Dear Consultants & Clinicians,

A very warm welcome to the first edition of our newsletter “In Touch” which is designed to bring you up to date information with all of the activities and people working at Highgate Private Hospital. The hospital is currently undergoing a £13 million refurbishment programme which when completed in June 2013 will provide a state of the art hospital for the local community. This exciting development continues to attract new consultants to complement our existing consultant base and broadens the services we can offer both to you and your patients. We pride ourselves in offering a service in a comfortable and welcoming environment and one in which we would be happy to treat our own families which result in high levels of patient satisfaction.

Whilst the hospital is primarily involved in the care of both insured and self-funding patients; we are also an option for your Choose & Book patients who can access a variety of specialty options.

It is important to us that we continue to build and establish relationships with our referring GPs and would be delighted to support your educational needs through a variety of seminars and luncheon meetings either at your practice or at the hospital. If you would like to access any of our educational events please feel free to contact our GP Liaison Officer: Caroline Dobie on 0771 8698908 or at caroline.dobie@highgatehospital.co.uk.

In the meantime if you would like to discuss any of our services or have a general query please feel free to contact me directly on 02083473888 or at mark.lyons@highgatehospital.co.uk.

Mark Lyons
Hospital Director

All change in the investigation of suspected angina? that’s NICE!

Dr Deven Patel and Dr Andrew Archbold on behalf of The London Cardiology Practice.

The first presentation of coronary artery disease in up to 60% of cases is either with death or a major heart attack. Many experience chest discomfort in the preceding weeks and early recognition of these symptoms could reduce premature mortality, giving the rationale for rapid access chest pain clinics. Until recently, the cornerstone of these clinics had been a specialist nurse-led assessment combined with an exercise ECG.

The exercise ECG has however been shown to have limited diagnostic value, leading the National Institute for Health and Clinical Excellence (NICE) in 2010 to recommend radical changes in the diagnostic pathway for these patients. Patients with none of the features of angina should be reassured and alternative causes for their symptoms sought. Patients with diagnostic uncertainty require further investigation with one of the following tests:

**Coronary calcium scanning**

Identifies calcium in coronary plaques

**Functional imaging**

Stress combined with echo, nuclear perfusion scanning, or cardiac MR (CMR)
- detects myocardial ischaemia and ‘significant’ lesions

**Coronary angiography**

CT angiography or invasive angiography can quantify the distribution and severity of stenoses.

The choice of cardiac testing is based upon the probability of underlying coronary artery disease, estimated through readily available clinical factors:

1. The nature of the patient’s chest pain
   - typical or atypical angina, or non-cardiac chest pain

2. The patient’s demographics
   - age, sex
   - cardiac risk factors - smoking, high cholesterol, diabetes mellitus

(Figures 1 & 2 illustrate the new pathway recommended by NICE)

How are these guidelines, published in 2010, being applied in clinical practice now?

The exercise ECG is undoubtedly used much less, however, despite its limited diagnostic accuracy; it is the only test that is available immediately. Logistical problems remain in providing immediate access to calcium scanning, functional imaging, and coronary angiography and the exercise test retains some value in the patients with established coronary disease and can be helpful in assessing patients with breathlessness.

**Calcium scanning** is used in patients who are at low (<30%) risk of coronary artery disease (figure 1). However, it has proven to be unreliable in recent or acute presentations. In one report of patients with a zero calcium score, up to 20% had coronary lesions of > 50% and 13% required coronary intervention. Many cardiologists are wary of excluding coronary artery disease based on a zero calcium scan score and recommend instead CT coronary angiography.

**Functional imaging** is especially useful in patients with an intermediate (30-60%) probability of coronary disease and the choice of stress echo, nuclear perfusion or stress CMR is based on cardiologist’s preference and local access. Stress echo and CMR have the advantage of no radiation exposure; however a poor echo window, or claustrophobia with CMR can limit their application.

**Coronary angiography** provides a precise anatomical diagnosis and can

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**Estimated probability of coronary artery disease**

<table>
<thead>
<tr>
<th>Probability</th>
<th>Action</th>
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<tbody>
<tr>
<td>&lt;10%</td>
<td>Consider other diagnoses</td>
</tr>
<tr>
<td>10-29%</td>
<td>CT Ca score +/- CTCA</td>
</tr>
<tr>
<td>30-60%</td>
<td>Invasive coronary angiogram</td>
</tr>
<tr>
<td>61-90%</td>
<td>Manage as angina</td>
</tr>
<tr>
<td>&gt;90%</td>
<td></td>
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**Figure 1. NICE - investigation pathway for angina based on probability of coronary disease**
Dear Colleagues,

May I introduce myself, and my practice at the Highgate Private Hospital. I am a Consultant Psychiatrist, and also a General Practitioner, having been a GP Partner in the NHS for 13 years.

I offer psychiatric consultation in a Private General Hospital setting, which is particularly helpful for patients who experience their problems as predominantly physical, and/or who are anxious about addressing psychological issues.

I have particular expertise in:
- Psychological complications of physical illness
- Medically unexplained symptoms
- Anxiety and depression
- Relationship difficulties
- Inter-personal effects of difficult past experience
- Post-traumatic stress disorder.

