**# Equivocal simulated filling defect at distal Left ureter at level of S-1
probably of partial twisted ureter artefact, however given the atypical cells on
cytology a true filling defect should be excluded.**

**# Convoluted upper 1/3 of Right ureter which could suggest relatively mobile
kidney.**

Few small volume Left kidney cortical renal cysts.

Normal excretory urogram, otherwise.



For Trust use only:
HCN: [Personal Information redacted by the USI]
 Date Sent: 01-Jun-2016
 Referral Date: 01-Jun-2016
 Surname: [Personal Information redacted by the USI]

Practice address

[Personal Information redacted by the USI]

Contact number(s)

Telephone:

Fax:

Practice Code:

[Personal Information redacted by the USI]

Red Flag	TRUS
Upgrade Red Flag	Flex. C/U
Urgent	Flow Rate
Routine	Practice Email: Ultrasound
Other	Out Patient
Virtual	

Referral to: Craigavon Area Hospital
Specialty: UROLOGY
Urgency: **URGENT**
Urgency Reason: no priority reason given
Electronic Attachment Present? No
HCP Name:
Designation:

Referral Type: Out Patient

Practice Code: [Personal Information redacted by the USI]
Registered GP: [Personal Information redacted by the USI]
Referring GP: [Personal Information redacted by the USI]
Registered GP Cypher:

HCN Number	[Personal Information redacted by the USI]	Title:	Mrs
Surname:	[Personal Information redacted by the USI]	Forenames:	[Personal Information redacted by the USI]
Previous Surname:	[Personal Information redacted by the USI]	Known as:	-
DOB:	[Personal Information redacted by the USI]	Gender:	Female
Registered Contact Details:	[Personal Information redacted by the USI]	Mobile:	[Personal Information redacted by the USI]
Tel No:	[Personal Information redacted by the USI]		
Patient Email:	[Personal Information redacted by the USI]		
Preferred Contact Details if different from above:	[Personal Information redacted by the USI]		

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: frank haematuria
Comment: Frank haematuria

presented with frank haematuria
 did have slight temp and dysuria and freq. mssu
 collected prior to ab commencement but did not
 grow anything but did show some pus cells. blod
 now cleared after ab
 as -ve mssu will organise urgent renal uss and
 refer urology ?needs cystoscopy

RELEVANT PAST MEDICAL HISTORY

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Frank haematuria		18-May-2016	18-May-2016
Polyp of gallbladder		15-Oct-2015	15-Oct-2015
Missed miscarriage	-	30-May-2014	30-May-2014
[X]Moderate depressive episode		16-Apr-2013	16-Apr-2013
Benign paroxysmal positional vertigo or nystagmus		27-Jul-2012	27-Jul-2012
Varicose veins of legs	seen by surgeons and under follow up	10-Nov-2008	10-Nov-2008
Headache		31-Jul-2008	31-Jul-2008
Group B streptococcus infection	admitted with pv bleeding. HVS showed group b strep infection and will need prophylactic penicillin during intrapartum period	10-Oct-2003	10-Oct-2003
Headache	referred medical clinic-tension headaches	05-Oct-1993	05-Oct-1993

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date recorded</u>
Patient pregnant	30-Apr-2015
Patient pregnant	02-May-2014
Contraception counselling	06-Aug-2012
Single live birth	03-Jul-2011
Echocardiogram normal	07-Dec-2010
Patient pregnant	02-Nov-2010
Ultrasound scan normal	27-May-2009
CAT scan - brain	07-Aug-2008
Contraception counselling	26-Jul-2007
Single live birth	05-May-2005
Antenatal care	29-Sep-2004
Single live birth	29-Jun-2003

MEDICATION

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

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Microgynon 30 Tablets	4211100001107	2*63 tablet	AS DIRECTED	-	03-Feb-2016	-
Aspirin E/C Tablets 75 mg	319781007	56 tablet	ONE TO BE TAKEN DAILY	-	15-Jun-2015	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>started</u>
Trimethoprim Tablets 200 mg	324431001	14 tablet	ONE TO BE TAKEN TWICE A DAY		18-May- 2016

ALLERGIES & RISKS

Lifestyle risks

**SMOKING
STATUS**

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Never smoked tobacco	(prefix=well, fnd, bonding well, bottle-feeding,)<c>	03-Feb- 2016

**ALCOHOL
INTAKE**

BMI

30.1

**SOCIAL
HISTORY**

OTHER PATIENT DATA

Signature of referring doctor (or
other professional) Date

GOLD AOB CCG -

Personal Information redacted by the USI

HCN:

Personal Information redacted by the USI

12-Sep-2016, UROLOGY



Personal Information redacted by the USI

For Trust use only:

HCN:

Personal Information redacted by the USI

Referral Date: 12-Sep-2016

Date Sent: 12-Sep-2016

Surname:

Personal Information redacted by the USI

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Contact number(s)

Telephone:

Fax:

Personal Information redacted by the USI

Practice code:

Personal Information

Red Flag	TRUS
Upgrade Red Flag	Flex. C/U
Urgent	Flow Rate
Routine	Practice Email: Ultrasound
Referral Type: Other	Out Patient
Virtual PSA - 10. + flow. Dec 16. ex Guisher haematoma	

Referral to: Craigavon Area Hospital

Specialty: UROLOGY

Urgency: URGENT

Urgency Reason: no priority reason given

Electronic Attachment Present?: No

HCP Name:

Designation:

Referral Type: Other

Practice Code: Personal Information redacted by the USI

Registered GP: Personal Information redacted by the USI

Registered GP Cypher:

Referring GP:

Referring GP Cypher:

HCN Number	Personal Information redacted by the USI	Title:	Mr
Surname:		Forenames:	USG
Previous Surname:		Known as:	
DOB:		Gender:	Male
Registered Contact Details:		Mobile:	
Tel No:			
Patient Email:			
Preferred Contact Details if different from above:			

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: Haematuria & raised PSA. To be seen at SWAH

Comment: Had a UTI. Post UTI ++ blood persists on testing. PSA elevated - 10

PR - large prostate. ? irregularity on R lobe.

US renal tracts booked - should be available via ECR to you

RELEVANT PAST MEDICAL HISTORY

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Microscopic haematuria	after treatment for UTI. High PSA. Large prostate, ? R lobe firmness. Urgent referral for USS & urology	12-Sep-2016	12-Sep-2016
Urinary frequency		07-Sep-2016	07-Sep-2016
[M]Squamous cell carcinoma NOS	(R) LIP WEDGE RESECTION	02-Feb-2007	02-Feb-2007
[M]Squamous cell carcinoma NOS	(L) EAR	18-Nov-2005	18-Nov-2005

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Date recorded</u>
Bowel cancer screening programme	02-Apr-2014
Bowel cancer screening programme	06-Jun-2012

MEDICATION

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

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Contiflo XI M/R Capsules 400 micrograms	11146211000001106	28 capsule	1 DAILY FOR URINE FLOW	-	07-Sep-2016	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Nitrofurantoin Tablets 50 mg	324558006	28 tablet	ONE TO BE TAKEN FOUR TIMES A DAY	-	07-Sep-2016	-
Uvistat Lipscreen SPF 50	11537711000001105	4*5 gram	ASD	-	10-Jun-2016	-
Uvistat Sun Cream SPF 30	11538211000001104	4*125 ml	ASD	-	09-Jun-2016	-

ALLERGIES & RISKS

Lifestyle risks

SMOKING STATUS

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Stopped smoking	<C>	24-Mar-2014

ALCOHOL INTAKE

BMI

SOCIAL HISTORY

OTHER PATIENT DATA

Signature of referring doctor (or
other professional)

Date

CURFO
ACB

AOB-10281

CCG -

Personal Information redacted by the USI

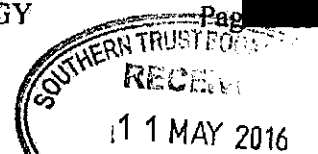
HCN:

Personal Information redacted by the USI

11-May-2016, UROLOGY

Personal Information redacted by the USI

Page



For Trust use only:

HCN:

Personal Information redacted by the USI

Referral Date: 11-May-2016

Date Sent: 11-May-2016

Surname:

Personal Information redacted by the USI

Personal Information redacted by the USI

Practice address

Personal Information redacted by the USI

Practice code:

Personal Information redacted by the USI

Contact number(s)

Telephone:

Personal Information redacted by the USI

Fax:

Referral Type:	TPUS
Referral Type:	Other
Referral Type:	Virtual
Referral Type:	PSA 10 x 2
Referral Type:	5640 =
Referral Type:	Practice Email:

Referral to:

Craigavon Area Hospital

Specialty:

UROLOGY

Urgency:

URGENT

Urgency Reason:

no priority reason given

Electronic Attachment Present?:

No

HCP Name:

Designation:

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher:

Personal Information redacted by the USI

Referring GP:

Referring GP Cypher:

HCN Number	Personal Information redacted by the USI	Title:	MR
Surname:	Personal Information redacted by the USI	Forenames:	Personal Information redacted by the USI
Previous Surname:	Personal Information redacted by the USI	Known as:	-
DOB:	Personal Information redacted by the USI	Gender:	Male
Registered Contact Details:	Personal Information redacted by the USI		
Tel No:	-	Mobile:	-
Patient Email:	-		
Preferred Contact Details if different from above:	Personal Information redacted by the USI		

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: psa 10

Comment: psa 10 in asymptomatic patient with a large smooth prostate gfr normal lfts slightly derranged and nad
urinal .no fhx please arrange r/v

RELEVANT PAST MEDICAL HISTORY

MEDICATION

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

No current medications recorded

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Paracetamol 500mg tablets	58932020	tablet	1 TO 2 TABLETS UP TO FOUR TIM[more]	-	19-Apr- 2016	-
Pseudoephedrine hydrochloride 60mg tablets	66334020	tablet	FOUR TIMES DAILY	-	19-Apr- 2016	-

ALLERGIES & RISKS

Lifestyle risks

**SMOKING
STATUS**

<u>Description</u>	<u>Comment</u>	<u>Date Recorded</u>
Never smoked tobacco	Smoking status on date of event: Never smoked.	26-Jan- 2011

**ALCOHOL
INTAKE**

BMI

25.5

**SOCIAL
HISTORY****OTHER PATIENT DATA**

Signature of referring doctor (or
other professional)

Date

GURC
AOB

CCG-

Personal Information redacted by the USI

HCN

Personal Information redacted by the USI

06-May-2016, UROLOGY

Page 1 of 4

Personal Information redacted by the USI

Personal Information redacted by the USI

For Trust use only:
HCN: [Personal Information redacted by the USI]
 Date Sent: 06-May-2016
 Referral Date: 06-May-2016
 Surname: [Personal Information redacted by the USI]



Practice address

Personal Information redacted by the USI

Contact number(s)

Telephone:

Fax:

Personal Information redacted by the USI

Practice code:

Personal Information

Red Flag	TRUS
Upgrade Red Flag	Flex. C/U
Urgent	Flow Rate
Routine	Practice Email: Ultrasound
Other	Out Patient
Virtual	<i>This would normally be upgrade but no further PSA due to nothing on FCB</i>

Referral to: Craigavon Area Hospital
 Specialty: UROLOGY
 Urgency: **ROUTINE**
 Urgency Reason: no priority reason given
 Electronic Attachment Present?: No
 HCP Name:
 Designation:

Referral Type: Other

Practice Code:

Personal Information redacted by the USI

Registered GP:

Personal Information redacted by the USI

Registered GP Cypher:

Personal Information

Referring GP:

Referring GP Cypher:

HCN Number	Personal Information redacted by the USI	Title:	Mr
Surname:	[Personal Information redacted by the USI]	Forenames:	[Personal Information redacted by the USI]
Previous Surname:		Known as:	-
DOB:		Gender:	Male
Registered Contact Details:			
Tel No:		Mobile:	-
Patient Email:			
Preferred Contact Details if different from above:			

Special Needs or Requirements

Reason for Referral/ History of Presenting Complaint

Description: PSA 8.3- prostatic symptoms- wt loss 4 kg

Comment: thank you for seeing this man with urinary symptoms- psa noted- describes wt loss 4 kg over 4/12

in good form - declined pr - started on flomax
please see re PSA

RELEVANT PAST MEDICAL HISTORY**Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Weight decreasing	pt and wife noted- drinks lots of tea- nocturia- dribbling - flow poor-	03-May-2016	03-May-2016
Anxiety with depression	SUMMARY=Y	18-Sep-2007	18-Sep-2007
[X]Osteopenia	SUMMARY=Y	13-Feb-2007	13-Feb-2007
Anxiety with depression	SUMMARY=Y	02-Dec-2004	02-Dec-2004
Hyperlipidaemia NOS	SUMMARY=Y	07-Apr-2003	07-Apr-2003
H/O: duodenal ulcer	SUMMARY=Y	09-Mar-2001	09-Mar-2001
H/O: alcoholism	SUMMARY=Y	09-Mar-2001	09-Mar-2001
Acute duodenal ulcer NOS	SUMMARY=Y{Ongoing review}	16-Feb-2001	16-Feb-2001
H/O: vasectomy	SUMMARY=Y	16-Feb-2001	16-Feb-2001
Peptic ulcer NOS	SUMMARY=Y	05-Mar-1976	05-Mar-1976
Perforated chronic duodenal ulcer	SUMMARY=Y	27-Jul-1966	27-Jul-1966
Alcohol dependence syndrome	SUMMARY=Y	14-Feb-1966	14-Feb-1966

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
BCSP faecal occult blood test normal	-	08-May-2015
Bowel cancer screening programme	NegativeSUMMARY=Y	09-Apr-2013
Vasectomy NEC	SUMMARY=Y	09-Mar-2001
Barium meal	SUMMARY=Y	04-Feb-1988
Vasectomy NEC	SUMMARY=Y	19-Sep-1978

Family conditions (All priorities)

<u>Description</u>	<u>Extension</u>	<u>Date Recorded</u>
Family history	two brothers IHD IN 60'SSUMMARY=Y	- 27-Mar-2007
FH: Ischaemic heart disease	SUMMARY=Y	- 16-Feb-2001
FH: Cancer - *	SUMMARY=Y	- 16-Feb-2001

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

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>
Atorvastatin Tablets 10 mg	0212000B0AAAAAA	56 tablet	TAKE ONE DAILY	-	17-Sep-2015	-
Ranitidine Tablets 150 mg	0103010T0AAAAAA	60 TABLETS	TWICE A DAY	-	22-Jan-1996	-

Recent medication (Any medication issued within last 168 days not shown above)

<u>Drug name</u>	<u>Code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Duration</u>

Tamsulosin Hydrochloride M/R capsules 400 micrograms	0704010U0AAAAAA	30 capsule	TAKE ONE DAILY	-	03-May-2016	30 Days
Calcium Carbonate Chewable tablets Sugar Free 1.5 grams	-	100 tablet	TAKE ONE BD	-	25-Apr-2016	42 Days
Vitamins Capsules	0906070T0AAAAAA	100 capsule	TAKE ONE DAILY	-	25-Apr-2016	100 Days
Sildenafil Citrate Tablets 100 mg	0704050Z0AAACAC	12 tablet	AS DIRECTED	-	18-Mar-2016	42 Days
Olive Oil Ear drops	-	10 ml	USE BD FOR 2 WEEKS	-	18-Mar-2016	42 Days
Chlorhexidine Gluconate Mouth wash 0.2 %	1203040E0AAABAB	300 mls	use twice daily	-	18-Mar-2016	42 Days
Sildenafil Citrate Tablets 100 mg	0704050Z0AAACAC	12 tablet	AS DIRECTED	-	28-Jan-2016	42 Days
Zolpidem Tartrate Tablets 5 mg	0401010Y0AAAAAA	14 tablet	TAKE ONE AS NEEDED - SPARINGLY	-	28-Jan-2016	130 Days
Loperamide Hydrochloride Tablets 2 mg	-	30 tablet	AS DIRECTED	-	28-Jan-2016	42 Days
Co-Codamol 30/500 Tablets	0407010F0AAAHAA	100 tablet	TAKE TWO QDS OR PRN 4-6 HOURLY FOR PAIN	-	28-Jan-2016	42 Days
Amoxicillin Capsules 500 mg	-	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	28-Jan-2016	5 Days
Amoxicillin Capsules 500 mg	-	15 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	19-Jan-2016	5 Days
Ketoconazole Shampoo 2 %	1309000I0AAAAAA	120 ml	AS DIRECTED	-	09-Dec-2015	42 Days
Hydrocortisone And Miconazole Cream 1 % 2 %	-	30 gram	APPLY BD	-	09-Dec-2015	42 Days
Sildenafil Citrate Tablets 100 mg	0704050Z0AAACAC	12 tablet	AS DIRECTED	-	09-Dec-2015	42 Days
Loperamide Hydrochloride Tablets 2 mg	-	30 tablet	AS DIRECTED	-	08-Dec-2015	42 Days
Olive Oil Ear drops	-	10 ml	USE BD FOR 2 WEEKS	-	08-Dec-2015	42 Days
Zolpidem Tartrate Tablets 5 mg	0401010Y0AAAAAA	28 tablet	TAKE ONE AS NEEDED - SPARINGLY	-	08-Dec-2015	42 Days

ALLERGIES & RISKS**Lifestyle risks****SMOKING STATUS**

Description	Comment	Date Recorded
Stopped smoking		18-Jun-2013

ALCOHOL INTAKE

Description	Comment	Date Recorded
Alcohol consumption, 0 units/week		18-Jun-2013

BMI

23.94

CCG - Personal Information redacted by the USI HCN: Personal Information redacted by the USI 06-May-2016, UROLOGY

Page 4 of 4

SOCIAL HISTORY**OTHER PATIENT DATA**

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

Personal Information redacted by the USI

Diagnosis
1. 200
2.
3.

Investigation and Results
06 JUN 2016
CAH TRUS
Red Flag
Upgrade Red Flag
Urgent
Routine
Other
Virtual
Patient to attend appt with GP

ED Discharge Plan
Urgent urology
Referred to Specialty
Admission Agreed By:
Grade of Doctor
Prescription (Medicines on discharge)
Medicine
TRAMETOPRIM 200mg B 30 317 CE 1 45cc 6

Additional notes
GP
ED Review
Fracture Clinic
Psych. Assess
CTMA
Associated
Sign
Grade
Drugs
15:22
1405
Departure Time

Transport booked
IV Cannula removed
CBYL given
Time booked
Advice leaflet given
GP letter given
Ref to MASH
UNOCEN complete
Patient properly returned

Breach Time 15:22
Time left department - 14-05
Signature Nurse
Page 4

CRAIGAVON HOSPITAL
EMERGENCY DEPARTMENTLurgan Road, Craigavon, BT6 3SQ
Tel: 028 38334444 Fax: 028 38351276

Personal Information redacted by the USI

AE Number
Surname Personal Information redacted by the USI
Forename Personal Information redacted by the USI
DOB Personal Information redacted by the USI
Sex F Age 38
Occ Personal Information redacted by the USI
Casenote Personal Information redacted by the USI
Mobile/Other

Arrival Date/Time 03/06/2016 11:22
Arrival Mode PR Incident Type HT
Source of Referral Self-Referred
Accompanied By HUSBAND
Patient at risk of leaving Yes/No
Presenting Complaint BLOOD IN URINE
Presentation UNWELL ADULT
Discriminator MODERATE PAIN
Triage Text PASSING BLOOD IN URINE FROM 10AM. PAIN TO LT SIDE HAS CONFIRMED CYST

Medication
Allergies NKDA

Pulse 83 B/P 135/73 RR 15 PFR Temp 36.9 SpO2 100 GCS CRT BM PEEL AVPU
Visual Acuity Right Eye Left Eye
ECG required yes/no History MRSA Patient Location MINOR AREA Pain Score Category 3 Infection
ECG performed yes/no CDIFF Time 11:41

Commenced on NEWS/CNS/PEWS chart Yes No Signature

Nursing Assessment
MENTAL STATE Yes No WASHING AND DRESSING Yes No SOCIAL HISTORY Yes No
Alert and Oriented Independent Lives Alone
Confused Help Required Lives With
Agitated Full Assistance Required Relatives Present
Aggressive Pressure Areas Checked Averse
Drugs Commode required Contacted by
Tray Slides in Bin Pad Changed

MOBILITY
Independent Dietary Requirements
Walk with Help Dementia Top
Walk with Aids Battery

Relative Contact Number
Patient updated at regular intervals
Yes No

Page 1
Version - 10.10.1

HCN [redacted] Personal Information redacted by the USI
 AE N [redacted]

Assessment Seen By CMCATTLEY Time 1245

(36) haematuria today PMH
 + x1 occasion
 never had before. Ovarian cyst.
 Left sided abdominal pain - not now Hypothyroid
 started last night sees gynae re some
 no dysuria.
 no PV bleeding/discharge
 LMP 2/5/2 ago.
 x2 pregnancies.
 no doesn't think she's pregnant
 no fevers/chills.

Medx
Transcranial
Mefenamic
Levofloxacin

OH 1+R 23 Sats 100%
 BP 135/73 RR 15.
 T 36.9

SH
 non tender
 BS ✓

SH
 Non
 Smoker
 Small
 amount
 of alcohol

Urinalysis 1R 3R blood 25 leuc.
 trace protein
 Preg test ☒ negative

Sleeping unaltered at 1325 for advice - in theatre
 will contact when out.

"Case discussed with ED consultant" yes ☐ no ☐

Page 2

HCN [redacted] Personal Information redacted by the USI
 AE N [redacted]

Prescription (Medicines in Department)				Administration	
Medicine	Dose	Route	Time to be given	Signature	Given by Time

care delivered in ED

US urinary tract - Feb 2015.
 no calculi/renal parenchymal
 abnormality/hydronephrosis

Signature of Nurse _____

Ure normal
 CRP 0.44
 Amylase 24
 LFTs normal

Admission checklist (please tick if completed)

Time Bed manager informed	Ward Ready at
Copy ED File ☐	NEWS/CNS ☐
Fluid Balance ☐	IV Cannula Form ☐
Copy of MARS notes stroke PTs ☐	Relevant performance ☐
	C diff completed ☐
	Own Drugs ☐
	Relatives aware admission ☐

Patient handover given to admitting nurse (please record their name) Time _____

Patient has previous history of C Diff yes ☐ no ☐

Patient has vomiting and/or diarrhoea yes ☐ no ☐

Patient had contact with anyone with vomiting and/or diarrhoea in last 5 days yes ☐ no ☐

If yes to any of above refer to agreed guidance.

Page 3

30

Hynds, Siobhan

From: Corrigan, Martina
Sent: 06 June 2017 08:40
To: Hynds, Siobhan
Cc: Chada, Neta
Subject: FW: photos
Attachments: IMG_4213.JPG; IMG_4214.JPG; IMG_4215.JPG; IMG_4216.JPG; IMG_4217.JPG

Hi Siobhan

Pictures of the charts from home that were left in his office for me.

Regards

Martina

Martina Corrigan

Head of ENT, Urology, Ophthalmology and Outpatients Craigavon Area Hospital

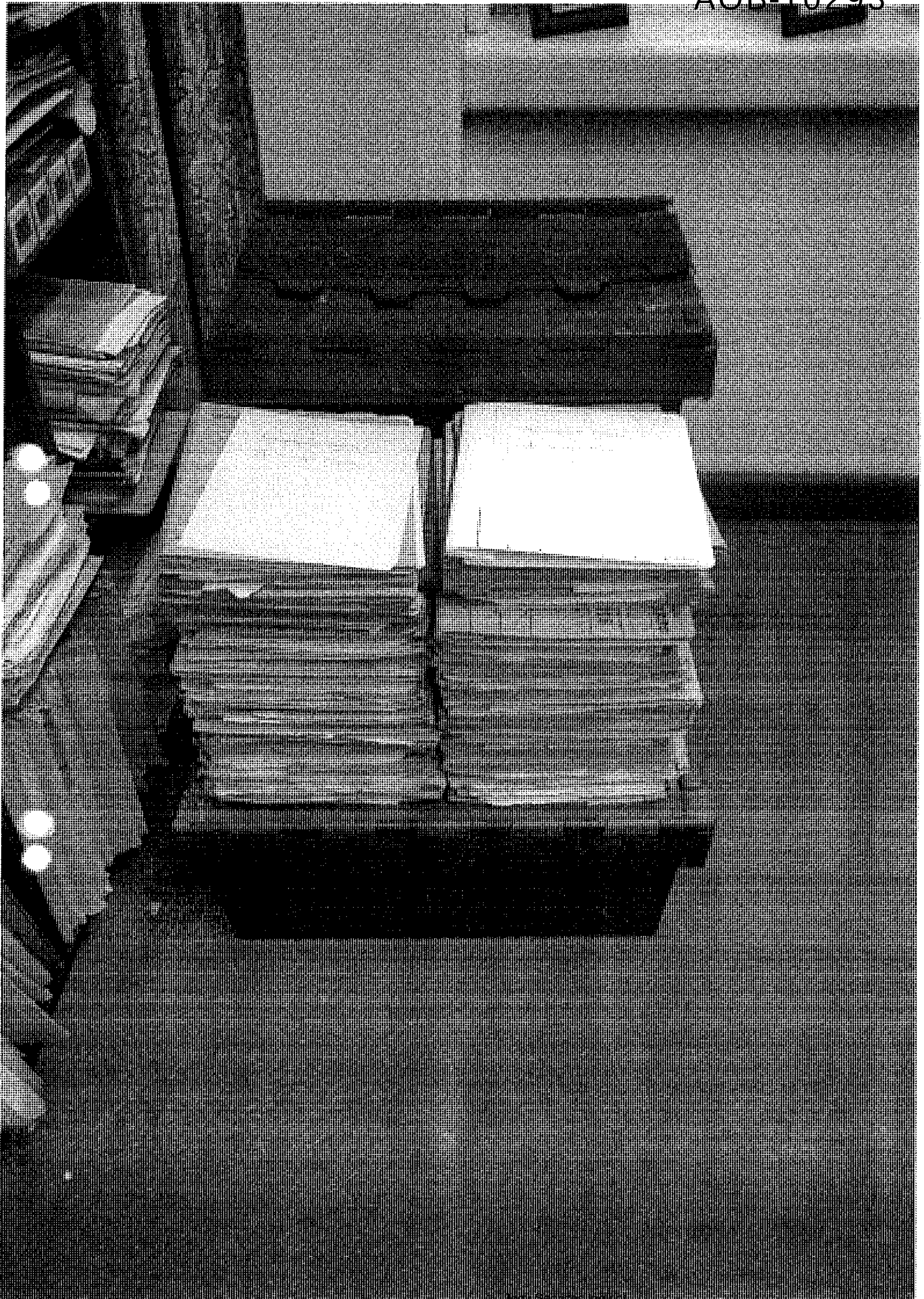
INTERNAL: EXT [Personal Information redacted by the USI] if dialling from Avaya phone. If dialling from old phone please dial [Personal Information redacted by the USI]

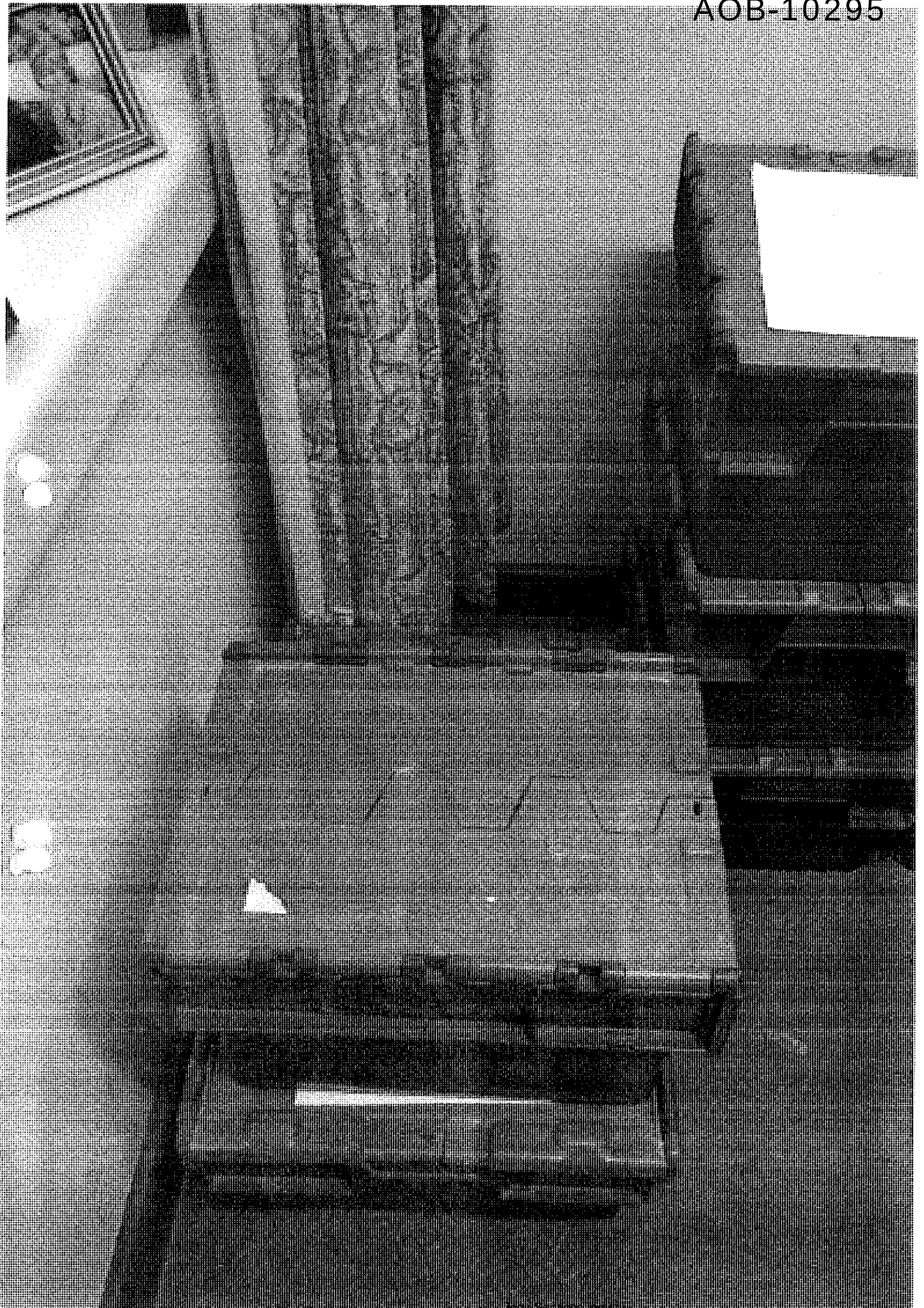
EXTERNAL: [Personal Information redacted by the USI]

Mobile: [Personal Information redacted by the USI]









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Quality Care - for you, with you

23 January 2017

STRICTLY PRIVATE & CONFIDENTIAL

Mr Aidan O'Brien

Personal Information redacted by the USI

Dear Aidan

Re: Formal investigation under Maintaining High Professional Standards Framework (MHPS)

Further to our planned meeting on Tuesday 24 January.

As you are aware, part of the preliminary investigations relate to concerns about the location of patient's notes. I would take this opportunity to ask whether you know of the whereabouts of the 13 sets of notes listed below. These notes are traced out on PAS to yourself, but they are not located in your office or your secretary's office, and they were not contained within the 307 sets of notes returned from your home in early January.

Any information you may have in relation to these 13 sets of notes would be much appreciated.

Yours sincerely

Personal Information redacted by the USI

MR COLIN WEIR
Case Investigator

Copy to: Siobhan Hynds

Hospital Number	Name	DOB
Personal Information redacted by the USI		

Personal Information redacted by the USI

I have no recollection of this man whatsoever. According to PAS, he attended my clinic in Banbridge on 07 September 1995. He was discharged from review at the clinic that day as he was placed on the waiting list for admission. I do not have any means of determining whether I or a Registrar had the consultation with the patient. His chart would have been returned to Records following his clinic attendance in 1995. He was subsequently cancelled from or taken off the waiting list on 06 July 1998. I have not had patient's chart since, or at all, and have no knowledge of its whereabouts.

Personal Information redacted by the USI

This man would appear to have attended the Nurse Led Haematuria Clinic on 06 August 1999. He was then reviewed at and discharged from my review clinic in Craigavon Area Hospital on 09 November 1999. I have no recollection of this patient. I do not know whether the patient was reviewed by me or by another doctor. In any case, I have not had the patient's chart since then, or at all, and have no knowledge of its whereabouts.

Personal Information redacted by the USI

I recall this patient intimately as he was

Personal Information redacted by the USI

Personal Information redacted by the USI

Personal Information redacted by the USI

At his request, I performed a radical orchiectomy for testicular tumour in 1996. I reviewed him regularly at my office in the hospital, last doing so in May 2001. He subsequently developed acute bowel obstruction due to a caecal carcinoma for which he had a right hemicolectomy in the Erne Hospital. He died of metastatic disease in 2006. I definitely returned his chart to Records on the diagnosis of his colonic carcinoma.

Personal Information redacted by the USI

There is no record on PAS of this person ever having been my patient, and I have no record of him having attended privately. He last attended Mr. Mulligan's clinic in February 1993.

Personal Information redacted by the USI

There is no record of this man having had any clinical episodes on PAS. He does not even have a H&C number. He has not attended me privately.

Personal Information redacted by the USI

This person has never been my patient, either NHS or privately. Her last clinical episode was in July 1988, under the care of Mr. Wallace, four years before I was appointed to Craigavon Area Hospital!

Personal Information redacted by the USI

This person was born on [redacted] and discharged from hospital one week later, on [redacted]. There have been no clinical episodes since then. He does not have a H&C number. He has not been my patient.

Personal Information redacted by the USI

This person has not had any clinical episodes since discharge from hospital, under the care of Mr. Mackle, in November 1992. This person has not been my patient at any time.

Personal Information redacted by the USI

There is no record on PAS of this person having had any clinical episodes. She does not have a H&C number. She has not been my patient at any time.

Personal Information redacted by the USI

This person has not been my patient at any time. I have not had his chart.

Personal Information redacted by the USI

There is no record of this patient having been my patient. She has not attended privately. I have not had her chart.

Personal Information redacted by the USI

I know this patient very well.

Personal Information redacted by the USI

[redacted] I dictated correspondence regarding [redacted] in August 2016. It was typed by an audiotypist in 16 August 2016. I presume it was then returned to Records. Her chart was not available when I reviewed her at my clinic at South West Acute Hospital on 19 September 2016. I have not had her chart since August 2016.

Personal Information redacted by the USI

I have known this patient, known as Personal Information redacted by the USI personally for many years. He attended privately on 21 November 2015. His chart was **definitely** returned to my office on Tuesday 03 January 2017. I have kept a meticulous record of all the charts of private patients that were returned. I have retained duplicate clinical records for all these private patients.

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OUTCOMES OF ARMAGH CLINIC ON 07 DECEMBER 2015

Personal Information redacted by the USI

PLACE ON CURWL FOR

- TURP
- URGENCY 2. ✓

ALL DONE

(12)

Personal Information redacted by the USI

PLACE ON CURWL FOR

- HYDROSTATIC DILATION OF BLADDER
- URGENCY 2 ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Patient 103

PLACE ON CURWL FOR HAS HAD

- RIGHT NEPHRECTOMY OPERATION BY
- URGENCY 2 MR. HAYNES

ON 25 APRIL 16

Personal Information redacted by the USI

PLACE ON CURWL FOR

- TURP
- URGENCY 4 ✓

Personal Information redacted by the USI

Place ON CUREA FOR
 • HYDROSINIC DILATION BLADDER
 • URGENCY A ✓

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

Patient deceased 25 October 2016 ✓

Personal Information redacted by the USI

Place ON CURWL FOR
 • TURP
 • URGENCY 2 ✓

Personal Information redacted by the USI

Review ARMAGH JANUARY 2017 ✓

Personal Information redacted by the USI

DISCHARGED ✓

OUTCOMES OF NEW CLINIC ON 22 DECEMBER 2015

Personal Information redacted by the USI

Review SWAH FEBRUARY 2016 (7) ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

Review SWAH AUGUST 2016 ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓ THIS CHART MAY HAVE
BEEN RETURNED WITHOUT
DICTATION OR WITH DICTATION
NOT YET TYPED

Personal Information redacted by the USI

Review ARMAGH APRIL 2017

Personal Information redacted by the USI

Place ON CNURUA FOR
• URODYNAMIC STUDIES & FLEXIBLE
CYSTOSCOPY

Personal Information redacted by the USI

Place ON CNURUA FOR
• URODYNAMIC STUDIES &
FLEXIBLE CYSTOSCOPY

OUTCOMES OF CAOBUDR ON 15 JANUARY 2016

Personal Information redacted by the USI

⑥
PLACE ON CURWL FOR
• BLADDER MUCOSAL BIOPSIES - MAY 2016
• URGENCY 2 ✓ DONE

Personal Information redacted by the USI

REVIEW CAOBUDR FEBRUARY 2016
✓ DONE

Personal Information redacted by the USI

Personal Information redacted by the USI

FOR MDM DISCUSSION
✓ DONE

Personal Information redacted by the USI

FOR ADMISSION 01 FEBRUARY 2016 FOR
• LAPAROSCOPIC RIGHT RADICAL
NEPHRECTOMY ✓ DONE

Personal Information redacted by the USI

REVIEW CAOBUDR JANUARY 2017
✓ DONE

Personal Information redacted by the USI

FOR ADMISSION 29 JANUARY 2016 FOR
• LAPAROSCOPIC LEFT NEPHROURETERECTOMY
✓ DONE

OUTCOMES OF ARMAGH CLINIC ON 21 MARCH 2016 (16)

Personal Information redacted by the USI

3! FOR ADMISSION TO TSLU ON
(06 APRIL 2016 FOR
(
(
(
• INTRAMUSCULAR INJECTION OF
200 MLS BOTULINUM TOXIN ✓

Personal Information redacted by the USI

~~REVIEW CAOBULUR OCTOBER 2016~~
DISCHARGE (MR GUCKIN IS REVIEW) ✓

Personal Information redacted by the USI

✓ FOR MDM DISCUSSION ✓

2016

Personal Information redacted by the USI

REVIEW CAOBULUR JUNE 16 ✓

Personal Information redacted by the USI

FOR ADMISSION TO TSLU ON
TUESDAY 19 APRIL 2016 FOR
• HYDROSINIC DILATION BLADDER ✓

Personal Information redacted by the USI

FOR ADMISSION TO TSLU ON
TUESDAY 19 APRIL 2016 FOR
• INTRACAVITARY INJECTION OF
BOTULINUM TOXIN ✓

Personal Information redacted by the USI

Place on 'FCYSTO' FOR
 • FLEXIBLE CYSTOSCOPY ✓
 • URGENCY 2 ✓ DONE

Personal Information redacted by the USI

REVIEW ARMAGH September 2016 ✓
 (SINCE REVIEWED PRIVATELY: THEREFORE TAKE
 OFF REVIEW WAITING LIST)

Personal Information redacted by the USI

REVIEW ARMAGH September 2016
 ✓ DONE

Personal Information redacted by the USI

~~DISCHARGED~~ ✓

Personal Information redacted by the USI

FOR URODYNAMIC STUDIES AND
 FLEXIBLE CYSTOSCOPY ON
 06 May 2016. ✓

Personal Information redacted by the USI

Place on FCYSTO FOR
 • FLEXIBLE CYSTOSCOPY ✓
 • URGENCY 2 ✓

Personal Information redacted by the USI

REVIEW CAOBIDUR DECEMBER '16
✓ done

Personal Information redacted by the USI

REVIEW ARMASH May 2016

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

PROG ON CVURUA FOR
URODYNAMIC STUDIES & FLEX. CYSTOSCOPY

OUTCOMES OF CACBLUR ON 01 APRIL 2016

(10)

Personal Information redacted by the USI

Place on CURWL FOR

- CYSTOSCOPY ? TURBT ? BIOPSIES
- AUGUST 2016
- URGENCY R.

Patient 153

TO ATTEND THORNDIKE UNIT ON
FRIDAY 08 APRIL 2016 @ 9AM
FOR FLEXIBLE CYSTOSCOPY, FLOW
RATE & RESIDUAL VOLUME

✓ DONE

Personal Information redacted by the USI

REVIEW CACBLUR JULY 2016

✓ DONE

Patient 145

FOR MDM DISCUSSION ✓

DONE

Personal Information redacted by the USI

FOR ADMISSION 26 AUGUST 16 FOR
• CYSTOSCOPY ? TURBT.

✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓ DONE.

Personal Information redacted by the USI

REVIEW CAOBLUOR OCTOBER 16
✓ DONE

Personal Information redacted by the USI

REVIEW CAOBLUOR 19 APRIL 16
✓ DONE

Personal Information redacted by the USI

REVIEW SWAH JULY 2016
(PLEASE ARRANGE REVIEW JANUARY / FEB' 2017)

Personal Information redacted by the USI

REVIEW CAOBLUOR JAN' 2017

OUTCOMES OF CAOBTDUR ON 04 APRIL 2016

Personal Information redacted by the USI

pt

FOR URODYNAMIC STUDIES & FLEXIBLE
CYSTOSCOPY ON FRIDAY 15 APRIL
✓ DONE

Personal Information redacted by the USI

REVIEW CAOBTDUR AUGUST 2016
✓ DONE

Personal Information redacted by the USI

REVIEW CAOBTDUR MAY 2016
PLEASE ENSURE PATIENT IS ON LIST FOR REVIEW

Personal Information redacted by the USI

REVIEW CAOBTDUR AUGUST 2016
AWAITING APPOINTMENT ✓

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

FOR ADMISSION SATURDAY 16 APRIL
FOR INTRAVENOUS HYDRATION &
ANTIBIOTIC THERAPY
✓ DONE

Patient 74

REVIEW CAOBUDOR OCTOBER 2016

Personal Information redacted by the USI

DISCHARGED

Patient 120

DISCHARGED (PATIENT DECEASED)

Patient 74

REVIEW CAOBUDOR FEBRUARY 2017
AWAITING REVIEW

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

REVIEW CAOBUDOR AUGUST '16

Personal Information redacted by the USI

REVIEW CAOBUDOR APRIL 2017

Personal Information redacted by the USI

Review CABOTUR May 2016

Personal Information redacted by the USI

DNA - DISCHARGED ✓ done

OUTCOMES OF CAOBUDR ON 08 APRIL 2016 (5)

Personal Information redacted by the USI

Review CAOBUDR APRIL 2017
✓ DONE

Personal Information redacted by the USI

Review CAOBUDR JUNE 2016
✓ DONE

Personal Information redacted by the USI

Review CAOBUDR JULY 2016
✓ DONE

Personal Information redacted by the USI

Review CAOBUDR JUNE 2016
✓ DONE

Personal Information redacted by the USI

Review CAOBUDR JULY 2017 ✓
(PLEASE ENSURE PATIENT IS ON USI
FOR CAOBUDR JULY 2017)

OUTCOMES OF CAOBUIOR ON 15 APRIL 2016. ⑦

Personal Information redacted by the USI

~~FOR MDM DISCUSSION~~
 REVIEW CAOBUIOR NOVEMBER '16
 (PLEASE PLACE ON LIST FOR REVIEW)

Personal Information redacted by the USI

~~FOR MDM DISCUSSION~~
 REVIEW CAOBUIOR OCTOBER '2016
 (PLEASE PLACE ON LIST FOR REVIEW)

Personal Information redacted by the USI

REVIEW CAOBUIOR NOVEMBER 2016.
 ✓ DONE

Personal Information redacted by the USI

REVIEW CAOBUIOR OCTOBER 2016.
 ✓ DONE

Personal Information redacted by the USI

REVIEW CAOBUIOR OCTOBER 2016
 ✓ DONE

Personal Information redacted by the USI

PLACE ON CNLIRUA FOR
 • URODYNAMIC STUDIES & FLEX. CYSTOSCOPY

Personal Information redacted by the USI

REVIEW JULY 2016 @ CAOBUIOR

OUTCOMES OF ARMAGH CLINIC ON 18 APRIL 16 (13)

Personal Information redacted by the USI

Review CAEBTDUR ~~JUNE 16~~
IN OCTOBER 2016 ✓ done

Personal Information redacted by the USI

ALREADY ON CLRWL FOR
• RECONSTRUCTION OF MITROFANOFF
CONDUIT & ? RETROPUBLIC SLING. done ✓

Personal Information redacted by the USI

~~FOR~~ PLACE ON FCXSTD FOR
• FLEXIBLE CYSTOSCOPY
• URGENCY 4 ✓ done

Personal Information redacted by the USI

PLACE ON CLIRGA FOR
• FLEXIBLE CYSTOSCOPY
• URGENCY 2
(ARRANGED TEST 03 JANUARY 2017) ✓ done

Personal Information redacted by the USI

PLACE ON CVURLIA FOR
• LIRODYNAMIC STUDIES

Personal Information redacted by the USI

REVIEW ARMAGH APRIL 2018

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

REVIEW ARMAGH May 2016

Personal Information redacted by the USI

DNA - NFA

Personal Information redacted by the USI

FOR PRIVATE REVIEW ✓

Personal Information redacted by the USI

PLACE ON CNURUA FOR
• URODYNAMIC STUDIES ✓
AND FLEXIBLE CYSTOSCOPY ✓

Personal Information redacted by the USI

REVIEW CABUDR May 16 ✓

Personal Information redacted by the USI

DNA - SFA - ARMAGH - JUNE 16
(PLEASE ARRANGE REVIEW AT NEXT
AVAILABLE SLOT AT ARMAGH CLINIC)

OUTCOMES OF NEW CLINIC ON 19 APRIL 2016 ⑥

Personal Information redacted by the USI

FOR URODYNAMIC STUDIES ON
FRIDAY 06 MAY 2016 ✓

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

REVIEW SWAH OCTOBER 2016

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

~~2 ATTENDED~~ CNA - SINCE DECEASED

Personal Information redacted by the USI

FOR REFERRAL TO STONE CLINIC
& DISCHARGE.

OUTCOMES OF CACBLUR ON 22 APRIL 2016 (6)

Personal Information redacted by the USI

~~DISCHARGED~~

Personal Information redacted by the USI

~~FOR MDM DISCUSSION~~
REVIEW CACBLUR JANUARY 17
✓ DONE

Personal Information redacted by the USI

DNA - SFA - 29 APRIL 2016
(ATTENDED 20 MAY 2016) ✓ DONE

Personal Information redacted by the USI

~~DISCHARGED~~

Personal Information redacted by the USI

CNA - SFA - 29 APRIL 2016 ✓ DONE

Personal Information redacted by the USI

CNA - SFA - 29 APRIL 2016 ✓ DONE

③

④

Outcomes of Urodynamic Studies on 22 April 16

Personal Information redacted by the USI

URODYNAMIC STUDIES DEFERRED
TO FRIDAY 06 MAY 2016
DUE TO SUSPECTED INFECTION
✓ DONE

Personal Information redacted by the USI

FOR CYSTOSCOPY & INTRAMURAL
INJECTION OF BOTULINUM TOXIN
- DSLI 31 MAY 2016 ✓ DONE

Personal Information redacted by the USI

FOR ADMISSION TO DSLI ON
TUESDAY 31 MAY 2016 FOR ✓ DONE
HYDROSTATIC DILATATION OF BLADDER

Personal Information redacted by the USI

~~REVIEW CATHETER ON 2017~~

OUTCOMES OF URODYNAMIC STUDIES ON 29 APRIL 16

Personal Information redacted by the USI

PLACE ON CURWL FOR

- TURP
- URGENCY 2 ✓ done

(4)

(3)

Personal Information redacted by the USI

Personal Information redacted by the USI

PLACE ON CURWL FOR

- HYDROSTATIC DILATION OF BLADDER
- URGENCY 1

Personal Information redacted by the USI

TNA - SFA

RETURN TO CURWL FOR

- URODYNAMIC STUDIES & FLEXIBLE CYSTOSCOPY

Outcomes of CAOBUDR on 29 April 2016 9

Personal Information redacted by the USI

Place on FCYSTO FOR

- FLEXIBLE CYSTOSCOPY - OCTOBER 16
- URGENCY 4 ✓ DONE

Personal Information redacted by the USI

PLEASE ENSURE THAT PATIENT IS ALREADY ON FCYSTO FOR

- FLEXIBLE CYSTOSCOPY - SEPTEMBER 2016
- URGENCY 4 ✓ DONE

Patient 145

REVIEW SWAH AUGUST 2016

Personal Information redacted by the USI

REVIEW CAOBUDR JANUARY 2017

Personal Information redacted by the USI

REVIEW CAOBUDR JANUARY 2017

Personal Information redacted by the USI

REVIEW SWAH OCTOBER 2016

Personal Information redacted by the USI

REVIEW CAORBUOR AUGUST 16

Personal Information redacted by the USI

PLACE ON CLIRGA FOR
• LEFT EPIDYMECTOMY
• URGENCY 2

Personal Information redacted by the USI

REVIEW CAORBUOR JULY 2017 ✓

OUTCOMES OF New CLINIC ON Tuesday 03 May 2016

Personal Information redacted by the USI

Place on CCIRWL FOR
 • TURP
 • URGENCY 2 ✓

(14)

(10)

Personal Information redacted by the USI

DISCHARGE ✓

Personal Information redacted by the USI

DISCHARGE ✓

Personal Information redacted by the USI

DISCHARGE ✓

Personal Information redacted by the USI

Review CAOBTDLR September 16 ✓

Personal Information redacted by the USI

³ FOR ADMISSION ON 18 May 2016
 FOR TURP ✓

Personal Information redacted by the USI

Review CAOIBIDUR Sept 2016

Personal Information redacted by the USI

Place on CURWL FOR

- LEFT FLEXIBLE URETEROSCOPIC LITHOTRIPSY
- URGENCY 4 ✓

Personal Information redacted by the USI

DISCHARGE ✓

Personal Information redacted by the USI

Place on CURGA FOR

- INTRAMURAL INJECTION OF 500 UNITS OF BOTULINUM TOXIN & REPLACEMENT OF SUPRAPUBIC CATHETER - AUGUST 2016
- URGENCY 2. ✓

CLINIC - OUTCOME FORM

Clinic: CANCERSDate: 06.05.16

NAME	PATIENT SEEN BY:	ACTION <i>Please tick</i>				COMMENTS
		Review With Results	Review Later	Add to W/L	Discharge	
Personal Information redacted by the USI		Review				CABOTUR August 2016
		Review				CABOTUR August 16

HOT CLINIC - 06 May 2016

2

P.T.O.

OUTCOMES OF CAOBTDUR ON 23 May 2016 (16)

Personal Information redacted by the USI

FOR URODYNAMIC STUDIES ON 03.06.16



Personal Information redacted by the USI

FOR URODYNAMIC STUDIES ON 03.06.16.



Personal Information redacted by the USI

FOR URODYNAMIC STUDIES ON 03.06.16.



Personal Information redacted by the USI

REVIEW AT CAOBTDUR AUGUST 2016



Personal Information redacted by the USI

PLACE ON CURWL FOR

- INTERNAL URETHRODILATION - MARCH 17
- URGENCY 2.



Personal Information redacted by the USI

PLACE ON CURGA FOR

- MENTAL DILATATION & CYSTOSCOPY
- SEPTEMBER 2016
- URGENCY 4



Personal Information redacted by the USI

FOR URODYNAMIC STUDIES & FLEXIBLE
CYSTOSCOPY ON 10 JUNE 2016 ✓

Personal Information redacted by the USI

CNA - Reappointed to 27 JUNE 2016 ✓

Personal Information redacted by the USI

Place ON CLUGA FOR
• MENTAL DILATATION & CYSTOSCOPY
• URGENCY 4 ✓

Personal Information redacted by the USI

Review September 2016 @ CAOBTDUR ✓

Personal Information redacted by the USI

Review CAOBTDUR July 2016 ✓

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

REVIEW CAQ3TDUR August 16

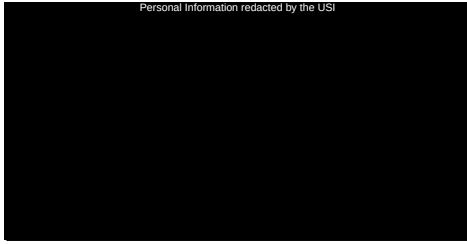
Personal Information redacted by the USI

REVIEW CAQ3TDUR Sept 2016

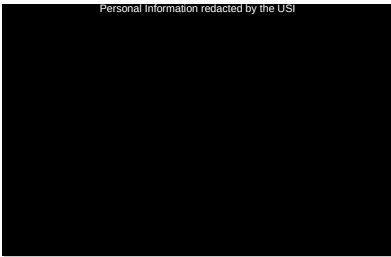
Personal Information redacted by the USI

Place on CURWL FOR
• INTERNAL URETHROTOMY
• URGENCY 2

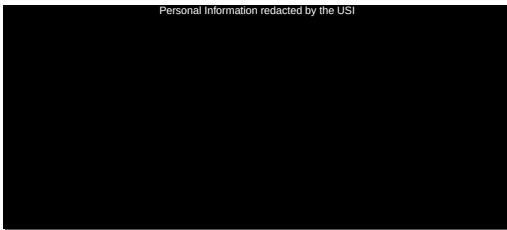
OUTCOMES OF URODYNAMIC STUDIES ON 27 MAY 2016 ⁽⁵⁾



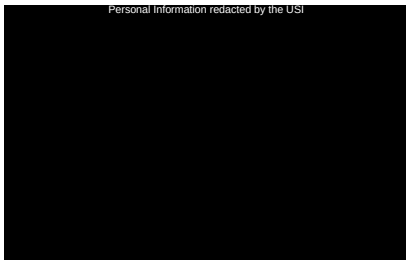
FOR ADMISSION TO DSU ON 28 JUNE
FOR
• HYDROSTATIC DILATATION BLADDER ✓



DNA - NO FURTHER APPOINTMENTS ✓



FOR ADMISSION WEDNESDAY 29 JUNE
FOR TURP. ✓



PLACE ON CURWL FOR
• INTRAMURAL INJECTION OF ²⁵⁰~~500~~ UNITS
OF BOTULINUM TOXIN ✓



REVIEW CABTDUR May 2017

(10)

OUTCOMES OF CAOBUIOR ON 27 May 2016

(11)

Personal Information redacted by the USI

Review CAOBUIOR September 16 ✓

PERSONAL INFORMATION REDACTED BY THE USI

Personal Information redacted by the USI

Review CAOBUIOR September 16 ✓

Personal Information redacted by the USI

Place on CNURUA FOR
• ~~THE~~ URODYNAMIC STUDIES - Sept 16 ✓

Personal Information redacted by the USI

Place on CNURUA FOR
• URODYNAMIC STUDIES & FLEXIBLE
CISTOSCOPY - July 2016 ✓

Personal Information redacted by the USI

~~Review CAOBUIOR September 16~~

Personal Information redacted by the USI

Review CAOBUIOR September 16 ✓

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

~~PLACE ON CLIPBOARD FOR~~
~~MESH REPAIR OF INCISIONAL HERNIA~~
~~URGENCY 2~~ SINCE DONE BY
MR. YOUSEF

Personal Information redacted by the USI

REVIEW CAOBUDOR AUGUST 16
(NO CHART AVAILABLE)
AT CLINIC

Personal Information redacted by the USI

REVIEW CAOBUDOR 24 JUNE 16
✓ DONE

Personal Information redacted by the USI

FOR PRIVATE REVIEW ✓

OUTCOMES OF CAOBUIOR Friday 10 June 2016

Personal Information redacted by the USI

CNA - SFA - 24 June 2016

(12)

✓ DONE

Personal Information redacted by the USI

Q. CURGA FOR
 • FLEXIBLE CYSTOSCOPY - July 2016
 • URGENCY 2.

✓ DONE

Personal Information redacted by the USI

Review ARMAGH December 2016
 ✓ AWAITING REVIEW

Personal Information redacted by the USI

Place ON FCISID FOR
 • FLEXIBLE CYSTOSCOPY - November 15
 • URGENCY 4

✓ DONE

Personal Information redacted by the USI

Review CAOBUIOR September 16
 ✓ DONE

Personal Information redacted by the USI

Review CAOBUIOR August 16
 ✓ AWAITING APPOINTMENT

Personal Information redacted by the USI

Review CAOBUIOR January 17
 ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

Review CAOBUDUR JAN 2017
✓ AWAITING APPOINTMENT

Personal Information redacted by the USI

Review CAOBUDOR JULY 2017
✓ DONE

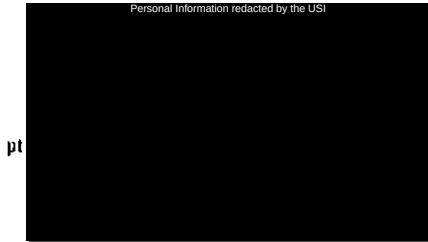
Personal Information redacted by the USI

FOR ADMISSION Wednesday 20 July 16
FOR LEFT ADRENALCTOMY &
NEPHRECTOMY ✓

Personal Information redacted by the USI

DISCHARGED, BUT PLEASE PLACE
ON LIST FOR REVIEW AT CAOBUDOR
IN JULY 2017

OUTCOMES OF ARMAGH CLINIC ON 13 JUNE 2016

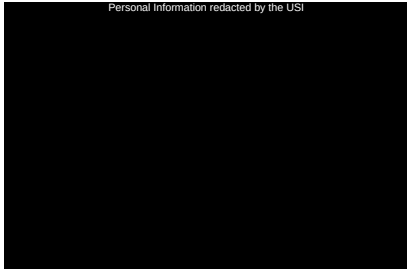


pt

DISCHARGED ✓

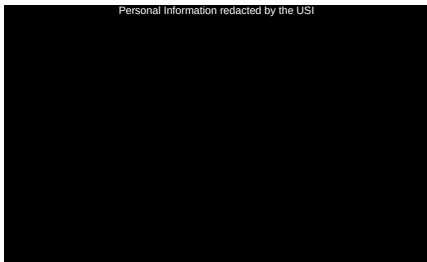
15

16

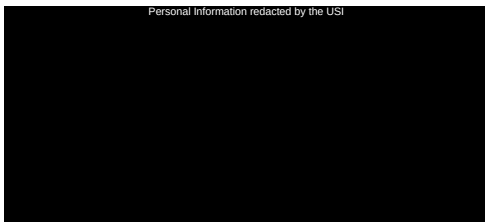
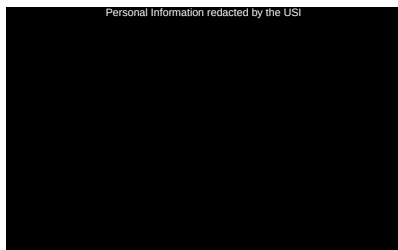


pt

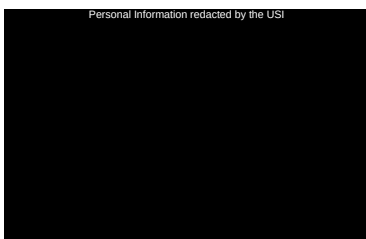
DISCHARGED ✓



DNA - SFA - ARMAGH - OCTOBER '16

FOR ADMISSION 26 AUGUST 2016
FOR TURP ✓ DONE

pt

FOR ADMISSION 12 OCTOBER 2016 FOR
INTERNAL URETHROTOMY AND
SUPRAPUBIC CATHETERISATION ✓ DONE

pt

DNA - SFA - 10.10.16 ✓ DONE

Personal Information redacted by the USI

~~REVIEW ARMAGEH JANUARY 2017~~
FOR PRIVATE REVIEW JANUARY 2017 ✓

Personal Information redacted by the USI

PLACE ON CNURLIA FOR
• URODYNAMIC STUDIES & FLEXIBLE
CYSTOSCOPY

Personal Information redacted by the USI

PLACE ON CNURLIA FOR
• URODYNAMIC STUDIES & FLEXIBLE
CYSTOSCOPY
(NO CHART AVAILABLE)

Personal Information redacted by the USI

~~PLACE ON CNURLIA FOR~~
~~• URODYNAMICS AND FLEXIBLE CYSTOSCOPY~~

Personal Information redacted by the USI

REVIEW ARMAGEH AUGUST 2016

Personal Information redacted by the USI

DNA - NFA

Personal Information redacted by the USI

DNA - SFA - CABOTUR - Sept '16

Personal Information redacted by the USI

Place on CURGA FOR
· HYDROSTATIC DILATION OF BLADDER
· URGENCY A

Personal Information redacted by the USI

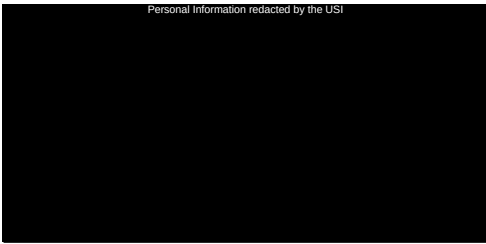
Review CABOTUR September 16

Personal Information redacted by the USI

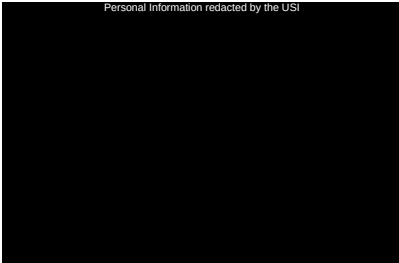
Review CABOTUR Sept 2016

~~CABSTUR~~
OUTCOMES OF ~~CABSTUR~~ ON 01 JULY 2016

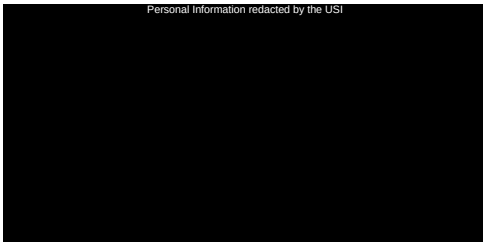
(17)



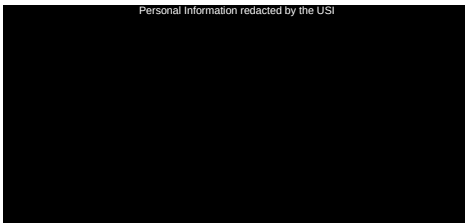
Review SWAH July 2017



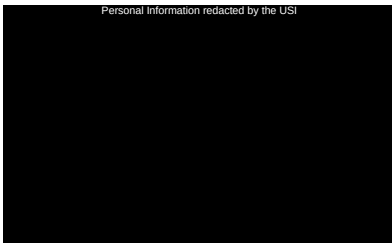
FOR MDM DISCUSSION ✓ done



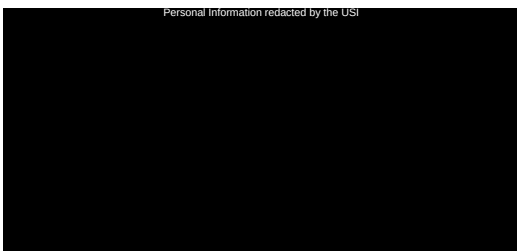
Review CABSTUR November '16



PLEASE PLACE ON CURWL FOR
 • TURP (CATHETER IN SITU)
 • URGENCY 2 ✓



DISCHARGED ✓



PLEASE ENSURE THAT PATIENT IS
 ALREADY ON CURWL FOR
 • REMOVAL / REPLACEMENT OF LEFT
 URETERIC STENT & URETEROSCOPY
 ✓ • URGENCY 2
 DATE OF ENTRY: 06 JUNE 16

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

DISCHARGED (SINCE DECEASED) ✓

Personal Information redacted by the USI

3 PLACE ON CNURLIA FOR
 • URODYNAMICS & FLEXIBLE CYSTOSCOPY ✓

Personal Information redacted by the USI

3 REVIEW CAOBTDUR October '16 ✓

Personal Information redacted by the USI

PLACE ON CLIRWL FOR
 • RIGHT URETEROGRAPHY &
 URETEROSCOPY ✓
 • URGENCY 2

Personal Information redacted by the USI

REVIEW CAOBTDUR Dec '16

Personal Information redacted by the USI

REVIEW CACBTDUR Oct 2016

Personal Information redacted by the USI

REVIEW CACBTDUR Oct 2016

Personal Information redacted by the USI

REVIEW CACBTDUR AUGUST 16

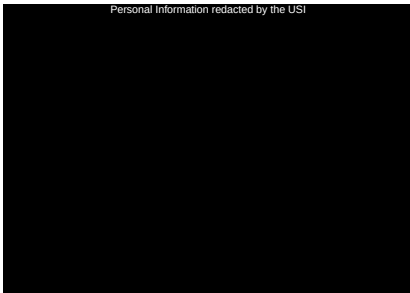
Personal Information redacted by the USI

REVIEW CACBTDUR Oct 2016

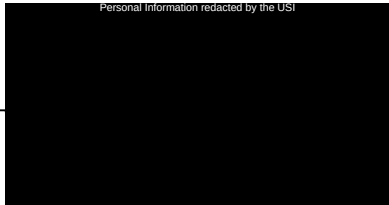
Personal Information redacted by the USI

REVIEW CACBTDUR Sept 2016

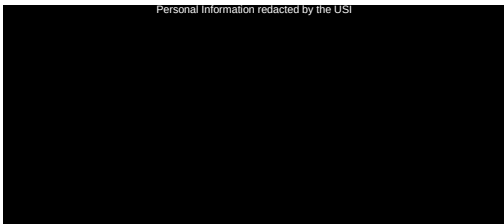
OUTCOMES OF CAOBUIOR ON 22 JULY 2016. (12)



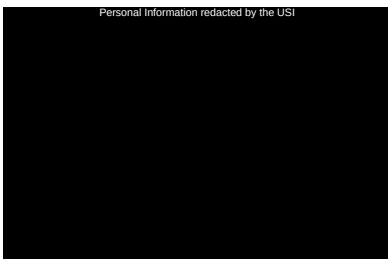
REVIEW CAOBUIOR JULY 2017 ✓



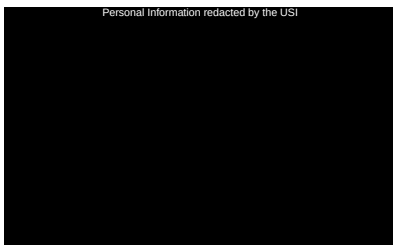
FOR ADMISSION 09 AUGUST 2016 FOR
RIGHT RADICAL NEPHRECTOMY ON
10 AUGUST 2016. ✓ DONE



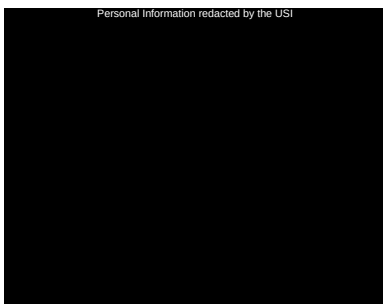
REVIEW CAOBUIOR SEPTEMBER 16 ✓



REVIEW CAOBUIOR NOVEMBER 16. ✓



REVIEW CAOBUIOR SEPTEMBER 16 ✓



FOR MDM DISCUSSION ✓ DONE

Personal Information redacted by the USI

Review CAOBUDR October 2016 ✓

Personal Information redacted by the USI

FOR RECOMMISSION 21 September 2016
FOR CYSTOSCOPY ? TURBT. ✓ done

Personal Information redacted by the USI

Review CAOBUDR November 10 ✓

Personal Information redacted by the USI

Review CAOBUDR November 16 ✓

Personal Information redacted by the USI

Review CAOBUDR January 2017 ✓

Personal Information redacted by the USI

Review CAOBUDR July 2017

OUTCOMES OF NEW CLINIC ON 26 JULY 2016 (7)

Personal Information redacted by the USI

PLACE ON CNURUA FOR
• URODYNAMIC STUDIES. ✓

Personal Information redacted by the USI

PLACE ON CLIRWL FOR
• TLIRP (CATHETER) ✓
• URGENCY 2

Personal Information redacted by the USI

~~PLACE ON CURWL FOR~~
~~FOR ADMISSION 02 NOVEMBER 2016~~
~~FOR: PLACE ON CURWL FOR~~
FOR: TLIRP • URGENCY 2 ✓ DONE
02 11.16

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

PLACE ON CURWL FOR
• TURP
• URGENCY 4

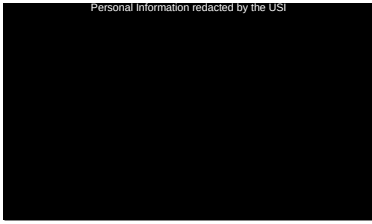
Personal Information redacted by the USI

PLACE ON ~~CURGA~~ FOR CURWL FOR
• PREPUTIDALYSIS ? CIRCUMCISION
• URGENCY 4

Personal information redacted by the USI

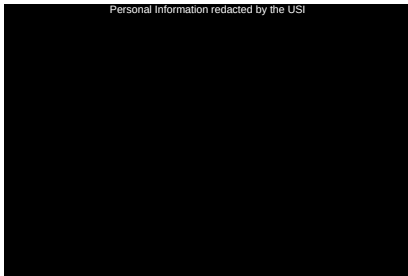
Place on CLIRGA FOR
• RIGHT HYDROCOLECTOMY
• URGENCY A

OUTCOMES OF NEW CLINIC ON 09 AUGUST 2016

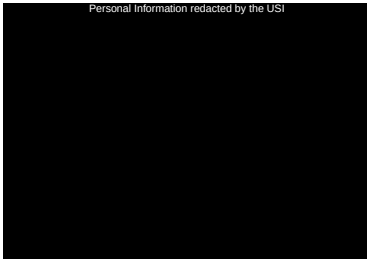


DISCHARGED ✓ done

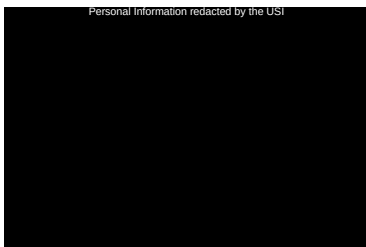
(10)



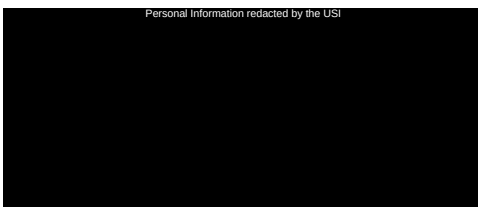
TO RETURN FOR FLEXIBLE CYSTOSCOPY
& URODYNAMIC STUDIES ON
FRIDAY 12 AUGUST 16. ✓ done



FOR URODYNAMIC STUDIES & FLEXIBLE
CYSTOSCOPY ON 23 SEPTEMBER 16
✓ done



FOR MDM DISCUSSION ✓ done



FOR CYSTOSCOPY & SUPRAPUBIC
CATHETERISATION 12 OCT 16 ✓ done



DISCHARGE

Personal Information redacted by the USI

Place on CURRA FOR
· BILATERAL VASECTOMY
· URGENCY A

Personal Information redacted by the USI

Review SWAH FEBRUARY 2017

Personal Information redacted by the USI

DISCHARGED & REFERRED FOR ESWL ✓

Personal Information redacted by the USI

Review CAOB TUR Sept 2016

OUTCOMES OF CAOB LIOR ON 12 AUGUST 2016 ⁽⁹⁾

Personal Information redacted by the USI

Review at CAOB LIOR December 16 ✓

Personal Information redacted by the USI

For MDM discussion ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

SINCE DECEASED ON 22 AUGUST 2016 ✓

Personal Information redacted by the USI

Review CAOB LIOR JANUARY 17 ✓

Personal Information redacted by the USI

Place on FCYSTO FOR
 • FLEXIBLE CYSTOSCOPY - JAN 2017
 • URGENCY ✓

Personal Information redacted by the USI

Review CAOBUDOR Feb 2017

Personal Information redacted by the USI

Review CAOBUDOR Feb 2017

Personal Information redacted by the USI

Review CAOBUDOR August '17

OUTCOMES OF URODYNAMICS ETC. 19 AUGUST 2016 (3)

Personal Information redacted by the USI

FOR ADMISSION Wednesday 07 Sept 16
FOR 'INTRAMURAL INJECTION OF
BOTULINUM TOXIN & SUPROPUBLIC
CATHETERISATION.' ✓ DONE

Personal Information redacted by the USI

FOR ADMISSION 21 Sept 16 FOR
'HYDROSTATIC DILATATION, URETHRAL
DILATATION & CATHETERISATION
✓ DONE

Personal Information redacted by the USI

REVIEW OCTOBER 16 @ COORBTUR

Outcomes of CAOBUIOR on 19 August 2016

Personal Information redacted by the USI

Place on CURWL FOR
 • INCISIONAL HERNIORRHAPHY
 • URGENCY 2

(5)

(6)

Personal Information redacted by the USI

FOR MDM DISCUSSION ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

Place on CNURLS FOR
 • FLEXIBLE CYSTOSCOPY AND URODYNAMIC STUDIES. ✓

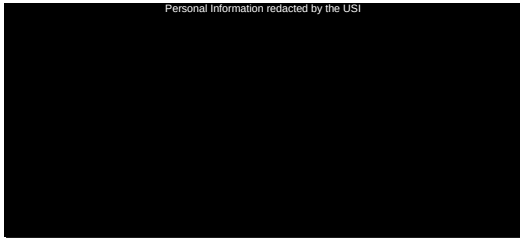
Personal Information redacted by the USI

Review CAOBUIOR JANUARY 2017 ✓

Personal Information redacted by the USI

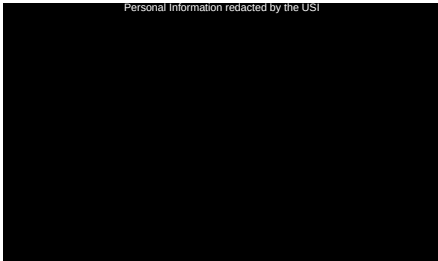
* TAKE OFF CURWL FOR
 • INCISIONAL HERNIORRHAPHY
 * INSTEAD PLACE ON FCYSTO FOR
 • FLEXIBLE CYSTOSCOPY - JAN' 17
 • URGENCY 4 ✓

OUTCOMES OF URODYNAMIC STUDIES OF OCTOBER 16



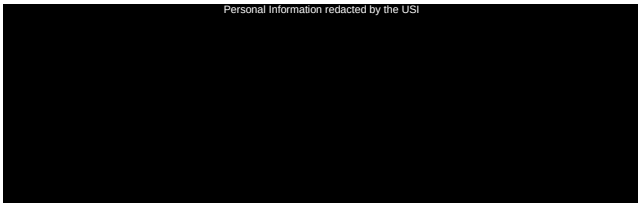
Personal Information redacted by the USI

Place on CLIRWL FOR ③
 • BLADDER BIOTRIPTY, TURP?
 AND SUPRAPUBIC CATHETERISATION
 • URGENCY & ✓



Personal Information redacted by the USI

FOR ADMISSION 09 NOVEMBER 2016 FOR
 • INTRAMURAL INJECTION OF 500 UNITS
 OF BOTULINUM TOXIN & TURP ✓



Personal Information redacted by the USI

REVIEW CABUOR JULY 2017

OUTCOMES OF NEW CLINIC ON 11 OCTOBER 2016

Personal Information redacted by the USI

Place on CLIRWL FOR

(9)

- CYSTOSCOPY ? SUPRAPUBIC CATHETERISATION
- URGENCY 2 ✓

Personal Information redacted by the USI

DNA - SFA - New CLINIC - Nov (Dec '16)
✓ done

Personal Information redacted by the USI

FOR ADMISSION SUNDAY 06 NOVEMBER
FOR CI URINARY TRACT ON MONDAY
• MAG-3 RENOGRAM ON TUESDAY
• INTRAMUSCULAR INJECTION OF
BOTULINUM TOXIN WEDNESDAY
✓ done

Personal Information redacted by the USI

Place on FCYSTO FOR

- FLEXIBLE CYSTOSCOPY - DECEMBER 16
- URGENCY 4 ✓

Personal Information redacted by the USI

Place on CLIRWL FOR

- CYSTOSCOPY ? TURBIT - FEB 2017
- URGENCY 2 ✓

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

Place on CLIRGA FOR
• CIRCUMCISION
• URGENCY A ✓

Personal Information redacted by the USI

Review CAOBTDUR Feb 2017

Personal Information redacted by the USI

Review CAOBTDUR Nov '16

OUTCOMES OF CAOBLUOR ON 14 OCTOBER 2016

(3)

Personal Information redacted by the USI

CNA - SFA - CAOBLUOR
- OCTOBER OR NOVEMBER 16
✓

Personal Information redacted by the USI

REVIEW JANUARY 17 @ CAOBLUOR
✓

Personal Information redacted by the USI

REVIEW CAOBLUOR MARCH 2017.
✓

Personal Information redacted by the USI

REVIEW CAOBLUOR JANUARY 17

Personal Information redacted by the USI

REVIEW CAOBLUOR APRIL 2017

Outcomes of Urodynamic Studies 14 October 16

Personal Information redacted by the USI

FOR ADMISSION TO DSC ON
TUESDAY 01 NOVEMBER 2016
FOR ~~THE~~
INTRAMURAL INJECTION OF
600 UNITS OF BOTULINUM
TOXIN AND URETHRAL DILATION
CONE

Personal Information redacted by the USI

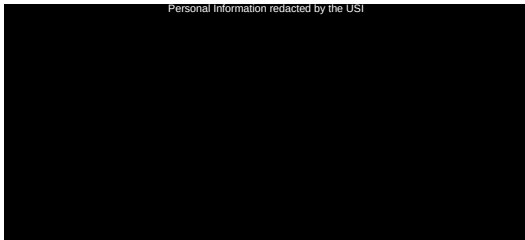
REVIEW CAOBUR JANUARY 2017

Personal Information redacted by the USI

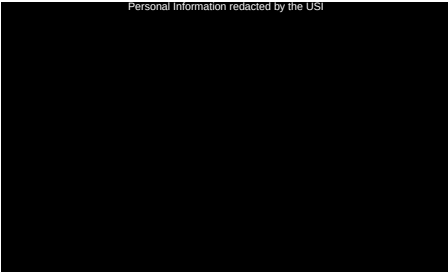
REVIEW CAOBUR IN
JANUARY 2017

(3)

Outcome of Urodynamic Studies 21 October 16

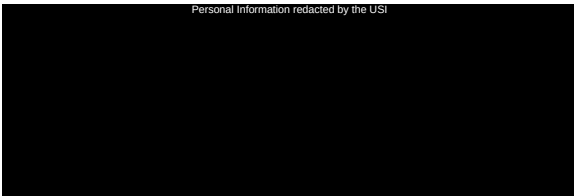


Review COBIDUR JANUARY 17 (4)

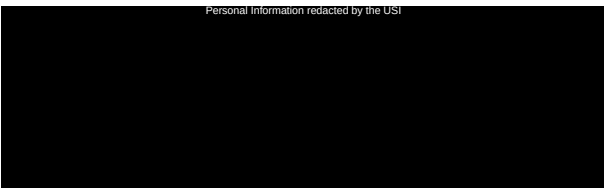


Place on CNURLIA FOR
• URODYNAMICS AND FLEXIBLE CYSTOSCOPY

~~LVIS REVIEW~~



Review COBIDUR NOV '16
✓ DONE



Review SWAH FEBRUARY '17
✓

OUTCOMES OF URODYNAMIC STUDIES OF 28 OCT 2016

Personal Information redacted by the USI

Place on CURGA FOR

- INTRAMURAL INJECTION OF 300 UNITS BOTULINUM TOXIN
- URGENCY 4 ✓

Personal Information redacted by the USI

Place on CLIPWKS FOR

- BLADDER DIVERTICULECTOMY AND ? BILATERAL INGUINAL HERNIORRHAPHY ✓
- URGENCY 2.

Personal Information redacted by the USI

Review SWAH FEBRUARY 2017 ✓

(3)

OUTCOMES OF CABBLUR ON 28 OCTOBER 16.

Personal Information redacted by the USI

DISCHARGED ✓

(10)

Personal Information redacted by the USI

Place on CLIRWL6 FOR

- REPLACEMENT OF LEFT NEPHROSTOMY DRAIN - DECEMBER 2016
- URGENCY & ARRANGED FOR 16.12.16 ✓

Personal Information redacted by the USI

Review CABBLUR FEBRUARY 17

Personal Information redacted by the USI

Review CABBLUR JANUARY 2017

Personal Information redacted by the USI

Review CABBLUR JANUARY 2017

Personal Information redacted by the USI

FOR ADMISSION 09 NOVEMBER 2016
FOR INTRAMUSCULAR INJECTION OF
150 UNITS BOTULINUM TOXIN
✓ DONE

Personal Information redacted by the USI

Place on CNLRLUD FOR

- URODYNAMIC STUDIES AND FLEXIBLE CYSTOSCOPY ✓

Personal Information redacted by the USI

Place on FCYSTD FOR

- FLEXIBLE CYSTOSCOPY - JANUARY 2017 ✓
- URGENCY A

Personal Information redacted by the USI

Place on CLIRWL FOR

- REMOVAL / REPLACEMENT OF BILATERAL URETERIC STENTS - MARCH 2017 ✓
- URGENCY 2

Personal Information redacted by the USI

Review SWAH FEBRUARY 2017 ✓

MISCELLANEOUS OUTCOMES

(6)

Personal Information redacted by the USI

Place on CNURUA FOR

- URODYNAMIC STUDIES AND FLEXIBLE CYSTOSCOPY
- DATE OF ENTRY: 22.12.15

Personal Information redacted by the USI

REVIEW CAOBTDUR MARCH '17

Personal Information redacted by the USI

- LAST ATTENDED 10.03.15
- HAS MOVED TO LIVERPOOL
- DISCHARGED

Personal Information redacted by the USI

- ATTENDED 22.02.16
- DISCHARGED

Personal Information redacted by the USI

- ATTENDED 24.05.16
- PLACE ON CNURUA FOR URODYNAMICS & FLEX. CYSTOSCOPY

Personal Information redacted by the USI

- ATTENDED 16.07.15
- REVIEW CAOBTDUR IN OCTOBER 2015

OUTCOMES OF SWAH CLINIC ON 06 JULY 2015 (15)

Personal Information redacted by the USI

FOR MDM DISCUSSION DONE ✓

Personal Information redacted by the USI

SFA - SWAH - AUGUST 2015
DONE ✓

Personal Information redacted by the USI

Review SWAH 30 November 15
(deceased 30 JULY 2016) ✓

Personal Information redacted by the USI

Review SWAH FEBRUARY 16 DONE ✓

Personal Information redacted by the USI

Review SWAH JUNE 2016 DONE ✓

Personal Information redacted by the USI

Review SWAH September '15

Personal Information redacted by the USI

~~PTDA~~ Review SWAH Oct '15

Personal Information redacted by the USI

DNA - REFERRED AEDIN JAN '16
SFA - SWAH - JUNE 2017

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

Review OCTOBER 2015 in SWAH

Personal Information redacted by the USI

Placed ON CURGA FOR
• CIRCUMCISION AND URETHRAL
MEAT DILATION
• URGENCY 4

Personal Information redacted by the USI

Review SWAH OCTOBER 2015

Personal Information redacted by the USI

Review SWAH JANUARY 2016

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

Review SWAH September 2015

Personal Information redacted by the USI

OUTCOMES OF SWAH CLINIC ON 12.01.15

Personal information redacted by the USI

(Letter dictated)

Review SWAH CLINIC APRIL 2015
✓ DONE

Personal information redacted by the USI

FOR MDM DISCUSSION
✓ DONE

Personal information redacted by the USI

Admitted to 3 SOUTH ON
30.01.15. ✓ DONE (SINCE DECEASED)

Personal information redacted by the USI

FOR COMMISSION TO 1 WEA ON
Wednesday 11 FEBRUARY 2015.
✓ DONE

Personal information redacted by the USI

FOR URODYNAMIC STUDIES
13 FEBRUARY 2015.
✓ DNA - SWATHING REVIEW AT SWAH

Personal information redacted by the USI

FOR URODYNAMIC STUDIES
13 FEBRUARY 2015.
✓ (SINCE DECEASED 30 07.16)

Personal information redacted by the USI

FOR ADMISSION TO 3 ESCU ON
17 FEBRUARY 2015.
✓ SINCE DECEASED 20 Sept 16

Personal Information redacted by the USI

FOR PRIVATE REVIEW APRIL 15 ✓
✓ DONE

Personal Information redacted by the USI

Review SWAH AUGUST 16 ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

Review SWAH MARCH 2017 ✓
AWAITING REVIEW

Personal Information redacted by the USI

Patient deceased 22 Feb 2016 ✓

Personal Information redacted by the USI



checked + letter done 5/1/16
but said he would
review again sample enclosed.

