Professional Record Standards Body

Better records for better care

OUTPATIENT LETTER STANDARD EXAMPLE LETTERS

V1.7

September 2019

Contents

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.

Professional Record Standards Body
7-14 Great Dover Street, London SE1 4YR

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

Patient demographics		**Attendance details**	
Patient name	Mr. Thomas (Tom) Linacre	*Date of appointment/contact*	01/05/2017
Date of birth	01/01/1960	*Contact type*	First appointment
Gender	Male	*Consultation method*	Face-to-face
NHS number	123456789	*Seen by*	Susan Blight, Community dietician (01234) 569870
Hospital ID	TL98765		
Patient address	29 Acacia Road BM9 6PL	*Outcome of patient attendance*	Appointment will be made at a later date for follow-up by telephone within 1 month.
Patient email address	thomas@linacre.net	**GP Practice details**	
Patient telephone number.	077 7777 777	*GP practice identifier*	A111111
		GP name	Dr. C. O'Reilly
		GP details	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^2

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.
Medication change summary	
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 (Dripfeed@gmail.com) 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 **(01234) 567890**
Dr Matthew Thomas, Consultant Rheumatologist **rd@stcrispins.nhs.uk**

Outpatient letter to General Practitioner

Patient demographics		**Attendance details**	
Patient name	Miss Ophelia Gently	*Date of appointment/contact*	11/05/2017
Date of birth	01/04/1984	*Contact type*	First attendance
Gender	Female	*Consultation method*	Face-to-face
NHS number.	987654321	*Seen by*	Dr. Matthew Thomas, Consultant Rheumatologist (01234) 569879
Hospital ID	TL98764		
Patient address	22 Acacia Road, BM9 6PL	*Outcome of outpatient attendance*	Appointment will be made at a later date
Patient email address	ophelia@gently.net	**GP practice**	
Patient telephone number.	077 7777 776	*GP practice identifier*	A111111
		GP name	Dr. C. O'Reilly
		GP details	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 **(01234) 567890**
Brian McGlynn, Orthoptist **orthde@stcrispins.nhs.uk**

Outpatient letter to General Practitioner

Patient demographics		**Attendance details**	
Patient name	Mr. Ewan Poulson	*Date of appointment/contact*	19/05/2017
Date of birth	01/04/1983	*Contact type*	First attendance
Gender	Male	*Consultation method*	Face-to-face
NHS number.	982354321	*Seen by*	Brian McGlynn, Orthoptist (01234) 569879
Hospital ID	TL23764		
Patient address	5 Acacia Road, BM9 6PG	*Outcome of patient attendance*	Discharged
Patient email address	ewan@poulson.net	**GP practice**	
Patient telephone number	077 6677 7766	*GP practice identifier*	A111111
		GP name	Dr. C. O'Reilly
		GP details	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 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 **(01234) 567890**
Dr. Ruth Jones, Consultant Gastroenterologist **gd@stcrispins.nhs.uk**

Outpatient letter to General Practitioner

Patient demographics		**Attendance details**	
Patient name	Ms. Agatha Critchard	*Date of appointment/contact*	01/05/2017
Date of birth	01/02/1964	*Contact type*	First appointment
Gender	Female	*Consultation method*	Face-to-face
NHS number.	124356789	*Seen by*	Dr. Ruth Jones, Consultant Gastroenterologist (01234) 562170
Hospital ID	TL89765		
Patient address	30 Acacia Road, BM9 6PL	*Care professionals present*	Mrs. N Bryant, IBD specialist nurse
		Outcome of patient attendance	Appointment will be made at a later date
Patient email address	frances@delatour.net	**GP practice**	
Patient telephone number.	077 1234 7777	*GP practice identifier*	A111111
		GP name	Dr C. O'Reilly
		GP details	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 calprotein 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
Course details	
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 **(01234) 567890**
Adam Rimmer, Community Paediatrician **cpc@nhs.uk**