I am happy to discuss cases or possible referrals: please ring 07870 596148, or email me to arrange a conversation on chrismaloney@doctors.org.uk

For further information please see: www.highgatehospital.co.uk/consultants/dr-chris-maloney

With best wishes,

Chris Maloney

Aspen Healthcare Acquires Chelmsford Medical Centre

Aspen Healthcare acquired the Chelmsford Medical Centre in October.

Located in the heart of Chelmsford, the facility specialises in diagnostics and day case surgery. A wide range of specialist consultant clinics are offered which are supported by onsite MRI, X-Ray and Ultrasound diagnostic capabilities.

There are also onsite treatment rooms and a state-of-the-art operating theatre and recovery suite. The Centre’s expert consultants cover a number of specialties including orthopaedics, pain, ophthalmology, cosmetic surgery, vascular conditions and many more.

This acquisition is part of our on-going expansion strategy for the UK.
Improving the Patient Experience at Highgate Private Hospital

We are proud to announce that in the second quarter of 2012 we had a 5% rise in patient satisfaction, Meaning 93% of patients rated the ‘Quality of Care’ at Highgate as Excellent, Very Good or Good.

As well as outstanding Quality of Care, all our customers can be confident the Hospital practices very high standards of food safety, following a five star, the top award from Haringey Council, ‘Scores on the Doors’ food hygiene rating scheme.

The rating shows just how well our hotel services team are meeting all food safety and hygiene requirements.

We have also seen improvements in patient satisfaction regarding Nursing Care, Accommodation and Catering.

We are currently working closely with all parties to improve our processes including patient admission and funding arrangements. This is part of our commitment to improving the entire patient experience from arrival to discharge and beyond.

Introducing the new Highgate Private Hospital

Highgate Private Hospital is proud to announce the launch if its new brand ahead of the opening of the £13 million facility in 2013. Located in leafy Highgate, the hospital has been providing private healthcare services for over 25 years establishing a reputation for outstanding nursing care, leading consultants and a friendly atmosphere.

Essential to building the new brand was taking this heritage and developing it rather than starting afresh. The ‘H’ logo, with the middle curve, represents the hill of Highgate with a more sophisticated colour palette and modern font. The new brand also reaffirms Highgate Private Hospital’s position as a private hospital. The new brand is currently being introduced across all of the hospital’s various corporate materials, with the new website serving as the first step in revealing the hospital’s new image.

VEIN CLINIC

Varicose veins are abnormally swollen veins that are visible beneath the skin. They are very common and over 50,000 operations are performed in the UK annually for their treatment. Varicose veins do not cause any significant risk to your health and most people seek treatment for cosmetic reasons. However, in some people, especially those who have to stand for long periods as part of their job, varicose veins can cause inflammation, pain and discomfort.

Highgate Private Hospital is delighted to announce the offering of a revolutionary vein treatment called Venefit™ (formerly known as the VNUS Closure™ procedure). The Venefit procedure is a minimally invasive procedure that treats varicose veins and their underlying cause, venous reflux, with little or no pain and can be performed on an outpatient basis using local anaesthetic. With ultrasound, the ClosureFast™ catheter is positioned into the diseased vein through a small opening in the skin. The tiny catheter powered by radiofrequency (RF) energy delivers controlled heat to the vein wall causing the collagen in the wall to shrink and the vein to close. Once the diseased vein is closed, blood will re-route itself to healthy veins. The average patient typically resumes normal activity within a few days.

Mr James Crinnion, Vascular Surgeon will be our lead consultant for this service.

Highgate Private Hospital Restructuring

Highgate Private Hospital has recently undergone an organisational restructure. The purpose of this was to put in place an organisation fit for purpose and to meet the requirements of the change of business emphasis, and expansion plans.

There are now three divisions—Clinical Operations, Business Development and General Services, each headed up by a manager. Penny Barker is the Director of Nursing and Clinical Services, Lee Huggon the Business Development Manager and Catherine Rainsbury, the General Services Manager. Together with the Hospital Director, they form the Senior Management Team who will be joined by Carolyn Glattback HR business partner.

Other significant appointments recently made are JO Di Salvo to the post of Outpatients Manager and Thuli Tindleni, to Ward Manager.

info@highgatehospital.co.uk
Highgate Private Hospital, 17-19 View Road, Highgate, London N6 4DJ
The multi-million pound redevelopment and expansion of one of London’s leading private hospitals has begun with the opening of a state-of-the-art outpatient suite. The new-look outpatient suite boasts 14 consulting rooms all of which include cutting edge facilities and equipment. The project will also deliver a diagnostic suite including MRI, CT, Ultrasound and X-Ray scanners, a high dependency unit, physiotherapy suite, endoscopy suite, oral surgery suite, minor operating suite, pharmacy and 16 additional luxurious in-patient bedrooms.

GP Clinics: Friday afternoons/evenings
Appointments: 020 8347 3880
Clinical Interests: Obesity and overweight, weight loss, diet and exercise, cardiovascular risk factor management. Management of stress and Anxiety

Training & Background: Dr Christie trained at St Bartholomews and the Royal London Hospitals Medical School in London, graduating in 2001. His postgraduate training has been exceptionally broad, encompassing surgical specialties with particular emphasis on ENT, through to obstetrics, gynaecology and general medicine. He has trained at a number of top teaching hospitals in London including St Bartholomews and University College Hospital and has been a popular general practitioner in central and north London since 2008.

Dr Elizabeth Wheatly MD (USA) MRCP MRCGP
GP Clinics: Friday afternoons/evenings
Appointments: 020 8347 3880
Clinical Interests: Obesity and overweight, weight loss, diet and exercise, cardiovascular risk factor management. Management of stress and Anxiety

Training & Background: Dr Wheatley studied Medicine at University of Iowa in the United States after a first degree in Biological Sciences at Edinburgh. She returned to the UK in 1990 to complete a Medical degree in Oxford, followed by a post-graduate training in General Medicine in Edinburgh. She moved to London in 2001 where worked in sexual health for 18 months before returning to General Medicine as a junior doctor at the Whittington (MRCP) in 2005. She trained as GP in 2006 and is now an Associate GP at a surgery in Islington.

All change in the investigation of suspected angina?
that's NICE! continued

diagnose non flow limiting atheroma, which would normally be ‘missed’ by functional tests. This gives a more precise risk of a future cardiac event and can help guide preventative measures.

CT coronary angiography is the test of choice in low risk patients to ‘rule out’ coronary disease, but is less able to differentiate moderate from severe coronary lesions, particularly in heavily calcified vessels. Conventional invasive coronary angiography remains the gold standard in patients with typical angina or a high probability of coronary disease (figures 1 & 2). The functional significance of moderate lesions could be determined with a pressure wire assessment and the patient could undergo coronary stenting, all in one procedure if appropriate.

Chest pain of recent onset requires early assessment to provide an accurate diagnosis and treatment in order to reduce risk of death and infarction.

An exercise ECG is no longer adequate for this purpose but an individualised and complete approach using CT, stress imaging or invasive angiography has now become the way forward.

The London Cardiology Practice is a partnership of Consultant Cardiologists: Drs Andrew Archbold, Simon Kennon, Deven Patel & Elliot Smith, based in North London.

Diagnostic Evaluation NICE

| No test | First consider other causes of chest pain/angina |
| CAC | Coronoary calcium imaging |
| FT | Functional testing (Stress echo / Nuclear prefusion / Stress MRI) |
| Angio | Conventional catheter based angiography |
| Treat | No Further diagnostic tests, tests as angina |

Figure 2. NICE - Diagnostic testing algorithm for suspected angina
**NEW SPECIALIST CONSULTANTS**

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**Mr Austin Obichere MBBS, MD, FRCS**  
Consultant General/Laparoscopic Colorectal Surgeon  
**Outpatient Clinics:**  
By appointment only  
**Referrals & Appointments:**  
020 8347 3899

- **Clinical Interests:** Bowel cancer, screening and surgical treatment, general/laparoscopic colorectal surgery and rectal bleeding.  
- **Specialist areas include:**  
  - Laparoscopic (keyhole) surgery for colorectal cancer and other diseases of the gastrointestinal tract  
  - Colonoscopy screening for bowel cancer (JAG Accredited Bowel Cancer Screening Colonoscopist)  
  - Surgery for Crohn’s disease, Ulcerative Colitis and Faecal Incontinence including Anal Sphincter Repair  
  - Treatment of Haemorrhoids, Rectal Bleeding and other benign anal conditions

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**Mr Kaveh Shakib PhD, FRCS(OMFS), MRCS(Eng), FDSRCP(SGlas), FDSRCS(Eng), MBBS, BDS**  
Consultant Oral and Maxillofacial Surgeon.  
**Outpatient Clinics:**  
Alternate Monday evenings  
**Referrals & Appointments:**  
020 8347 3899

**Clinical Interests:** Skin malignancy, salivary gland surgery, trauma and micro-vascular reconstruction; though he does cover all aspects of diseases affecting the mouth, jaws, face and neck.  
**Training & Background:** Mr Shakib graduated with a Bachelor of Dental Surgery from the University of Birmingham in 1993. Three years on and he was awarded a fellowship in Dental Surgery at the Royal College of Physicians and Surgeons of Glasgow (FDS RCP 1996) and also by the Royal College of Surgeons England (FDSRCS 1998). Continuing his education, Mr Shakib went on to study preclinical medicine at the Royal Free Hospital of Medicine (1996 - 1998). In 1998 he was selected for the prestigious MB-PhD program at UCL and was awarded a Doctor of Philosophy (PhD 2002) and a Bachelor of Medicine and Bachelor of Surgery with Distinction (MBBS 2003). Having gained in-depth knowledge through extensive studies in his area of expertise, Mr Shakib has also trained and worked with some of Britain’s leading healthcare providers including: The Royal Free, University College London, St Bartholomew’s, Royal London Hospital, Northwick Park, Eastman Dental Institute, Luton & Dunstable and Barnet & