



**Professional  
Record  
Standards  
Body**

**Better records  
for better care**

**OUTPATIENT LETTER STANDARD  
EXAMPLE LETTERS  
V1.6**

# Contents

<b>1</b>	<b>Introduction</b>	<b>4</b>
1.1	Purpose of the letters	4
1.2	Audience	4
1.3	How the letters were developed	4
<b>2</b>	<b>Dietetics example</b>	<b>5</b>
<b>3</b>	<b>Rheumatology example</b>	<b>7</b>
<b>4</b>	<b>Orthoptic example</b>	<b>9</b>
<b>5</b>	<b>Gastroenterology example</b>	<b>10</b>
<b>6</b>	<b>Community paediatrics example</b>	<b>12</b>
<b>7</b>	<b>Plastic and reconstructive surgery example</b>	<b>14</b>
<b>8</b>	<b>Palliative care example</b>	<b>16</b>
<b>9</b>	<b>Surgical Example – New Patient</b>	<b>19</b>
<b>10</b>	<b>Surgical Example – Follow-Up Patient</b>	<b>21</b>

## **The Professional Record Standards Body**

The independent Professional Record Standards Body (PRSB) was registered as a Community Interest Company in May 2013 to oversee the further development and sustainability of professional record standards. Its stated purpose in its Articles of Association is: “to ensure that the requirements of those who provide and receive care can be fully expressed in the structure and content of health and social care records”. Establishment of the PRSB was recommended in a Department of Health Information Directorate working group report in 2012.

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## **Professional Record Standards Body**

32-36 Loman Street London SE1 0EH

See more at: <http://theprsb.org/>

Community Interest Company No 8540834

# 1 Introduction

## 1.1 Purpose of the letters

These letters were developed as part of the Outpatient letter standard project. The purpose of the letters is to demonstrate how the headings developed can be structured in different services for different types of appointments.

## 1.2 Audience

The letters were created primarily for the NHS digital messaging team to use in the creation of outpatient message specifications. As hospitals and GPs have different structures for their electronic patient records (EPRs), the project has developed standards for communication of outpatient letters, ie a common standard to which local outpatient letter content can be mapped to enable the meaning to be retained when communicated to the recipient (ie semantic interoperability).

**The examples are intended to demonstrate how the headings can be used in a structured letter. They are not intended to be standard templates and the clinical content is for illustrative purposes only.**

## 1.3 How the letters were developed

Clinicians from different specialties were asked to compose example outpatient letters to represent different types of appointments (initial and follow-up, doctor, and allied health professional led clinics) to demonstrate how the information might be best structured.

The letters were quality assured by the PRSB assurance committee.

## 2 Dietetics example

Community Nutrition and Dietetics Department, Adobe Health Centre, Donaldstown, DO1 4XP (01234) 567890  
Susan Blight, Community Dietician [cndd@adobehc.nhs.uk](mailto:cndd@adobehc.nhs.uk)

<b>Patient demographics</b> <i>Patient name</i> Mr. Thomas (Tom) Linacre <i>Date of birth</i> 01/01/1960 <i>Gender</i> Male <i>NHS number</i> 123456789 <i>Hospital ID</i> TL98765 <i>Patient address</i> 29 Acacia Road BM9 6PL	<b>Attendance details</b> <i>Date of appointment/contact</i> 01/05/2017 <i>Contact type</i> First appointment <i>Consultation method</i> Face-to-face <i>Seen by</i> Susan Blight, Community dietician (01234) 569870 <i>Outcome of patient attendance</i> Appointment will be made at a later date for follow-up by telephone within 1 month.
<i>Patient email address</i> <a href="mailto:thomas@linacre.net">thomas@linacre.net</a> <i>Patient telephone number.</i> 077 7777 777	<b>GP Practice details</b> <i>GP practice identifier</i> A111111 <i>GP name</i> Dr. C. O'Reilly <i>GP details</i> Canvas Health Centre, 27 Acacia Road, BM9 6PM, (01234) 956412

Dear Dr. O'Reilly,

### Diagnoses: Stroke

### Problems and issues: Acquired swallowing difficulties

I had the pleasure of meeting Mr. Linacre at the Community Nutrition and Dietetics outpatient clinic on 1 May 2017, referred by Sugra Bibi, Hospital dietician at St Crispin's Hospital, Donaldstown, DO5 7TP.

### History

Mr. Linacre attended the community nutrition and dietetics outpatient clinic for review of feeding.

Following a stroke Mr. Linacre developed swallowing difficulties. During a recent admission to hospital Mr. Linacre was established on PEG tube feeding. The feeding tube insitu is a 15 French PEG tube placed on 05/04/17. The regimen is: 1000 ml Energy Multifibre Feed at 100 ml/hour for 10 hours (09:00-19:00) with 1400 ml water given as divided flushes (e.g. 10 x 140ml) throughout the day e.g. before and after feed and with medications. His weight is stable.

### Examinations

Weight 80kg, Height 175cm, BMI 26 kg/m<sup>2</sup>

### Clinical summary

The estimated nutritional requirements for Mr. Linacre are Energy 1500 kcal/day, Protein 80 g/day, Fluid 2400 ml/day.

Mr. Linacre is tolerating his feed and fluid flushes well as per his feeding regimen and he reports taking his medication. Mr. Linacre's PEG site has healed and was clean and dry and exposed (no dressing) on assessment. Mr. Linacre's bowels are opening daily (with no bowel meds), all pressure areas are intact and his weight is stable.

**Allergies and adverse reactions:** No known allergies or adverse reactions.

### Changes to medications and medical devices

(only changes to medications and medical devices as a result of the outpatient encounter are included)

Medication name	Energy fibre feed (ACBS Indicator of dysphagia)
Form	Liquid
Route	Enteral
Site	PEG
Method	Pump
Dose amount	100 ml
Dose timing	Per hour for 10 hours daily, 09:00-19:00
Additional instructions	1400 ml water given as divided flushes (e.g. 10 x 140 ml) throughout the day e.g. before and after feed and with medications.
<i>Medication change summary</i>	
Status	Amended
Reason for medication change	Medication to be continued and now prescribed by GP
Date of latest change	01/05/17
Medication change	GP now to prescribe 28 x 1000 ml bags per 4 weeks, ongoing.
Comment/recommendation	Please send the ePrescription directly to Dripfeed Intl Ltd ( <a href="mailto:Dripfeed@gmail.com">Dripfeed@gmail.com</a> ) who will deliver direct to patient's home address.

#### **Actions for healthcare professionals**

A backpack has been ordered (05/05/17) so that Mr. Linacre can feed when he goes out during the day as he did not like feeding during the night when he was in hospital and feels restricted to stay at home at the moment. Feeding Company Nurse (Doug Sway) has been asked (05/05/17) to train Mr. Linacre on use of backpack.

#### **Actions for patient or their carer**

Mr. Linacre has been asked to continue on feeding regimen.

#### **Information and advice given**

Given the clinic contact details and a copy of the feeding regimen with Trust guidance.

Yours sincerely

#### **Person completing record**

Susan Blight, Community Dietician

Date: 06/05/17: 16:42

#### **Distribution list:**

Mr. Linacre (patient),

Dr. C. O'Reilly (GP)

Doug Sway, Feeding nurse, Dripfeed Intl Ltd

Sugra Bibi, Hospital dietician, St Crispin's Hospital, Donaldstown, DO5 7TP

Dr. Gerald McManus, Neurologist, St Crispin's Hospital, Donaldstown, DO5 7TP

### 3 Rheumatology example

Rheumatology Department, St Crispin's Hospital, Donaldstown, DO5 7TP  
Dr Matthew Thomas, Consultant Rheumatologist

(01234) 567890  
[rd@stcrispins.nhs.uk](mailto:rd@stcrispins.nhs.uk)

#### Outpatient letter to General Practitioner

<b>Patient demographics</b>		<b>Attendance details</b>	
<i>Patient name</i>	Miss Ophelia Gently	<i>Date of appointment/contact</i>	11/05/2017
<i>Date of birth</i>	01/04/1984	<i>Contact type</i>	First attendance
<i>Gender</i>	Female	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	987654321	<i>Seen by</i>	Dr. Matthew Thomas, Consultant Rheumatologist (01234) 569879
<i>Hospital ID</i>	TL98764	<i>Outcome of outpatient attendance</i>	Appointment will be made at a later date
<i>Patient address</i>	22 Acacia Road, BM9 6PL	<b>GP practice</b>	
<i>Patient email address</i>	<a href="mailto:ophelia@gently.net">ophelia@gently.net</a>	<i>GP practice identifier</i>	A111111
<i>Patient telephone number.</i>	077 7777 776	<i>GP name</i>	Dr. C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Dear Dr. O'Reilly

Thank you for referring Miss Gently to my rheumatology outpatient clinic.

**Diagnoses**

1. Multiple joint pain - no evidence of inflammatory arthritis,
2. Fatigue,
3. Sleep disturbance,
4. Type 1 diabetes,
5. Hypothyroidism.

#### History

Miss Gently has had left wrist pain since December 2016. Since then she has also had right wrist pain and aching in the shoulders and knees. She describes tingling and burning in the forearms and in the calves and shins. Her symptoms are gradually worsening and they are now constant. She feels tired all the time and has broken, unrefreshing sleep. She has Type 1 diabetes and has been recently diagnosed with hypothyroidism – and has been put on thyroxine. Her inflammatory markers are normal.

**Allergies and adverse reactions** No known allergies or adverse reactions

#### Social context

Occupational history Unemployed  
Alcohol intake 10-12 units weekly  
Smoking Ex-smoker

#### Review of systems

Poor sleep.

#### Examination findings

Musculoskeletal system Trapezius discomfort on elevation of the shoulders. Discomfort on active neck movements.

## Patient and carer concerns, expectations and wishes

I just want to stop hurting all the time and to have some energy back.

## Investigation results

Investigation:	Investigation result:
Antinuclear antibodies	Negative
Complement levels	Normal
Immunoglobins	Normal
TSH	Normal

## Medications and medical devices

*(only changes to medications and medical devices as a result of the outpatient encounter are included)*

Medication name	Amitriptyline
Form	Tablet
Route	Oral
Dose amount	1 x 10mg
Dose timing	Once per day
Additional instructions	To be taken one hour before bed
Status	Added
Start datetime	11/05/17
End datetime	23/05/17
Indication	Sleep disturbance
Link to indication record	
Comment / recommendation	Increase dose gradually if needed, according to response and tolerance. Patient given a prescription for 2 weeks in clinic. GP to please review in 2 weeks and renew or amend prescription as necessary.

## Plan and requested actions

### Actions for patient or their carer

Should try to take regular, gentle exercise in gradually increasing amounts.

### Information and advice given

The patient was advised that her symptoms are unlikely to improve until her sleep disturbance is tackled. Her previous abnormal blood results reflect her known diagnosis of an underactive thyroid and she now appears to be on adequate replacement therapy. Her blood tests have excluded inflammation of the joints.

Person completing record:

Dr. Matthew Thomas, Consultant Rheumatologist, GMC: 2639598, matthew.thomas222@nhs.net

Date: 11/05/2017: 14:38

Distribution list:

Miss Gently (patient),

Dr C. O'Reilly (GP)



## 4 Orthoptic example

Ophthalmology/orthoptics clinic, St Crispin's Hospital, Donaldstown, DO5 7TP  
Brian McGlynn, Orthoptist

(01234) 567890  
[orthde@stcrispins.nhs.uk](mailto:orthde@stcrispins.nhs.uk)

### Outpatient letter to General Practitioner

Patient demographics		Attendance details	
<i>Patient name</i>	Mr. Ewan Poulson	<i>Date of appointment/contact</i>	19/05/2017
<i>Date of birth</i>	01/04/1983	<i>Contact type</i>	First attendance
<i>Gender</i>	Male	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	982354321	<i>Seen by</i>	Brian McGlynn, Orthoptist (01234) 569879
<i>Hospital ID</i>	TL23764	<i>Outcome of patient attendance</i>	Discharged
<i>Patient address</i>	5 Acacia Road, BM9 6PG	<b>GP practice</b>	
<i>Patient email address</i>	<a href="mailto:ewan@poulson.net">ewan@poulson.net</a>	<i>GP practice identifier</i>	A111111
<i>Patient telephone number</i>	077 6677 7766	<i>GP name</i>	Dr. C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

**Diagnoses** Right IV cranial nerve palsy

Dear Dr. O'Reilly,

I had the pleasure of meeting Mr. Poulson in the orthoptic outpatient clinic today, referred by Michael McMonagle, Occupational Therapist, Head Injury Team, St Crispin's Hospital, Donaldstown, DO5 7TP

#### History

Double vision since a head injury in November 2016.

**Allergies and adverse reactions** No known allergies or adverse reactions

#### Examination findings

Ocular motility testing Right hypertropia

**Procedures** Fitted a prism on patient's glasses (right side)

#### Clinical summary

Referred from the head injury team as patient experiencing diplopia. Found to have a right IV nerve palsy. Fitted a prism on patient's glasses to relieve diplopia.

#### Plan and requested actions

##### Actions for healthcare professionals

Referred to ophthalmologist on 19/05/17

##### Actions for patient or their carer

Mr. Poulson has been advised that he must inform the DVLA of his diplopia and Fresnel prism and that he should not drive without their approval.

Yours sincerely

Person completing record: Brian McGlynn, Orthoptist, HCPC no: 14569872 [orthde@stcrispins.nhs.uk](mailto:orthde@stcrispins.nhs.uk) Date: 19/05/2017: 16:00

Distribution list: Mr. Poulson (patient), Dr C. O'Reilly (GP), Michael McMonagle, Occupational Therapist

## 5 Gastroenterology example

Gastroenterology Department, St Crispin's Hospital, Donaldstown, DO5 7TP  
Dr. Ruth Jones, Consultant Gastroenterologist

(01234) 567890  
[gd@stcrispins.nhs.uk](mailto:gd@stcrispins.nhs.uk)

### Outpatient letter to General Practitioner

Patient demographics		Attendance details	
<i>Patient name</i>	Ms. Agatha Critchard	<i>Date of appointment/contact</i>	01/05/2017
<i>Date of birth</i>	01/02/1964	<i>Contact type</i>	First appointment
<i>Gender</i>	Female	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	124356789	<i>Seen by</i>	Dr. Ruth Jones, Consultant Gastroenterologist (01234) 562170
<i>Hospital ID</i>	TL89765	<i>Care professionals present</i>	Mrs. N Bryant, IBD specialist nurse
<i>Patient address</i>	30 Acacia Road, BM9 6PL	<i>Outcome of patient attendance</i>	Appointment will be made at a later date
<i>Patient email address</i>	<a href="mailto:frances@delatour.net">frances@delatour.net</a>	<b>GP practice</b>	
<i>Patient telephone number.</i>	077 1234 7777	<i>GP practice identifier</i>	A111111
		<i>GP name</i>	Dr C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Dear Dr. O'Reilly

#### Diagnoses:

1. Proctitis,
2. Dyspepsia.

#### Problems and issues:

1. Urgent bloody diarrhoea,
2. Occasional faecal incontinence,
3. Weight loss.

Thank you for referring Ms. Critchard to the gastroenterology outpatient clinic.

#### History

Ms. Critchard presents with a two month history of bloody diarrhoea, weight loss, and abdominal discomfort. Her bowels open 5-6 times a day with 1-2 nocturnal episodes. The motions are very loose and there is considerable urgency which has resulted in four episodes of faecal incontinence. She has lost 1 stone in weight over this period.

She has no history of foreign travel, unwell contacts or previous similar symptoms. She has longstanding mild dyspepsia for which she takes antacid as necessary. It has never been investigated.

Ms. Critchard has three children all born by vaginal delivery. The eldest weighed 9 lb 12 oz and was delivered by forceps.

**Family history:** There is no family history of inflammatory bowel disease (IBD) or colorectal malignancy.

**Social context:**

**Household composition:** Ms. Critchard lives with her boyfriend. Her youngest child, Andrew, is still at home.

**Occupational history:** PA to company director.

**Smoking:** Ex-smoker, stopped 1 year ago.

**Alcohol intake:** 10-14 units of alcohol per week.

**Allergies and adverse reactions**

**Causative agent:** Amoxicillin

**Description of reaction:** A generalised severe urticarial rash

**Probability of recurrence:** Likely

**Date first experienced:** Aged 12

**Examination findings:** The abdomen was found to be soft but mainly tender in the left iliac fossa. There was no guarding or rebound and bowel sounds were normal.

**Investigation results:** Faecal calprotectin levels were 247mcg/g faeces (normal <50)

**Procedure**

**Procedure:** Rigid sigmoidoscopy.

**Comment:** Rectal examination was unremarkable. Rigid sigmoidoscopy showed inflamed and ulcerated mucosa with contact bleeding to about 15cm. Above this the appearances are normal to the limit of view at 20cm.

**Clinical summary**

Ms. Critchard has proctitis. She needs biopsies to confirm the diagnosis. Her faecal incontinence may be related to her obstetric history and if it continues when her symptoms have settled she may need further investigation.

**Plan and requested actions**

I have requested an urgent flexible sigmoidoscopy with biopsies, which will be performed this afternoon, and bloods for FBC, U&E, LFT and CRP. She has been given a request form and container for stool microscopy and culture.

**Information and advice given**

I have explained to Ms. Critchard that she has localized inflammation of the rectum that is probably a form of ulcerative colitis, and should respond to local treatment with suppositories. There is no suggestion that it is infectious but we are checking stool cultures to make sure. I have also explained why we are doing a flexible sigmoidoscopy and I will write to her and you with the results and with suggestions for her further management.

**Medications and medical devices**

*(only changes to medications and medical devices as a result of the outpatient encounter are included)*

Medication name	Mesalazine (Asacol)
Form	Suppository
Route	Per rectum
Dose amount	500mg
Dose timing	Two times a day
<b>Course details</b>	
Status	Added
Start datetime	01/05/17
Indication	Treat symptoms
Comment/recommendation	A 14-day course was prescribed in clinic, which I suggest is continued for a

month. Further treatment will depend on the histology and her progress. I will write to you as soon as I receive the histology results.

Yours sincerely

**Person completing record** Dr. Ruth Jones, Consultant Gastroenterologist Date: 01/05/17: 16:42

Distribution list: Ms. Agatha Critchard (patient)  
Dr C. O'Reilly (GP)

## 6 Community paediatrics example

**Community Paediatrics Clinic, Adobe Health Centre, Donaldstown, DO1 4XP**  
**Adam Rimmer, Community Paediatrician**

**(01234) 567890**  
**cpc@nhs.uk**

### Outpatient letter to General practitioner

<b>Patient demographics</b>		<b>Attendance details</b>	
<i>Patient name</i>	Miss Mary Jones	<i>Date of appointment/contact</i>	01/05/2017
<i>Date of birth</i>	01/02/2013	<i>Contact type</i>	Follow-up
<i>Gender</i>	Female	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	124352319	<i>Seen by</i>	Dr. Adam Rimmer, Consultant paediatrician (01234) 564563
<i>Hospital ID</i>	TL56945	<i>Care professionals present</i>	Jenny White, Occupational therapist Sarah Hall, Health care assistant
<i>Patient address</i>	31 Acacia Road, BM9 6PL	<i>Person accompanying patient</i>	Sally Jones, mother
<i>Relevant contacts</i>	Sally and Ian Jones (parents)	<i>Outcome of outpatient attendance</i>	Appointment will be made at a later date
<i>Patient email address</i>	sally@jones.net	<b>GP Practice</b>	
<i>Patient telephone number</i>	077 1234 7777	<i>GP practice identifier</i>	A111111
<i>Educational establishment</i>	Greenacre School, Donaldstown DO5 6AA	<i>GP name</i>	Dr C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

#### Diagnoses

1. Grand mal epilepsy,
2. Gastro-oesophageal reflux,
3. Spastic quadriplegia secondary to birth asphyxia,
4. Cortical visual impairment,
5. Bilateral convergent squint,
6. General learning difficulties.

#### Problems and issues

1. Increased tonic-clonic convulsions,
2. Problems with transport to school,
3. Increasingly tight right hip.

Dear Dr. O'Reilly,

I had the pleasure of seeing Mary and her mother Sally in my outpatient clinic today.

### Clinical summary

Mary attended today for a scheduled review. Mary's epilepsy is not well controlled at present. She is having on average four tonic-clonic seizures a day. Her mother has had to give her rectal diazepam on two occasions but she has not needed to go to hospital. She had a PEG inserted in April 2017 and her reflux has reduced considerably since then. She has increasing spasticity of right hip.

### Allergies and adverse reactions

No known allergies or adverse reactions.

### Social context

**Educational history** Mary started at Greenacre School in September. She enjoys it and the teachers are pleased with her progress. Her mother has been taking her to school by car but this is becoming an increasing problem as due to recent changes at work she now has to start work at 8:30. Unfortunately Mary is not eligible for free school transport until she is five years old. The home-school liaison teacher is trying to come to an agreement with the local authority to enable Mary to use school transport. The teacher for visual impairment has seen her in school and recommended that she use large print books and a magnifying glass.

### Review of systems

#### Neurodevelopmental assessment

Mary can now sit unsupported for about 30 seconds. When lying prone she can draw her knees up underneath her but does not make any attempts to move. In clinic she was able to complete the circle and square form board but cannot do them reversed. She can say 10 words with meaning and her mother feels she can understand far more. She is able to finger feed and will drink from a cup if it is held for her. She is becoming more sociable and has a lovely smile.

### Examination findings

Musculoskeletal system & nervous system	Mary's ankles both dorsiflex to 90°. Her hips are very tight; the right hip only abducts to 30° and the left hip to 45°. The right hip has deteriorated.
Dental	No evidence of dental caries.

### Plan and requested actions

#### Actions for patient or their carer

Mrs. Jones to contact epilepsy nurse on 01226 730000 if she has any concerns regarding convulsions or the medication change documented below.

#### Actions for healthcare professionals

Request to orthopaedics for early appointment for advice on deteriorating right hip

#### Action by:

Dr. Adam Rimmer, 01/05/17

Letter of support to the local authority education department regarding school transport

Dr. Adam Rimmer, 01/05/17

Review medication with Sally's mother by telephone in two weeks.

Mr Phil Brown, epilepsy nurse

### Medication and medical devices

*(only changes to medications and medical devices as a result of the outpatient encounter are included)*

Medication name	Lamotrigine
Form	Dispersible tablets
Route	Via gastrostomy
Dose	10 mg
Dose direction	Twice a day
Status	Amended

Reason for medication change                      Increasing tonic-clonic convulsions  
Date of latest change                      01/05/17  
Medication change                      Increase to 10mg twice daily  
Comment/recommendation                      14-day prescription provided, please provide a new prescription on parent's request.  
Total dose daily quantity                      20mg

Yours sincerely

Person completing record:                      Dr. Adam Rimmer, Consultant community paediatrician; Date: 01/05/17: 16:42

Distribution list: Sally & Ian Jones (patient's parents);  
Dr. C. O'Reilly (GP)  
Dr. Charlotte Worth, Consultant orthopaedic physician, St. Crispin's Hospital;  
Mr. Philip Brown, epilepsy nurse, St. Crispin's Hospital

## 7 Plastic and reconstructive surgery example

**General Plastic Surgery Clinic, St Crispin's Hospital, Donaldstown, DO1 4XP**  
**Fiona O'Casey, Consultant Plastic and Reconstructive Surgeon**

**(01234) 567890**  
[cpc@nhs.uk](mailto:cpc@nhs.uk)

### Outpatient letter to General practitioner

<b>Patient demographics</b>		<b>Attendance details</b>	
<i>Patient name</i>	Mrs. Samantha Barclay	<i>Date of appointment/contact</i>	16/05/2017
<i>Date of birth</i>	02/03/1973	<i>Contact type</i>	First attendance
<i>Gender</i>	Female	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	126952319	<i>Seen by</i>	Mrs Fiona O'Casey, Consultant Surgeon Patricia Kavanagh, Skin cancer specialist nurse
<i>Hospital ID</i>	TL12945	<i>Care professionals present</i>	Janet Nelson, HCA Sefania Kołodziejki, translator
<i>Patient address</i>	34 Acacia Road  BM9 6PL	<i>Outcome of outpatient attendance</i>	Appointment will be made at a later date
<i>Relevant contacts</i>	Mr. Samuel Barclay (husband)	<b>GP Practice</b>	
<i>Patient email address</i>	<u><a href="mailto:sam@barclay.net">sam@barclay.net</a></u>	<i>GP practice identifier</i>	A111111
<i>Patient telephone number.</i>	077 1234 7982	<i>GP name</i>	Dr C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

### Diagnoses

1. Lesion on forearm
2. Hypertension

Dear Dr. O'Reilly

I had the pleasure of meeting Mrs. Barclay in my general plastic surgery clinic, referred by Dr. William Yates,

### Clinical summary

This lady has presented with a 10 month history of a left arm lesion that is growing rapidly and will require excisional biopsy to confirm the nature of the growth.

### Plan and requested actions

Added to waiting list by Mrs. Fiona Casey on 16/05/17 for excisional biopsy of lesion on left forearm and direct closure.

### Individual requirements

Polish national with limited English - needs an interpreter.

### History

Rapidly growing lesion on left forearm for 10 months. Has seen dermatologists who have assessed and referred on for surgical removal and possible skin grafting.

### Family history

Mrs. Barclay's father died of melanoma aged 62.

### Examination findings

Mrs. Barclay is well. There are no skin lesions on the body other than left forearm. She has a 3x2cm scaly lesion which is ulcerated centrally. There was no evidence of left axillary or cervical node involvement.

### Allergies and adverse reactions

<i>Causative agent</i>	<i>Description of reaction</i>	<i>Type of reaction</i>	<i>Severity</i>	<i>Probability of recurrence</i>	<i>Date first experienced</i>
Penicillin	Nausea and vomiting	Intolerance/Adverse	Minor	Likely	4 years ago

### Social context

**Household composition:** Mrs. Barclay lives with her husband.

**Occupational history:** Factory worker

**Smoking:** Does not smoke

**Alcohol intake:** Rare

### Information and advice given

Patient seen by the skin cancer Specialist Nurse and has been reassured. I have warned her of the risk of infection, bleeding, reoperation, scarring, wound dehiscence and the need for dressings. She understands this and is happy to be added to the waiting list.

Yours sincerely

Person completing record:

Mrs. Fiona O'Casey, Consultant Plastic and Reconstructive Surgeon

Date: 16/05/17: 16:42

Distribution list:

Mrs. Barclay (patient)

Dr. C. O'Reilly (GP)

## 8 Palliative care example

Department of Palliative Medicine, St Crispin's Hospital, Donaldstown, DO5 7TP  
Dr. Doris MacKay, Consultant in Palliative Medicine

(01234) 567890  
[pm@stcrispins.nhs.uk](mailto:pm@stcrispins.nhs.uk)

### Outpatient letter to General Practitioner

Patient demographics		Attendance details	
<i>Patient name</i>	Ms. Margaret Walker	<i>Date of appointment/contact</i>	01/05/2017
<i>Date of birth</i>	01/02/1964	<i>Contact type</i>	First appointment
<i>Gender</i>	Female	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	12435111	<i>Seen by</i>	Dr. Doris Mackay, Consultant in Palliative Medicine (01234) 562987
<i>Hospital ID</i>	TL89711	<i>Professionals present</i>	Nora Smith, Macmillan nurse
<i>Patient address</i>	30 Acacia Road	<i>Person accompanying patient</i>	Ms. Karen Walker (daughter)
<i>Postcode</i>	BM9 6PL	<i>Outcome of outpatient attendance</i>	Appointment made for 01/06/2017
<i>Patient email address</i>	margaret@walker.net	<b>GP Practice</b>	
<i>Patient telephone number.</i>	077 1234 1111	<i>GP practice identifier</i>	A111111
		<i>GP name</i>	Dr. C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Dear Dr. O'Reilly

#### Diagnoses

1. Primary renal cell carcinoma
2. Liver secondaries
3. Necrotic subcutaneous soft tissue nodule (anterior to liver)
4. Type II diabetes
5. Osteoporosis
6. Hiatus hernia
7. Vertigo

#### Problems and issues

1. Pain
2. Nausea and lack of appetite
3. Fatigue
4. Psychologically: tearful and upset

I had the pleasure of meeting Ms. Walker at the palliative care outpatient clinic today, referred by Susan Snodgrass from the community Macmillan team, Endown Centre, BM5 0TP on the 23 April 2017.

#### History

Ms. Walker was referred for review of symptom control. She has been on pazopanib since May 2017. She had a right nephrectomy for clear cell renal carcinoma in Sept 2016, and now has metastatic disease.

*Pain:* Ms. Walker struggles with pain predominantly around the right upper quadrant of her abdomen and this goes all the way round to the back, at worst described as 10/10. She has been reluctant to take full dose of Co codamol - she intermittently takes one tablet at a time (30/500mg). According to Karen, Ms. Walker clearly has a high pain tolerance level and tends to underplay her symptoms.

*Fatigue:* Ms. Walker finds herself tiring out by the second half of the day, particularly if she has done a bit more than usual earlier on.

*Psychologically:* According to Karen, she and Ms. Walker have been intermittently tearful and upset given news of disease recurrence and are doing their best to deal with it. Ms. Walker wasn't expecting to hear about cancer recurrence so soon after her surgery.



**Allergies and adverse reactions** No known allergies or adverse reactions.

**Patient and carer concerns, expectations and wishes**

Ms. Walker is very clear that she wishes to have as much detail as possible and asked about her prognosis. She does not wish to have resuscitation attempted in the event of a cardiorespiratory arrest.

**Information and advice given**

We discussed the benefit of being able to do more through the day and having better psychological well-being when pain is better controlled. I have explained how we would use long acting Morphine preparation along with Oramorph to get control of background as well as breakthrough cancer pain. Given the degree of tenderness around the subcutaneous nodule on the right upper quadrant, we have discussed that radiotherapy may be helpful with the pain.

We discussed that Ms. Walker’s fatigue is part of the cancer presentation, and we discussed being pragmatic - doing activities with gaps in between to allow herself to conserve energy whilst pacing herself through the day. I have encouraged her to cut back on tasks that are not as important as others such as her household chores and to delegate them to others, such as family where possible. We acknowledged that this is a significant change in her lifestyle given that she was independently managing everything for a long time.

I have advised that Ms. Walker can get in touch with me if there are any concerns.

**Legal information**

**Lasting Power of Attorney:** Ms. Walker’s son, Timothy and daughter, Karen have LPA for handling her financial matters.

**Plan and requested actions**

Nora Smith will develop an advance care plan with Ms. Walker this afternoon, which will be forwarded to you. She will also complete a DNACPR form for Ms. Walker if she is ready.

Ms. Walker has an appointment to see Professor Hawkins for consideration of immunotherapy as it is hopeful that she will have some benefit from this treatment. Currently her performance status is around 1-2.

Professor Hawkins is asked to consider radiotherapy to help with pain from the subcutaneous nodule on the right upper quadrant.

I have started her on Dexamethasone. Kindly arrange for a blood glucose check next week as this might increase her blood sugar levels. (She is aware that this is likely to be temporary and will get better with stopping Dexamethasone).

**Changes to medications and medical devices**

**Medications and medical devices**

*(only changes to medications and medical devices as a result of the outpatient encounter are included)*

Medication name	MST
Form	Tablet
Route	Oral
Dose amount	1 x 15mg
Dose timing	Twice per day
Status	Added
Start datetime	11/05/17
End datetime	24/05/17
Indication	Pain control
Comment / recommendation	Please renew the prescription in 2 weeks.

Medication name	Oramorph
Form	Liquid
Route	Oral
Dose amount	2.5-5mg
Dose timing	As necessary
Additional instructions	Not to be taken more frequently than once every two hours.
Status	Added
Start datetime	11/05/17
End datetime	24/05/17
Indication	Relief of breakthrough pain
Comment / recommendation	Please review the prescription if necessary.

Medication name	Metoclopramide
Form	Tablet
Route	Oral
Dose amount	10mg
Dose timing	As necessary
Additional instructions	Not to be taken more frequently than three times a day
Status	Added
Start datetime	11/05/17
End datetime	24/05/17
Indication	Nausea
Comment / recommendation	Please review the prescription if necessary.

Medication name	Dexamethasone
Form	Tablet
Route	Oral
Dose amount	4mg
Dose timing	Once per day
Additional instructions	To be taken in the morning
Status	Added
Start datetime	11/05/17
End datetime	15/05/17
Indication	Increase energy levels and appetite

Yours sincerely

Person completing record: Dr. Doris MacKay, Consultant in Palliative Medicine 01/05/17: 16:42

Distribution list: Ms. Walker (patient)  
 Dr C. O'Reilly (GP)  
 Professor Hawkins, Medical Oncologist, St Crispin's  
 Mr. Bromage, Urologist, St Crispin's  
 Susan Snodgrass, Community Macmillan Team  
 Nora Smith, Macmillan Nurse

## 9 Surgical Example – New Patient

Gastroenterology Department,  
St. Mary's Hospital, Donaldstown, DO5 7BP  
Samuel Reed, Consultant Surgeon

(01273) 776 544  
gastro@stmh.nhs.uk

### Outpatient letter to General Practitioner

#### Presenting Complaint or Issue

Mr Waldon is a very fit, active and healthy 78 year old man. He works at the golf course. He is active every day.

Patient demographics		Attendance details	
<i>Patient name</i>	Mr. Peter Waldon	<i>Date of appointment/contact</i>	02/05/2018
<i>Date of birth</i>	01/02/1964	<i>Contact type</i>	New patient
<i>Gender</i>	Male	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	124356789	<i>Seen by</i>	Samuel Reed, Consultant Surgeon (01234) 565180
<i>Hospital ID</i>	TL89765	<i>Outcome of outpatient attendance</i>	Another appointment given.
<i>Patient address</i>	30 Road Lane, BN9 8NW	<b>GP practice</b>	
<i>Patient email address</i>	<a href="mailto:peter.waldon64@gmail.com">peter.waldon64@gmail.com</a>	<i>GP practice identifier</i>	C222222
<i>Patient telephone number.</i>	077 1234 6666	<i>GP name</i>	Dr R Ryswell
		<i>GP details</i>	New Haven Medical Practice, 28 Long Lane, BN7 6PM (01234) 956412

He has noticed a swelling in the left groin that has been present for around 2 years. He has recently noted an increase in size of this swelling. This swelling is now interfering with his daily activities.

#### Clinical Summary

There is no evidence of abdominal pain and no vomiting. There has been no swelling in any other regions of the body.

#### Relevant Past Medical History

Mr Waldon has been diagnosed with ventricular ectopic, but he has been discharged from the cardiology care. He is not on any treatment for this. He has no chest symptoms at this time.

#### Allergies and Adverse Reactions

No known drug allergies or adverse reactions.

### **Examination Findings**

On examination there is a left sided direct, reducible inguinal hernia (SCTID 396232000). There is no cough impulse on the right and no femoral hernia is noted.

### **Plan & Requested Actions**

I have offered Mr Waldon a left sided open inguinal repair under a local anaesthesia in the day surgery unit. He is happy to proceed with surgery.

**Actions for healthcare professionals (GP):** Please ensure optimal diabetic control

With best wishes.

Yours sincerely,

**Person Completing Record:** *Mr. Samuel Reed, Consultant Surgeon. Date: 02/05/18, 12:15.*

### **Distribution List:**

Peter Waldon (patient);  
Dr. R Ryswell (GP).

## 10 Surgical Example – Follow-Up Patient

Gastroenterology Department,  
St. John and St. Elizabeth Hospital, Donaldstown, DO12 9NQ  
Catherine Johnston, Consultant Surgeon

(01273) 776 544  
gastro@sjeh.nhs.uk

### Outpatient letter to General Practitioner

Thank you very much for asking me to see Julie again.

Patient demographics		Attendance details	
<i>Patient name</i>	Ms. Julie Morris	<i>Date of appointment/contact</i>	16/05/18
<i>Date of birth</i>	01/03/1958	<i>Contact type</i>	Follow-up contact.
<i>Gender</i>	Female	<i>Seen by</i>	Catherine Johnston, Consultant Surgeon (01234) 565180
<i>NHS number.</i>	124356789	<i>Outcome of outpatient attendance</i>	Another appointment given.
<i>Hospital ID</i>	TL89765	<b>GP practice</b>	
<i>Patient address</i>	3 Normanby Street, London W9 9HR	<i>GP practice identifier</i>	D222222
<i>Patient email address</i>	<a href="mailto:julie.morris0301@hotmail.com">julie.morris0301@hotmail.com</a>	<i>GP name</i>	Dr. A Scott
<i>Patient telephone number.</i>	077 4321 6666	<i>GP details</i>	Godstone Medical Practice, 7 Street Way, N1, 4PQ (01234) 875984

### Diagnosis

Her symptoms fit very well with biliary colic.

### Clinical Summary

Symptomatic gall stones for day case laparoscopic cholecystectomy.

### History

Julie presented to the emergency department last month with abdominal pain and was found to have gallstones. Her blood tests on that occasion were normal, other than a slightly elevated white cell count.

Julie had a subsequent ultrasound scan that showed multiple small stones in a thin walled gallbladder with a non-dilated biliary tree.

**Allergies and Adverse Reactions**

No known drug allergies or adverse reactions.

**Plan and Requested Actions**

I am sure she would be better off without her gallbladder, I have thus put her on the list for a day case laparoscopic cholecystectomy.

**Medications and Medical Devices**

<b>Medication name</b>	Co-amoxiclav
<b>Form</b>	Tablets
<b>Method</b>	Orally
<b>Dose amount</b>	125mg
<b>Dose timing</b>	Once every 8 hours
<b>Dose Direction Duration</b>	5 days
<b>Medication change summary</b>	
<b>Status</b>	New
<b>Medication change</b>	5 day course of co-amoxiclav

**Information and Advice Given**

I have warned her of the possibility of an open operation if for any reason this seems safer and I have mentioned the small, but real risk of bile duct injury.

I will keep you informed of her progress.

With best wishes.

Yours sincerely,

**Person Completing Record:** Ms. Catherine Johnston, Consultant Surgeon. Date: 16/05/18; 11:17.

**Distribution List:**

Julie Morris (patient);  
Dr. A Scott (GP).