Outpatient letter to General practitioner

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

Musculosketal 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	**Action by:**
Request to orthopaedics for early appointment for advice on deteriorating right hip	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 **(01234) 567890**
Fiona O'Casey, Consultant Plastic and Reconstructive Surgeon **cpc@nhs.uk**

Outpatient letter to General practitioner

Patient demographics		**Attendance details**	
Patient name	Mrs. Samantha Barclay	*Date of appointment/contact*	16/05/2017
Date of birth	02/03/1973	*Contact type*	First attendance
Gender	Female	*Consultation method*	Face-to-face
NHS number.	126952319	*Seen by*	Mrs Fiona O'Casey, Consultant Surgeon
Hospital ID	TL12945		Patricia Kavanagh, Skin cancer specialist nurse
Patient address	34 Acacia Road	*Care professionals present*	Janet Nelson, HCA
			Sefania Kołodziejski, translator
	BM9 6PL	*Outcome of outpatient attendance*	Appointment will be made at a later date
Relevant contacts	Mr. Samuel Barclay (husband)	**GP Practice**	
Patient email address	sam@barclay.net	*GP practice identifier*	A111111
Patient telephone number.	077 1234 7982	*GP name*	Dr C. O'Reilly
		GP details	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, Dermatology Consultant, St Crispin's Hospital, Donaldstown, DO1 4XP (01234) 567890

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

Causative agent	*Description of reaction*	*Type of reaction*	*Severity*	*Probability of recurrence*	*Date first experienced*
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 (01234) 567890
Dr. Doris MacKay, Consultant in Palliative Medicine pm@stcrispins.nhs.uk

Outpatient letter to General Practitioner

Patient demographics		**Attendance details**	
Patient name	Ms. Margaret Walker	*Date of appointment/contact*	01/05/2017
Date of birth	01/02/1964	*Contact type*	First appointment
Gender	Female	*Consultation method*	Face-to-face
NHS number.	12435111	*Seen by*	Dr. Doris Mackay, Consultant in Palliative Medicine (01234) 562987
Hospital ID	TL89711	*Professionals present*	Nora Smith, Macmillan nurse
Patient address	30 Acacia Road	*Person accompanying patient*	Ms. Karen Walker (daughter)
Postcode	BM9 6PL	*Outcome of outpatient attendance*	Appointment made for 01/06/2017
Patient email address	margaret@walker.net	**GP Practice**	
Patient telephone number.	077 1234 1111	*GP practice identifier*	A111111
		GP name	Dr C. O'Reilly
		GP details	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 Medicine01/05/17: 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 **(01273) 776 544**
Samuel Reed, Consultant Surgeon **gastro@stmh.nhs.uk**

Outpatient letter to General Practitioner

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

Problems and Issues

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

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 (01273) 776 544
Catherine Johnston, Consultant Surgeon gastro@sjeh.nhs.uk

Outpatient letter to General Practitioner

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

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

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

Medication name	Co-amoxiclav
Form	Tablets
Method	Orally
Dose amount	125mg
Dose timing	Once every 8 hours
Dose Direction Duration	5 days
Medication change summary	
Status	New
Medication change	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).

11 Clinical Oncology Example 1 – New Patient

Oncology Department, St Crispin's Hospital, Donaldstown, DO5 7TP (01234) 567890
Dr. Diarmid McFadden, Consultant Clinical Oncologist dmc@stcrispins.nhs.uk

Outpatient letter to General Practitioner – New patient letter

Patient demographics		**Attendance details**	
Patient name	Ms. Margaret Walker	*Date and time of appointment/contact*	01/05/2017, 15:15
Date of birth	01/02/1964	*Contact type*	First appointment
Gender	Female	*Consultation method*	Face-to-face
NHS number.	12435111	*Seen by*	Dr. McFadden
Hospital ID	TL89711	*Person accompanying patient*	Ms. Karen Walker (daughter)
		Responsible Healthcare Professional	**Dr Diarmid McFadden, Consultant Clinical Oncologist**
Patient address	30 Acacia Road BM9 6PL	*Outcome of outpatient attendance*	Appointment made for 01/06/2017
Patient email address	margaret@walker.net	**GP Practice**	
Patient telephone number.	077 1234 1111	*GP practice identifier*	A111111
		GP name	Dr C. O'Reilly
		GP details	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Dear Dr. O'Reilly,

Diagnoses

8. New diagnosis Stage IV Invasive Ductal Carcinoma of the Breast Grade 3, ER negative HER-2 positive (April 2017) - metastatic disease within the lung and liver
9. Type II diabetes

Problems and issues

1. Malignant right pleural effusion. It was drained 16/04/2017 under respiratory team

Allergies and Adverse Reactions
No known drug allergies or adverse reactions

Plan and requested actions

1. Treatment with palliative chemotherapy Docetexel, Pertuzumab and Tratuzumab initially 6 cycles followed by Pertuzumab and Tratuzumab alone.
2. Oncology follow up prior to second cycle in 3 weeks

Requested Actions for Healthcare Professionals

3. GP to be aware that the most important side effects of chemotherapy that need urgent secondary care review during treatment are neutropenic sepsis, signs of heart failure and severe diarrhoea. Chemotherapy will include high dose steroid use so please monitor diabetic control regularly during treatment

Clinical summary
Margaret attended the oncology outpatient clinic today after a direct referral from the Breast MDT. She was admitted 3 weeks ago with acute shortness of breath and a chest x ray on presentation revealed a moderate right sided pleural effusion. She was seen urgently by the respiratory physicians who drained the pleural effusion. CT imaging demonstrated metastatic disease within the lung and liver. A biopsy of the right breast in conjunction with cytology of the pleural fluid confirmed metastatic disease originating from a breast primary.

Margaret is feeling well with minimal symptoms apart from some mild breathlessness and dry cough and would be suitable for systemic treatment of her cancer. On examination there is a small palpable mass in right breast with axillary lymphadenopathy. On respiratory examination decreased air entry in the right base. No hepatomegaly or abdominal tenderness. She is diabetic and is currently on metformin 500mg OD for this. She has no known drug allergies or adverse reactions.

Patient and carer concerns, expectations and wishes
Margaret was aware prior to the consultation that unfortunately her cancer was incurable and her greatest concern was about prognosis and quality of life with her disease. She had become extremely breathless due to the fluid that built up in her lung and this frightened her and her family. Her major worry is that this will happen again and what she needed to do if that happened.

Information and advice given
We discussed the main purpose of the treatment was to help with Margaret's symptoms and improve her quality of life. The possible side effects that you should be aware of are life threatening infection, muscle ache, diarrhoea, nausea, hair loss, rash, mouth ulcers, allergic reaction and damage to the heart.

We gave Margaret 24-hour emergency helplines to call and information leaflets. She has met her cancer nurse specialist and has her contact details if she has non-urgent questions about her health and treatment. We did discuss that at some point Margaret might need more help in the community from the palliative care team.

I discussed with Margaret and her family that this was a type of breast cancer that we could control for a significant amount of time with palliative chemotherapy. The difficulty with prognosis is that they are based on average data from trials. However, patients have lived for several years with the new targeted chemotherapy treatments. She understands however this depends on how well the cancer responds to the treatment.

Person Completing the Record
Name: **Dr Diarmid McFadden**
Role: **Consultant Clinical Oncologist**
Professional Identifier: 6577564
Date & Time Completed: 02/05/17: 16:32

12 Clinical Oncology Example 2 – Follow Up Patient

Oncology Department, St Crispin's Hospital, Donaldstown, DO5 7TP (01234) 567890
Dr. Diarmid McFadden, Consultant Clinical Oncologist dmc@stcrispins.nhs.uk