DISCHARGED ✓

Personal Information redacted by the USI

Patient deceased 23 FEBRUARY 2015

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

PLACE ON CURRICULUM FOR
TURP
URGENCY 2 ✓

Personal Information redacted by the USI

REVIEW SWAH APRIL 2017 ✓
AWAITING REVIEW

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

REVIEW SWAH APRIL 2017 ✓
AWAITING REVIEW

OUTCOMES OF SWAH CLINIC ON 23.02.15 - ALL DONE

Personal Information redacted by the USI

FOR MDM DISCUSSION ✓ DONE

18

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

FOR URODYNAMIC STUDIES ON
FRIDAY 13 MARCH 2015 ✓ DONE

Personal Information redacted by the USI

REVIEW SWAH SEPTEMBER 2015
TO ATTEND ON 30 NOVEMBER '15

Personal Information redacted by the USI

REVIEW SWAH APRIL 2015
✓ DONE

Personal Information redacted by the USI

FOR URODYNAMIC STUDIES ON
20 MARCH 2015 ✓ DONE

Personal Information redacted by the USI

REVIEW SWAH APRIL 2015
✓ DONE

Personal Information redacted by the USI

Review SWAH May 2015 ✓ done

Personal Information redacted by the USI

Review SWAH ~~JANUARY 2016~~
APRIL 2017 ✓
AWAITING APPOINTMENT

Personal Information redacted by the USI

~~Review SWAH JANUARY 2016~~

Personal Information redacted by the USI

Review SWAH MARCH 2016 ✓

Personal Information redacted by the USI

~~DISCHARGED ✓ done.~~

Personal Information redacted by the USI

~~DISCHARGED ✓ done~~

Personal Information redacted by the USI

Review SWAH APRIL 2017 ✓

Personal Information redacted by the USI

~~DISCHARGED~~ ✓ DONE

Personal Information redacted by the USI

~~DISCHARGED~~ ✓ DONE

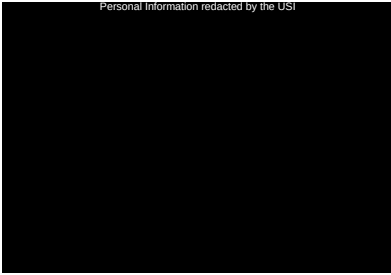
Personal Information redacted by the USI

~~REVIEW FEBRUARY 2017~~

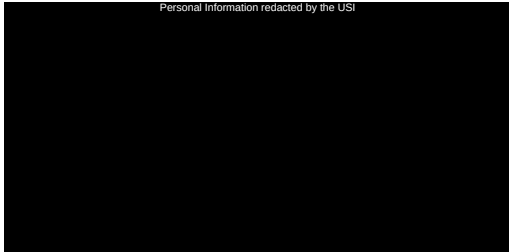
Personal Information redacted by the USI

~~DISCHARGED~~ ✓ DONE

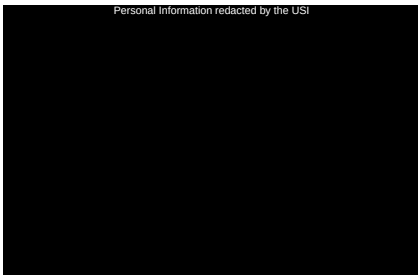
(16)
OUTCOMES OF SWAH CLINIC ON 09 MARCH 2015 ALL DONE



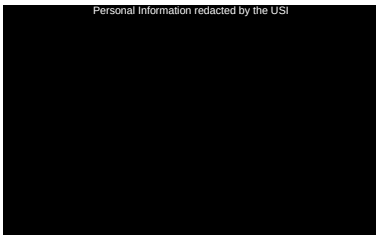
FOR MDM DISCUSSION ✓ DONE
(SINCE DECEASED)



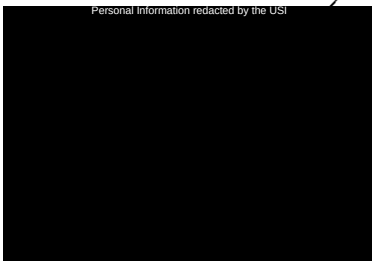
FOR ADMISSION TO DSL ON
24 MARCH 2015 FOR
CIRCUMCISION ✓ DONE



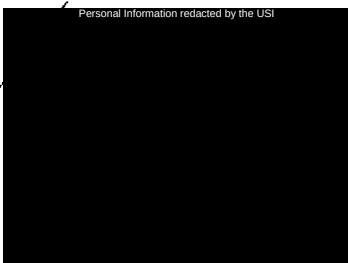
REVIEW SWAH 19 OCTOBER 15
✓ DONE



REVIEW SWAH 19 OCT 2015
✓ DONE



CNA - SFA - JULY 2015 ✓ DONE



DNA - NFA ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

REVIEW SWAH APRIL 2017 ✓
AWAITING APPOINTMENT

Personal Information redacted by the USI

REVIEW SWAH MARCH 2017 ✓
AWAITING APPOINTMENT

Personal Information redacted by the USI

REVIEW SWAH FEBRUARY 2017 ✓
AWAITING APPOINTMENT

Personal Information redacted by the USI

REVIEW SWAH JUNE 2017 ✓
AWAITING APPOINTMENT

Personal Information redacted by the USI

DISCHARGED ✓ DONE

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

Review SWAH FEBRUARY 2017 ✓

Personal Information redacted by the USI

Place ON CURWL FOR
• TLRP
• URGENCY 2 ✓

OUTCOMES OF SWAH CLINIC ON 13 APRIL 2015 (13)

Personal Information redacted by the USI

FOR ADMISSION ON 05 MAY 2015
FOR CYSTOSCOPY? TURBID ✓

Personal Information redacted by the USI

CNA - SFA ✓

Personal Information redacted by the USI

FOR ADMISSION TUESDAY 26 MAY 2015
FOR TURP WED 27 MAY 2015 ✓

Personal Information redacted by the USI

REVIEW SWAH 20 JUNE 2016 ✓ DONE

Personal Information redacted by the USI

REVIEW SWAH 20 JUNE 2016 ✓ DONE

Personal Information redacted by the USI

PATIENT DECEASED ✓

Personal Information redacted by the USI

~~DATA DISCHARGED~~
REVIEW SWAH FEBRUARY 2017 ✓

Personal Information redacted by the USI

REVIEW SWAH APRIL 16
(PATIENT DECEASED) ✓

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

REVIEW SWAH JULY 2015

Personal Information redacted by the USI

REVIEW SWAH AUGUST 2015

Personal Information redacted by the USI

REVIEW SWAH JULY 2015

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

DNA - DISCHARGED

OUTCOMES OF SWAH CLINIC ON 11 May 2015 (17)

Personal Information redacted by the USI

PLEASE ARRANGE A REVIEW
APPOINTMENT FOR THIS MAN
AT SWAH CLINIC ON
Monday 22 June 2015 ✓

Personal Information redacted by the USI

PLACE ON CURWL FOR
• LEFT ORCHIDOPEXY ✓
• URGENCY A ✓

Personal Information redacted by the USI

REVIEW SWAH September 2015 ✓

Personal Information redacted by the USI

REVIEW SWAH August 2015 ✓

Personal Information redacted by the USI

FOR ADMISSION Friday 22 May 2015
FOR CYSTOSCOPY ? URETHRAL DILATION. ✓
done

Personal Information redacted by the USI

FOR ADMISSION Tuesday 09 June 2015
FOR TURP ✓
done

Personal Information redacted by the USI

SWAH CLINIC IN
 Review ~~CACIBUOR~~ JAN 2017
 ? ARRANGED ?

Personal Information redacted by the USI

PLACE ON CURWL FOR
 • FLEXIBLE CYSTOSCOPY AND INTRAMURAL
 INJECTION OF 1000 UNITS OF
 BOTULINUM TOXIN
 • URGENCY 2. ✓

Personal Information redacted by the USI

PLACE ON CURWL FOR
 • INTRAMURAL INJECTION OF
 500 UNITS OF BOTULINUM TOXIN
 AND TURP
 • URGENCY 2 ✓

Personal Information redacted by the USI

Review CACIBUOR July '16
 ✓ DONE.

Personal Information redacted by the USI

Review SWAH July 2015

Personal Information redacted by the USI

Review SWAH Sept 2015

Personal Information redacted by the USI

REVIEW SWAH August '15

Personal Information redacted by the USI

REVIEW SWAH July '15

Personal Information redacted by the USI

REVIEW SWAH August '15

Personal Information redacted by the USI

REVIEW SWAH ~~Aug~~ November '15

Personal Information redacted by the USI

DISCHARGED

OUTCOMES OF SWAH CLINIC ON 28 SEPTEMBER 2015

Personal Information redacted by the USI

FOR ADMISSION ON 14 OCTOBER 2015 FOR
LEFT URETEROGRAPHY AND PYELOPLASTY
✓ DONE

Personal Information redacted by the USI

FOR ADMISSION ON 13 OCTOBER 2015
FOR CIRCUMCISION ✓ DONE

Personal Information redacted by the USI

REVIEW FEBRUARY 2016 AT SWAH.
✓ DONE

Personal Information redacted by the USI

TO ATTEND HAEMATURIA CLINIC ON
25 AUGUST 2016 ✓ DONE

Personal Information redacted by the USI

PLACE ON CNURUA FOR
• URODYNAMIC STUDIES & FLEXIBLE
CYSTOSCOPY ✓ DONE

Personal Information redacted by the USI

REVIEW SWAH 09 JANUARY 2017 ✓

Personal Information

DISCHARGED

Personal Information redacted by the USI

Review FEBRUARY 16 SWAH

Personal Information redacted by the USI

IF U/S NORMAL, DISCHARGED
(U/S URINARY TRACT NORMAL)

Personal Information redacted by the USI

DNA - SFA - DECEMBER '15
- SWAH .

Personal Information redacted by the USI

Review SWAH MARCH 2016

Personal Information redacted by the USI

Review SWAH NOVEMBER 15

Personal Information redacted by the USI

Review SWAH FEBRUARY '16

Personal Information redacted by the USI

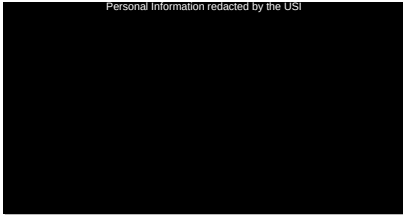
REVIEW SWAH JANUARY 16

Personal Information redacted by the USI

REVIEW SWAH DECEMBER 2015

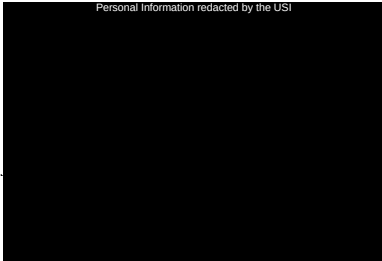
OUTCOMES OF SWAH CLINIC OF 19 OCTOBER 2015

(15) (16)



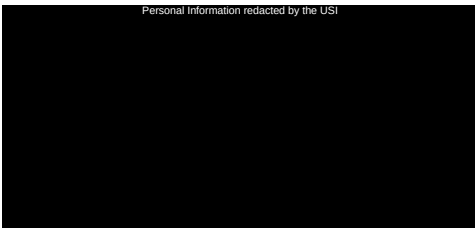
- UNABLE TO ATTEND
- SFA SWAH 30 NOVEMBER 2015

✓ DONE



- PLEASE REMOVE FROM CURWL AS PROCEDURE NOT REQUIRED
- REVIEW SWAH OCTOBER 2016

✓ DONE

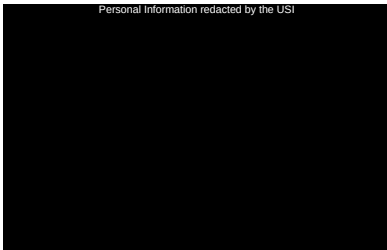


DISCHARGED ✓ DONE

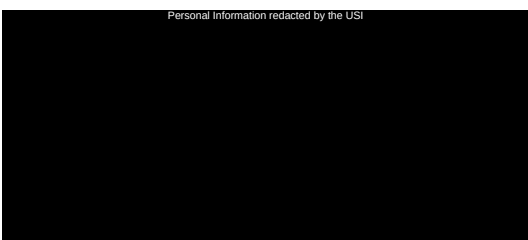


FOR ADMISSION 28 OCTOBER 2015
FOR LEFT URETEROSCOPIC
LITHOTRIPSY

✓ DONE



FOR MDM DISCUSSION ✓ DONE



FOR ADMISSION ON 11 NOVEMBER 15
FOR BLADDER LITHOTRIPSY

✓ DONE

Personal Information redacted by the USI

Review SWAH JANUARY 2016 ✓ DONE

Personal Information redacted by the USI

Review SWAH JUNE 2017 ✓ DONE

Personal Information redacted by the USI

Review SWAH ~~MAY 2016~~ ~~MAY 17~~
CLINIC IN MAY 2016

Personal Information redacted by the USI

~~PLACE ON CURWL FOR~~
~~LEFT URETEROSCOPIC LITHOTRIPSY~~
~~URGENCY 2~~

Personal Information redacted by the USI

Review SWAH FEBRUARY 2016

Personal Information redacted by the USI

Review SWAH MAY 2016

Personal Information redacted by the USI

PLACE ON CURWL FOR
FLEXIBLE
LEFT URETEROSCOPIC LITHOTRIPSY
URGENCY #4.

Personal Information

DISCHARGED

Personal Information redacted by the USI

Review SWAH JANUARY 2016

Personal Information redacted by the USI

Review SWAH FEBRUARY 2016

(16)

OUTCOMES OF SWAH CLINIC ON 30 NOVEMBER 15

Personal Information redacted by the USI

FOR ADMISSION ON 16 DECEMBER 15 FOR
 • CYSTOSCOPY? TURBT ✓

Personal Information redacted by the USI

FOR ADMISSION ON 15 DEC '15 FOR
 • CYSTOSCOPY? TURBT ✓

Personal Information redacted by the USI

FOR ADMISSION ON 16 DECEMBER 15 FOR
 • LEFT KIDNEY BIOPSY ✓

Personal Information redacted by the USI

FOR ADMISSION TO DSL ON 19.01.16
 FOR LEFT HYDROCOLECTOMY ✓

Personal Information redacted by the USI

PLACE ON CURWL FOR
 • TURP
 • URGENCY 2 (ICI Wed 01.06.16) ✓

Personal Information redacted by the USI

FOR URODYNAMIC STUDIES AND
 FLEXIBLE CYSTOSCOPY ON
 10 JUNE 2016 ✓

Personal Information redacted by the USI

Review SWAH JUNE 2016 ✓

Personal Information redacted by the USI

JUNE

Review SWAH JUNE 2016 ✓

Personal Information redacted by the USI

Place on CURWL FOR

- CORRECTION OF PENILE ERECTILE DEFORMITY - FEBRUARY 2017
- URGENCY 2. ✓

PERSONAL INFORMATION REDACTED BY THE USI

Personal Information redacted by the USI

Review SWAH MARCH 2016
(PATIENT DECEASED DEC '15 DUE TO CEREBRAL HEMORRHAGE)

Personal Information redacted by the USI

Review SWAH JANUARY 2016

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

Review SWAH MARCH 16

Personal Information redacted by the USI

Review SWAH MARCH 16

Personal Information redacted by the USI

Place on CURWL FOR
• TROC, U/S ? TURP
• URGENCY 2.

Personal Information redacted by the USI

Review SWAH FEBRUARY 2016

OUTCOMES OF SWAH CLINIC ON 11 JANUARY 2016 (17)

Personal Information redacted by the USI

DISCHARGED ✓

Personal Information redacted by the USI

DNA - SFA - FEBRUARY 16 ✓

Personal Information redacted by the USI

Review SWAH FEBRUARY 2016 ✓

Personal Information redacted by the USI

Review SWAH MARCH 2016 ✓

Personal Information redacted by the USI

Review SWAH JUNE 2016 ✓

Personal Information redacted by the USI

Review SWAH MARCH 2016 ✓

Personal Information redacted by the USI

DISCHARGED ✓
 (FOR ADMISSION UNDER CARE OF MR. HAYNES)

Personal Information redacted by the USI

FOR ADMISSION ON 17 MAY 2016 FOR
 • CYSTOSCOPY ? TURBT. ✓

Personal Information redacted by the USI

DONE
 Review SWAH JUNE 2016 ✓ DONE

Personal Information redacted by the USI

FOR ADMISSION 17 AUGUST 2016 FOR
 • LEFT URETEROSCOPY ? TURBT. ✓

Personal Information redacted by the USI

~~? RIGHT URETEROSCOPIC LITHOTRIPSY~~
~~? LEFT ESWL & CHECK WITH~~
 DISCHARGED (LEFT URETEROSCOPIC LITHOTRIPSY
 NB. SEPTEMBER 2016)

Personal Information redacted by the USI

Review SWAH APRIL 2016
 NB. (PATIENT DECEASED)

Personal Information redacted by the USI

Place ON CLRWL FOR
 • TURP
 • URGENCY 2.

Personal Information

DISCHARGED

Personal Information redacted by the USI

Place on CNURUA FOR
• URODYNAMIC STUDIES AND
FLEXIBLE CYSTOSCOPY

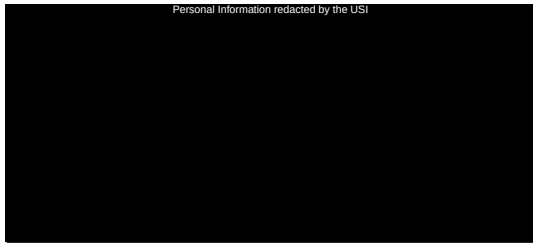
Personal Information redacted by the USI

REVIEW APRIL 16 OF SWAH

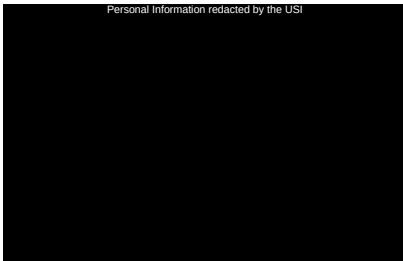
Personal Information redacted by the USI

REVIEW SWAH JANUARY 2017

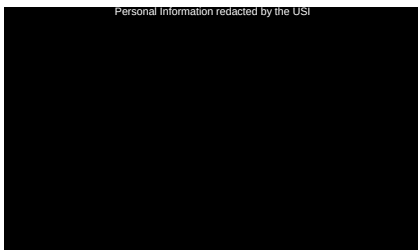
OUTCOMES OF SWAH CLINIC ON 08 FEBRUARY 2016



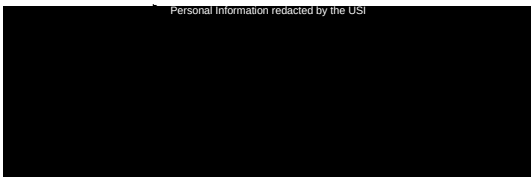
FOR URODYNAMIC STUDIES AND
FLEXIBLE CYSTOSCOPY ON
12 FEBRUARY 2016. ✓



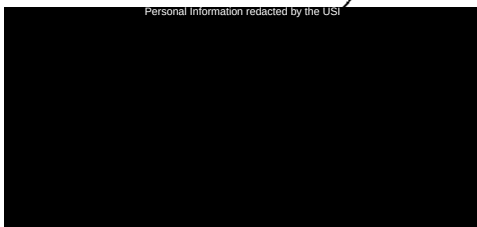
FOR URODYNAMIC STUDIES AND FLEXIBLE
CYSTOSCOPY ON 26 FEBRUARY 2016 ✓



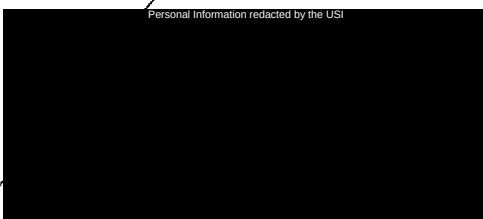
Review SWAH 07 MARCH 2016 ✓



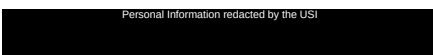
Review SWAH 07 MARCH 2016 ✓



Review SWAH 07. MARCH 2016 ✓



FOR ADMISSION 09 MARCH 2016 ✓
FOR BLADDER UROGRAPHY AND
TURP AND/OR PROSTATIC
BIOPSIES.



Personal Information redacted by the USI

FOR URODYNAMIC STUDIES ON
FRIDAY 11 MARCH 2016 ✓

Personal Information redacted by the USI

DISCHARGED ✓

done

Personal Information redacted by the USI

REVIEW SWAH JUNE 2016 ✓

Personal Information redacted by the USI

REVIEW SWAH APRIL 2016
(REVIEWED CDRBUOR 28.10.16) ✓

Personal Information redacted by the USI

PLACE ON CLIRWL FOR
• TURP
• LIGENCY 2.

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

Place on CNURLIA FOR
• URODYNAMIC STUDIES & FLEXIBLE
CYSTOSCOPY

Personal Information redacted by the USI

Review SWAH. JANUARY 2017

Personal Information redacted by the USI

Review SWAH AUGUST 2016

Personal Information redacted by the USI

DNA - SFA

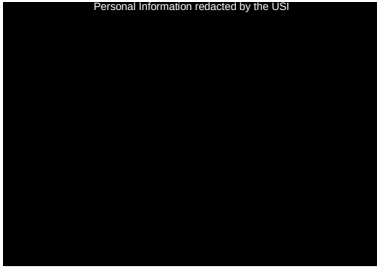
Personal Information redacted by the USI

Place on CURWL FOR
• RIGHT URETEROSCOPY
• URGENCY 2

OUTCOMES OF SWAH CLINIC ON 07 MARCH 2016

(16)

(18)



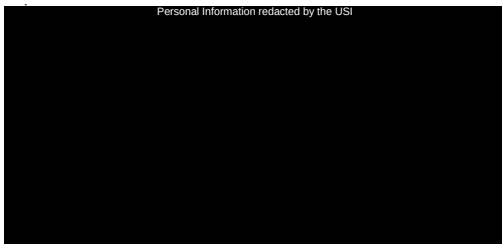
PLEASE PLACE ON CURWL FOR

- INGUINAL EXPLORATION OF RIGHT SCROTAL CONTENTS ? EPIDIDYMAZ CYSTECTOMY ? PARTIAL ORCHIECTOMY

(NB: PATIENT HAS SINCE NOT ATTENDED FOR REVIEW ON 28.09.16 AND 27.10.16: PLEASE ENTER ON CURWL AS REQUESTED)

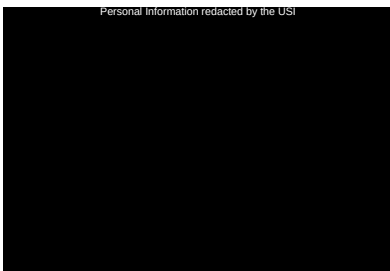
• URGENCY 4

• DATE OF ENTRY: 09 JUNE 2014

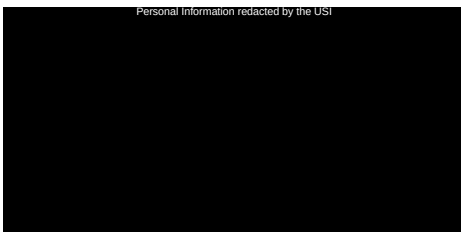


PLACE ON CURWL FOR

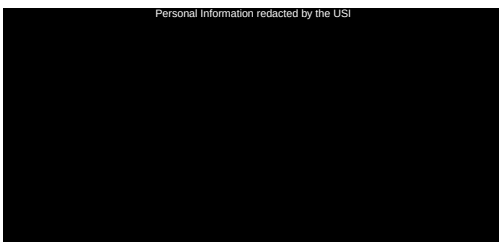
- OPEN VESICULITIDITOMY - OCT 16
- URGENCY 2 (SINCE REQUESTED THAT ADMISSION BE DEFERRED TO 2017)



REVIEW SWAH SEPTEMBER 2016
(NO CHART AVAILABLE: WORKS LIBRARY 4)



REVIEW SWAH ~~APRIL 2016~~ JUNE 2016
(REVIEWED 22.08.16) ✓



REVIEW SWAH MARCH 2017

Personal Information redacted by the USI

Review SWAH JUNE 2016

Personal Information redacted by the USI

DISCHARGE

Personal Information redacted by the USI

DISCHARGE

Personal Information redacted by the USI

Review CAOBLUR Friday 01 APRIL
DONE ✓

Personal Information redacted by the USI

Review SWAH May 2016

Personal Information redacted by the USI

Place ON CURWL FOR

- TURP - APRIL 2016
- URGENCY & TCI 13 APRIL 2016
✓ DONE

Personal Information redacted by the USI

DISCHARGE

Personal information redacted by the USI

Place on CNURUA FOR
• URODYNAMICS AND FLEXIBLE
CYSTOSCOPY

Personal information redacted by the USI

Review SWAH JUNE 2016
✓ DONE

Personal information redacted by the USI

Place on CNURUA FOR
• URODYNAMIC STUDIES &
FLEXIBLE CYSTOSCOPY

Personal information redacted by the USI

³ TO ATTEND MR. YOUNG'S CLINIC
ON 24 NOVEMBER 2016 ✓ DONE

Personal information redacted by the USI

~~Review SWAH SEPTEMBER 16~~

OUTCOMES OF SWAH CLINIC ON 20 JUNE 2016

Personal Information redacted by the USI

FOR MDM DISCUSSION ✓ DONE

(21)

Personal Information redacted by the USI

Place ON CNURLA FOR
• URODYNAMICS AND FLEXIBLE CYSTOSCOPY ✓

Personal Information redacted by the USI

DNA - SFA - SWAH - 22 AUGUST 2016 ✓

Personal Information redacted by the USI

done
Place ON CNURLA FOR
• URODYNAMIC STUDIES & FLEXIBLE CYSTOSCOPY ✓

Personal Information redacted by the USI

Review SWAH AUGUST 2016 ✓

Patient 113

FOR MDM DISCUSSION ✓

Personal Information

FOR MDM DISCUSSION ✓

Personal Information redacted by the USI

FOR MDM DISCUSSION ✓

Personal Information redacted by the USI

Review SWAH SEPTEMBER 2016 ✓
(AWAITING REVIEW)

Personal Information redacted by the USI

Review SWAH DECEMBER 2016 ✓

Personal Information redacted by the USI

Review SWAH AUGUST 2016 ✓

Personal Information redacted by the USI

Review SWAH SEPTEMBER 2016 ✓

Personal Information redacted by the USI

PLACE ON

- FLEXIBLE CYSTOSCOPY
- URGENCY 2. ✓

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

DNA - SFA - September 2016

Personal Information redacted by the USI

Review SWAH Sep '16

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

~~DNA~~ CONCERNED APP - NFA - DISCHARGED

Personal Information redacted by the USI

Review SWAH DECEMBER 16

Personal Information redacted by the USI

Place on CNLIRUA FOR
· URODYNAMIC STUDIES AND
FLEXIBLE CYSTOSCOPY

Personal information redacted by the USI

Place on CURWL FOR

- REVISION OF SURGICAL SCORE
- URGENCY 4

(12)

OUTCOMES OF SWAH CLINIC ON 19 September 2016

Personal Information redacted by the USI

FOR ADMISSION Wednesday 05 Oct 16
 FOR LEFT URETEROSCOPY AND
 HYDROSTATIC DILATATION OF BLADDER
 ✓ DONE

Personal Information redacted by the USI

FOR FLEXIBLE CYSTOSCOPY ON
 07 October 2016 ✓ DONE

Personal Information redacted by the USI

Place on CURWL FOR
 • CYSTOSCOPY ? TURBT
 - JANUARY 2017
 • URGENCY 2. ✓ DONE

Personal Information redacted by the USI

FOR URODYNAMIC STUDIES AND
 FLEXIBLE CYSTOSCOPY ON
 28 October 2016 ✓

Patient 113

FOR MDM DISCUSSION ✓

Personal Information redacted by the USI

Review CABLOR 28 Oct 16
 ✓

Personal Information redacted by the USI

REVIEW SWAH JANUARY 2017 ✓

Personal Information redacted by the USI

REVIEW SWAH JANUARY 2017

Personal Information redacted by the USI

REVIEW SWAH NOVEMBER 2016

Personal Information redacted by the USI

REVIEW SWAH DECEMBER 2016

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

DNA - NFA .

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

REVIEW SWAH JANUARY 2017

Personal Information redacted by the USI

REVIEW SWAH JANUARY 2017

Personal Information redacted by the USI

REVIEW SWAH DECEMBER 2016

Personal Information redacted by the USI

NO CHARGE AT CLINIC

PLACE ON CURWL FOR
• TURP
• URGENCY 4

Personal Information redacted by the USI

NO CHARGE AT CLINIC

REVIEW SWAH NOVEMBER 16

OUTCOMES OF SWAH CLINIC ON 22 AUGUST 16 (16)

Personal Information redacted by the USI

Admitted to CAH 08 Sept 16 ✓

Personal Information redacted by the USI

Patient 113

Review SWAH 19 September 16 ✓

Personal Information redacted by the USI

~~done~~
FOR URODYNAMIC STUDIES AND
FLEXIBLE CYSTOSCOPY 23 Sept 16 ✓

Personal Information redacted by the USI

FOR FLEXIBLE CYSTOSCOPY AND
URODYNAMIC STUDIES
SEPTEMBER 2016 ✓✓

Personal Information redacted by the USI

Review SWAH DECEMBER 16

Personal Information redacted by the USI

CURGA
PLACE ON ~~CURGA~~ FOR
• CIRCUMCISION
• URGENCY 4

Personal Information redacted by the USI

Review SWAH NOVEMBER '16

Personal Information redacted by the USI

Review SWAH FEBRUARY 2017

Personal Information redacted by the USI

Review SWAH FEBRUARY 2017

Personal Information redacted by the USI

DISCHARGED

Personal Information redacted by the USI

Review SWAH FEBRUARY 2017

Personal Information redacted by the USI

Review SWAH JANUARY 2017

Personal Information redacted by the USI

Review SWAH FEBRUARY 2017

Personal Information redacted by the USI

Review SWAH JANUARY 2017

Personal Information redacted by the USI

REVIEW SWAH AUGUST '17

Personal Information redacted by the USI

REVIEW SWAH NOVEMBER '16

33

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

23rd February 2016

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

Patient 124

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

I write to you regarding Patient 124 who presented with persistent left flank pain in 2012. The pain was consistent with ureteric colic but it had not been possible to determine whether small opacities seen in the left hemi-pelvis were indicative of left lower ureteric calculi. As a consequence, Patient 124 was admitted in February 2013 for left ureteroscopy when I found her to have a stenosis of the intramural segment of her ureter, above which the ureteric lumen was dilated, containing urothelial debris. The stenosed intramural segment was effectively dilated by advancement of the ureteroscope.

Dilatation of the intramural segment resulted in complete relief of the left flank pain. She had a recurrence of that same pain in October 2014. There was no evidence of any left ureteric calculi or of left upper tract dilatation on CT scanning of her urinary tract at that time. The pain then was not as severe as it had been in 2012. Urinary microscopy and culture then were both normal, though later she did have a coliform infection in December 2014.

Patient 124 has had recurrence of the same pain since January 2016. She had remained effectively free of pain during 2015. When I reviewed her on 30th January 2016, she reported that the pain radiated from her left loin to her left labium majus. I noted that she had been found to have pyuria and bacteriuria on urinary microscopy on 12th January 2016. However, both were normal when repeated on 30th January 2016. In any case, I had empirically prescribed Trimethoprim 200mgs to be taken twice daily for a period of 3 weeks.

I arranged for Patient 124 to have ultrasound scanning of her urinary tract performed on 5th February 2016. Ultrasound scanning was normal. As the pain persisted, I had intravenous urography performed on 12th February 2016. Whilst this was also normal, there was just a hint that there may have been a mild degree of left ureteric dilatation. By then, her pain was increasingly localised to the left lower abdominal area, and was increasingly accompanied by lower urinary tract symptoms, which included hesitancy of micturition, a reduced urinary flow and post micturitional incontinence in addition to urgency and quite severe nocturia, having to rise 4 or 5 times each night to pass urine. Prior to considering any endoscopic reassessment, I had Patient 124 attend on 16th February 2016 for urodynamic studies when she was found to have a hypersensitivity of her bladder resulting in a compromised cystometric capacity of 190mls. There was no evidence of detrusor muscular overactivity.

I have therefore arranged for Patient
124 to be readmitted on Wednesday 24th February 2016 for left ureteroscopy in addition to hydrostatic dilatation of her bladder.

Yours sincerely

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 23rd February 2016

Date typed: 23rd February 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

28th October 2016

Personal Information redacted by the
USI

Dear

Personal Information
redacted by the USI

Patient 122

Personal Information redacted by the USI

DOB

redacted by the USI

UN

I write to you regarding this 89 year old gentleman who had been admitted to South West Acute Hospital in Enniskillen in July 2016 in urinary retention which had resulted in bilateral upper urinary tract dilatation, acute deterioration in renal function, urinary infection and coliform bacteraemia. He was managed very successfully with urethral catheterisation, intravenous hydration and antibiotic therapy. By the time of his discharge on 28th July 2016, his biochemical renal function had returned to the normal range.

Patient 122 remained well when I met him as an outpatient on 8th October 2016, apart from discomfort associated with continued indwelling urethral catheterisation. In view of the significant morbidity suffered as a consequence of bladder outlet obstruction, I have arranged for him to be admitted to our Department on Wednesday 2nd November 2016 for prostatic resection that day.

Yours sincerely

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 28th October 2016

Date typed: 28th October 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

16th August 2016

Personal Information redacted
by the USI

Dear

Personal Information redacted
by the USI

Patient 121

Personal Information redacted by the USI

DOB
UN

Personal Information
redacted by the USI

I write to you regarding this 79 year old gentleman who was found to have urinary retention accompanied by hyponatraemia during his admission to South West Acute Hospital in June 2016 due to increasing erythema affecting his left foot. He required catheterisation. He was discharged on 16th June 2016 with an indwelling urethral catheter. He subsequently failed a trial removal of the catheter on 27th June 2016 when he was recatheterised.

When I met **Patient 121** as an outpatient on 23rd July 2016, he reported that he found the indwelling urethral catheter to be particularly uncomfortable. I have therefore arranged for him to be admitted to our Department on Tuesday 16th August 2016 for prostatic resection on Wednesday 17th August 2016.

Yours sincerely

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 16th August 2016

Date typed: 16th August 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

22nd February 2016

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

Patient 120

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

I write to you regarding this 73 year old gentleman who previously lived in [redacted] who has recently moved to live in [redacted] so that he could be near to his daughter who cares for him. He had initially been referred to my colleague, Mr MacLeod, Consultant Urologist at Altnagelvin Area Hospital for assessment of lower urinary tract symptoms, biochemical haematuria and an elevated serum PSA level. However, before investigation could be undertaken, [redacted] had moved to [redacted]

When I met him as an outpatient on 21st November 2015, I noted that his serum PSA level had been 2.9 ng/ml in 2011, increasing to 6.8 ng/ml by July 2015, then decreasing to 6.5 ng/ml by September 2015. I also noted that he had had an intracranial aneurysm in 1999.

He reported having a poor urinary flow and was quite severely troubled by urinary incontinence related to urgency. He was already taking Tamsulosin. He had been found to have pyuria, haematuria and bacteriuria on urinary microscopy but urinary culture was negative.

I found him to have a moderately enlarged prostate gland with some minimal induration of the right lateral lobe.

I arranged for [redacted] to have a CT urogram performed on 30th November 2015 on account of the finding of microscopic haematuria. The dominant finding was that of a large bladder stone measuring 3.5cms in diameter. He was coincidentally found to have a large, incarcerated, hiatus hernia, to have chronic inflammatory changes in the basis of both lungs, to have colonic diverticulosis and more importantly, to have an infra-renal, abdominal aortic aneurysm, measuring 5.2cms in diameter, and which extended into the right common iliac artery.

I also arranged for him to have ultrasound scanning of his urinary tract performed on 2nd December 2015 when he was reported to have small, bilateral renal cysts, and to have minimal enlargement of his prostate gland.

I had prescribed Finasteride, 5mgs daily, when I met [redacted] in November 2015, advising him to remain on Finasteride and Tamsulosin until further review. When I spoke with his daughter more recently, she reported that the addition of Finasteride had not resulted in any improvement in his

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

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lower urinary symptoms. This is not at all surprising as the bladder calculus is undoubtedly the dominant cause of his lower urinary tract symptoms. I have therefore arranged for him to be admitted on Wednesday 24th February 2016 for endoscopic bladder lithotripsy. If I do find his prostate gland, though not enlarged, is causative of significant bladder outlet obstruction, I may additionally resect the outlet of his bladder.

Lastly, I have referred Patient 120 to Mr Weir, Consultant Vascular Surgeon at Craigavon Area Hospital requesting that he arrange an appointment for Patient 120 to attend his clinic in due course, and with regard to further management of the recently diagnosed, abdominal aortic aneurysm.

Yours sincerely

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 22nd February 2016

Date typed: 22nd February 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

5th September 2016

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

Patient 119

Personal Information redacted by the USI

DOB
UN

Personal
Information
redacted by
the USI

I write to you regarding this 60 year old man whom you referred to Kathy Travers, Continence Nurse Specialist in 2015 for assessment of severe, lower urinary tract symptoms which he had had for several years, and which had not been significantly improved as a consequence of having remained on Tamsulosin for some time. When assessed by Kathy in May 2015, he reported a poor and intermittent urinary flow usually followed by a sensation of inadequate voiding, post micturitional incontinence and severe nocturia, having to rise at least 3 times each night to pass urine and not unfrequently having to rise up to 5 times. She found him to have a poor, maximum flow rate of 6 mls/sec and to have a post micturitional, residual urine volume of 170mls. He had then been recently prescribed Finasteride in addition to Tamsulosin. She initiated clean, intermittent, self catheterisation.

When I met ^{Patient 119} as an outpatient in July 2015, his urinary symptoms had improved since the addition of Finasteride. His flow remained reduced, he still did have a sensation of unsatisfactory voiding following micturition, but the nocturia was less severe, he having to rise once or twice each night to pass urine. On clinical examination I found him to have a moderately enlarged and clinically benign prostate gland, in keeping with very normal serum total PSA levels of 1.1 ng/ml in 2013 and 1.4 ng/ml in 2015. I was also pleased to note that his biochemical renal function was normal in April 2015.

^{Patient 119} had ultrasound scanning of his urinary tract performed on 20th July 2015 when both upper urinary tracts were found to be normal and when bladder voiding was found to be much improved and normal with a residual volume of 14mls only.

I advised ^{Patient 119} in July 2015 that he would be better served by having his prostate gland resected. As you may be aware from recent correspondence from Kathy Travers, she has found his flow rate to remain very poor, even though bladder voiding has remained satisfactory. I have therefore arranged for ^{Patient 119} to be admitted to our Department on Wednesday 21st September 2016 for endoscopic resection of his prostate gland later that day.

dictated but not signed by

Mr Aidan O'Brien
 Consultant Urologist

Date dictated: 5th September 2016
 Date typed: 5th September 2016/LH

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

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AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

29th June 2016

Personal Information redacted by the USI

Dear Personal Information redacted by the USI

Patient 118

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

I write to you regarding this 34 year old man who had been found to have a cystic mass located in his left anatomical hemi-pelvis on CT scanning in October 2010. The cystic mass measured almost 10cms in its maximum diameter, and was seen to displace the urinary bladder significantly to the right. On surgical exploration in November 2010, the mass was found to be an extra-peritoneal, haemorrhagic cyst which was evacuated. Part of the mass was submitted for histopathological examination. There was no evidence of any malignancy. There has been no reassessment of the possibility of any recurrence since then.

For several years prior to then, Patient 118 had had significant lower urinary tract symptoms predominantly of a storage nature. It may have been assumed that his symptoms are attributable to the presence of the pelvic mass compressing and displacing his urinary bladder. However, in retrospect, evacuation of the cystic mass did not appear to have any significant or lasting benefit with regard to his lower urinary tract symptoms. In fact, in more recent years, those symptoms have progressively increased in severity. Following his recent referral, I met Patient 118 as an outpatient on 25th June 2016 when he reported troublesome urinary symptoms of a mixed nature. He reported urgency and urge incontinence in addition to nocturia, having to rise 2 or 3 times each night to pass urine. However, in addition, he reported voiding symptoms in the form of hesitancy, a reduced urinary flow and a sensation of unsatisfactory voiding following micturition in addition to dysuria. He has derived no benefit from having been prescribed Tamsulosin. I noted that his serum total PSA level was very normal at 0.43 ng/ml in September 2015. In fact, his progressive lower urinary tract symptoms had caused him more recent concern regarding the prospect of he having prostatic carcinoma, and particularly in light of an uncle having recently undergone radical prostatectomy for prostatic carcinoma. On clinical examination, I felt that Patient 118 had a minimally enlarged and clinically benign prostate gland.

I hopefully have been able to reassure Patient 118 that there is no clinical or biochemical reason to suspect the presence of prostatic carcinoma. I have requested a CT scan of his pelvis in order to determine whether there is any evidence of recurrence of the cystic lesion, and I have arranged for him to attend our Department on Friday 8th July 2016 for flexible cystoscopy and urodynamic studies.

dictated but not signed by

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

Page 1 of 2

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 27th June 2016

Date typed: 29th June 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

20th April 2016

Personal Information redacted by
the USI

Dear

Personal Information redacted by the
USI

Patient 117

Personal Information redacted by the USI

DOB
UN

Personal
Information
redacted by the
USI

I write to you regarding this 82 year old lady whom you referred on 24th March 2016 following a 2 month history of left flank pain which, at times, has been severe. She was reported to have a stone, measuring 1.2cms in diameter, within her left kidney when she had ultrasound scanning performed on 26th February 2016.

When I met **Patient 117** as an outpatient on 2nd April 2016, she reported that she continued to have intermittent left flank pain. I did note that she did have microscopic haematuria on urinary microscopy on 9th February 2016. On reviewing the digitalised images of the ultrasound scan of February 2016, I felt that this stone could very well be located within her left renal pelvis rather than within the lower pole calyceals, and as a consequence, maybe causing intermittent renal outlet obstruction resulting in ureteric colic.

I arranged for **Patient 117** to have CT scanning of her urinary tract performed on 19th April 2016, and I have arranged for her to be admitted to our Department on Wednesday 27th April 2016 for left ureteroscopy with a view to ensuring that she does not have any additional ureteric calculi, and ideally with a view to achieving laser lithotripsy of the left renal stone. She may require ureteric stenting. In any case, you will be advised of the outcome and of plans for any further management in due course.

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 20th April 2016

Date typed: 20th April 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

11th April 2016

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

Patient 116

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

I write to you regarding this 70 year old gentleman who was referred by your colleague, Dr [Personal Information redacted by the USI] in December 2014, for assessment and management of troublesome urinary symptoms. By the time that I met [Patient 116] as an outpatient in May 2015, he had additionally been referred by Dr McMillan, Locum Consultant Dermatologist, for assessment of a balanitis.

When [Patient 116] attended on 2nd May 2015, the only symptoms which he reported to be of significance were those of urgency and urge incontinence. As Dr [Personal Information redacted by the USI] had indicated, [Patient 116] had been taking Dutasteride and Tamsulosin for some time. With regard to the erectile dysfunction, [Patient 116] reported that he had been taking Tadalafil 10mgs daily for some time, and with a degree of effectiveness that was just about satisfactory. On clinical examination, I found him to have minimal preputial adhesions and associated balanitis. I felt that he had a moderately enlarged, clinically benign prostate gland. I noted that [Patient 116]'s biochemical renal function has been normal to date and that his serum PSA had been very normal at 0.26 ng/ml in December 2014.

In any case, I advised him to discontinue taking Dutasteride to see whether its discontinuation with further enhance the efficacy of Tadalafil in the management of his erectile dysfunction. As his dominant urinary symptoms were storage in nature, I prescribed Oxybutynin in the modified release formulation, 10mgs to be taken once daily. I advised him to remain on Oxybutynin and Tamsulosin and Tadalafil until further review. I also arranged for him to have ultrasound scanning of his urinary tract which was performed in September 2015 when he was found to have a simple right renal cyst measuring 2.5cms in diameter, a mildly enlarged prostate gland with a volume of 35mls and very adequate bladder voiding, with a residual volume of 26mls.

I spoke with [Patient 116] by telephone recently when he reported that the Oxybutynin had probably contributed significantly to his avoidance of urge incontinence. However, he still does have severe urgency of micturition and to the extent that it severely compromises his quality of life to the extent that he does not allow himself to be far from a toilet at any time. The only other urinary symptom was that of nocturia, having to rise once each night to pass urine. I therefore felt that it would be reasonable to proceed with urodynamic studies. I have therefore arranged for him to attend our Department on Friday 15th April 2016 for urodynamic studies and flexible cystoscopy. I will advise you of the findings and of plans for his further management in due course.

Yours sincerely

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

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dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 11th April 2016

Date typed: 11th April 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

26th April 2016

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

Patient 115

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

I write to you regarding this 86 year old lady who came to see me as an outpatient on 19th March 2016 following the recent onset of visible haematuria. The only other urinary symptom which she reported was that of nocturia, having to rise once each night to pass urine. I noted that she had had a total abdominal hysterectomy and bilateral salpingo-oophorectomy performed some 30 years ago and I also noted that there was a possibility of her having had a bladder prolapse in the past.

I noted that she has had chronic renal functional impairment for some time, her mean glomerular infiltration rate being 51mls/min during 2014. However, more recently, her glomerular infiltration rate has been found to have decreased to 43mls/min. There had been no evidence of infection on urinary culture during recent months, though she was found to have significant pyuria, haematuria and bacteriuria on urinary microscopy.

In any case, I arranged for Patient 115 to have a CT urogram performed on 20th April 2016 when she was found to have an enhancing, soft tissue mass with all of the characteristic appearances of a bladder tumour, arising from the right posterolateral wall of her bladder, obstructing the right ureteric orifice, resulting in marked dilatation of her right upper urinary tract. Undoubtedly obstruction of her right upper urinary tract has contributed to the recent decline in her biochemical renal function.

Importantly, Patient 115 was also reported to have a 6mm stone in her left kidney. On reviewing the digitalised images, this opacification is indeed either a left renal stone or an area of cortical calcification, particularly as it is closely related to a focal area of cortical scarring. However, if it were a stone, and if Patient 115 did have the misfortune of having that stone migrate into her left ureter, she could suffer catastrophic, anuric renal failure.

The only other lesions or pathology noted on her recent CT scan were those of simple, bilateral renal cysts, gallstones, colonic diverticulosis and degenerative changes affecting her thoracolumbar spine.

I have advised Patient 115 of the findings of CT scanning and I have arranged for her to be admitted to our Department on Wednesday 4th May 2016 for resection of the bladder tumour and possibly right ureteric stenting. I have also arranged for her to attend for pre-operative assessment prior to her admission. You will be advised of the findings and of our plans for her further management in due course.

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

Page 1 of 2

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 26th April 2016

Date typed: 26th April 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

3rd March 2016

Personal Information redacted by the USI

Dear Personal Information redacted by the USI

Patient 114

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

I write to you regarding this 65 year old gentleman recently referred by your colleague, Dr Patient 114 for assessment and management of a large right scrotal swelling. I noted that Personal Information redacted by the USI had been assessed by Mr McKnight, Consultant Urological Surgeon at the Ulster Hospital Dundonald in October 2015 when ultrasound scanning indicated that he had a large, septated, right hydrocele in addition to having probable right epididymal cysts. Mr McKnight advised that surgical intervention was not urgently indicated at that time.

I also note that Patient 114 had been attending the Department of Urology as an outpatient at Lagan Valley Hospital, because of lower urinary tract symptoms. When he was reviewed in January 2016, he reported that he did not feel that he was able to empty his bladder completely on passing urine, that he had increased diurnal frequency of micturition in addition to having to rise once or twice each night to pass urine. I note that Patient 114 did not have any prostatic enlargement on ultrasound scanning in April 2012 when his prostatic volume was 20mls only and when he had virtually complete bladder voiding on micturition. However, when ultrasound scanning of his urinary tract was repeated on 29th February 2016, his post micturitional, residual urine volume was 114mls.

Thirdly, Patient 114 has been complaining of some left loin pain for some time. When he had ultrasound scanning of his urinary tract performed in 2012, he was reported to have a left renal cyst measuring 1cm in diameter. However, there was no left renal cyst evident on ultrasound scanning in February 2016 when, in fact, he was reported to have a right renal cyst measuring 1.1cm in diameter.

In any case, his more pressing issue is the large right hemiscrotal swelling. I have arranged for him to be admitted to the Day Surgical Unit at Craigavon Area Hospital on Tuesday 22nd March 2016 for right hydrocelectomy and right epididymal cystectomy. I will also avail of the opportunity of performing flexible cystoscopy in order to assess his lower urinary tract endoscopically.

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 3rd March 2016

Date typed: 3rd March 2016

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

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AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

31st October 2016

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

Patient 123

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

Thank you for referring back to me this 77 year old gentleman for reassessment of troublesome lower urinary tract symptoms. Patient 123 had been found to have similar symptoms in 2012 when urodynamic studies confirmed that he had bladder outflow obstruction of significance, resulting in chronic urinary retention. He underwent prostatic resection in March 2013. There was no evidence of any prostatic adenocarcinoma on pathological examination of resected tissue. Perhaps somewhat importantly, pathological examination did confirm that he had mild chronic prostatitis in addition to benign prostatic hyperplasia. When he returned for review in April 2013, he was very satisfied with the symptomatic outcome of prostatic resection, and was discharged from review.

When I met Patient 123 as an outpatient on 1st October 2016, he reported very significant symptoms of both a voiding and storage nature. He reported that he has to strain to micturate, and is frequently dissatisfied with bladder emptying on doing so. He reported having urgency of micturition, increased diurnal frequency and severe nocturia. He reported that he has to rise at least 3 times each night to pass urine, but frequently would have to do so hourly. On clinical examination, I found him to have a balanitis for which I prescribed Fucidin hydrocortisone cream to be applied topically. I also found him to have a moderately enlarged and clinically benign prostate gland. I was pleased to note that his biochemical renal function has remained normal as has his serum total PSA at 0.71 ng/ml.

I arranged for Patient 123 to have ultrasound scanning of his urinary tract performed on 26th October 2016. He was reported to have a small echogenic focus within his right kidney, possibly indicative of a small right renal stone. He was also reported to have simple left renal cysts, the largest of which measured 2.5cms in diameter. Apart from these findings, both upper urinary tracts were normal. He was reported to have a mildly enlarged prostate gland with a volume of 33.6mls, and to have adequate bladder voiding with a residual volume of 50mls.

I advised Patient 123 to remain on Tamsulosin as you had prescribed. I added Oxybutynin in the modified release formulation 5mgs to be taken once daily. I advised him to remain on both until he would return to our Department on Friday 4th November 2016 for flexible cystoscopy and urodynamic studies that day. I will advise you of the findings and of any plans for his further management in due course.

Yours sincerely

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 30th October 2016

Date typed: 31st October 2016/LH

34

Patients seen privately by Mr O'Brien and added to waiting list and came in for procedure within a short timeframe.

Casenote	Consultant Name	Date on Waiting List	Date Operation	Days between Added to WL to Operation Date	Is there a clinical reason why they should have waited such a short time
Patient 114	O'Brien A Mr	22/02/2016	22/03/2016	29	No
Patient 115	O'Brien A Mr	25/04/2016	04/05/2016	9	Reasonable – Red Flag
Patient 116	O'Brien A Mr	11/04/2016	15/04/2016	4	No
Patient 117	O'Brien A Mr	01/04/2016	27/04/2016	26	No
Patient 118	O'Brien A Mr	08/07/2016	09/08/2016	32	No
Patient 119	O'Brien A Mr	29/07/2016	21/09/2016	54	No
Patient 120	O'Brien A Mr	04/12/2015	24/02/2016	82	Reasonable
Patient 121	O'Brien A Mr	11/07/2016	17/08/2016	37	No
Patient 122	O'Brien A Mr	08/10/16	02/11/16	25	No
Patient 123	O'Brien A Mr	31/10/16	04/11/16	5	No
Patient 124	O'Brien A Mr	16/02/2016	24/02/2016	8	No

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

Patient 124

23rd February 2016

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

Patient 124

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

30th Jan 07
 5 Feb u/s
 12 Feb u/s
 16 Feb urodyn.
 24th Feb water + hydro
 3/52. twin. and.
 on admission bi. Δ water.
 wet 12 F.
 ? u/s out.

I write to you regarding **Patient 124** who presented with persistent left flank pain in 2012. The pain was consistent with ureteric colic but it had not been possible to determine whether small opacities seen in the left hemi-pelvis were indicative of left lower ureteric calculi. As a consequence, **Patient 124** was admitted in February 2013 for left ureteroscopy when I found her to have a stenosis of the intramural segment of her ureter, above which the ureteric lumen was dilated, containing urothelial debris. The stenosed intramural segment was effectively dilated by advancement of the ureteroscope.

Dilatation of the intramural segment resulted in complete relief of the left flank pain. She had a recurrence of that same pain in October 2014. There was no evidence of any left ureteric calculi or of left upper tract dilatation on CT scanning of her urinary tract at that time. The pain then was not as severe as it had been in 2012. Urinary microscopy and culture then were both normal, though later she did have a coliform infection in December 2014.

Patient 124 has had recurrence of the same pain since January 2016. She had remained effectively free of pain during 2015. When I reviewed her on 30th January 2016, she reported that the pain radiated from her left loin to her left labium majus. I noted that she had been found to have pyuria and bacteriuria on urinary microscopy on 12th January 2016. However, both were normal when repeated on 30th January 2016. In any case, I had empirically prescribed Trimethoprim 200mgs to be taken twice daily for a period of 3 weeks.

I arranged for **Patient 124** to have ultrasound scanning of her urinary tract performed on 5th February 2016. Ultrasound scanning was normal. As the pain persisted, I had intravenous urography performed on 12th February 2016. Whilst this was also normal, there was just a hint that there may have been a mild degree of left ureteric dilatation. By then, her pain was increasingly localised to the left lower abdominal area, and was increasingly accompanied by lower urinary tract symptoms, which included hesitancy of micturition, a reduced urinary flow and post micturitional incontinence in addition to urgency and quite severe nocturia, having to rise 4 or 5 times each night to pass urine. Prior to considering any endoscopic reassessment, I had **Patient 124** attend on 16th February 2016 for urodynamic studies when she was found to have a hypersensitivity of her bladder resulting in a compromised cystometric capacity of 190mls. There was no evidence of detrusor muscular overactivity.

I have therefore arranged for Patient 124 to be readmitted on Wednesday 24th February 2016 for left ureteroscopy in addition to hydrostatic dilatation of her bladder.

Yours sincerely

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 23rd February 2016

Date typed: 23rd February 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

31st October 2016

Personal Information redacted by the USI

Patient 123

1-10-16
 26.10.16 4/5 - Booked w/pt
 4.11.16 flat + w/pt

Dear [redacted]

Patient 123

Personal Information redacted by the USI

DOB
 UN

Personal Information redacted by the USI

12. for flex + w/pt.

C. line

Thank you for referring back to me this 77 year old gentleman with lower urinary tract symptoms. Patient 123 had been found to have similar symptoms in 2012 when urodynamic studies confirmed that he had bladder outflow obstruction of significance, resulting in chronic urinary retention. He underwent prostatic resection in March 2013. There was no evidence of any prostatic adenocarcinoma on pathological examination of resected tissue. Perhaps somewhat importantly, pathological examination did confirm that he had mild chronic prostatitis in addition to benign prostatic hyperplasia. When he returned for review in April 2013, he was very satisfied with the symptomatic outcome of prostatic resection, and was discharged from review.

When I met Patient 123 as an outpatient on 1st October 2016, he reported very significant symptoms of both a voiding and storage nature. He reported that he has to strain to micturate, and is frequently dissatisfied with bladder emptying on doing so. He reported having urgency of micturition, increased diurnal frequency and severe nocturia. He reported that he has to rise at least 3 times each night to pass urine, but frequently would have to do so hourly. On clinical examination, I found him to have a balanitis for which I prescribed Fucidin hydrocortisone cream to be applied topically. I also found him to have a moderately enlarged and clinically benign prostate gland. I was pleased to note that his biochemical renal function has remained normal as has his serum total PSA at 0.71 ng/ml.

I arranged for Patient 123 to have ultrasound scanning of his urinary tract performed on 26th October 2016. He was reported to have a small echogenic focus within his right kidney, possibly indicative of a small right renal stone. He was also reported to have simple left renal cysts, the largest of which measured 2.5cms in diameter. Apart from these findings, both upper urinary tracts were normal. He was reported to have a mildly enlarged prostate gland with a volume of 33.6mls, and to have adequate bladder voiding with a residual volume of 50mls.

I advised Patient 123 to remain on Tamsulosin as you had prescribed. I added Oxybutynin in the modified release formulation 5mgs to be taken once daily. I advised him to remain on both until he would return to our Department on Friday 4th November 2016 for flexible cystoscopy and urodynamic studies that day. I will advise you of the findings and of any plans for his further management in due course.

Yours sincerely

dictated but not signed by

**Mr Aidan O'Brien
Consultant Urologist**

Date dictated: 30th October 2016

Date typed: 31st October 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

28th October 2016

Personal Information redacted by the USI

Patient 122

Dear

Personal Information redacted by the USI

Patient 122

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

8/10/16 15:00 - F. 11/10/16
 due to significant morbidity
 assigned admission 2.11.16.
 to be TURP for catheterisation

I write to you regarding this 89 year old gentleman who was admitted to the General Hospital in Enniskillen in July 2016 in urinary retention. He presented with urinary tract dilatation, acute deterioration in renal function, urinary infection and coliform bacteraemia. He was managed very successfully with urethral catheterisation, intravenous hydration and antibiotic therapy. By the time of his discharge on 28th July 2016, his biochemical renal function had returned to the normal range.

Patient 122 remained well when I met him as an outpatient on 8th October 2016, apart from discomfort associated with continued indwelling urethral catheterisation. In view of the significant morbidity suffered as a consequence of bladder outlet obstruction, I have arranged for him to be admitted to our Department on Wednesday 2nd November 2016 for prostatic resection that day.

Yours sincerely

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 28th October 2016

Date typed: 28th October 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

16th August 2016

Personal Information redacted
by the USI

Patient 121

Dear

Personal Information redacted
by the USI

Patient 121

Personal Information redacted by the USI

DOB
UN

Personal
Information
redacted by the
USI

I write to you regarding this 79 year old gentleman who accompanied by hyponatraemia during his admission to South West Acute Hospital in June 2016 due to increasing erythema affecting his left foot. He required catheterisation. He was discharged on 16th June 2016 with an indwelling urethral catheter. He subsequently failed a trial removal of the catheter on 27th June 2016 when he was recatheterised.

When I met Patient 121 as an outpatient on 23rd July 2016, he reported that he found the indwelling urethral catheter to be particularly uncomfortable. I have therefore arranged for him to be admitted to our Department on Tuesday 16th August 2016 for prostatic resection on Wednesday 17th August 2016.

Yours sincerely

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 16th August 2016

Date typed: 16th August 2016/LH

*Dict. on
admission*

23. 7.16.

*found indwelling Catheter
particularly uncomfortable.*

Soaked Tues 16-8-16

1/2 - Catheter

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

22nd February 2016

Personal Information redacted by the USI

*Jumped
Queue but
reasonable.*

Patient 120

Dear

Personal Information redacted by the USI

Patient 120

Personal Information redacted by the USI

DOB
UN

Personal
Information
redacted by the
USI

*21.11.15 heard.
24.2.16 Blackwater
3.5cm*

*Diagnosis
reasonable*

I write to you regarding this 73 year old gentleman who previously lived in [Personal Information redacted by the USI] who has recently moved to live in [Personal Information redacted by the USI] so that he could be near to his daughter who cares for him. He had initially been referred to my colleague, Mr MacLeod, Consultant Urologist at Altnagelvin Area Hospital for assessment of lower urinary tract symptoms, biochemical haematuria and an elevated serum PSA level. However, before investigation could be undertaken, [Patient 120] had moved to [Personal Information redacted by the USI]

When I met him as an outpatient on 21st November 2015, I noted that his serum PSA level had been 2.9 ng/ml in 2011, increasing to 6.8 ng/ml by July 2015, then decreasing to 6.5 ng/ml by September 2015. I also noted that he had had an intracranial aneurysm in 1999.

He reported having a poor urinary flow and was quite severely troubled by urinary incontinence related to urgency. He was already taking Tamsulosin. He had been found to have pyuria, haematuria and bacteriuria on urinary microscopy but urinary culture was negative.

I found him to have a moderately enlarged prostate gland with some minimal induration of the right lateral lobe.

I arranged for [Patient 120] to have a CT urogram performed on 30th November 2015 on account of the finding of microscopic haematuria. The dominant finding was that of a large bladder stone measuring 3.5cms in diameter. He was coincidentally found to have a large, incarcerated, hiatus hernia, to have chronic inflammatory changes in the basis of both lungs, to have colonic diverticulosis and more importantly, to have an infra-renal, abdominal aortic aneurysm, measuring 5.2cms in diameter, and which extended into the right common iliac artery.

I also arranged for him to have ultrasound scanning of his urinary tract performed on 2nd December 2015 when he was reported to have small, bilateral renal cysts, and to have minimal enlargement of his prostate gland.

I had prescribed Finasteride, 5mgs daily, when I met [Patient 120] in November 2015, advising him to remain on Finasteride and Tamsulosin until further review. When I spoke with his daughter more recently, she reported that the addition of Finasteride had not resulted in any improvement in his

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

Page 1 of 2

lower urinary symptoms. This is not at all surprising as the bladder calculus is undoubtedly the dominant cause of his lower urinary tract symptoms. I have therefore arranged for him to be admitted on Wednesday 24th February 2016 for endoscopic bladder lithotripsy. If I do find his prostate gland, though not enlarged, is causative of significant bladder outlet obstruction, I may additionally resect the outlet of his bladder.

Lastly, I have referred Patient 120 to Mr Weir, Consultant Vascular Surgeon at Craigavon Area Hospital requesting that he arrange an appointment for Patient 120 to attend his clinic in due course, and with regard to further management of the recently diagnosed, abdominal aortic aneurysm.

Yours sincerely

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 22nd February 2016

Date typed: 22nd February 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

5th September 2016

Personal Information redacted by the USI

Patient 119

Dear

Personal Information redacted by the USI

Patient 119

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

*July 15 -
20th - 15th 4/12
LUTS
TURP 21.9.16
2/12 for LUTS symptoms **

I write to you regarding this 60 year old man whom you referred to Kathy Travers, Continence Nurse Specialist in 2015 for assessment of severe, lower urinary tract symptoms which he had had for several years, and which had not been significantly improved as a consequence of having remained on Tamsulosin for some time. When assessed by Kathy in May 2015, he reported a poor and intermittent urinary flow usually followed by a sensation of inadequate voiding, post micturitional incontinence and severe nocturia, having to rise at least 3 times each night to pass urine and not unfrequently having to rise up to 5 times. She found him to have a poor, maximum flow rate of 6 mls/sec and to have a post micturitional, residual urine volume of 170mls. He had then been recently prescribed Finasteride in addition to Tamsulosin. She initiated clean, intermittent, self catheterisation.

When I met ^{Patient 119} as an outpatient in July 2015, his urinary symptoms had improved since the addition of Finasteride. His flow remained reduced, he still did have a sensation of unsatisfactory voiding following micturition, but the nocturia was less severe, he having to rise once or twice each night to pass urine. On clinical examination I found him to have a moderately enlarged and clinically benign prostate gland, in keeping with very normal serum total PSA levels of 1.1 ng/ml in 2013 and 1.4 ng/ml in 2015. I was also pleased to note that his biochemical renal function was normal in April 2015.

^{Patient 119} had ultrasound scanning of his urinary tract performed on 20th July 2015 when both upper urinary tracts were found to be normal and when bladder voiding was found to be much improved and normal with a residual volume of 14mls only.

I advised ^{Patient 119} in July 2015 that he would be better served by having his prostate gland resected. As you may be aware from recent correspondence from Kathy Travers, she has found his flow rate to remain very poor, even though bladder voiding has remained satisfactory. I have therefore arranged for ^{Patient 119} to be admitted to our Department on Wednesday 21st September 2016 for endoscopic resection of his prostate gland later that day.

dictated but not signed by

Mr Aidan O'Brien
 Consultant Urologist

Date dictated: 5th September 2016
 Date typed: 5th September 2016/LH

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

Page 1 of 1

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

29th June 2016

Personal Information redacted by the USI

Patient 118

Dear

Personal Information redacted by the USI

Patient 118

Personal Information redacted by the USI

DOB
UN

Personal
Information
redacted by the

25.6.16.
5.7.16 Flat + waddy
34. ok w/ wet waddy
sent 1/2.

I write to you regarding this 34 year old man who had been found to have a cystic mass located in his left anatomical hemi-pelvis on CT scanning in October 2010. The cystic mass measured almost 10cms in its maximum diameter, and was seen to displace the urinary bladder significantly to the right. On surgical exploration in November 2010, the mass was found to be an extra-peritoneal, haemorrhagic cyst which was evacuated. Part of the mass was submitted for histopathological examination. There was no evidence of any malignancy. There has been no reassessment of the possibility of any recurrence since then.

For several years prior to then, Patient 118 had had significant lower urinary tract symptoms predominantly of a storage nature. It may have been assumed that his symptoms are attributable to the presence of the pelvic mass compressing and displacing his urinary bladder. However, in retrospect, evacuation of the cystic mass did not appear to have any significant or lasting benefit with regard to his lower urinary tract symptoms. In fact, in more recent years, those symptoms have progressively increased in severity. Following his recent referral, I met Patient 118 as an outpatient on 25th June 2016 when he reported troublesome urinary symptoms of a mixed nature. He reported urgency and urge incontinence in addition to nocturia, having to rise 2 or 3 times each night to pass urine. However, in addition, he reported voiding symptoms in the form of hesitancy, a reduced urinary flow and a sensation of unsatisfactory voiding following micturition in addition to dysuria. He has derived no benefit from having been prescribed Tamsulosin. I noted that his serum total PSA level was very normal at 0.43 ng/ml in September 2015. In fact, his progressive lower urinary tract symptoms had caused him more recent concern regarding the prospect of he having prostatic carcinoma, and particularly in light of an uncle having recently undergone radical prostatectomy for prostatic carcinoma. On clinical examination, I felt that Patient 118 had a minimally enlarged and clinically benign prostate gland.

I hopefully have been able to reassure Patient 118 that there is no clinical or biochemical reason to suspect the presence of prostatic carcinoma. I have requested a CT scan of his pelvis in order to determine whether there is any evidence of recurrence of the cystic lesion, and I have arranged for him to attend our Department on Friday 8th July 2016 for flexible cystoscopy and urodynamic studies.

dictated but not signed by

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

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Mr Aidan O'Brien
Consultant Urologist

Date dictated: 27th June 2016

Date typed: 29th June 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

20th April 2016

Personal Information redacted by the USI

Patient 117

Dear

Personal Information redacted by the USI

Patient 117

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

2.4.16
19.4.16 CT
27.4.16 (L) ureteroscopy
dict 20.4.16
not known - result but booked
for surgery 1/12

I write to you regarding this 82 year old lady whom you referred on 24th March 2016 following a 2 month history of left flank pain which, at times, has been severe. She was reported to have a stone, measuring 1.2cms in diameter, within her left kidney when she had ultrasound scanning performed on 26th February 2016.

When I met **Patient 117** as an outpatient on 2nd April 2016, she reported that she continued to have intermittent left flank pain. I did note that she did have microscopic haematuria on urinary microscopy on 9th February 2016. On reviewing the digitalised images of the ultrasound scan of February 2016, I felt that this stone could very well be located within her left renal pelvis rather than within the lower pole calyceals, and as a consequence, maybe causing intermittent renal outlet obstruction resulting in ureteric colic.

I arranged for **Patient 117** to have CT scanning of her urinary tract performed on 19th April 2016, and I have arranged for her to be admitted to our Department on Wednesday 27th April 2016 for left ureteroscopy with a view to ensuring that she does not have any additional ureteric calculi, and ideally with a view to achieving laser lithotripsy of the left renal stone. She may require ureteric stenting. In any case, you will be advised of the outcome and of plans for any further management in due course.

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 20th April 2016

Date typed: 20th April 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

11th April 2016

Personal Information redacted by the USI

Patient 116

Dear [Personal Information redacted by the USI]

Patient 116

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

2.5.15
11.4.16 let's
15.8.16 flex + weekly
not sw2 of time lined
accept.

I write to you regarding this 70 year old gentleman who was referred by your colleague, Dr [Personal Information redacted by the USI] in December 2014, for assessment and management of troublesome urinary symptoms. By the time that I met [Patient 116] as an outpatient in May 2015, he had additionally been referred by Dr McMillan, Locum Consultant Dermatologist, for assessment of a balanitis.

When [Patient 116] attended on 2nd May 2015, the only symptoms which he reported to be of significance were those of urgency and urge incontinence. As Dr [Personal Information redacted by the USI] had indicated, [Patient 116] had been taking Dutasteride and Tamsulosin for some time. With regard to the erectile dysfunction, [Patient 116] reported that he had been taking Tadalafil 10mgs daily for some time, and with a degree of effectiveness that was just about satisfactory. On clinical examination, I found him to have minimal preputial adhesions and associated balanitis. I felt that he had a moderately enlarged, clinically benign prostate gland. I noted that [Patient 116]'s biochemical renal function has been normal to date and that his serum PSA had been very normal at 0.26 ng/ml in December 2014.

In any case, I advised him to discontinue taking Dutasteride to see whether its discontinuation with further enhance the efficacy of Tadalafil in the management of his erectile dysfunction. As his dominant urinary symptoms were storage in nature, I prescribed Oxybutynin in the modified release formulation, 10mgs to be taken once daily. I advised him to remain on Oxybutynin and Tamsulosin and Tadalafil until further review. I also arranged for him to have ultrasound scanning of his urinary tract which was performed in September 2015 when he was found to have a simple right renal cyst measuring 2.5cms in diameter, a mildly enlarged prostate gland with a volume of 35mls and very adequate bladder voiding, with a residual volume of 26mls.

I spoke with [Patient 116] by telephone recently when he reported that the Oxybutynin had probably contributed significantly to his avoidance of urge incontinence. However, he still does have severe urgency of micturition and to the extent that it severely compromises his quality of life to the extent that he does not allow himself to be far from a toilet at any time. The only other urinary symptom was that of nocturia, having to rise once each night to pass urine. I therefore felt that it would be reasonable to proceed with urodynamic studies. I have therefore arranged for him to attend our Department on Friday 15th April 2016 for urodynamic studies and flexible cystoscopy. I will advise you of the findings and of plans for his further management in due course.

Yours sincerely

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

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dictated but not signed by

**Mr Aidan O'Brien
Consultant Urologist**

Date dictated: 11th April 2016

Date typed: 11th April 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

26th April 2016

Personal Information redacted by the USI

Patient 115

Dear

Personal Information redacted by the USI

Patient 115

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

19.3.16 Haem
4.5.16 Bladder WB

we concern

I write to you regarding this 86 year old lady who came to see me as an outpatient on 19th March 2016 following the recent onset of visible haematuria. The only other urinary symptom which she reported was that of nocturia, having to rise once each night to pass urine. I noted that she had had a total abdominal hysterectomy and bilateral salpingo-oophorectomy performed some 30 years ago and I also noted that there was a possibility of her having had a bladder prolapse in the past.

I noted that she has had chronic renal functional impairment for some time, her mean glomerular infiltration rate being 51mls/min during 2014. However, more recently, her glomerular infiltration rate has been found to have decreased to 43mls/min. There had been no evidence of infection on urinary culture during recent months, though she was found to have significant pyuria, haematuria and bacteriuria on urinary microscopy.

In any case, I arranged for Patient 115 to have a CT urogram performed on 20th April 2016 when she was found to have an enhancing, soft tissue mass with all of the characteristic appearances of a bladder tumour, arising from the right posterolateral wall of her bladder, obstructing the right ureteric orifice, resulting in marked dilatation of her right upper urinary tract. Undoubtedly obstruction of her right upper urinary tract has contributed to the recent decline in her biochemical renal function.

Importantly, Patient 115 was also reported to have a 6mm stone in her left kidney. On reviewing the digitalised images, this opacification is indeed either a left renal stone or an area of cortical calcification, particularly as it is closely related to a focal area of cortical scarring. However, if it were a stone, and if Patient 115 did have the misfortune of having that stone migrate into her left ureter, she could suffer catastrophic, anuric renal failure.

The only other lesions or pathology noted on her recent CT scan were those of simple, bilateral renal cysts, gallstones, colonic diverticulosis and degenerative changes affecting her thoracolumbar spine.

I have advised Patient 115 of the findings of CT scanning and I have arranged for her to be admitted to our Department on Wednesday 4th May 2016 for resection of the bladder tumour and possibly right ureteric stenting. I have also arranged for her to attend for pre-operative assessment prior to her admission. You will be advised of the findings and of our plans for her further management in due course.

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

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dictated but not signed by

**Mr Aidan O'Brien
Consultant Urologist**

Date dictated: 26th April 2016
Date typed: 26th April 2016/LH

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

3rd March 2016

Personal Information redacted by the USI

Patient 114

Dear [Personal Information redacted by the USI]

Patient 114

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

seems to be 3.3.16
22.3.16 scrotal
surgery
2 1/2 weeks !!

I write to you regarding this 65 year old gentleman [Personal Information redacted by the USI] for assessment and management of a large right scrotal swelling. I noted that [Patient 114] had been assessed by Mr McKnight, Consultant Urological Surgeon at the Ulster Hospital Dundonald in October 2015 when ultrasound scanning indicated that he had a large, septated, right hydrocele in addition to having probable right epididymal cysts. Mr McKnight advised that surgical intervention was not urgently indicated at that time.

I also note that [Patient 114] had been attending the Department of Urology as an outpatient at Lagan Valley Hospital, because of lower urinary tract symptoms. When he was reviewed in January 2016, he reported that he did not feel that he was able to empty his bladder completely on passing urine, that he had increased diurnal frequency of micturition in addition to having to rise once or twice each night to pass urine. I note that [Patient 114] did not have any prostatic enlargement on ultrasound scanning in April 2012 when his prostatic volume was 20mls only and when he had virtually complete bladder voiding on micturition. However, when ultrasound scanning of his urinary tract was repeated on 29th February 2016, his post micturitional, residual urine volume was 114mls.

Thirdly, [Patient 114] has been complaining of some left loin pain for some time. When he had ultrasound scanning of his urinary tract performed in 2012, he was reported to have a left renal cyst measuring 1cm in diameter. However, there was no left renal cyst evident on ultrasound scanning in February 2016 when, in fact, he was reported to have a right renal cyst measuring 1.1cm in diameter.

In any case, his more pressing issue is the large right hemiscrotal swelling. I have arranged for him to be admitted to the Day Surgical Unit at Craigavon Area Hospital on Tuesday 22nd March 2016 for right hydrocelectomy and right epididymal cystectomy. I will also avail of the opportunity of performing flexible cystoscopy in order to assess his lower urinary tract endoscopically.

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 3rd March 2016

Date typed: 3rd March 2016

«PTFNAMES» «PTSNAME» DOB: «PTDOB» H+C: «PTNHS»

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Patients seen privately by Mr O'Brien and added to waiting list and came in for procedure within a short timeframe.

Casenote	Consultant Name	Date on Waiting List	Date Operation	Days between Added to WL to Operation Date	Is there a clinical reason why they should have waited such a short time
Patient 114	O'Brien A Mr	~~22/02/2016~~ 20.03.16	22/03/2016	~~29~~ 31	No
Patient 115	O'Brien A Mr	~~25/04/2016~~	04/05/2016	~~8~~ 46	Reasonable – Red Flag
Patient 116	O'Brien A Mr	~~11/04/2016~~	15/04/2016	~~4~~ 349	No
Patient 117	O'Brien A Mr	~~01/04/2016~~	27/04/2016	~~26~~ 25	No
Patient 118	O'Brien A Mr	08/07/2016	09/08/2016	32	No
Patient 119	O'Brien A Mr	~~20/07/2016~~ 20.07.15	21/09/2016	~~54~~ 428	No
Patient 120	O'Brien A Mr	~~04/12/2015~~ 21.11.15	24/02/2016	~~82~~ 94	Reasonable
Patient 121	O'Brien A Mr	~~11/07/2016~~ 23.07.16	17/08/2016	~~37~~ 25	No
Patient 122	O'Brien A Mr	08/10/16	02/11/16	25	No
Patient 123	O'Brien A Mr	~~01/10/16~~ 01.10.16	04/11/16	~~5~~ 34	No
Patient 124	O'Brien A Mr	~~18/02/2016~~ 30.01.16	24/02/2016	~~8~~ 25	No

TURP 2016

<u>Patient</u>	<u>Hosp No.</u>	<u>Date of Surgery</u>	<u>Waiting Time</u>
Personal Information redacted by the USI			
		27/01/16	12 days (Attended Privately 28/02/15)
		27/01/16	705 days
		10/02/16	23 days
		10/02/16	12 days
		24/02/16	26 days
		26/02/16	14 days
		09/03/16	32 days
		09/03/16	83 days
		16/03/16	23 days
		16/03/16	155 days (Attended Privately 07/03/15)
		23/03/16	24 days
		13/04/16	400 days
		13/04/16	14 days
		04/05/16	54 days
		04/05/16	58 days
		17/05/16	581 days
		18/05/16	15 days
		25/05/16	61 days
		01/06/16	17 days
		15/06/16	65 days
		15/06/16	443 days (Attended Privately 01/11/14)
		29/06/16	427 days
		06/07/16	305 days (Attended Privately 15/08/15)

<u>Patient</u>	<u>Hosp No.</u>	<u>Date of Surgery</u>	<u>Waiting Time</u>
Personal Information redacted by the USI			
		13/07/16	19 days
		18/07/16	115 days
		25/07/16	833 days
		27/07/16	33 days
		27/07/16	61 days (Attended Privately 30/04/16)
		27/07/16	28 days
		16/08/16	25 days (Attended Privately 23/07/16)
		17/08/16	292 days (Attended Privately 20/12/14)
		22/08/16	643 days
		24/08/16	421 days
		25/08/16	414 days
		26/08/16	74 days
		07/09/16	424 days
		20/09/16	382 days
		21/09/16	61 days
		21/09/16	427 days (Attended Privately 20/07/15)
		21/09/16	785 days
		04/10/16	53 days
		12/10/16	777 days
		01/11/16	241 days
		02/11/16	25 days (Attended Privately 08/10/16)
		02/11/16	99 days
		09/11/16	79 days

Summary**Private TURP Patients x 9**

- Mean time on Waiting List 202 days
- > 500 days :
- 100 – 500 days: 5 Patients 56%
- < 100 days: 4 Patients 44%

Remaining TURP Patients x 37

- Mean time on Waiting List 219 days
- > 500 days: 6 Patients 16%
- 100 – 500 days 8 Patients 22%
- < 100 days 23 Patients 62%

PRIVATE PATIENTS

Patient 114

Personal Information
redacted by the USI

This man attended privately on 20 February 2016. I found him to be a very anxious man concerned, if not convinced, that his right scrotal swelling was an indication of cancer. His concern at that time was in the context of his mother being gravely ill in hospital, requiring

Personal Information redacted by the USI

He was her main carer. I am unaware of her outcome. I was unable to convince him that the right scrotal swelling was benign, and felt that it was justified in the context of his anxieties and his mother's illness to be able to eliminate his concern by arranging his admission to the Day Surgical Admission for hydrocoelelectomy **(after 31 days)**.

Even though I did so on 22 March 2017, he returned again on 25 June 2017, his persistent concern regarding cancer centred on persistent left abdominal pain for which reason I arranged for him to have a CT scan of his abdomen and pelvis on 20 July 2017, finding no evidence of any such pathology. Instead, it was evident that he had significant degenerative pathology throughout his thoracolumbar spine. I believe that he was then adequately relieved of his anxiety. However, I note that he has been urgently referred to Mental Health in August 2017 because of worsening depression. I have attached my review letter of 16 August 2016.

Patient 115

Personal Information
redacted by the USI

Patient 115

was an 86 year old lady brought to see me privately by her daughters on 19 March 2016 as they were concerned by their mother's visible haematuria. She was found on CT scanning to have a bladder tumour obstructing her right ureter resulting in a deterioration of her global renal function. She was admitted on 04 May 2017 **(after 46 days)** for resection of the bladder tumour and ureteric stenting. Following subsequent stent removal and intravesical chemotherapy, she has had no recurrence of carcinoma since.

Patient 116

Personal Information
redacted by the USI

Patient 116

had been referred by his GP in December 2014 for assessment of troublesome urinary symptoms, and later referred by a Dermatologist in February 2015 for assessment of balanitis. He attended privately on 02 May 2015 when he reported that he was most troubled by urgency and urge incontinence. Even though anticholinergic therapy reduced the severity of the incontinence, the persistent urgency made it very difficult for him to care for and visit his terminally ill wife. It was for that reason that I expedited his further assessment by flexible cystoscopy and urodynamic studies on 15 April 2016 **(after 349 days)** and as an additional patient in SPA time.

Patient 117

Personal Information
redacted by the USI

This 82 year old lady was referred on 24 March 2016 for assessment and management of intermittently severe, left loin pain, microscopic haematuria and a left renal stone found on ultrasound scanning. As suspected, CT scanning confirmed that the 1.2 cm stone had become impacted in her upper left ureter, causing renal outlet obstruction. She was admitted on 27 April 2016 (**after 25 days**) for left ureteroscopic laser lithotripsy and ureteric stenting.

Patient 118

Personal Information
redacted by the USI

This 34 year old man was twice referred by his GP, in February and in June 2016, for assessment and management of increasingly severe urinary symptoms including urge incontinence and nocturia. In fact, when I met him on 25 June 2016, with some significant difficulty, he advised me that he additionally had nocturnal enuresis, causing him and his wife to sleep in separate rooms, and resulting in significant marital strain. He advised that he had not advised his GP. It was for that reason that I expedited further investigation of his symptoms by flexible cystoscopy and urodynamic studies on 08 July 2016 (**after 45 days**), and without including that reason in my letter to the GP. For the same reasons, I believed that it was reasonable to expedite his admission to the Day Surgical Unit on 09 August 2017 for hydrostatic dilatation of his bladder (**after a further 32 days**).

Patient 119

Personal Information
redacted by the USI

This 62 year old man attended privately as an outpatient on 20 July 2015 for further assessment and management of severe lower urinary tract symptoms, due to bladder outlet obstruction, resulting in chronic urinary retention, necessitating self-catheterisation. I advised him then that he would be best served by having his prostate resected. I arranged his admission on 21 September 2016 (**after 428 days**).

Patient 120

Personal Information
redacted by the USI

This man was 73 years old when he attended privately on 21 November 2015 for assessment of severe urinary symptoms, including urinary incontinence, accompanied by microscopic haematuria. CT urography on 30 November 2015 revealed that he had a large bladder stone, measuring 3.5 cm in diameter. I arranged his admission on 24 February 2016 for endoscopic bladder lithotripsy (**after 94 days**).

Patient 121

Personal Information
redacted by the USI

This frail, 80 year old man was found to have urinary retention, accompanied by hyponatraemia, requiring catheterisation, following his acute admission in June 2016. He failed a trial removal of the catheter. He was brought to see me privately on 23 July 2016 due to his discomfort due to indwelling catheterisation. It was for that reason that I believed it reasonable to admit him on 16 August 2016 (**after 25 days**) for TURP on 17 August 2016.

Patient 122

Personal Information
redacted by the USI

This 90 year old man was acutely admitted in July 2016 in acute urinary retention, resulting in bilateral upper tract obstruction and acute renal injury, urinary infection and coliform bacteraemia. He attended privately on 08 October 2016 due to urethral discomfort caused by continued catheterisation. He was found to have recurrence of coliform infection on urinary culture. I therefore expedited his admission on 02 November 2017 (**after 25 days**) to minimise the risk of recurrence of the previous morbidity.

Patient 123

Personal Information
redacted by the USI

This 78 year old man attended privately on 01 October 2016 for assessment of severe urinary symptoms. Even though he had had a satisfactory outcome following TURP in 2013, by 2016 he had to strain to pass urine and had to rise up to hourly each night to pass urine. Because of the severity of his symptoms, I arranged for him to attend on 04 November 2016 (**after 34 days**) for flexible cystoscopy and urodynamic studies, which confirmed that he was in chronic urinary retention due to detrusor hypocontractility, and for which he was taught to practise self-catheterisation.

Patient 124

Personal Information
redacted by the USI

Patient 124 is the 25 year old daughter of [redacted] who not only has been one of my closest friends [redacted] since 1992, he has also been the [redacted] In that capacity, he has worked closely with our department in the delivery of [redacted]

Patient 124

[redacted] has suffered left flank pain of the nature of ureteric colic throughout 2012 until she was found to have stenosis of the intramural segment of her left ureter in February 2013. Dilatation of the intramural segment resulted in complete resolution of pain until Christmas

2015, since when she had constant pain throughout January 2016, when Personal
information
redacted by the
HSE asked me to review her. On doing so on 30 January 2016, I found her to have recurrence of the same ureteric pain as previously. However, I was also struck by the severity of her lower tract symptoms, having to rise 4 or 5 times each night to pass urine. I was therefore keen for her to have urodynamic studies performed prior to left ureteroscopy. Jenny Mc Mahon, Clinical Nurse Specialist, offered to do so on Tuesday 16 February 2016 (**after 17 days**) whilst I was doing a New Patient clinic, and without displacing any patient on a scheduled session of urodynamic studies. Finding that she had a moderately severe hypersensitivity of her bladder enable me to perform effective hydrostatic dilatation of her bladder, in addition to left ureteroscopy on an additional operating session on 24 February 2016 (**after a further 8 days**).

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OUTCOME SHEETS

MONTH	NUMBER OF PATIENTS
JUNE 2015	85
JULY 2015	31
AUGUST 2015	20
SEPTEMBER 2015	32
OCTOBER 2015	77
NOVEMBER 2015	61
DECEMBER 2015	
JANUARY 2016	
FEBRUARY 2016	73
MARCH 2016	59
APRIL 2016	
MAY 2016	111
JUNE 2016	75
JULY 2016	
AUGUST 2016	45
SEPTEMBER 2016	80
OCTOBER 2016	62
TOTAL	811

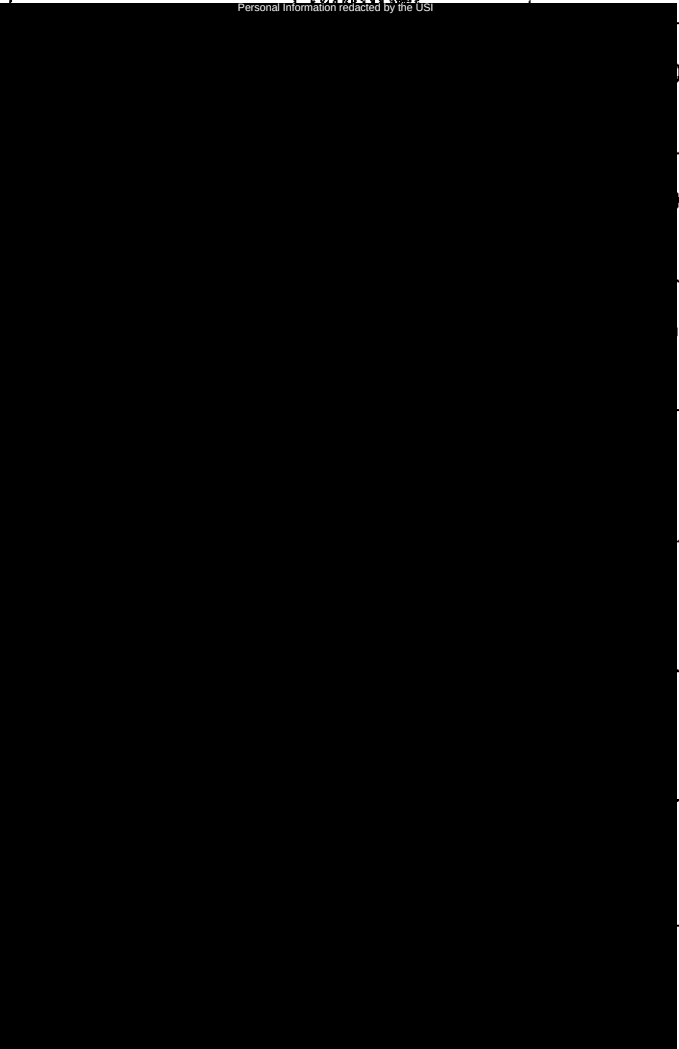
Urology Outcome Sheet

(for face to face appointments and advice)



Consultants name: MR O'BRIEN

Date: 25.06.15

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			DR MCENEANEY 22.06.15			
			A&E 25.06.15			
			A&E 25.06.15			
			DR BRADLEY 17.06.15			
			DR O'KANE 25.06.15			
			DR MORIARTY 25.06.15			
			DR BEDWELL 25.06.15			
			DR DEVINE 25.06.15			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

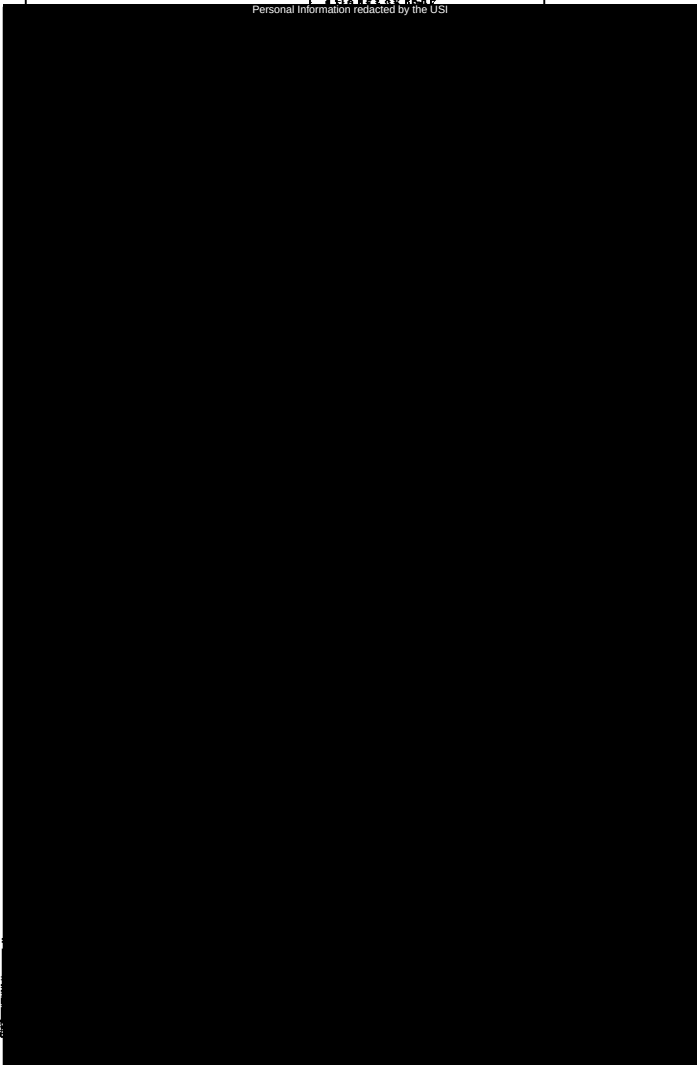
Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc
Personal information redacted by the USI			24/06 AE		
			24/06 O'DONNELL		
			24/06 O'REILLY		
			24/06 MCDOWELL		

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 25.06.15

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc
			DR MCENEANEY 22.06.15		
			A&E 25.06.15		
			A&E 25.06.15		
			DR BRADLEY 17.06.15		
			DR O'KANE 25.06.15		
			DR MORIARTY 25.06.15		
			DR BEDWELL 25.06.15		
			DR DEVINE 25.06.15		

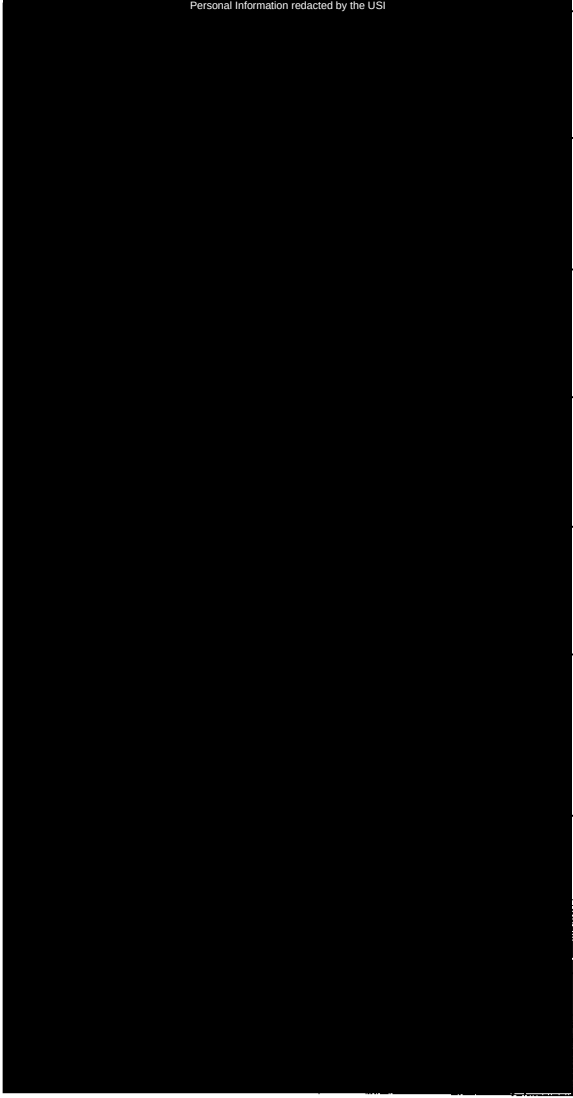
Urology Outcome Sheet

(7)

(for face to face appointments and advice)

Patient's name: MR O'BRIEN

Date: 26/06/2015

Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			12/06 SIDHU GYNAE	CKSN 22/04/2015		
			26/06 WADE			
			26/06/15 KENNEDY			
			26/06/15 GRANT			
			26/06/15 MCCOY			
			26/06/15 MULLAN			
			26/06/15 PARK			

Urology Outcome Sheet

AOB-10460



(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 26/06/15

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			24/06 AE			
			25/06 MCCONAGHY			
			25/06 MCEVOY			
			25/06 WRIGHT			
			25/06 DEANE			
			26/06 O'HARE	CKSUR 12/14		
			26/06/15 SWAH AE	EURONR 27/10/2014		

Urology Outcome Sheet

(for face to face appointments and advice)



Consultants name: MR O'BRIEN

Date: 26/06/15

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			24/06 AE			
			25/06 MCCONAGHY			
			25/06 MCEVOY			
			25/06 WRIGHT			
			25/06 DEANE			
			26/06 O'HARE	CKSUR 12/14		
			26/06/15 SWAH AE	EURONR 27/10/2014		

Urology Outcome Sheet

(for face to face appointments and advice)

Consultant's name: MR O'BRIEN

Date: 29.06.15

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc
Personal information redacted by the UST			DR DALZELL 29.06.15		
			DR FORSTER 26.06.15		
			DR SLOAN 26.06.15		
			DR SMITH 29.06.15		
			DR PARRY 29.06.15		
			DR DILLON 29.06.15		
			DR GALLAGHER 29.06.15		

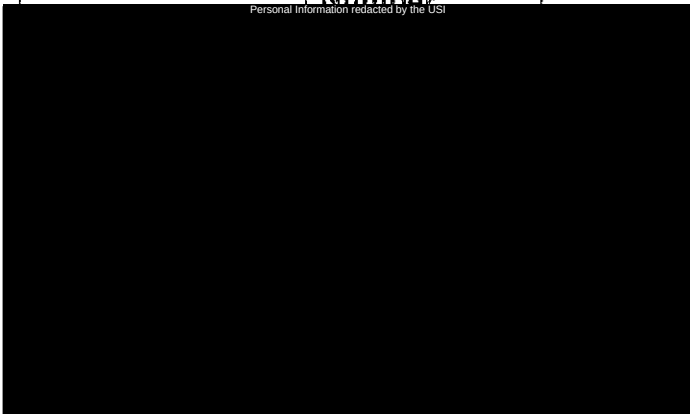
Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc
Personal information redacted by the USI			A&E 29.06.15		
			DR MALLON 29.06.15		
			A&E 29.06.15		
			A&E 29.06.15		
			DR SOUTHWELL 29.06.15		
			DR AHMED ACH 18.06.15		

(for face to face appointments and advice)

Consultants name: Mr O'Brien

Date: 29/6/15

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc
Personal Information redacted by the UOI			A&E		
			A&E, SWAH		
			Dr Flanigan		
			Dr Naughton		
			Dr Graham, SWAH		
			Mr McCaffrey, Altnagelvin		
			Dr Leary		
			A&E, SWAH		

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc
 Personal information redacted by the USI			Dr Ferguson		
			Dr. Naughton		
			Dr. Davidson		

Urology Outcome Sheet

AOB-10466

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(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 30/06/2015

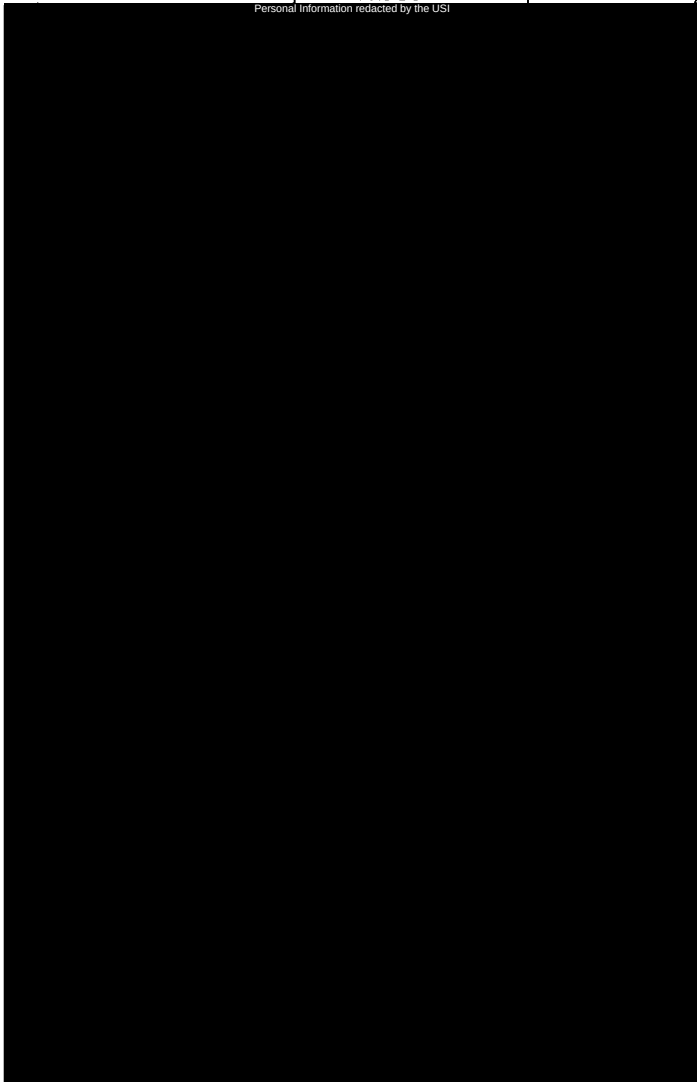
Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to ii w/l, discharge etc
Personal Information redacted by the U.S.I.			29/06 AE DR COLE		
			29/06 BCH O'HARA		
			29/06 CUPPLES		
			29/06 CUPPLES		
			29/06 MONAGHAN		
			29/06 RAMSEY		
			29/06 BRANNIGAN		
			30/6 Morgan		

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 30.06.15

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, ad w/l, discharge etc
 Personal Information redacted by the U.S.I.			A&E 30.06.15		
			A&E 30.06.15		
			A&E 30.06.15		
			A&E 30.06.15		
			DR MORRISON 30.06.15		
			DR MCFADDEN 30.06.15		
			MR EPANOMERITAKIS 29.06.15		
			DR MURPHY 30.06.15		

(11)

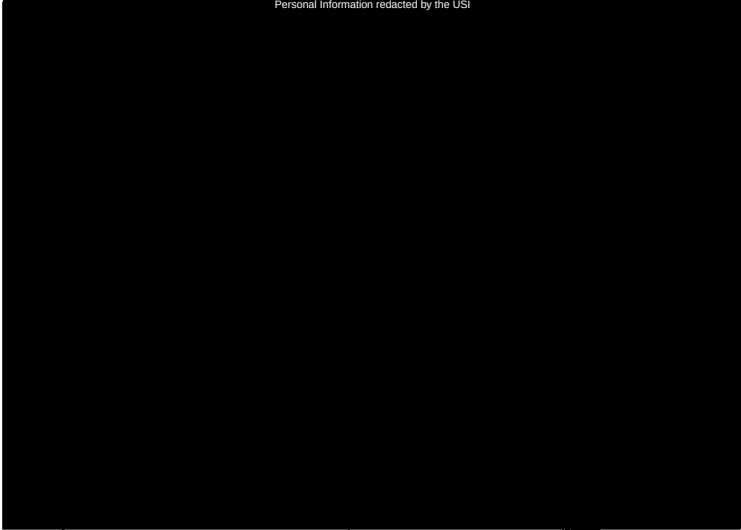
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Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc
			DR MULHOLLAND 30.06.15		
			DR RAMSEY 30.06.15		
			DR CUPPLES 30.06.15		

Urology Outcome Sheet
(for face to face appointments and ad)

August 2015

Consultants name: **MR O'BRIEN**

Patient Name	H & C or Hospital Number	DOB	Source of Referral
 Personal Information redacted by the USI			26/08 SHARPE
			27/08/15 O'SHAUGHNEESY
			27/08/15 FOLEY
			24/08 AE

Urology Outcome Sheet
(for face to face appointments and advice)

Date: 28/08/2015

Consultants name: MR O'BRIEN

Patient Name	H & C or Hospital	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USt			7/08 CCOY			
			7/08 WRIGHT			
			7/08 AGNEW			
			28/08/15 POTTER			
			28/08/15 O'SHAUGHNESSY			
			28/08 O'SHAUGHNESSY			
			27/08 FEARON			
			26/08 AE			

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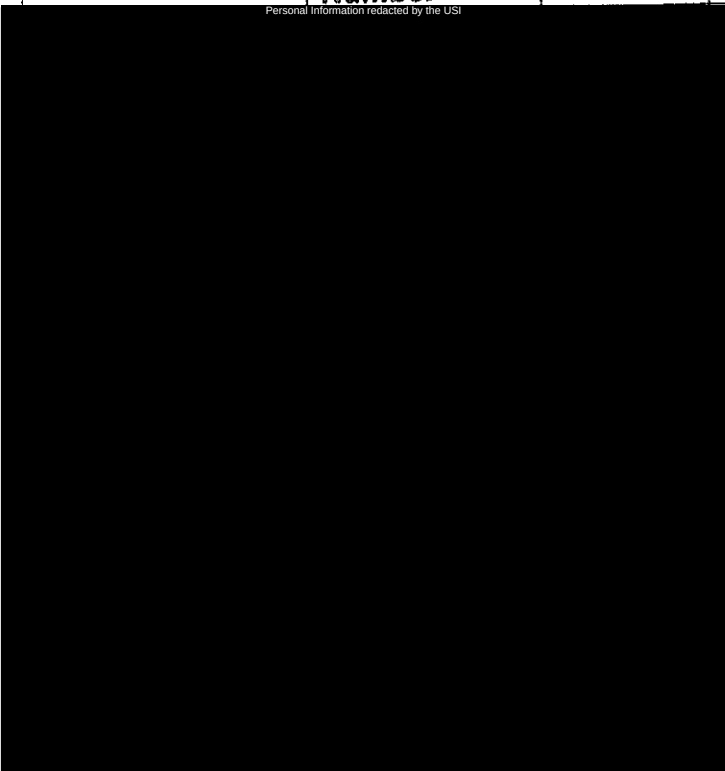
Urology Outcome Sheet

(for face to face appointments and advice)

⑥

Consultants name: MR O'BRIEN

Date: 28/08/2015

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
 Personal information redacted by the USI			27/08 BARR			
			27/08 OLOUGHLIN			
			27/08 MCCREEDY			
			28/08 MCKAY			
			28/08/15 MCAREAVY			
			28/08/15 HAIGNEY			

Urology Outcome Sheet
(for face to face appointments and ad)

August 2015

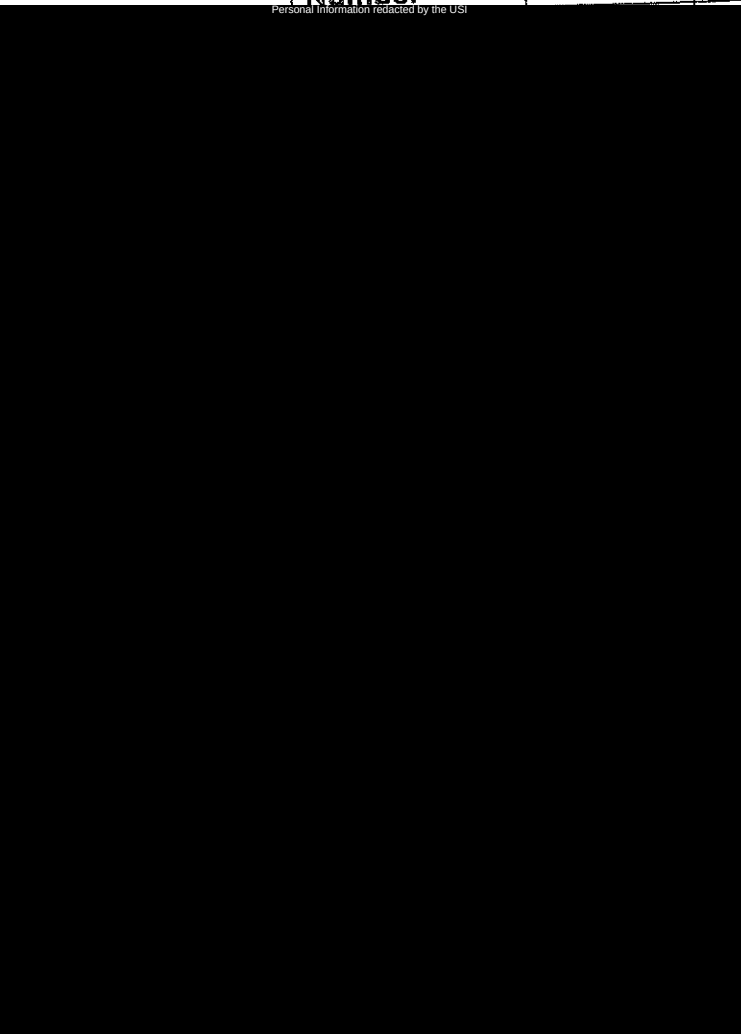
Consultants name: **MR O'BRIEN**

Patient Name	H & C or Hospital Number	DOB	Source of Referral
Personal information redacted by the UST			26/08 SHARPE
			27/08/15 O'SHAUGHNEESY
			27/08/15 FOLEY
			24/08 AE

Urology Outcome Sheet
(for face to face appointments and advice)

Date: 28/08/2015

Consultants name: MR O'BRIEN

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
 Personal information redacted by the USt			/08 CCOY			
			/08 RIGHT			
			7/08 GNEW			
			8/08/15 POTTER			
			28/08/15 O'SHAUGHNESSY			
			28/08 O'SHAUGHNESSY			
			27/08 FEARON			
			26/08 AE			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USt			16/08 AE			
			17/08 AE			

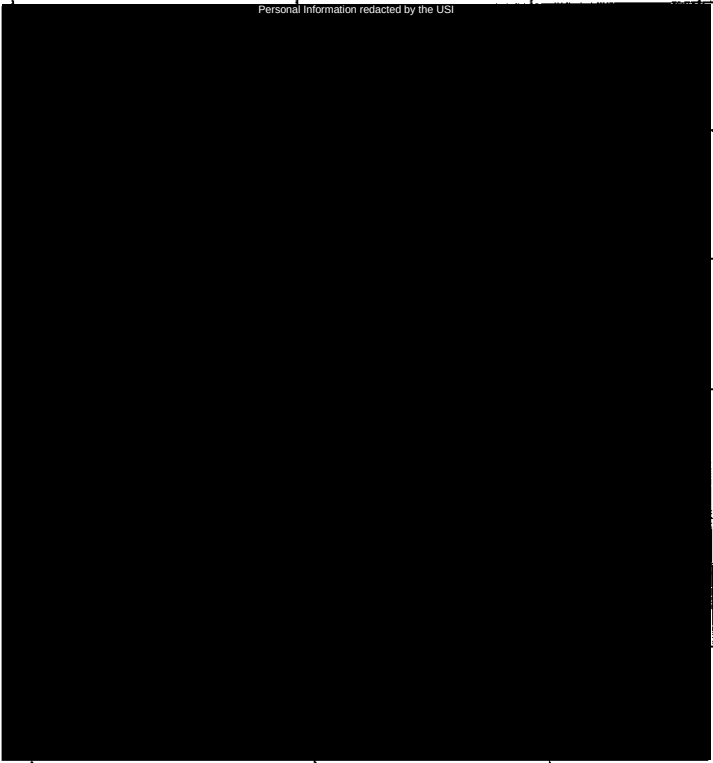
Urology Outcome Sheet

(for face to face appointments and advice)

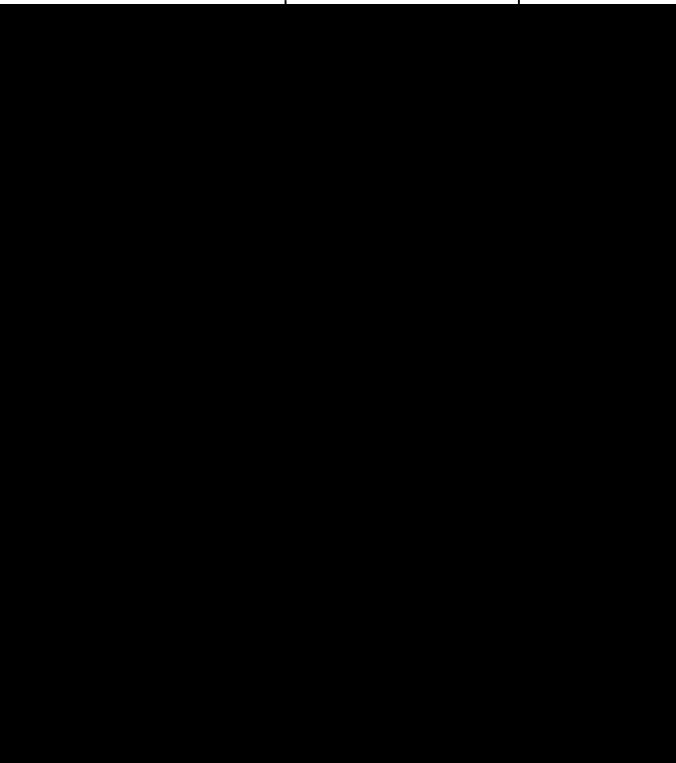
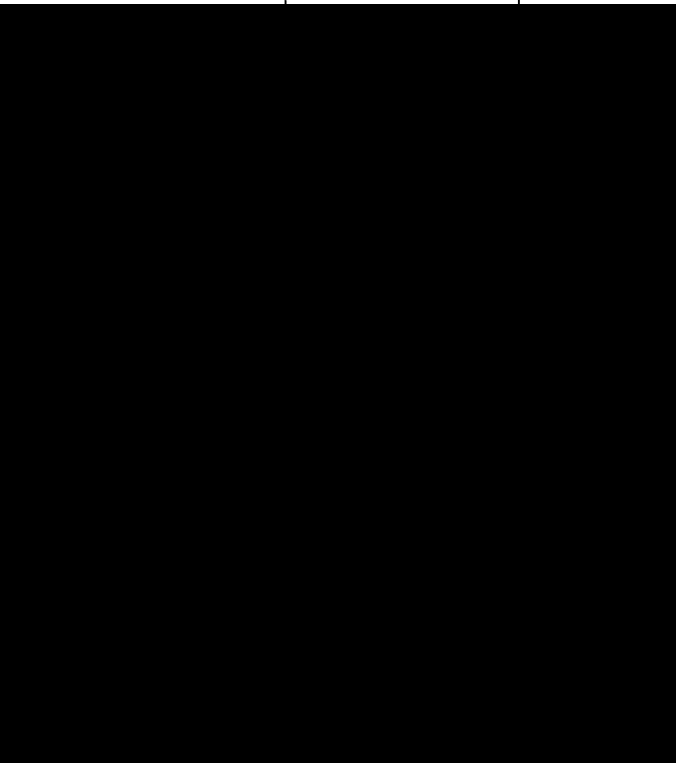
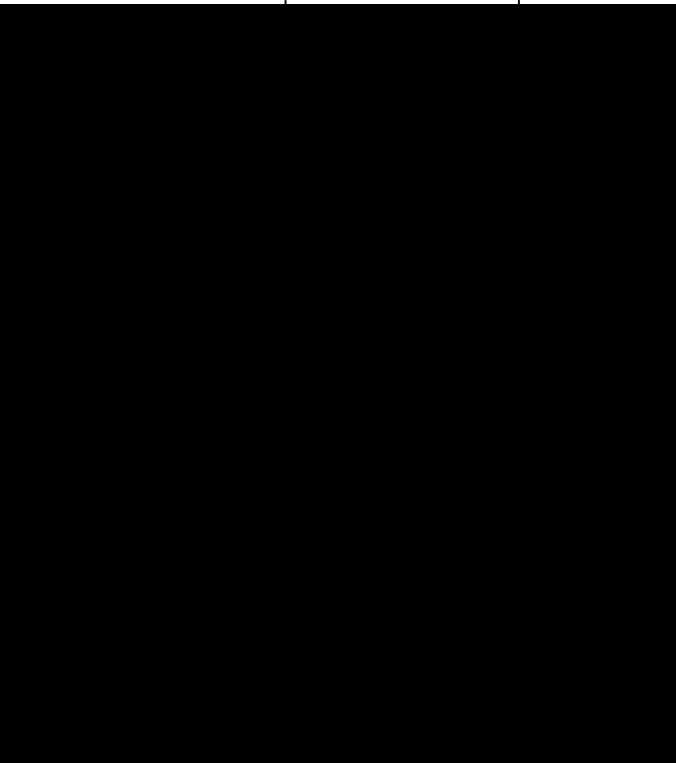
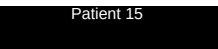
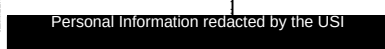
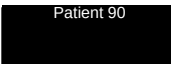
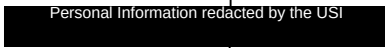
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Consultants name: MR O'BRIEN

Date: 28/08/2015

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
 Personal Information redacted by the USI			27/08 BARR			
			27/08 OLOUGHLIN			
			27/08 MCCREEDY			
			28/08 MCKAY			
			28/08/15 MCAREAVY			
			28/08/15 HAIGNEY			

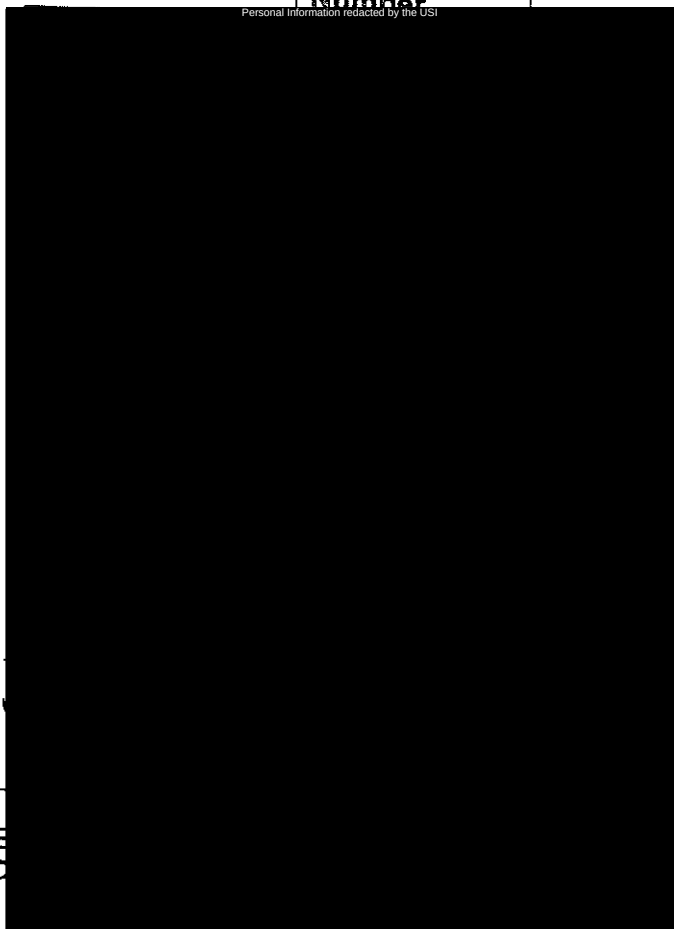
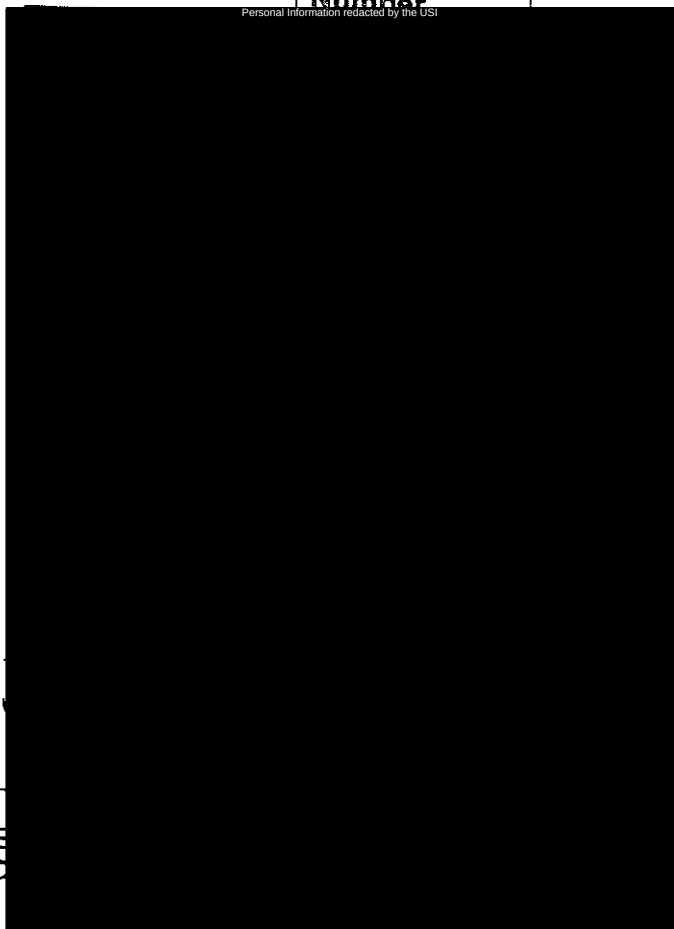
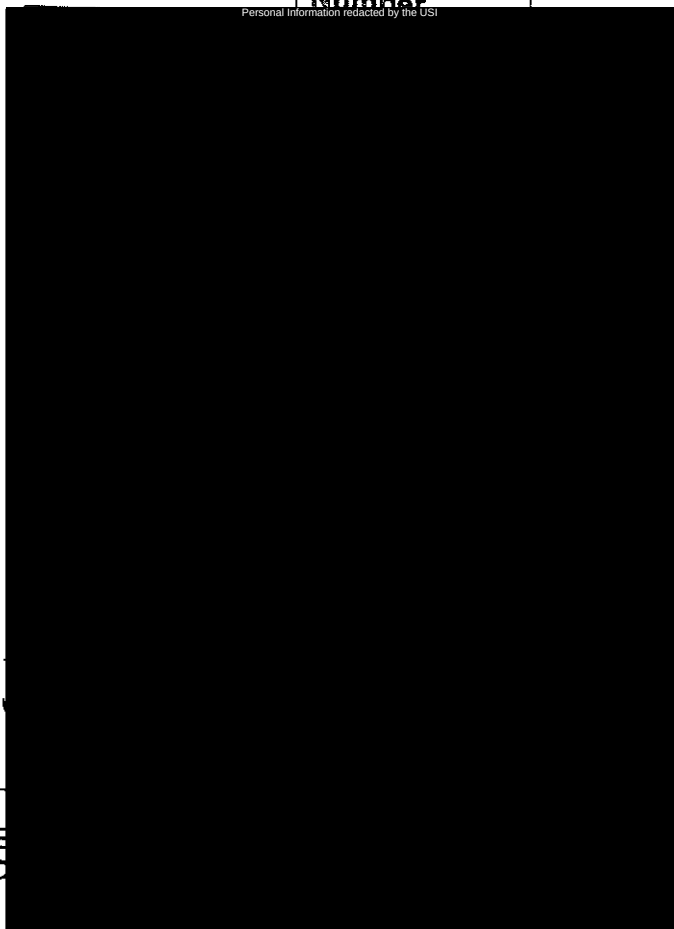
AOB 01/09/2015

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			28/08 GAFFNEY			
			01/09/15 NAUGHTON			
			01/09/15 MCAULEY			
			01/09/15 PORTEOUS			
			01/09/15 MULLAN			
			01/09/15 MCKIERNAN			
Patient 15 	Personal Information redacted by the USI 		01/09/15 BURNETT			
Patient 90 	Personal Information redacted by the USI 		01/09/15 LOGAN			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			01/09/15 SANTIN			
			01/09/15 QUINN			
			01/09/15 HUNTER			
			01/09/15 O'DONNELL			
			01/09/15 RAMSEY			
			01/09/15 FEE			
			01/09/15 FINCH	CAOBUOR 09/13		

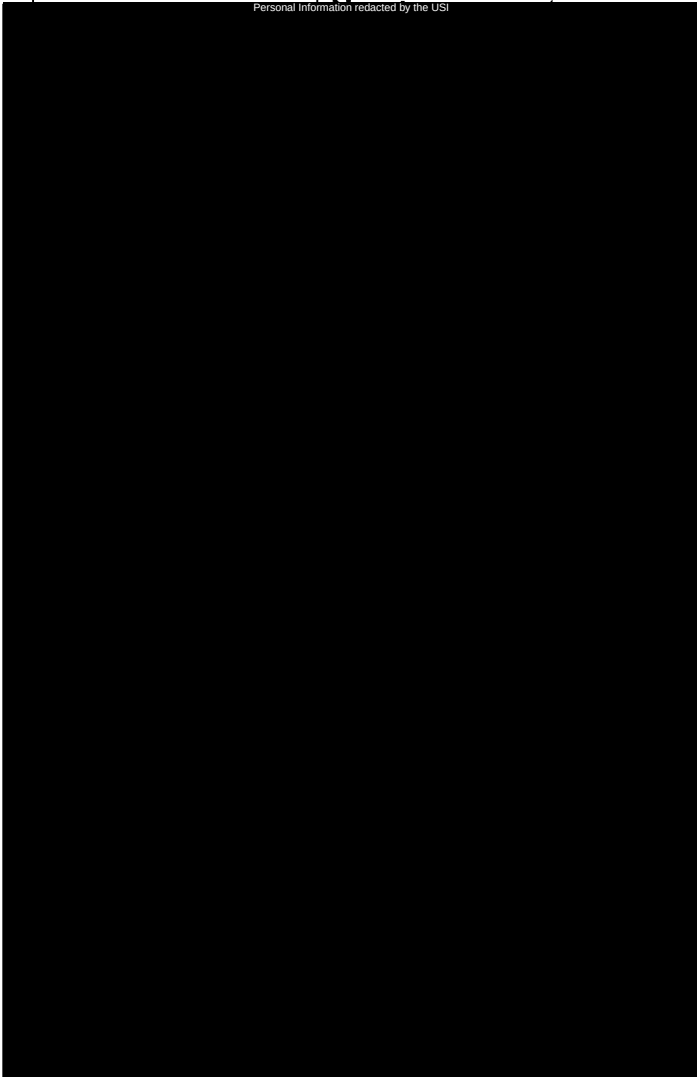
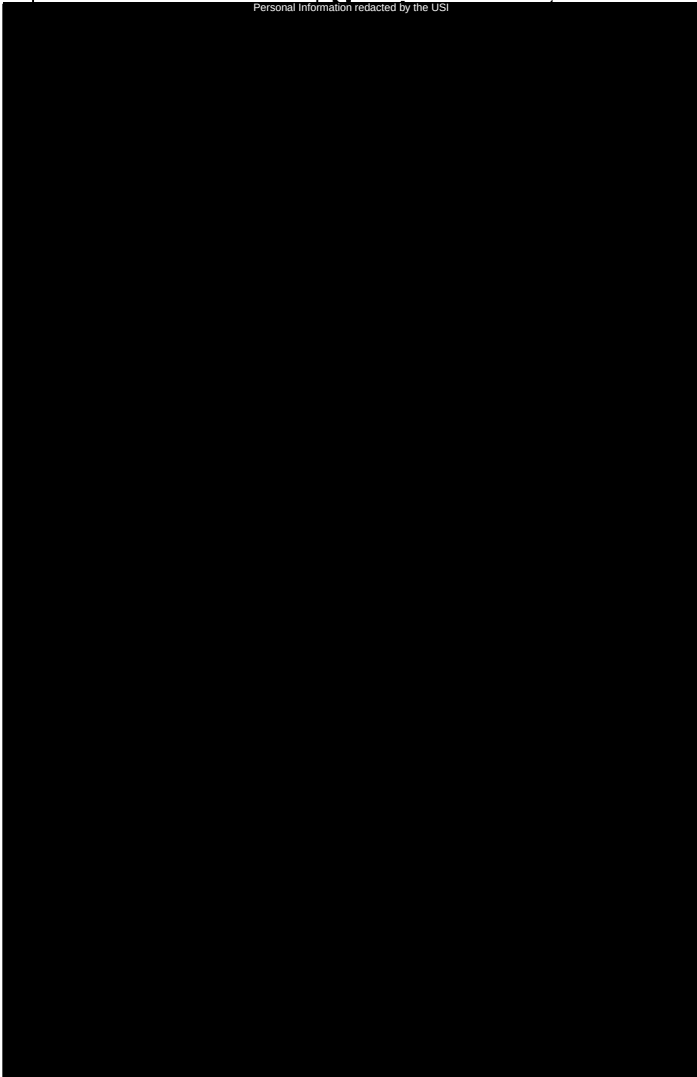
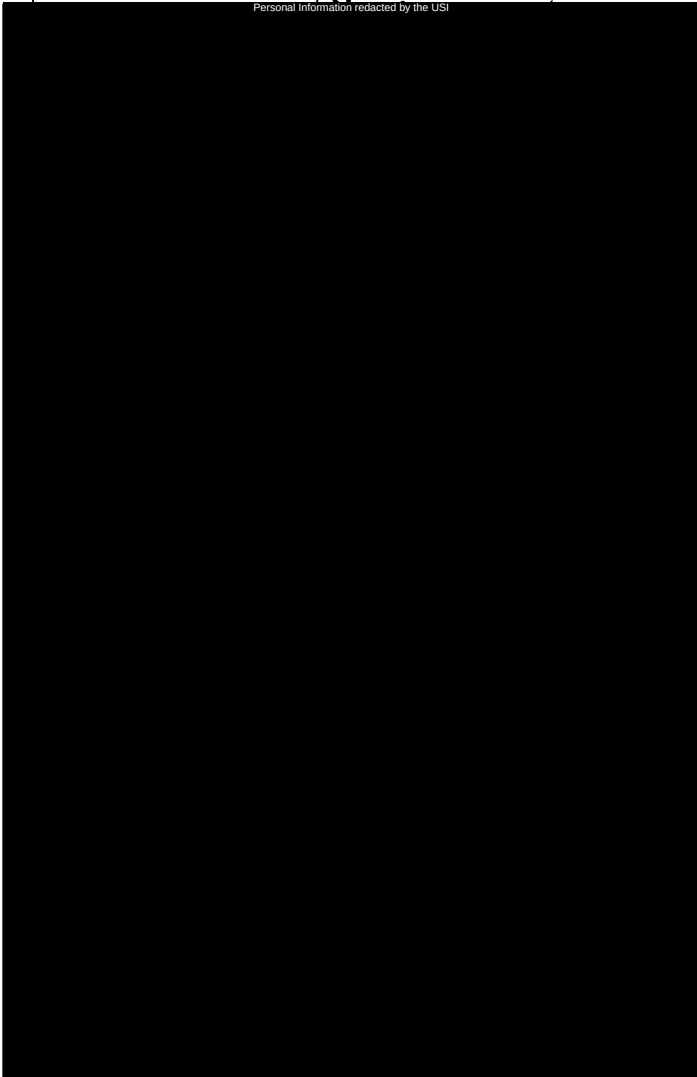
Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 02/09/2015

9

Patient Name	H & C or Hospital	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			01/09 CUTHBERTSON			
			01/09 WATTERS			
			01/09 LAMBE	CAJGNU		
			01/09 SHIELDS			
			01/09 MACDONALD			
			01/09 CAMPBELL			
			02/09/15 PARK			
			02/09/15 LEARY			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			02/09/15 MCVERRY			

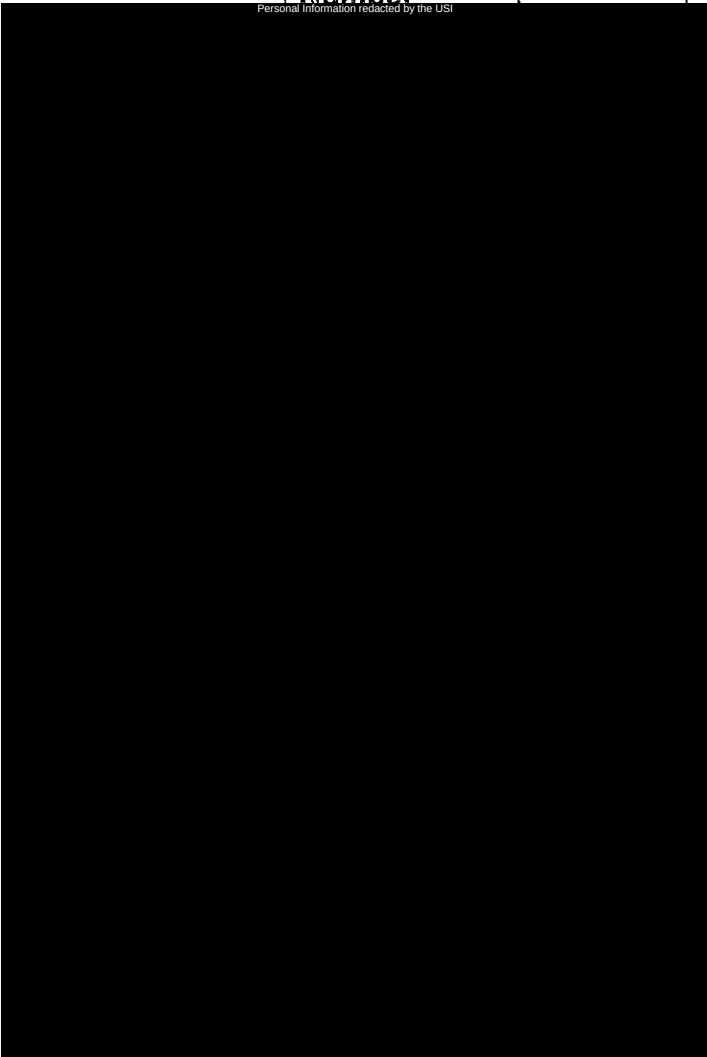
Urology Outcome Sheet

(for face to face appointments and advice)

16

Consultants name: MR O'BRIEN

Date: 01/09/2015

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			7/07 NELSON			
			28/08 BRANNIGAN			
			28/08 MC SHANE			
			28/08 ADAMS			
			28/08 HAMILTON			
			28/08 WILSON			
			28/08 MCCOY			
			28/08 MITCHEL			

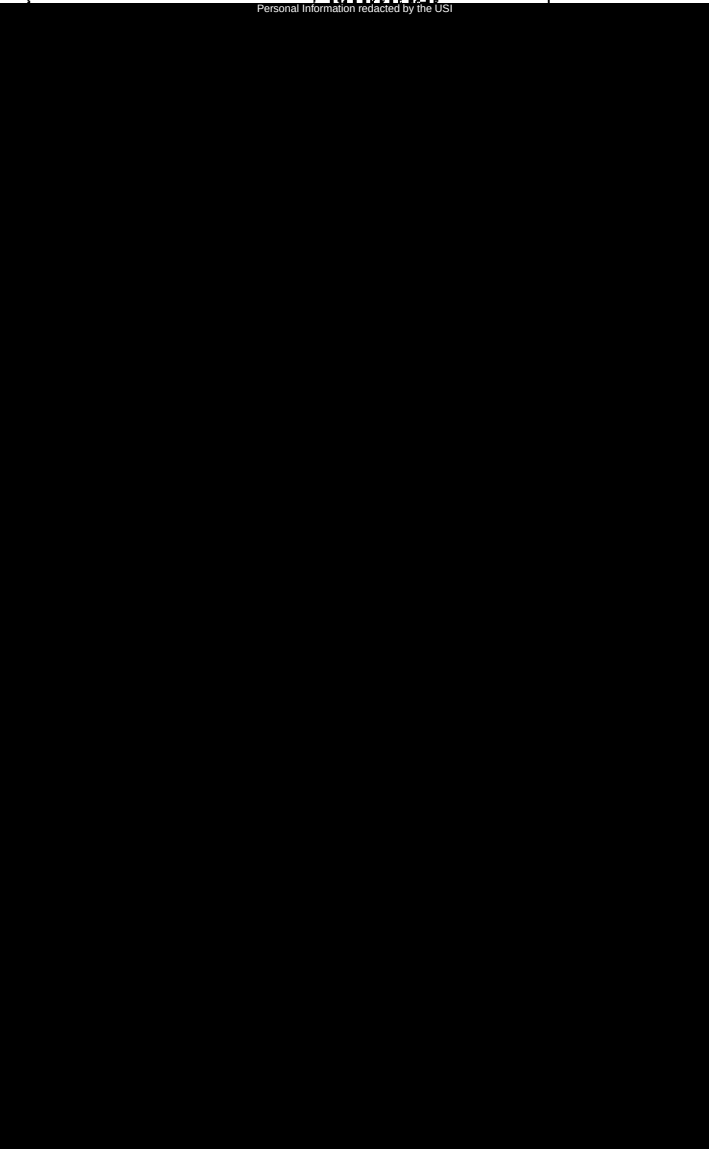
Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 1/10/15

24

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			A&E			
			DR NELSON GERIATRIC STH			
			A&E			
			MR MCKAY			
			A&E			
			P HUGHES DHH			
			MR BROWN DHH			
			RESULTS			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			GP DR MAGENNIS			
			GP DR MALLON			
			GP DR MITCHEL			
			GP DR MOCKFORD			
			GP DR MACDONALD			
			GP DR BURNETT			
			GP DR MCCLEARY			
			GP DR MCSTAY			
			DR SPRICE			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 1/10/15

Patient Name	H & C or Hospital	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			GP DR HUEY			
			GP DR ATCHISON			
			GP DR NUGENT			
			GP DR KHEW			
			GP DR TROUGHTON			
			GP DR HERDMAN			
			GP DR WILSON			

Urology Outcome Sheet

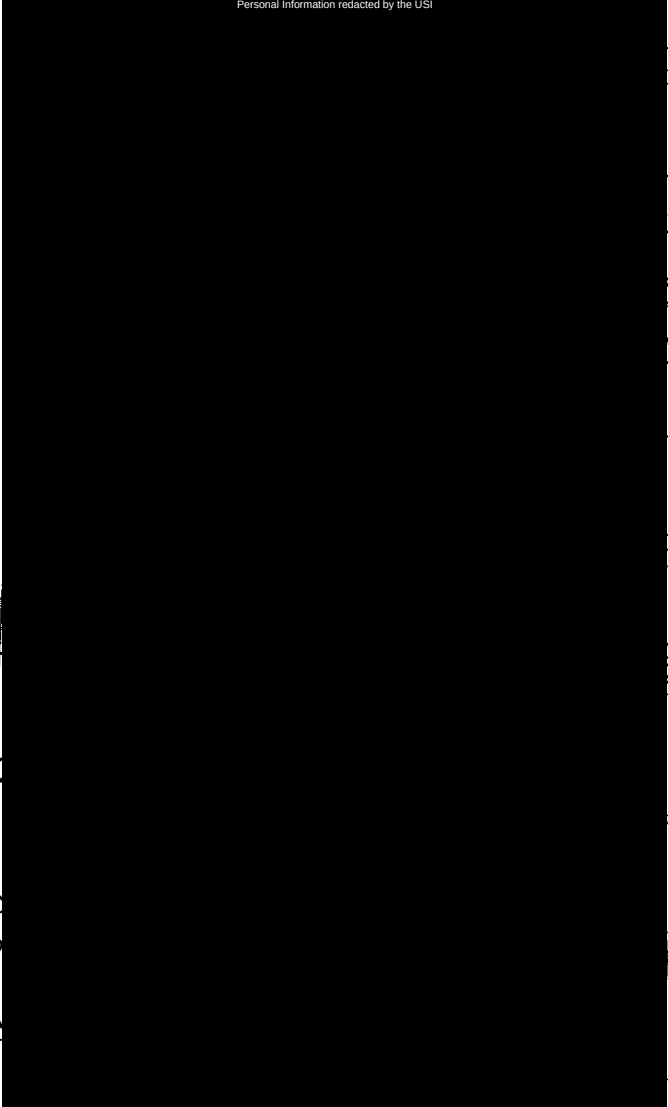
(for face to face appointments and advice)

uroAOB3-021015

Consultants name:

8

JD Date: 2/10/15

Patient Name	H & C or Hospital	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			Dr Paisley	✓ n		
			Dr McFee	✓ n		
			Dr Blackadder	✓ n		
			Dr B Miller	✓ n		
			Dr P Reilly	✓ n		
			Dr Brannigan	✓ n		
			Mr ~~Dr~~ Brown	✓ n		
			Dr Muller	✓ n		

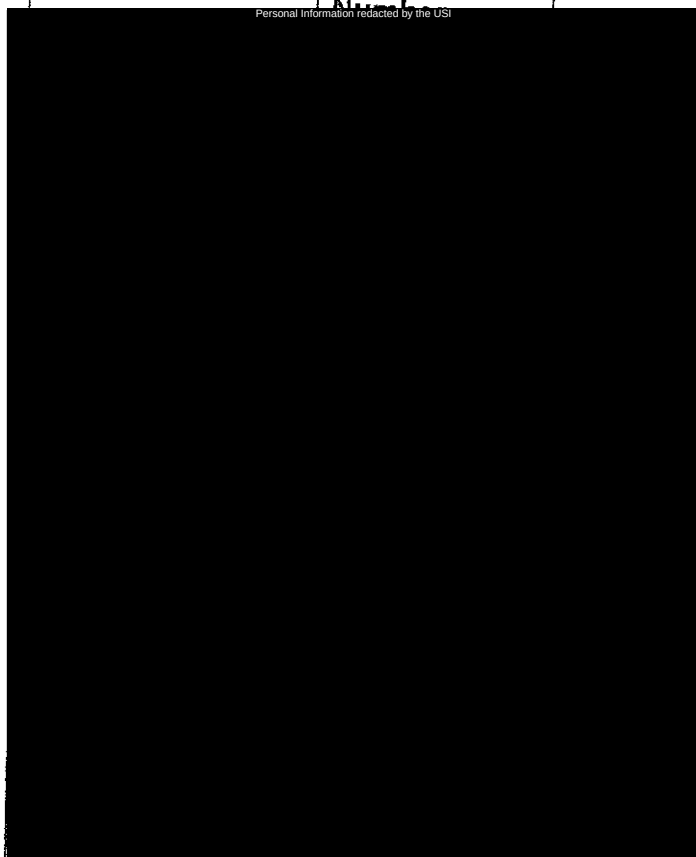
Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 2/10/15

(6)

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			GP DR HUNTER			
			GP DR ALLEN			
			GP DR MATHEWS			
			GP DR GRIBBEN			
			GP DR HICKS			
			GP MCCLOSKEY			

Urology Outcome Sheet

(for face to face appointments and advice)

Co

Date: 05.10.15

18

Number

Personal information redacted by the U.S.I.

Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
A&E 30.09.15			
DR GLENDINNING 01.10.15			
DR BRADLEY 01.10.15			
A&E 29.09.15			
DR MEADE 05.10.15			
A&E 05.10.15			
DR KHEW 02.10.15			
DR MCCONAGHY 02.10.15			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			DR SHANNON 02.10.15			
			DR DRAFFIN 05.10.15			
			DR O'HAGAN 01.10.15			
			DR MCDONNELL 02.10.15			
			DR LARKIN 02.10.15			
			DR HOLDSWORTH 02.10.15			
			DR HAIGNEY 02.10.15			
			DR MCCONAGHY 02.10.15			
			A&E 05.10.15			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			DR MCCONAGHY 02.10.15			

Urology Outcome Sheet

AOB-10490

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 6/10/15

11

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the U.S.			GP DR SHARPE			
			A&E			
			A&E			
			A&E			
			A&E			
			A&E			
			GP - DR MARSHALL			
			GP DR HUNTER			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			GP DR GRANT			
			GP DR LEARY			
			A&E			

Urology Outcome Sheet

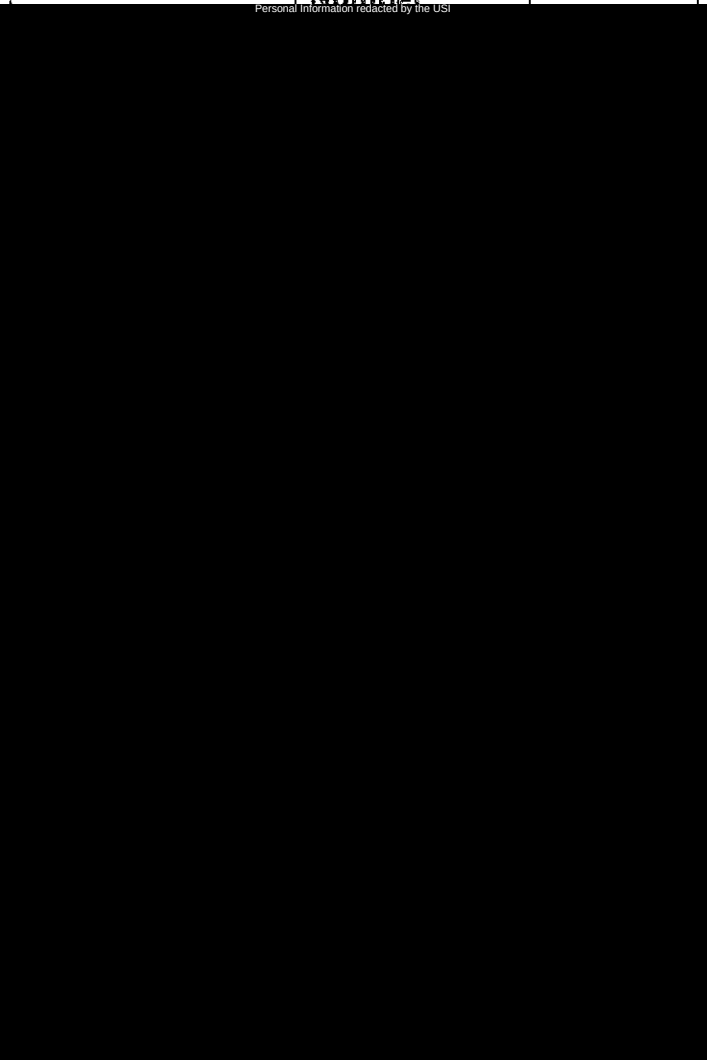
AOB-10492

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 07/10/2015

10

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			07/10/15 CHURCH			
			07/10/15 CUNNINGHAM ANTRIM HOSP			
			06/10 BURNETT			
			06/10 CHAMBERS			
			06/10 HUEY			
			06/10 MILLAR			
			06/10 CHURCH			
			06/10 CUPPLES			

AOB 07/10/2015

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			05/10 AE			
			02/10 AE	WL ACTIVE - AOB		

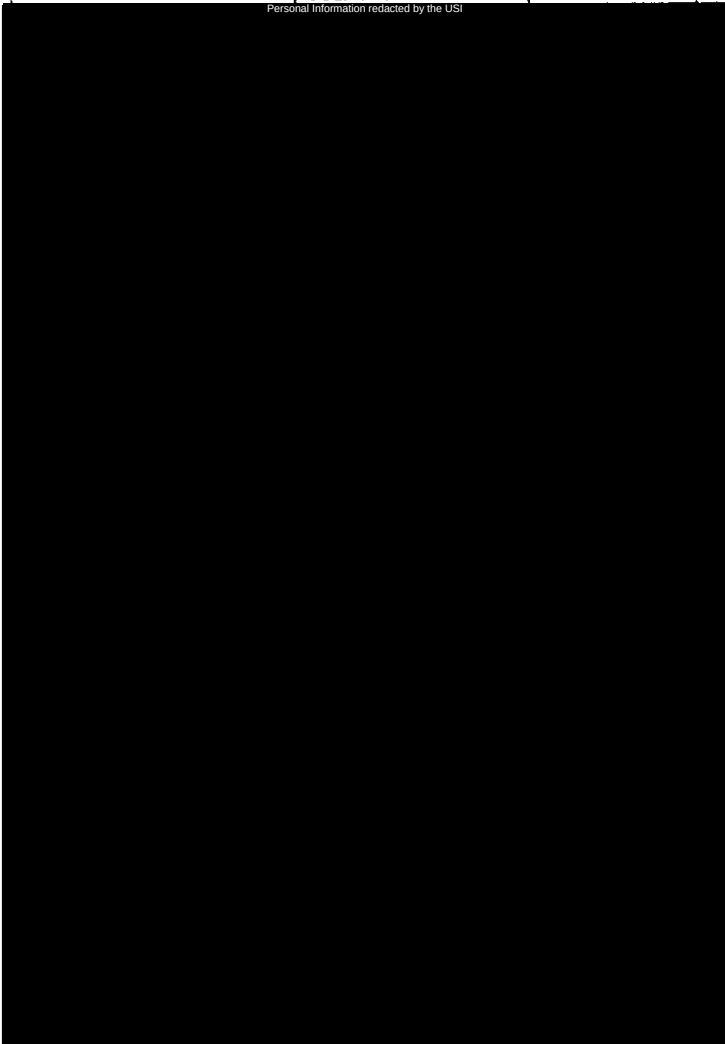
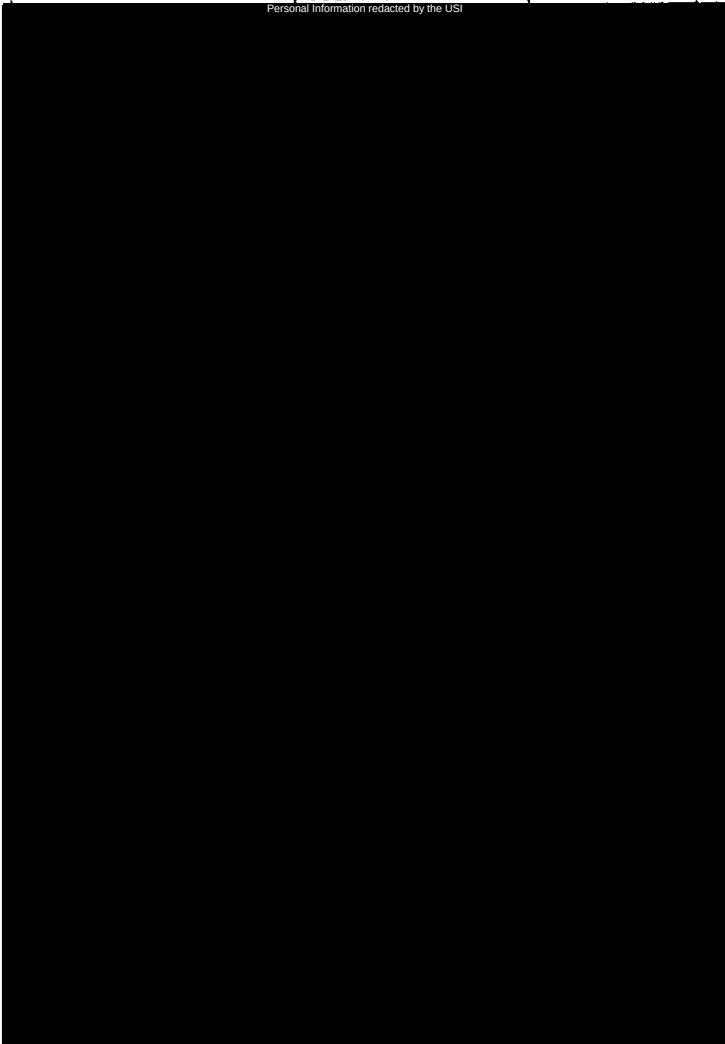
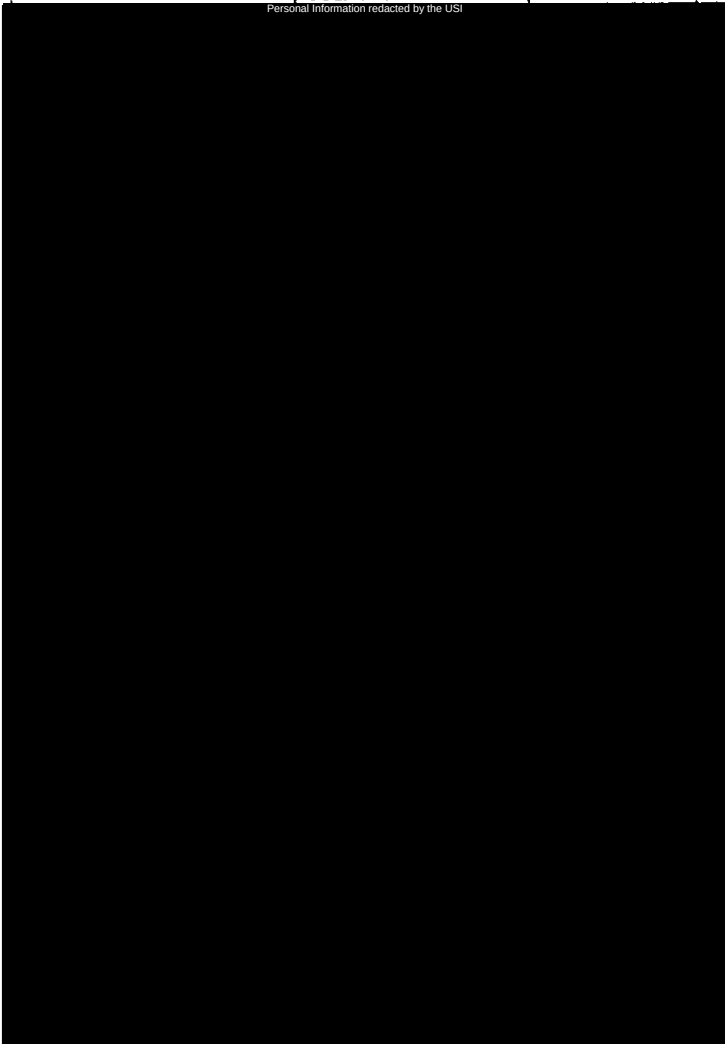
Urology Outcome Sheet

(for face to face appointments and advice)

13

Consultants name: MR O'BRIEN

Date: 12/11/2015

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			0/11 E			
			2/11/15 MCCREEDY			
			2/11/15 GAFFNEY			
			12/11/15 MCCREEDY			
			12/11/15 MCVERRY			
			29/10 MURUGAN			
			12/11/15 MCCAFFREY			
			12/11/15 WATTERS			

AOB 12/11/15

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			12/11/15 MCCLUNG			
			12/11/15 MULLIGAN			
			12/11/15 MCCOY			
			12/11/15 MCNIFF			
			04/11 HUGHES			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name:

Brien.
MR O'DONOGHUE

Date: 12/11/2015

8

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			06/11 FEARON	CMDHNU		
			09/11 GRAHAM			
			11/11/15 CONLON			
			15/10 HUNTER			
			11/11/15 CONLON			
			11/11/15 CAMPBELL			
			11/11/15 DAVIDSON			
			11/11/15 GAFFNEY			

Urology Outcome Sheet

(for face to face appointments and advice)

(7)

Consultants name: MR O'BRIEN

Date: 12/11/2015

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the UST			12/11/15 BARR			
			12/11/15 IRWIN			
			12/11/15 IRWIN			
			12/11/15 MACSORLEY			
			12/11/15 MCDONALD			
			23/10 BEDWELL			
			11/11 BYRNE			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 13/11/2015

5

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			05/11 RJB			
			13/11 PORTEOUS			
			13/11/15 MEADE			
			12/11 MURRAY			
			12/11 BCH HANNA ONCOLOGY			

Urology Outcome Sheet
(for face to face appointments and advice)

Consultants name: **MR O'BRIEN**

Date: 13/11/2015

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Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the UST			12/11 AE			
			12/11 AE			
			12/11 BCH ONCOLOGY			
			13/11/15 HAIGNEY			
			13/11/15 SANDS			
			13/11/15 SCOTT			
			13/11/15 PARRY			
			13/11 MCMULLAN			

Urology Outcome Sheet

AOB-10500

5

(for face to face appointments and advice)

Consultant's name: MR O'BRIEN

Date: 16/11/15

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USt			A&E			
			GP DR KEOWN			
			GP DR CULLEN			
			GP DR MCALINDEN			
			GP DR HERDMAN			

Urology Outcome Sheet

(for face to face appointments and advice)



Consultant's name: **MR O'BRIEN**

Date: **16/11/15**

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USt			GP DR WRAY			
			A&E			
			GP DR MCCONAGHY			
			GP DR EAKIN			

Urology Outcome Sheet

(for face to face appointments and advice)

5

Consultants name: MR O'BRIEN

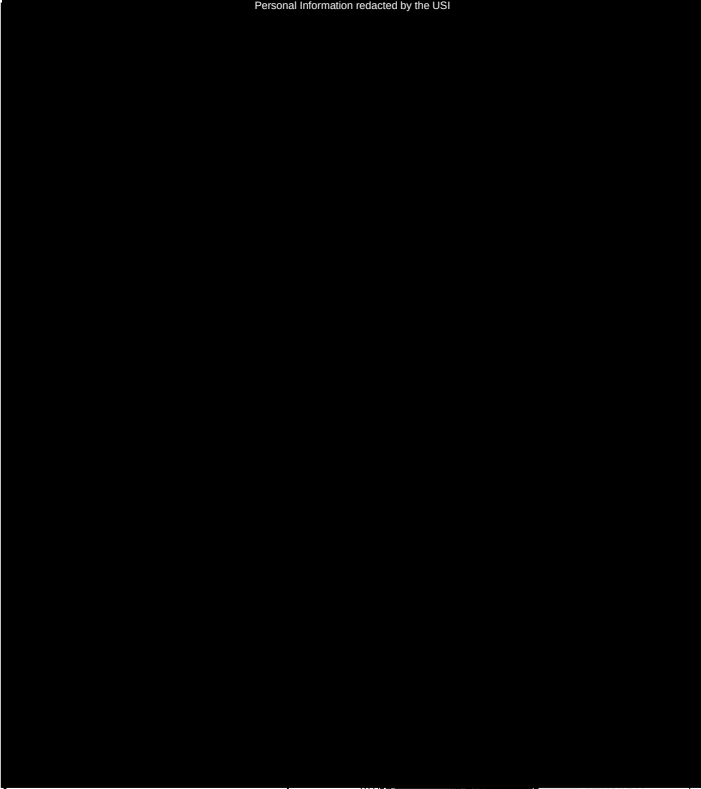
Date: 17/11/2015

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			16/11 CHURCH			
			17/11/15 KERR			
			17/11/15 MCCONAGHY			
			17/11/15 CHURCH			
			17/11/15 LEARY			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			23/10 FEARON			
			09/11 MULHOLLAND			
			16/11 HUTTON			
			17/11 MORIARTY			
			17/11 MCELVANNA			
			17/11 SABHERWAL			

Urology Outcome Sheet

AOB-10504

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Consultants r

Date: 11/02/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USt			29/01 AHMED			
			11/02 RESULTS	CU2NU		
			11/02 OKANE			
			11/02 MATHEWS			
			11/02 MAGENNIS			
			12/02/16 MULLIGAN			
			12/02/16 HUNTER			
			12/02/16 NIGENT			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			12/02/16 BEIRNE			

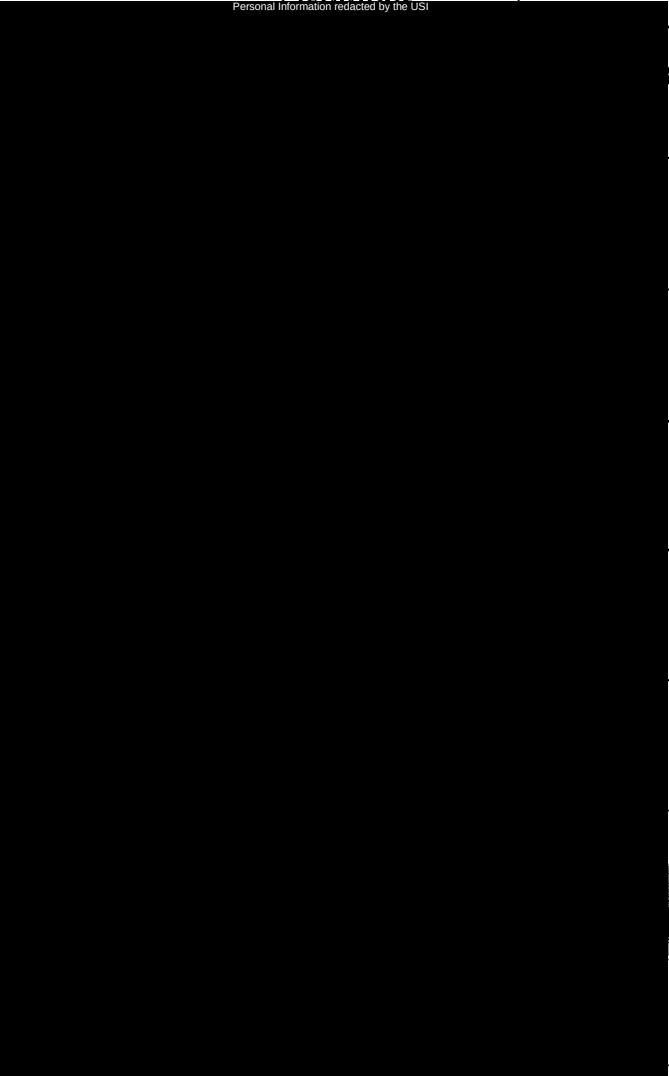
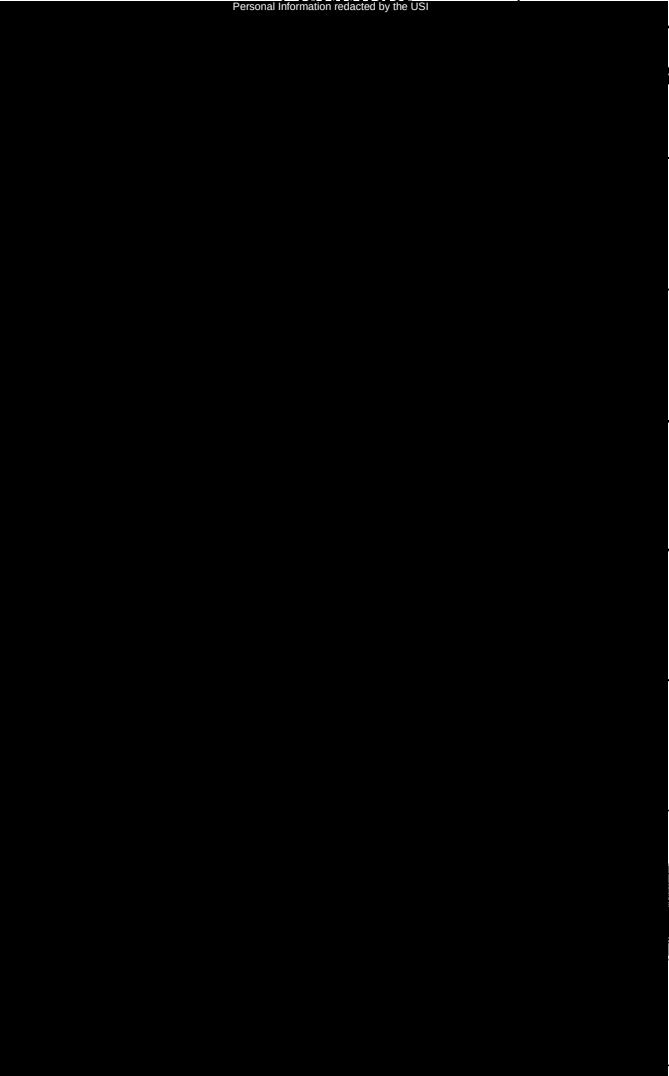
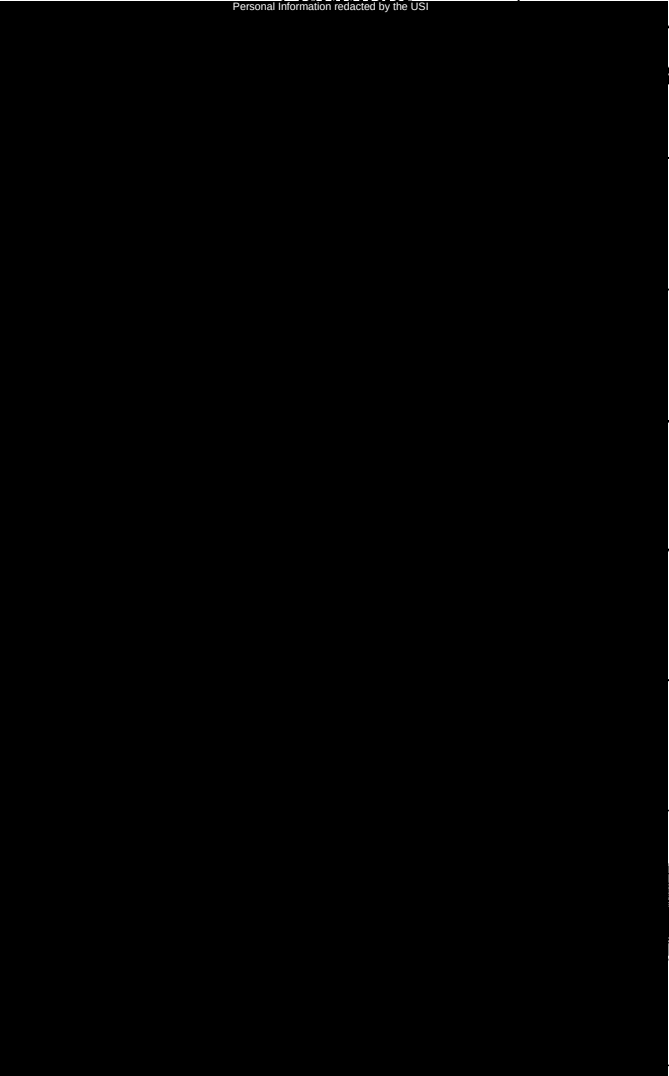
Urology Outcome Sheet

(for face to face appointments and advice)

16

Consultants name: **MR O'BRIEN**

Date: 11/02/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			14/01 HAMILTON			
			27/01 GENS MAYES			
			10/02 MCEVOY			
			10/02 AE	CURMYN		
			10/02 GALLEN	CKSNU		
			10/02 CONNOLLY			
			10/02 CONNOLLY			
			11/02/16 CROMIE			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			11/02/16 SANTIN			
			11/02/16 HUGHES			
			11/02/16 HUTTON			
			11/02/16 HAIGNEY			
			11/02/16 SPRICE			
			11/02/16 HUEY			
			11/02/16 GORMLEY			
			11/02/16 MID ULSTER			

Urology Outcome Sheet

(for face to face appointments and advice)

14

Consultant's name: MR O'BRIEN

Date: 15.02.201622

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the UST			GP MCKEAG			
			GP REID			
			GPR PAISLEY			
			GPR MURRAY			
			GPU MKCOLLUM			
			GPU-WILSON			
			GP TORNEY			
			GPU-CODY			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			GPR MCGIVERN			
			GPR-O'LOUGHLIN			
			GPR-FEARON			
			GPR MCCLUNG			
			GPR CONLON			
			GPR-CLARKE			

Urology Outcome Sheet

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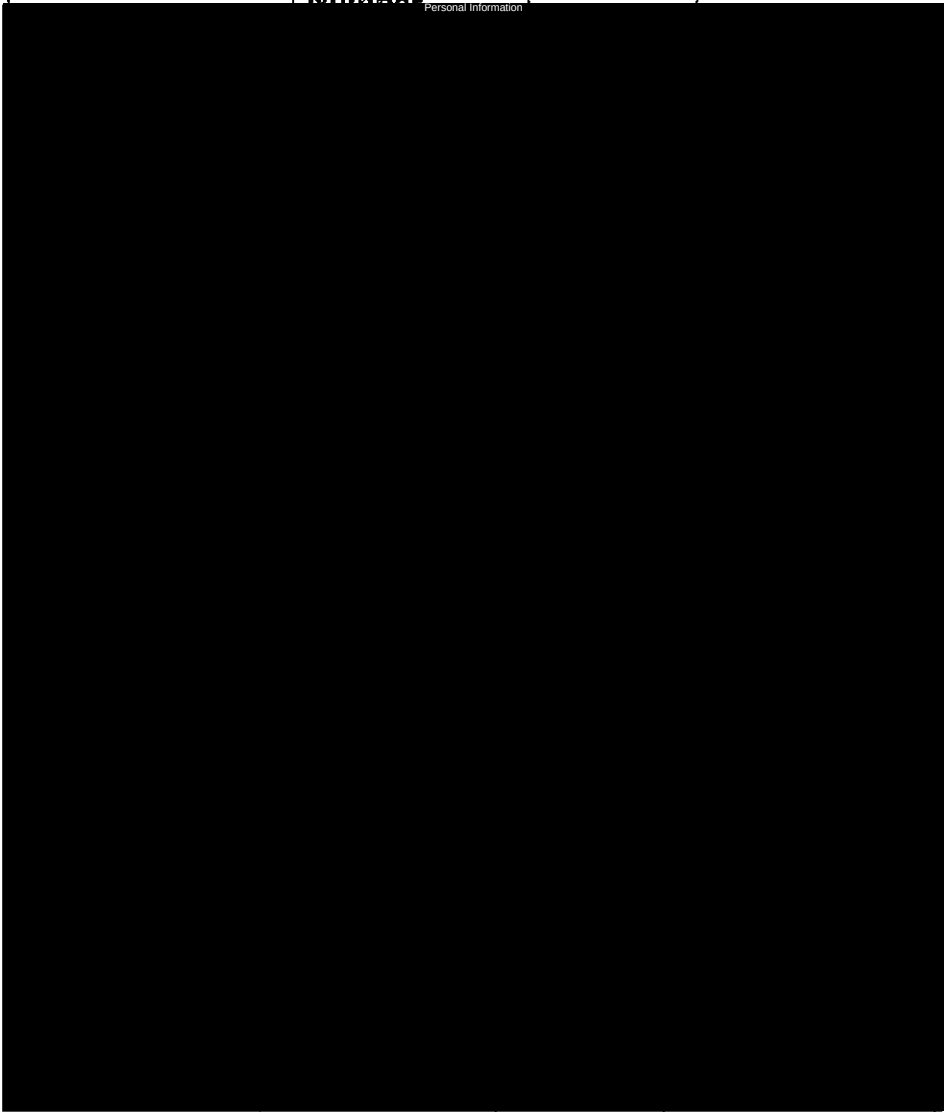
(for face to face appointments and advice)

Consultant's name: O BRIEN

Date: 160216

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			OC NELSON			
			OC STEWART			
			OC DRAKE			
			OC HUGHES			
			OC WHEELER			
			AS PER AE			
			AS PER AE			

⑧

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
						

Urology Outcome Sheet

(for face to face appointments and advice)

10

Consultant's name: MR OBRIEN

Date: 160216

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			GP HUTTON			
			GP MURPHY			
			GP POOTS			
			GP VERNON			
			GP SABHERWAL			
			GP RYAN			
			GP WATT			
			GP MCKAY			

27 LIND/AOB.

AOE 160216

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			OC GREEN			
			PER OC GILPIN			

Urology Outcome Sheet

AOB-10514

9

(for face to face appointments and advice)

Consultant's name:

MR O'BRIEN

Date: 17.02.2016

Uro / AOB

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the UST			GP O'NEILL			
			AS PER A&E			
			AS PER A&E			
			AS PER A&E			
			AS PER A&E			
			GP ONEILL			
			GP DE ALWIS			
			GP MCCANDLESS			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to Inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			GP PARRY			

Urology Outcome Sheet

AOB-10516

17

r face to face appointments and advice)

Consultant

Date: 24/03/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the U.S.I.			11/02 AHMED			
			18/02 MCGOLDRICK RHEU			
			11/03 MCCONNELL			
			14/03 MCCORMICK			
			14/03 HEANEN			
			21/03 AE			
			21/03 AE			
			22/03 MCVERRY			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: **MR O'BRIEN**

Date: 24/03/16

Patient Name	H & C or Hospital	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the UoI			24/03/16 WRIGHT			
			24/03/16 FEARON			
			24/03/16 O'BRIEN			
			24/03/16 SWAH GASTRO			
			24/03/16 PICKERING			

AOB 24/03/2016

AOB-10518

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			22/03 AE			
			23/03 QUINN			
			23/03 AE			
			24/03 MCDONALD			
			24/03 IRVINE			
			24/03 BRANNIGAN			
			24/03/16 GALLAGHER			
			24/03 FITZPATRICK			
			24/03/16 DOHERTY	CU2R		

Urology Outcome Sheet

(for face to face appointments and advice)

17

Consultants name: MR O'BRIEN

Date: 25/03/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the U.S.I.			23/03 LUTTON			
			24/03 HEARNshaw			
			24/03 SABHERWAL			
			25/03/16 MULLAN			
			25/03/16 SANDS			
			25/03/16 SWEENEY			
			25/03/16 MCCONAGHY			
			24/03 DOUGLAS 25/3	CURMYR		

McLaughlin

AOB 25/03

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the OSI			24/03 RADCLIFFE			
			24/03 MCKEEVER			
			24/03 QUINN			
			24/03 SANTIN			
			24/03 MORGAN			
			12/02 MCCONNELL			
			18/03 AE	INPATIENT AOB		
			25/03/16 AYELE YIHUNIE SWAH			
			16/03 ALLEN STROKE DHH			

12

Urology Outcome Sheet

(for face to face appointments and advice)

Consultant's name: O'BRIEN

Date: 30.03.16

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			GP PAISLEY			
			GP POOTS			
			GP ARMSTRONG			
			GP WALKER			
			GP WALKER			
			GP LAMBE			
			GP O'HAGON			
			GP NAUGHTON			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			GP MULLAN			
			GP MAGOWAN			
			AS PER AE			
			AS PERZ AE			

Urology Outcome Sheet

(for face to face appointments and advice)

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Consultant's name: MR O'BRIEN

Date: 30.03.16

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			MR HEWITT 15.03.16			
			DR SHAMBOUL 30.03.16			
			DR CHURCH 30.03.16			
			DR MCDONALD 30.03.16			
			DR MCDONALD 30.03.16			
			DR HUEY 30.03.16			
			DR CATHCART 30.03.16			
			DR DAVIDSON 30.03.16			

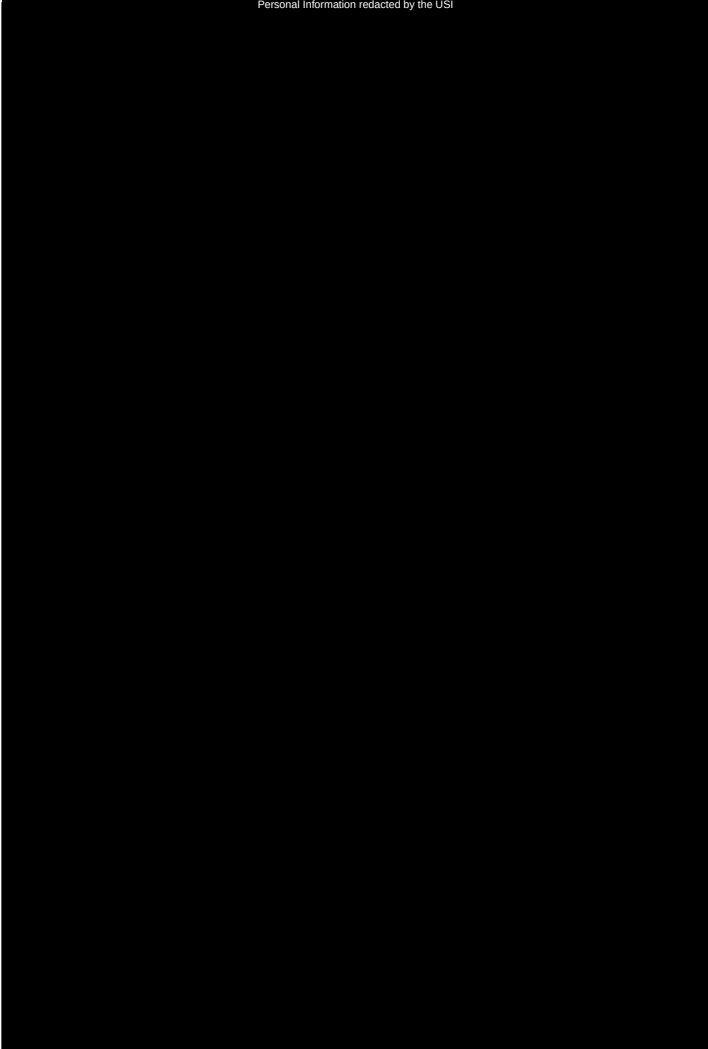
Urology Outcome Sheet

(for face to face appointments and advice)

Consultant's name: MR O'BRIEN

Date: 05.05.16

13

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			DR MCCAFFREY 07.04.16			
			DR MCCAFFREY 20.04.16			
			DR MCCLELLAND 28.04.16			
			A&E 04.05.16			
			DR HAGAN 04.05.16			
			DR CONLON 04.05.16			
			DR HANNA 04.05.16			
			DR HAGAN 04.05.16			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			DR MCALINDEN 04.05.16			
Patient 93	Personal Information redacted by the USI		DR RADCLIFFE 04.05.16			
Personal Information redacted by the USI			DR HUEY 04.05.16			
			DR WATT 04.05.16			
			A&E 04.05.16			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: **MR O'BRIEN**

Date: 06/05/2016

14

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			04/05 CHAPMAN			
			05/05 MCNALLY			
			03/05 AE			
			04/05 MCKAY			
			04/05 AE			
			06/05/16 MCMILLAN			
			06/05/16 TOAL	WL ACTIVE AOB		
			06/05/16 BEDWELL			

AOB 060516

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			06/05 CHURCH			
			06/05/16 KELLY			
			06/05/16 MILLER	CMYSTCR		
			06/05/16 SHARPE			
			06/05/16 MCDERMOTT			
			03/05 NEILL DHH			

Urology Outcome Sheet
(for face to face appointments and advice)

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Consultant's name: MR O'BRIEN

Date: 06.05.16

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			MR MCKAY 04.05.16			
			DR SMYTH 04.05.16			
			DR MCNEILLY 04.05.16			
			DR HAMILTON 05.05.16			
			NEIL MCCLURE 05.05.16			
			DR GRIBBEN 05.05.16			
			DR NUGENT 05.05.16			
			DR CHURCH 05.05.16			

Patient Name	H & C or Hospital	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
[REDACTED]	[REDACTED]	[REDACTED]	6 DR CARSON 05.05.16			
			3 DR HAMILTON 05.05.16			
			4 MR YOUNG 25.04.16			
			5 DR GRAHAM 04.05.16			
			DR WRIGHT 05.05.16			
			DR RUDELL 05.05.16			
			DR MCCULLAGH 05.05.16			
			DR MCELVANNA 05.05.16			
			DR MCDERMOTT 05.05.16			

Personal Information redacted by the USI

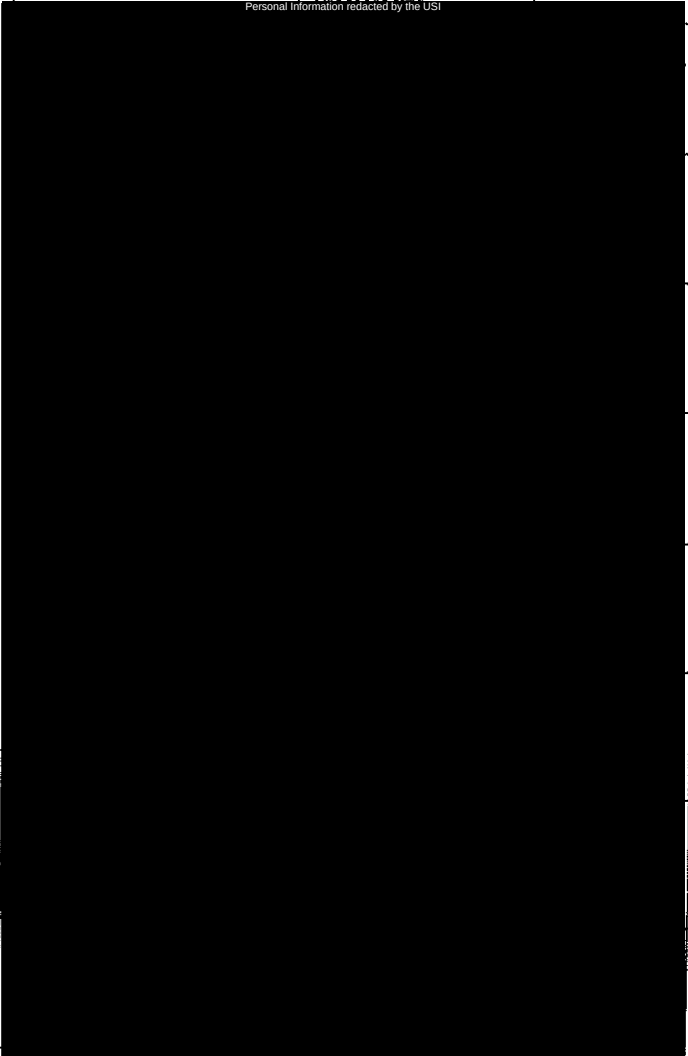
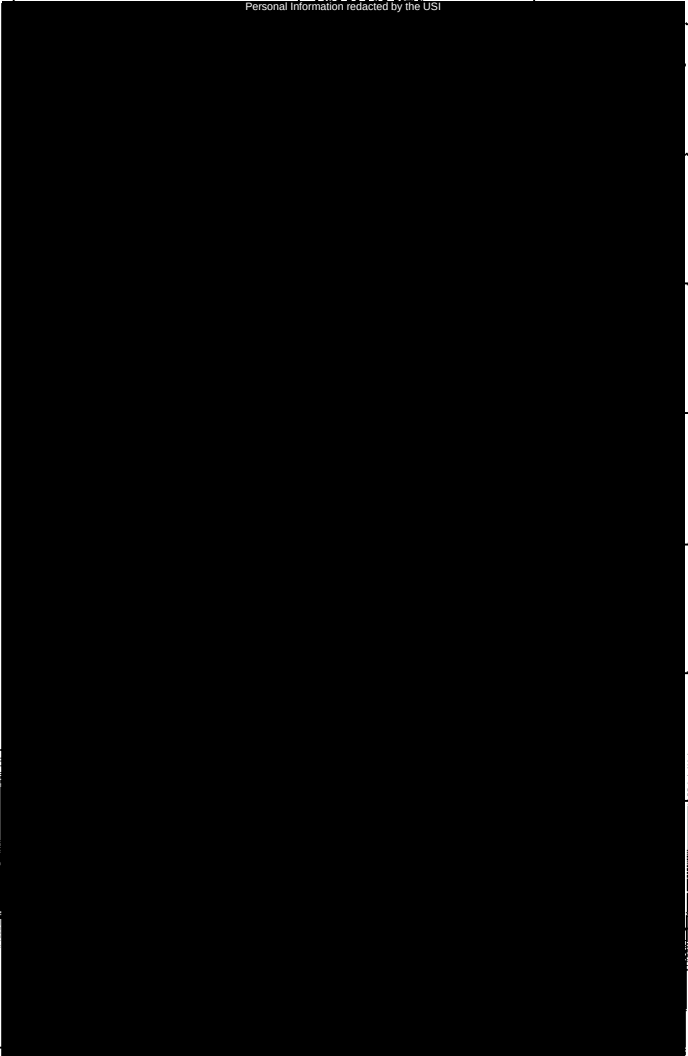
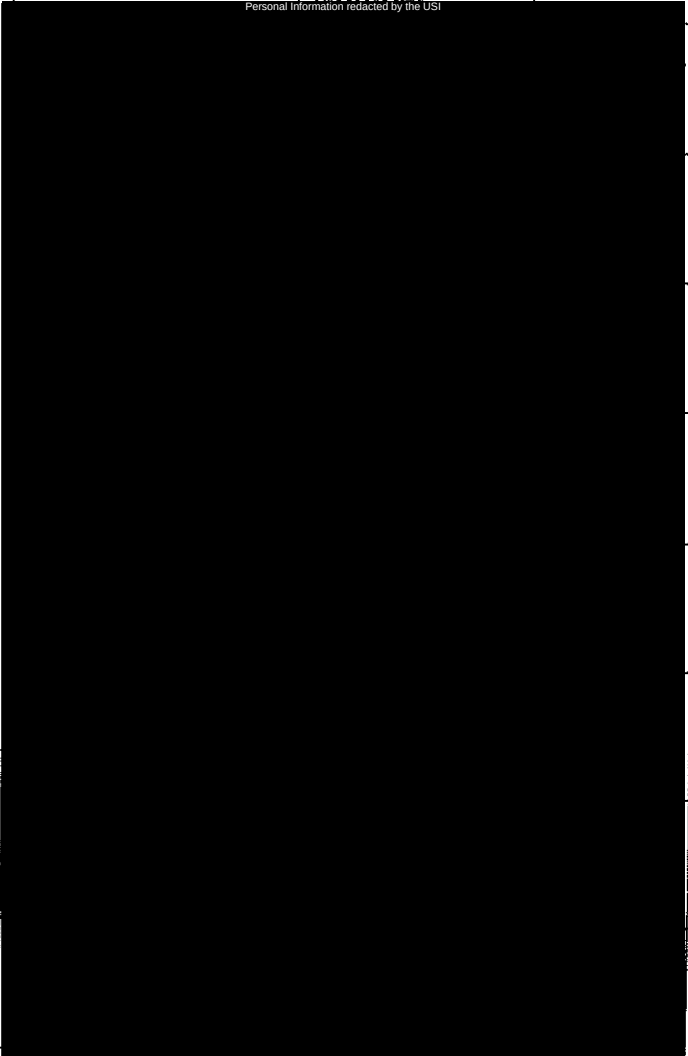
Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: **MR OBRIEN**

Date: 11/05/2016

17

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			03/05 BLOOMER			
			10/05 MCCREEDY			
			10/05 HUTTON			
			10/05 CONLON			
			10/05 MCNIFF			
			10/05 MCDONALD			
			10/05 HILLAN MPH	CURMYU		
			10/05 BECKETT			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
[REDACTED]	[REDACTED]	2	10/05 MCKEEVER			
		3	10/05 GLENDINNING			
		9	10/05 HUEY			
			10/05 GRAHAM			
			10/05 GRAHAM			
			10/05 CORY	CURMYN		
			10/05 BURNETT			
			10/05 FLANIGAN			
			10/05 MCCLOSKEY			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 11/05/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the U.S.I.			09/05 HANNA			
			09/05 SWAH S.SREENIVASAN			
			09/05 GAFFNEY			
			09/05 MCCOLLUM			
			09/05 O'KANE			
			09/05 MCALINDEN			
			09/05 MCCAFFREY			
			09/05 AE			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			09/05 ALEXANDER			
			09/05 BROWN			
			09/05 MONAGHAN			
			09/05 CUNNINGHAM			
			09/05 CLARKE			
			09/05 TOAL			
			09/05 DAVIS			
			09/05 RAMSEY			
			10/05 GLENDINNING			

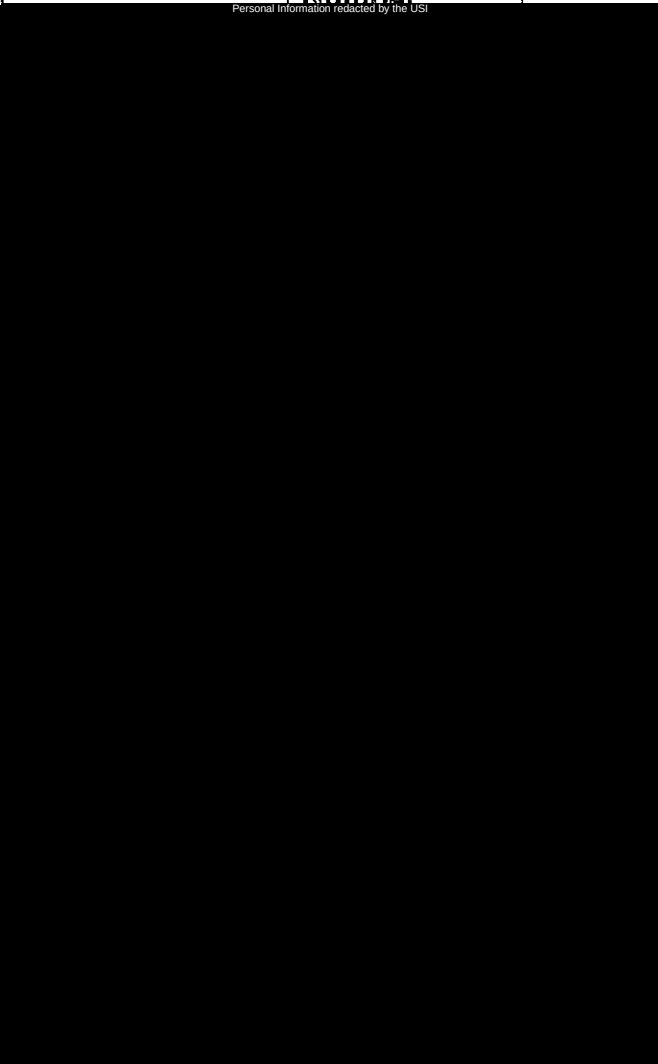
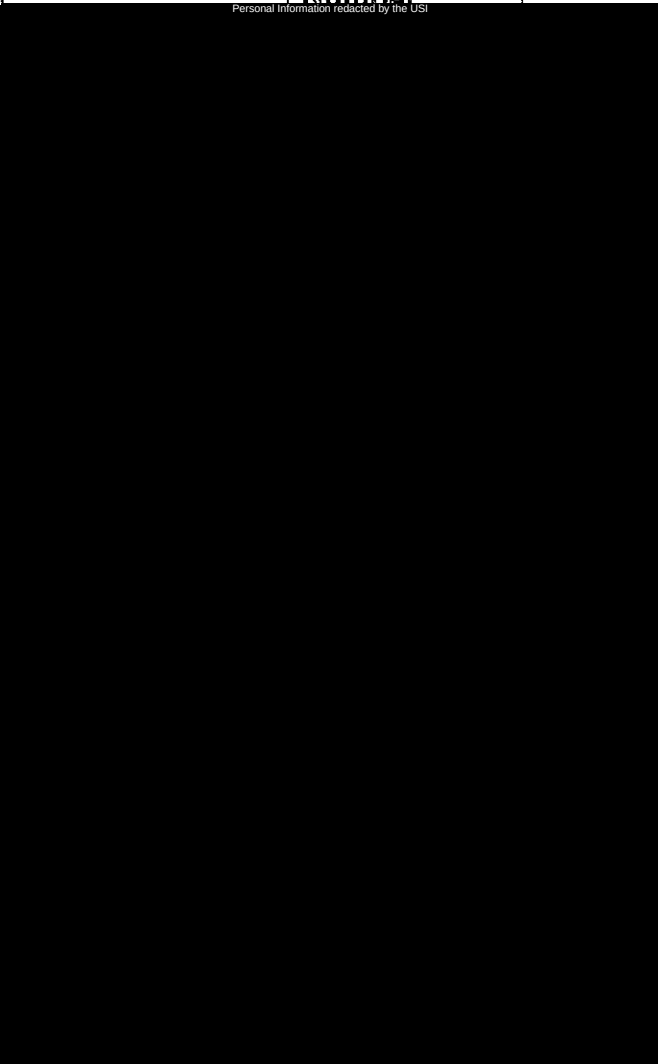
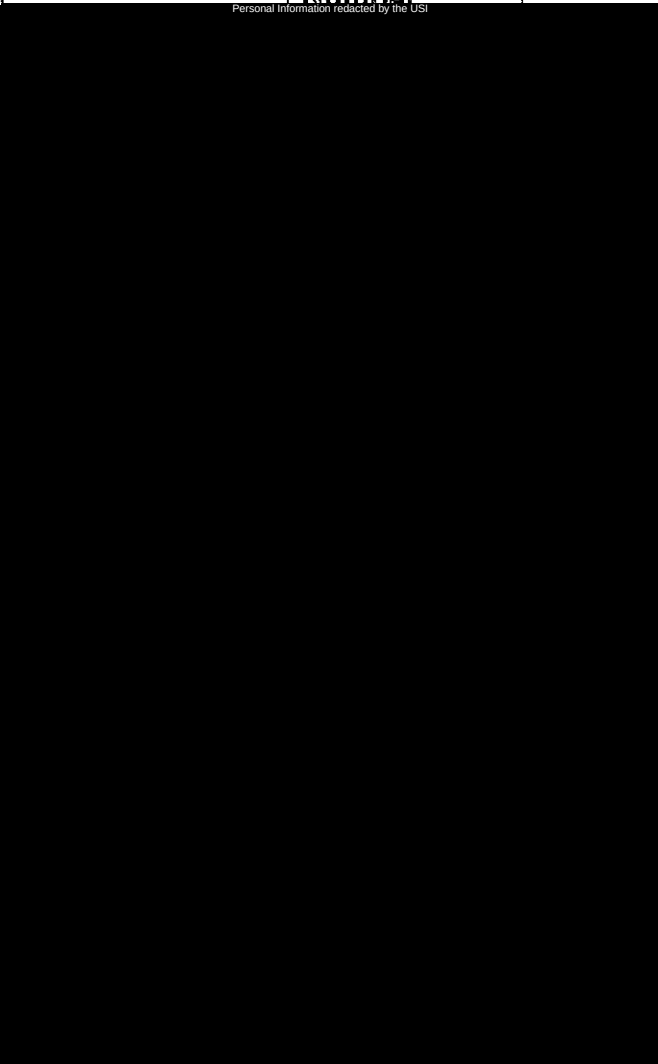
Urology Outcome Sheet

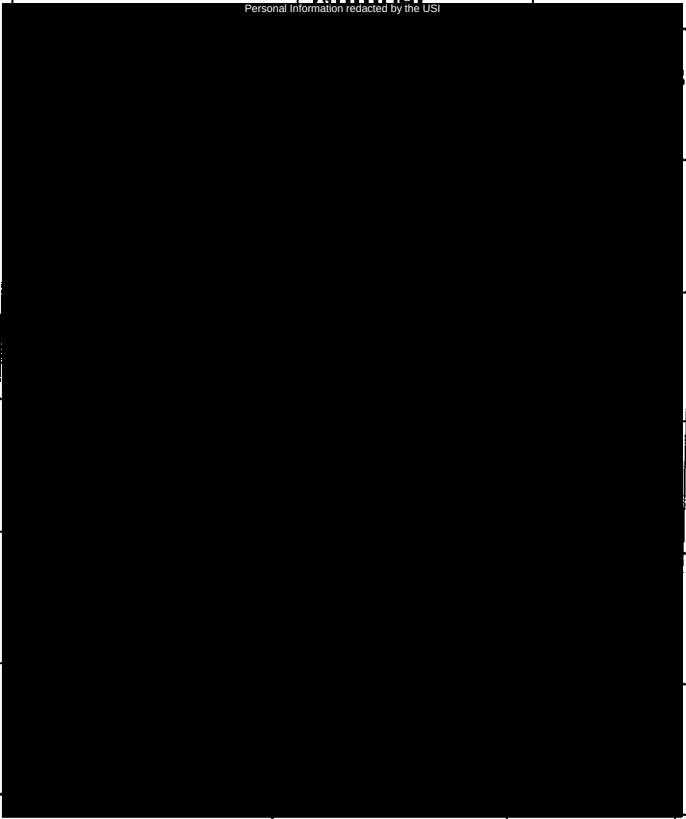
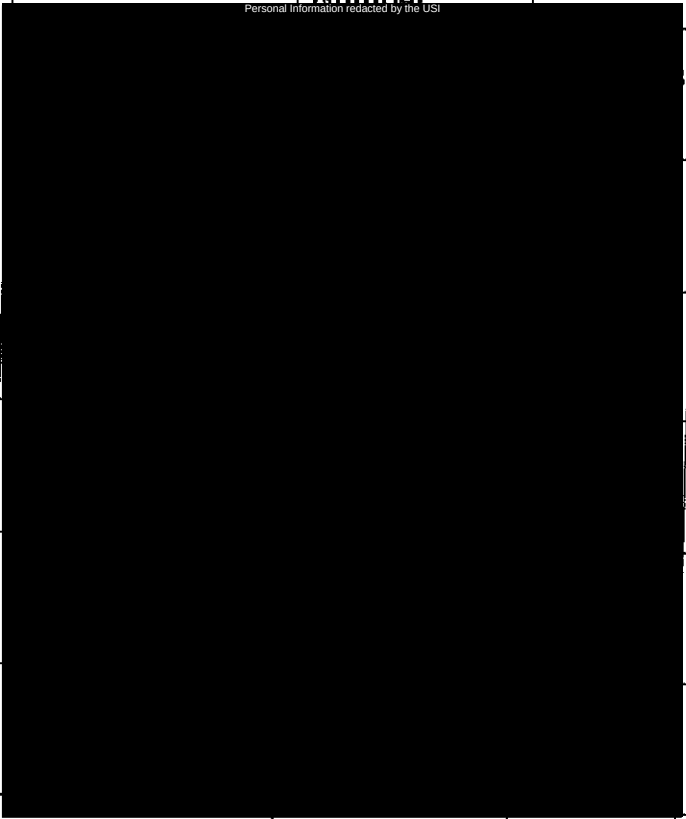
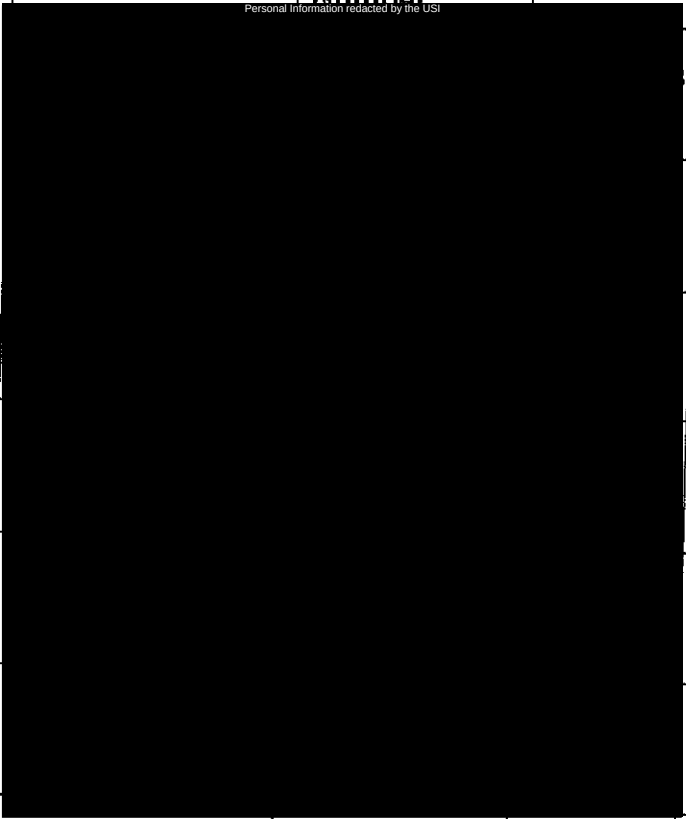
(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 11/05/2016

14

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			2 10/05 MITCHEL			
			1 10/05 GRAHAM			
			7 10/05 MCCALLAN			
			11/05/16 MCKEE	CAJGN		
			06/05 MCCAFFREY			
			11/05/16 MULLEN			
			11/05/16 MCVEIGH			
			11/05/16 EVANS			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			11/05 MITCHEL			
			11/05 RAMSEY			
			11/05 BEATTY			
			11/05 SLOAN			
			11/05/16 MCCREEDY			
			11/05/16 MALLON			

Urology Outcome Sheet

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(for face to face appointments and advice)

(17)

Consultants name: MR O'BRIEN

Date: 11/05/2016

Patient Name	H & C or Hospital	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to Inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the U.S.I.		46	11/04 MCARDLE			
		52	25/04 MCCONNELL			
		30	26/04 MCKEEVER	CKSNU		
		5	26/04 WRAY			
		5	29/04 AE			
		2	30/04 AE			
		3	05/04 LIGGETT			
			06/05 CUPPLES	CU2NU		

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
[REDACTED]		944	06/05 MULLIGAN			
		968	06/05 FEARON			
		91	06/05 CATHCART			
		4	06/05 AE			
		8	06/05 DAVIDSON			
			07/05 AE			
			08/05 AE			
			08/05 AE			
		09/05 CARSON	CAOBUOR			

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AOB-10539

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 02/06/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the User			31/05 AE			
			01/06 CROMIE			
			01/06 MATHEWS			
			01/06 DEANE			
			01/06 AE			
			01/06 HAINGEY			
			02/06/16 MCLAUGHLIN			

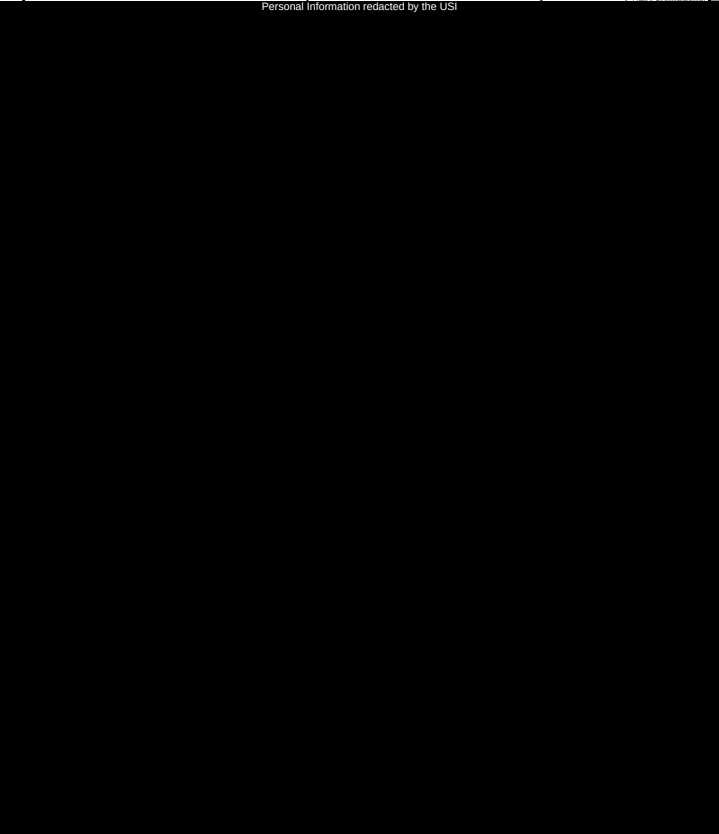
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Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 02/06/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
 Personal information redacted by the U.S.I.			02/06/16 PARRY			
			02/06/16 KIERNAN			
			02/06/16 DAVIDSON			
			02/06/16 MCCLOSKEY			
			02/06/16 MEADE			
			02/06/16 MCKEE			

1112 O'BRIEN 3/10/16

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			1915 SWATH Odon			(4)
			3/6 Irwin			
			3/6 Bingham	Curve		
			3/6 McCaffrey.			

Urology Outcome Sheet

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(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 03/06/2016

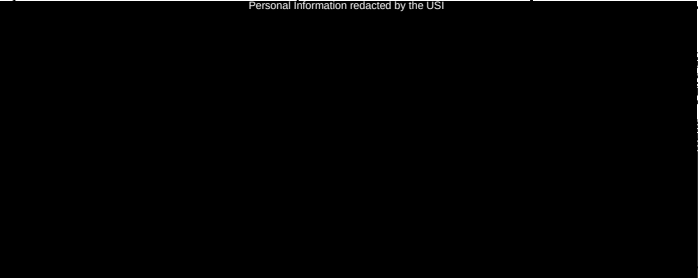
Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the U.S.I.			18/05 SWAH DR BROWN AE			
			25/05 GHAREEB SWAH			
			26/05 CATHCART			
			01/06 AE			
			02/06 MCVERRY			
			02/06 POTTER			
			02/06 EAMES			
			03/06/16 EUROR			

Urology Outcome Sheet
(for face to face appointments and advice)

Consultant's name: MR O'BRIEN
Date: 06.06.16

10

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			DR MCRORY 06.06.16			
			DR MCVEIGH 06.06.16			
			DR CONLON 06.06.16			
			DR MULLEN 06.06.16			
			DR POTTER 06.06.16			
Patient 14	Personal Information redacted by the USI		DR PARRY 06.06.16			
Personal Information redacted by the USI			DR DEVLIN 06.06.16			
			DR CLEARY 06.06.16			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			A&E 06.06.16			
			A&E 06.06.16			



Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: **MR O'BRIEN**

Date: 07/06/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USt			12/05 MAIDEN			
			03/06 DOLAN			
			03/06 AE			
			06/06 MCRORY			
			06/06 THOMPSON			
			06/06 MOORE			
			06/06 ELLIOTT			
			07/06 HERRON			

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Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: **MR O'BRIEN**

Date: 07/06/16 .

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			07/06/16 KIERNAN	EURONU		
			25/05 RJB			
			07/06/16 REANEY			
			07/06/16 FEARON			
			07/06/16 NICHOLSON			
			07/06/16 MURPHY			
			07/06/16 CHURCH			
			26/05 MCDERMOTT			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			26/05 ANDERSON			
			20/05 CHAMBERS			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

2016 17/11/17

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Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the U.S.I.			19/05 MCCORMICK			
			02/06 MASIH	WL ACTIVE AOB		
			07/06 AE			
			07/06 PARK			
			07/06 MCKNIGHT			
			07/06 SPENCE			
			07/06 HAGAN			
			08/06/16 SWAH KELLY			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			08/06/16 NAUGHTON	CKSNU		

Urology Outcome Sheet

(for face to face appointments and advice)

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Consultants name: MR O'BRIEN

Date: 08/06/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the U.S.I.			25/05 RJB			
			08/06/16 WADE			
			08/06/16 BYRNE			
			08/06/16 DOLAN			
			08/06/16 CLEARY			
			08/06/16 ALEXANDER			
			08/06/16 CONLON			
			08/06/16 IDOWU			

AOB 080616

AOB-10551

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			08/06 BARBOUR			
			08/06 CANDLESS			
			08/06 SHANNON			
			08/06/16 SANDS			
			08/06 DILLON			

15/11/21

Urology Outcome Sheet

AOB-10552

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Consultant's name: MR O'BRIEN

(for face to face appointments and advice)

Date: 28/07/2016 - JD

AOB - MR O'BRIEN 28/07/16 JD

Patient Name	H & C or Hospital Number	DOB	Source of Referral
Personal Information redacted by the UOI		20/12/1935	GP
		08/07/1962	GP
		31/01/1950	GP
		18/12/1987	GP
		23/10/1933	GP
		16/03/1992	GP
		11/11/1957	GP
		17/06/1986	GP
		08/12/1959	GP

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19/1/17

AOB-10553

Urology Outcome Sheet

(for face to face appointments and advice)

(S)

Consultant's name: MR O'BRIEN

Date: 28.07.16

Patient Name	H & C or Hospital Number	DOB	Source of Referral
Personal information redacted by the UoI		25.10.1949	MR YOUSAF 11.07.16
		20.11.1980	DR CONLON 28.07.16
		26.04.1968	DR HAGAN 28.07.16
		07.09.1980	DR BEDWELL 28.07.16
		17.06.1947	DR GLENDINNING 28.07.16

19/11/17

Mr O'Brien

Urology

29/11/16 - 30.

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt	Type of Contact: i to Face/Telephone/Er
Patient 11	Personal Information redacted by the USI		GP			
Personal Information redacted by the USI			GP			
			GP			
			GP			
Patient 11	Personal Information redacted by the USI		GP			
Personal Information redacted by the USI			GP			
			OC DR D NAUGHTON GERI MED			
			GP			
			AE			
			GP			

Personal Information

AE

AE

19/11/17

Urology Outcome Sheet

(for face to face appointments and advice)

(S)

Consultant's name: MR O'BRIEN

Date: 29.07.16

Patient Name	H & C or Hospital Number	DOB	Source of Referral	
Personal Information redacted by the USI			DR WALKER 28.07.16	(
			DR MCCORMICK 27.07.16	
			DR GRAHAM 27.07.16	
Patient 13	Personal Information redacted by the USI		DR BRANNIGAN 28.07.16	
Personal Information redacted by the USI			A&E 28.07.16	

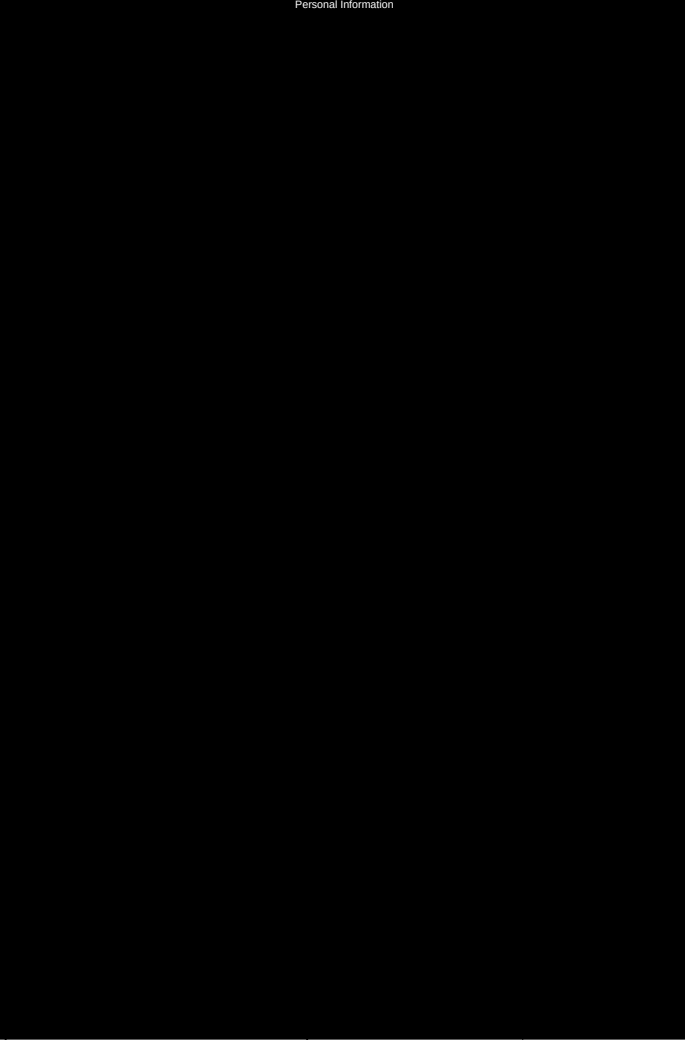
Urology Outcome Sheet

(for face to face appointments and advice)

Consultant's name: MR O'BRIEN

Date: 01.08.16

19

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			DR MCCORMICK 19.07.16			
			DR MCALINDEN 29.07.16			
			DR PARRY 29.07.16			
			DR HANNA 29.07.16			
			DR SHARKEY 29.07.16			
			DR CURRAN 29.07.16			
			DR WILSON 29.07.16			
			DR SHARKEY 29.07.16			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the OSI			A&E 01.08.16			
			A&E 01.08.16			
			DR LEARY 01.08.16			
			LOCUM DR 01.08.16			
			N. FEARON ANP 01.08.16			
			DR BEDWELL 01.08.16			
			DR CULL 01.08.16			
			DR MCEVOY 01.08.16			
			DR MCVEIGH 01.08.16			

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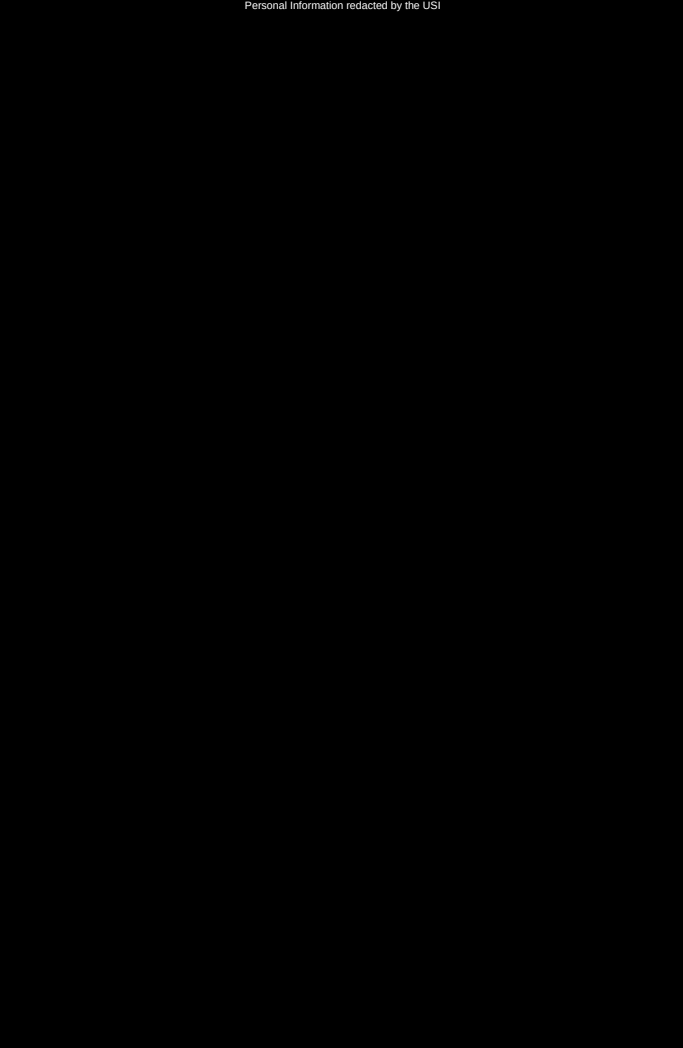
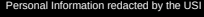
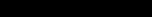
Urology Outcome Sheet

(for face to face appointments and advice)

14

Consultants name: **MR O'BRIEN**

Date: 02/08/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			13/07 MANOS			
			25/07 KHAN SWAH			
			26/07 MCCORMICK GERIATRIC			
			29/07 AE			
			01/08 OWENS			
			01/08 KEOWN			
			02/08/16 HOLLOWAY			
			02/08/16 WHITEHEAD			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			02/08/16 SHANNON			
			02/08 MCDONALD			
			02/08/16 DONNELLY			
			02/08/16 THOMPSON			
			02/08 BECKETT			
			02/08 DEVLIN			

Urology Outcome Sheet

(for face to face appointments and advice)

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Consultants name: **MR O'BRIEN**

Date: 03/08/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to Inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			01/08 BHAT			
			02/08 GAFFNEY			
			02/08 THOMPSON			
			02/08 DAVIDSON			
			02/08 CONLON			
			02/08 LEETCH			
			02/08 THOMPSON			

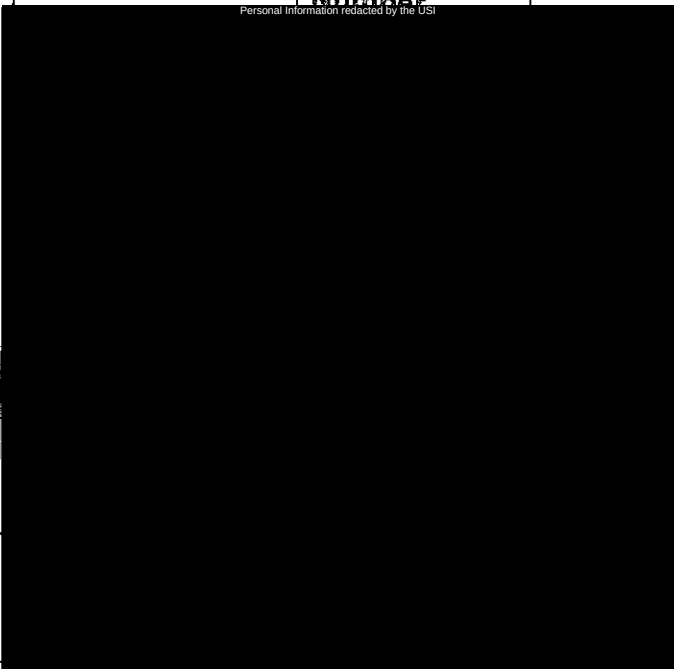
Urology Outcome Sheet

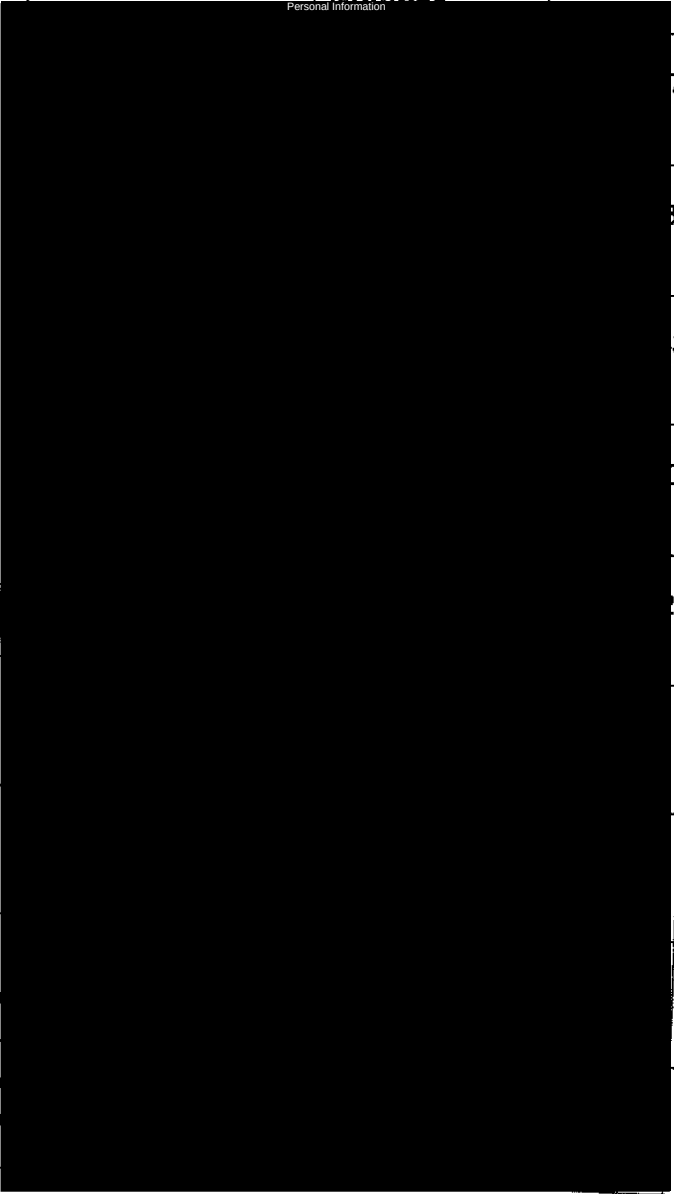
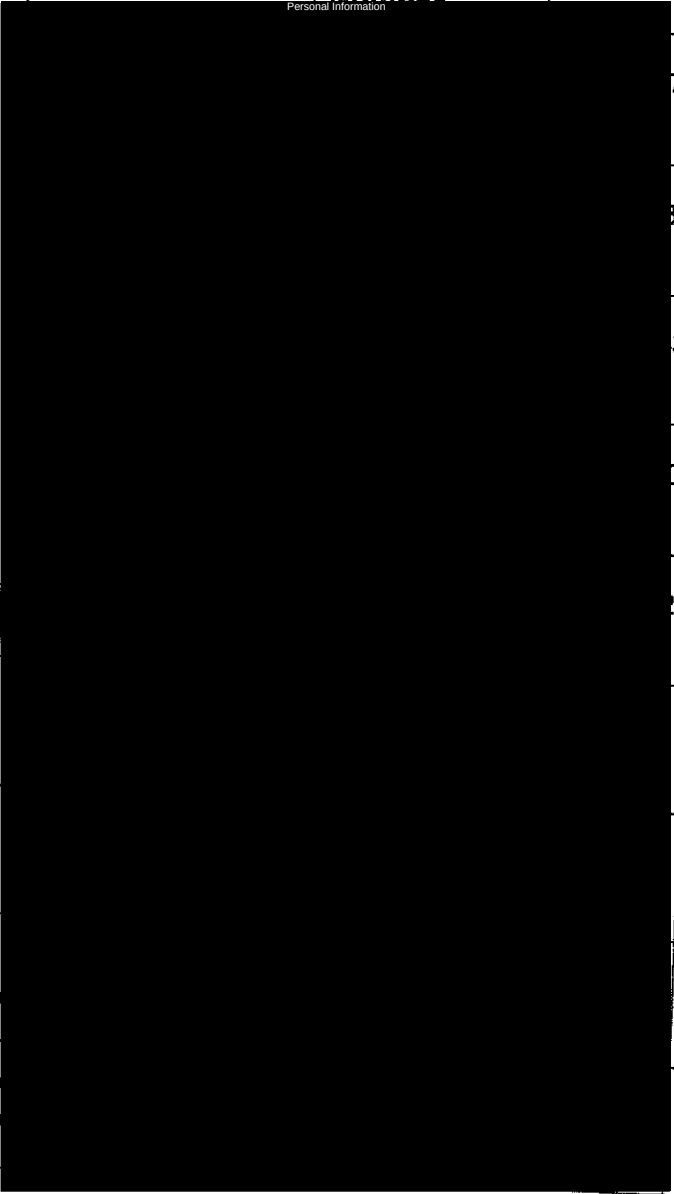
(for face to face appointments and advice)

Consultants name: **MR OBRIEN**

Date: 030816



Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			31/07 AE			
			03/08/16 SCOTT	EURONU	EXPEDITE?	
			03/08/16 THOMPSON			
			03/08/16 MORGAN			
			03/08/16 MCVERRY			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
		71	08/09/16 PAISLEY			
		81	08/09/16 OLOUGHLIN			
		3	08/09/16 HAIGNEY			
		0	08/09 MCCONVILLE			
		2	08/09/16 PATTERSON			
			08/09/16 CHAMBERS			
			08/09 ALLEN			
			08/09/16 BOYD			
			08/09/16 CAMPBELL			

Urology Outcome Sheet

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(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 08/09/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the USI			01/09 MCCAUL	✓	CI AND MRI scans requested for MDM discussion & reports.	
			02/09 HUGHES			
			02/09 K. TRAVERS			
			08/09/16 FARRY			
			06/09 AE			
			08/09/16 WRIGHT			
			08/09/16 SCOTT	CMYTSCR		
			08/09/16 ALLEN			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			08/09/16 WRIGHT			
			08/09/16 WILLIAMSON			
			08/09 MCCAFFREY			
Patient 12	Personal Information redacted by the USI		08/09/16 CONLON			
Personal Information redacted by the USI			08/09/16 MCKEE			
			08/09/16 FORSTER			

Urology Outcome Sheet

(for face to face appointments and advice)

Consultant's name: MR O'BRIEN

Date: 09.09.16

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Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the UOI			DR RICHEY 09.09.16			
			DR MCALEAVEY 09.09.16			
			DR WALKER 09.09.16			
			DR BINGHAM 09.09.16			
			DR RAMSEY 09.09.16			
			A&E 09.09.16			
			A&E 09.09.16			
			DR FEARON 09.09.16			

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Urology Outcome Sheet

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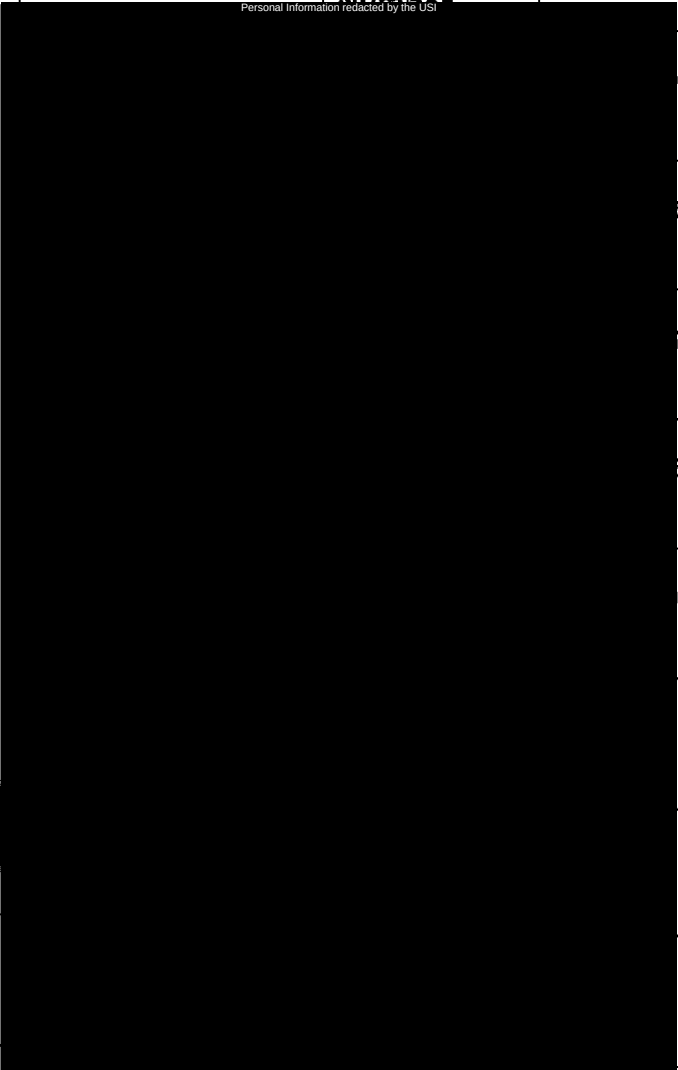
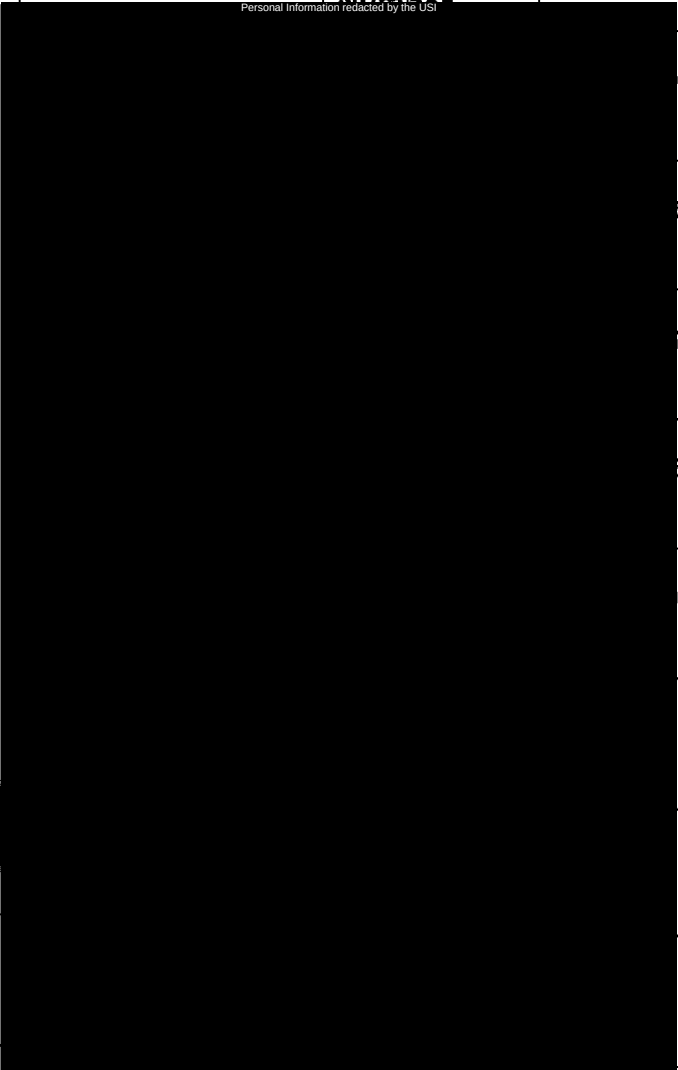
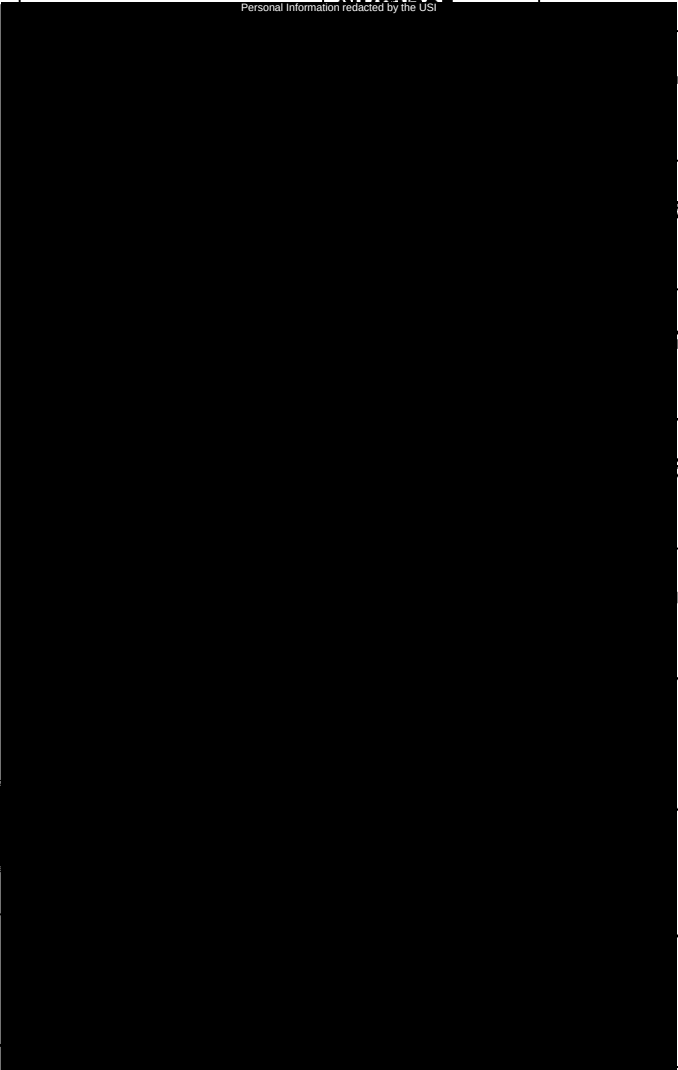
(for face to face appointments and advice)

Consultant's name: MR O'BRIEN

Date: 12.09.16

16

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal information redacted by the OSI			DR FLANIGAN 12.09.16			
			DR REILLY 12.09.16			
			DR LEETCH 12.09.16			
			DR MCCONVILLE 12.09.16			
			DR CLARKE 12.09.16			
			DR MULVANEY 12.09.16			
			DR LAMBE 12.09.16			
			A&E 12.09.16			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			0 A&E 12.09.16			
			6 A&E 12.09.16			
			A&E 12.09.16			
			6 DR GRAY 12.09.16			
			DR HERDMAN 12.09.16			
			DR DAVEY 12.09.16			
			DR O'HARE 12.09.16			
			DR ADAMS 12.09.16			

Urology Outcome Sheet

(for face to face appointments and advice)

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Consultant's name: MR O'BRIEN

Date: 12.09.16

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			DR MCEVOY 09.09.16			
			DR O'NEILL 09.09.16			
			A&E 09.09.16			
			DR ROBERTS 09.09.16			
			DR GRANT 09.09.16			
			DR PARK 09.09.16			
			DR ADAMS 09.09.16			

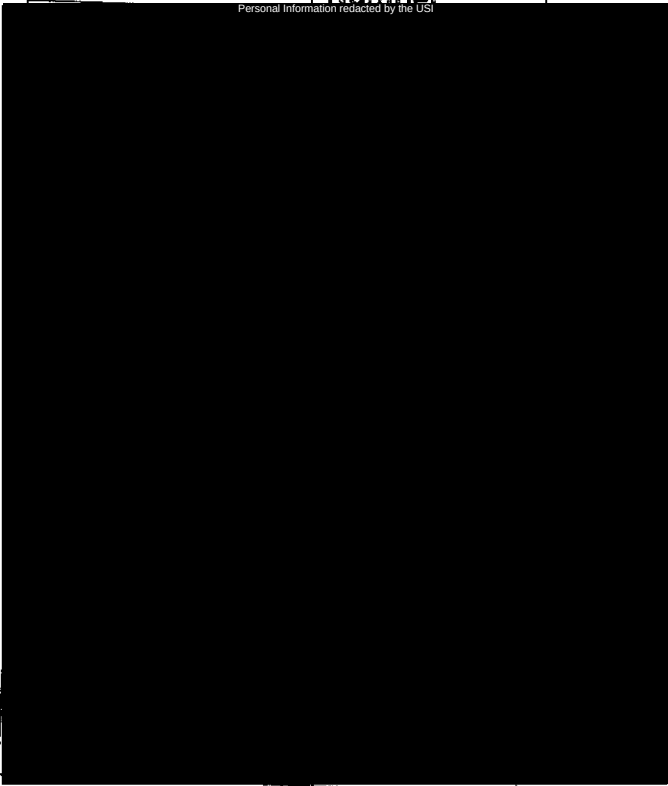
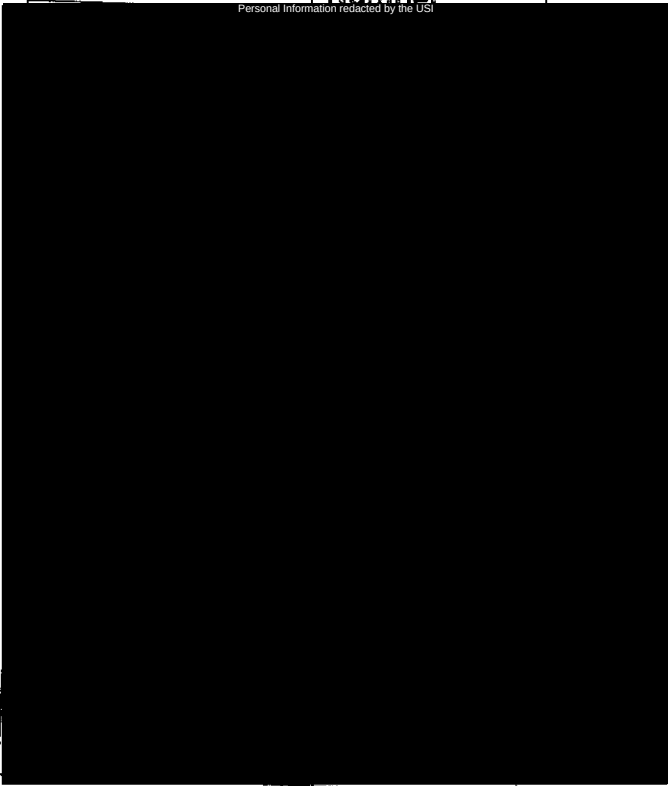
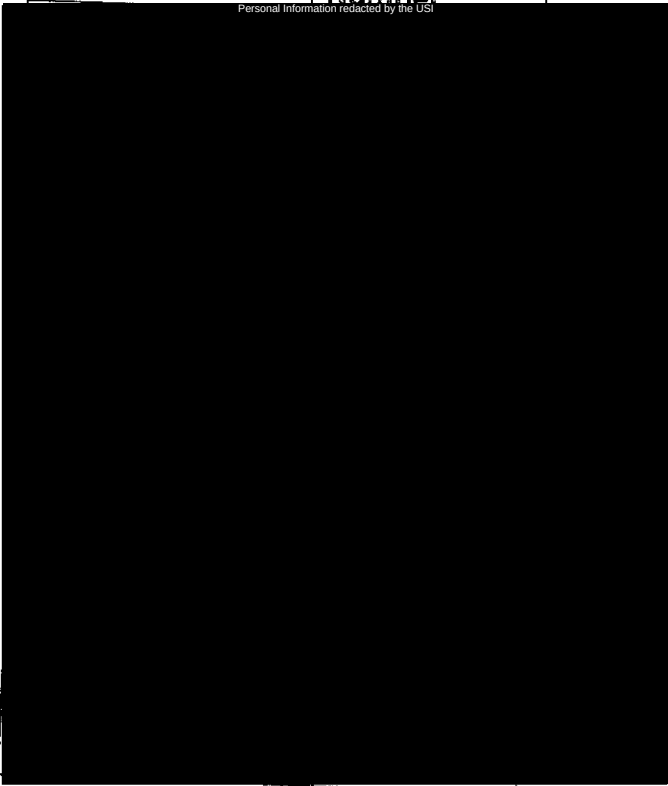
Urology Outcome Sheet

(for face to face appointments and advice)

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Consultants name: MR OBRIEN

Date: 130916

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			96 13/09/16 HUNTER			
			42 13/09/16 MALLON			
			0 13/09/16 MILLER			
			1 13/09 MCFADDEN			
			8 13/09/16 MCALEAVEY			
			09/09 BHAT			

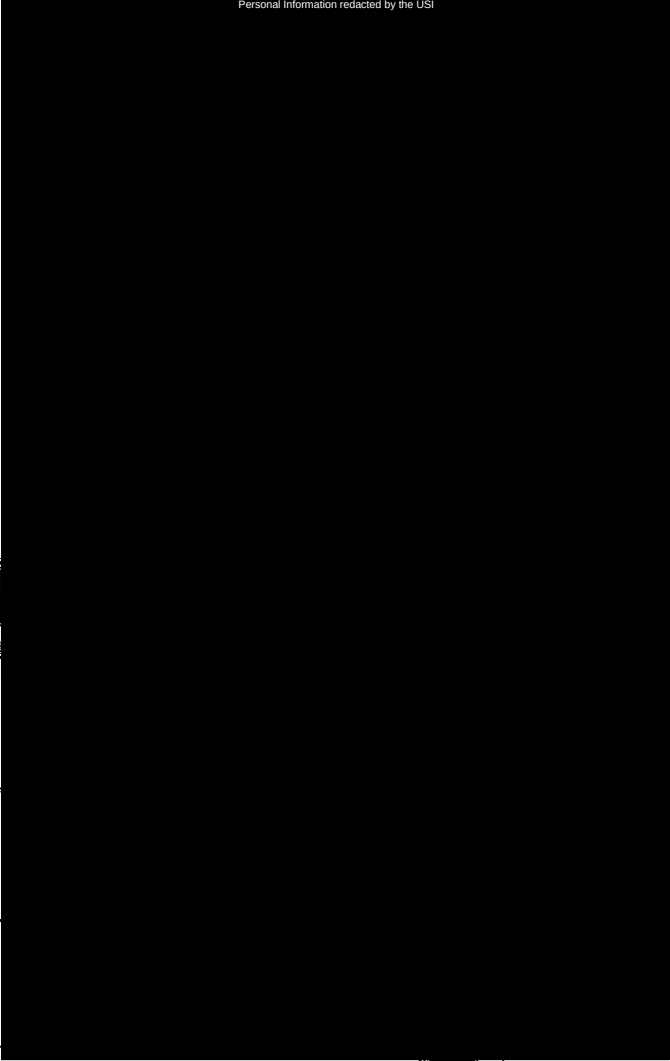
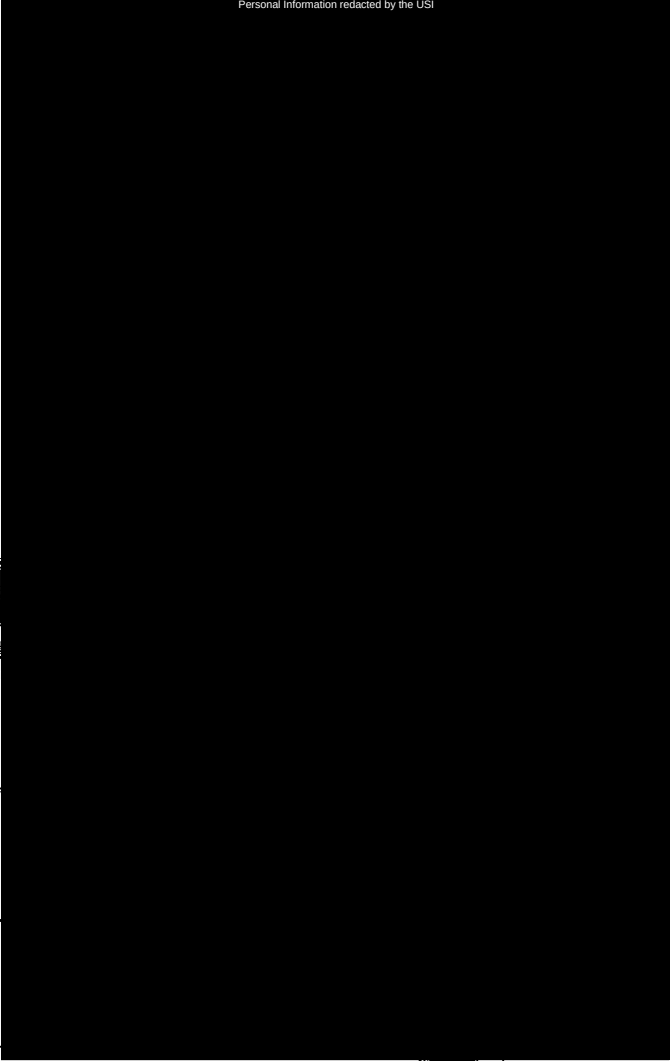
Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 13/09/16

10

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
		58	12/09 HERRON			
		0	06/09 SWAH			
		9	13/09/16 LOGAN			
		8	13/09/16 MACDONALD	CAJGN		
			13/09/16 LEE			
			13/09/16 DEVLIN			
			13/09/16 DAVIS			
			13/09/16 DAVIDSON			

Personal Information redacted by the USI

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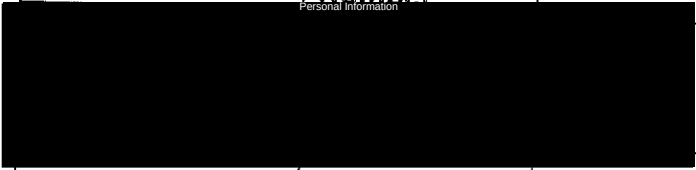
Urology Outcome Sheet

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 20/10/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USI			0/10 OGAN		ROUTINE NEW CLINIC APPOINTMENT	
			1/10 AE SWAH		URGENT NEW CLINIC APPOINTMENT.	
			2/10 HASLETT		ROUTINE NEW CLINIC APPOINTMENT WITH MR. YOUNG.	
			18/10 AE			
			19/10 BEIRNE			
			19/10 AE			
			19/10 GAFFNEY	WL ACTIVE AOB		
			19/10 ALLEN			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			20/10 DAVIDSON	EUROUR AOB		

Urology Outcome Sheet

AOB-10577

(for face to face appointments and advice)

Consultants name: **MR O'BRIEN**

Date: 21/10/16

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Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
[REDACTED]	[REDACTED]	[REDACTED]	27/09 SWAH DOLAN			
			05/10 HULL			
			13/10 SWAH			
			19/10 RVH MULLAN			
			19/10 HASSAN			
			20/10 MCKAY			
			20/10 JADCZAK			
			20/10 AE			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information Redacted by the U.S.I.			20/10 PAISLEY			
			20/10 GALLAGHER			
			17/10 COLE	CU2N		
			20/10 FEE			
			20/10 DE ALWIS			
			20/10 LATIMER			
			21/10 DEANS			
			21/10 MORGAN			

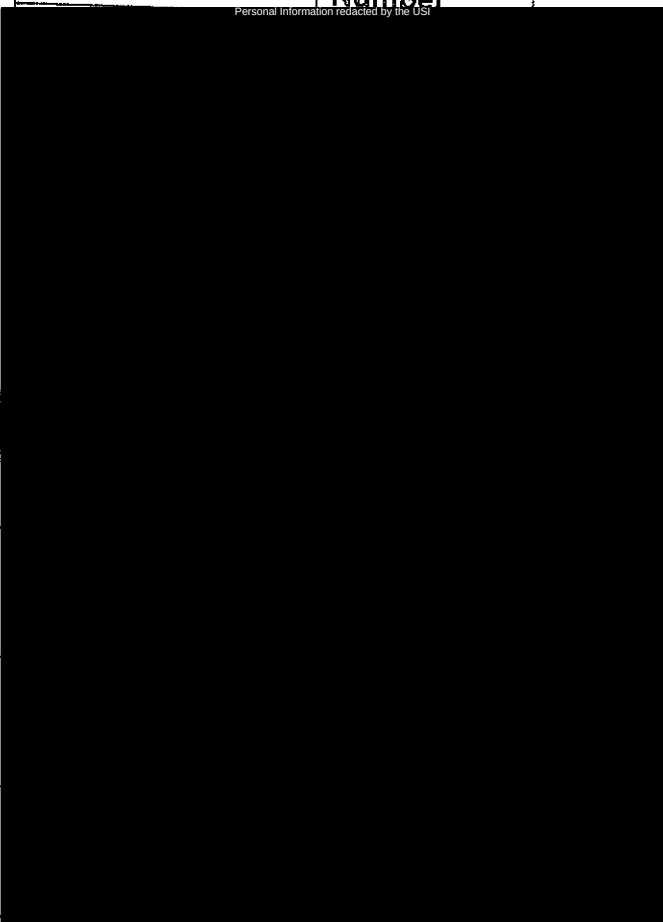
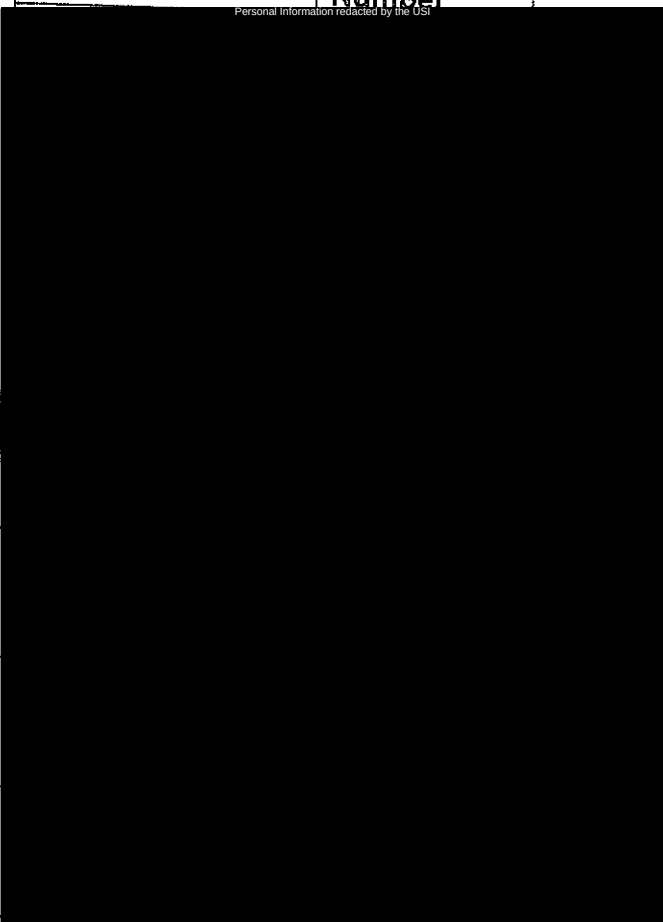
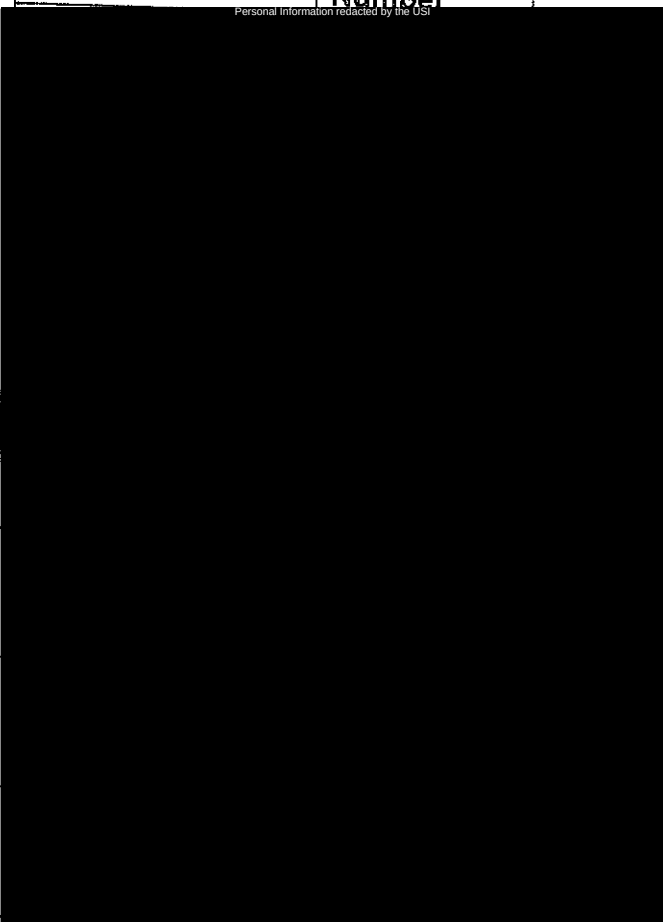
Urology Outcome Sheet

(for face to face appointments and advice)

Consultant's name: MR O'BRIEN

Date: 24.10.16

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Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			64 DR MULHOLLAND 14.10.16			
			8 DR AULD 18.10.16			
			6 DR MURPHY 18.10.16			
			5 DR MCCONVILLE 21.10.16			
			DR MEGAW 21.10.16			
			A&E 24.10.16			
			DR NAUGHTON 24.10.16			

Urology Outcome Sheet

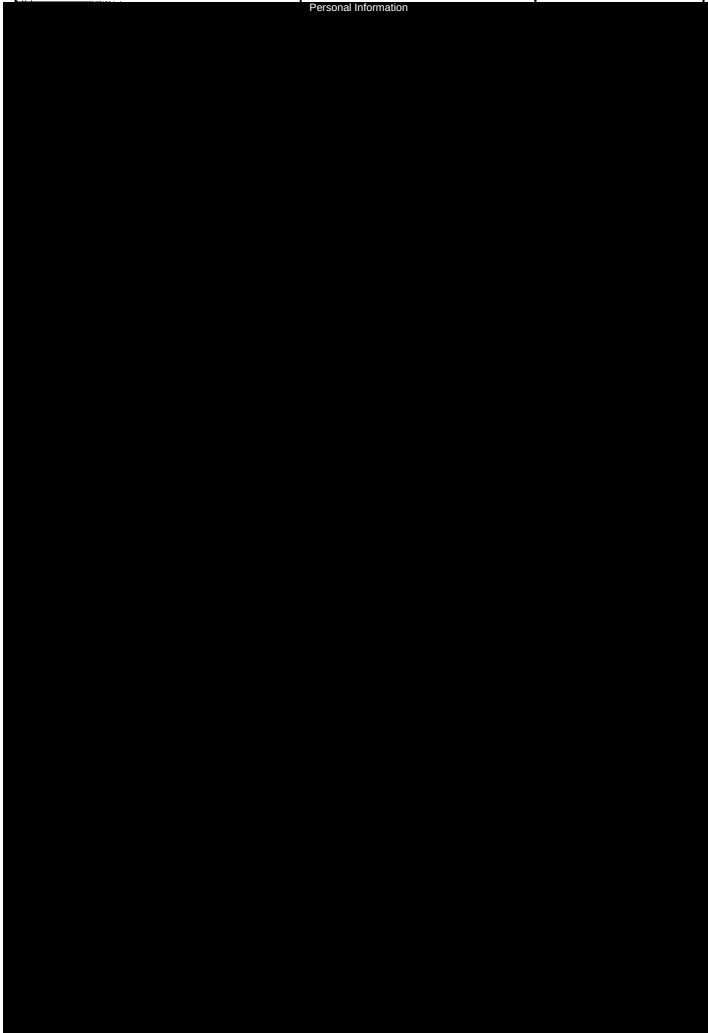
AOB-10580

(9)

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 25/10/2016

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			13/10 MURDOCK			
			23/10 AE			
			23/10 AE			
			24/10 FEE			
			24/10 MITCHEL			
			24/10 FLOOD			
			24/10			
			24/10 MCDOWELL			

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			24/10 MORGAN			

Urology Outcome Sheet

AOB-10582

(16)

(for face to face appointments and advice)

Consultants name: MR O'BRIEN

Date: 25/10 | 16

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			17/10 AE SWAH			
			21/10 BCH NEUROLOGY			
			22/10 MCCONNELL			
			24/10 MCDONALD	CAOBUOR		
			24/10 WINTER			
			24/10 CHURCH	CURMYU		
			24/10 IDOWU			
			25/10/16 MAGUIRE	(EUROR)		

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
			25/10 BUCHANAN			
			25/10 BONNER			
			25/10/16 CULL			
			25/10 ALEXANDER			
			25/10/16 WALKER			
			25/10/16 THOMPSON			
			25/10/16 DAVIDSON			
			25/10/16 MCGOVERN			

Urology Outcome Sheet
(for face to face appointments and advice)

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Consultant's name: MR O'BRIEN

Date: 26.10.16

Patient Name	H & C or Hospital Number	DOB	Source of Referral	New or Review	Action: Add to op w/l list, add to inpt w/l, discharge etc	Type of Contact: Face to Face/Telephone/Email
Personal Information redacted by the USt			MR WHEELER 13.10.16			
			DR SMYTH 24.10.16			
			DR MCDONALD 25.10.16			
			DR MCEVOY 25.10.16			
			DR SPENCE 25.10.16			