Outpatient letter to General Practitioner – follow up but new treatment started

Patient demographics		**Attendance details**	
Patient name	Mr Steve Walker	*Date and time of appointment/contact*	01/05/2017, 12:06
Date of birth	01/02/1954	*Contact type*	Follow up
Gender	Male	*Consultation method*	Face-to-face
NHS number.	12435111	*Seen by*	Dr. McFadden
Hospital ID	TL89711	*Person accompanying patient*	Ms. Karen Walker (daughter)
		Responsible Healthcare Professional	**Dr Diarmid McFadden, Consultant Clinical Oncologist**
Patient address	30 Acacia Road		
Postcode	BM9 6PL	*Outcome of outpatient attendance*	Appointment made for 01/06/2017
Patient email address	steve@walker.net	**GP Practice**	
Patient telephone number.	077 1234 1111	*GP practice identifier*	A111111
		GP name	Dr C. O'Reilly
		GP details	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Dear Dr. O'Reilly

Diagnosis

1. Prostate adenocarcinoma diagnosed 2011- T2c Gleason 4+3=7 presenting PSA 11 treated with a radical prostatectomy (13.04.2011)
2. A local recurrence in 2012 was treated with salvage radiotherapy to the prostate bed (21.06.12)
3. Metastatic prostate cancer was diagnosed 2014 with bone only disease, treated with a LHRH analogue (3 monthly preparation)
4. Progression of disease with nodal involvement occurred in February 2016 and palliative Docetaxel chemotherapy subsequently commenced. He completed 8 cycles of chemotherapy August 2016

Problems and issues

1. Progression of disease April 2017 needing change in treatment (current PSA 156)
2. Painful right hip with confirmed metastatic disease on bone scan.

Allergies and Adverse Reactions
No known drug allergies or adverse reactions

Plan and requested actions
1. New treatment started: Abiraterone and Prednisolone. Steroid must not be stopped during treatment. Please be aware of side effects of raised Blood pressure and also hypokalaemia
2. Radiotherapy referral was made for single fraction of Palliative radiotherapy 8Gy to right hip for pain control
3. Follow up in oncology clinic in 4 weeks, outpatient department to arrange

Requested actions for healthcare professionals
4. GP to be aware Morphine dose increased in clinic. This may need to be reduced following radiotherapy and start of new treatment. He may require community palliative care referral for optimization of pain control.
5. GP to be aware that this patient is at risk of spinal cord compression. If he develops sign and symptoms please ring the clinical oncology registrar on call at the Trust for advice.

Clinical summary
Steve has evidence of progression of disease on his recent CT and bone scans in keep with his elevated PSA blood test of 156. Clinical examination demonstrated significant pain on internal and external rotation of the right hip. His current performance status is 1 and he is suitable for further systemic and local treatment options.

Patient and carer concerns, expectations and wishes
Steve is aware that the cancer is worsening and would like to discuss further treatments to control the disease. His greatest worry is the pain in his right hip as he finds that he is using a lot more PRN Oramorph.

Information and advice given
We discussed that his disease had progressed and the next treatment offered would be abiraterone in combination with prednisolone. This is usually tolerated very well and the main side effects from the treatment are high blood pressure, fluid retention and also a low potassium level in the blood. We will monitor him closely during treatment, taking his blood pressure and blood tests every 2 weeks for the first few months. We discussed that if he responds to the abiraterone then we could control his disease for a considerable amount of time.

For his right hip pain I have recommended a single treatment of radiotherapy. The side effects of radiotherapy include initial pain flare, diarrhoea, fatigue and potentially some redness of the skin. I have increased his dose of MST given to help with his pain. I also explained that he is at risk of spinal cord compression as he has cancer within the vertebra of the spine. We gave him a card with symptoms to be aware of and also an emergency number to ring if he has any worries.

Medications and Medical Devices

Medication Change Summary

(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 20mg

Dose timing	Twice per day
Status	Added
Start date	02/05/17
End date	24/05/17
Indication	Pain relief
Comment / recommendation	Please renew the prescription in 2xweeks.

Medication name	Oramorph
Form	Tablet
Route	Oral
Dose amount	5mg
Dose timing	As necessary
Additional instructions	Not to be taken more frequently than once every two hours.
Status	Added
Start date	11/05/17
End date	24/05/17
Indication	Pain relief
Comment / recommendation	Please renew the prescription if necessary.

Medication name	Abiraterone
Form	Tablet
Route	Oral
Dose amount	1000mg
Dose timing	Twice per day
Additional instructions	To be dispensed by hospital pharmacy
Status	Added
Start date	11/05/17
End date	01/06/17
Indication	Systemic cancer treatment
Comment / recommendation	Oncology to prescribe and review.

Medication name	Prednisolone
Form	Tablet
Route	Oral
Dose amount	5mg
Dose timing	Twice per day
Additional instructions	Only stop with advice from Oncology team
Status	Added

Start date	11/05/17
End date	01/06/17
Indication	Systemic cancer treatment
Comment / recommendation	For Oncology to monitor and review

Person Completing the Record
Name: **Dr Diarmid McFadden**
Role: **Consultant Clinical Oncologist**
Professional Identifier: 6874345
Date & Time Completed: 03/05/17: 12:42

13 Clinical Oncology Example 3 – Ongoing Treatment Follow-Up Patient

Dr Diarmid McFadden, Consultant Consultant Clinical Oncologist dmc@stcrispins.nhs.uk

Outpatient letter to General Practitioner – ongoing treatment follow up

Patient demographics		**Attendance details**	
Patient name	Mr Steve Walker	*Date and time of appointment/contact*	01/05/2017, 14:30
Date of birth	01/02/1954	*Contact type*	Follow up
Gender	Male	*Consultation method*	Face-to-face
NHS number.	12435111	*Seen by*	Dr McFadden
Hospital ID	TL89711	*Person accompanying patient*	Ms. Karen Walker (daughter)
Patient address	30 Acacia Road	*Responsible Healthcare Professional*	**Dr Diarmid McFadden** **Consultant Clinical Oncologist**
Postcode	BM9 6PL	*Outcome of outpatient attendance*	Appointment made for 01/06/2017
Patient email address	steve@walker.net	**GP Practice**	
Patient telephone number.	077 1234 1111	*GP practice identifier*	A111111
		GP name	Dr C. O'Reilly
		GP details	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Dear Dr. O'Reilly

Diagnosis

1. Prostate adenocarcinoma was first diagnosed 2011-T2c Gleason 4+3=7 presenting PSA 11 treated with a radical prostatectomy (13.04.2011)
2. A local recurrence in 2012 was treated with salvage radiotherapy to the prostate bed (21.06.12)
3. Metastatic prostate cancer was diagnosed 2014 with bone only disease, treated with a LHRH analogue (3 monthly preparation)
4. Progression of disease April 2017 (bone and pelvic nodes) – PSA 154
5. Current treatment - Docetaxel chemotherapy due to disease progression

Allergies and Adverse Reactions

No known drug allergies or adverse reactions

Plan and requested actions

1. For 2nd cycle docetaxel today. Due 3rd cycle docetaxel 1st June 2017
2. Restaging CT and bone scan booked following 3rd cycle of chemotherapy
3. We will see him in clinic prior to his third cycle of chemotherapy in 3 weeks time.

Clinical summary
Steve attended clinic today and his current performance status is 0 and he is tolerating his chemotherapy well. He has noted occasional pins and needles in his fingers, as well as hair loss, which are both known side effects of his chemotherapy. He has not noted any difficulties with undertaking day to day tasks. He is fit enough for further chemotherapy. On examination there was no evidence of any sensory loss or motor weakness. His bloods are within normal limits and his PSA is starting to fall, and is currently 84.

Information and advice given
I explained to Steve that we will continue to monitor the pins and needles in his fingers as part of his pre-treatment assessment. Should this continue to get worse or affect his day to day functioning we will consider reducing the dose of his chemotherapy or stopping his treatment at his next visit. He knows to contact his clinical nurse specialist should there be any concerns in the interim.

Person Completing the Record
Name: **Dr Diarmid McFadden**
Role: **Consultant Clinical Oncologist**
Professional Identifier: 6874345
Date & Time Completed: 04/05/17: 12:42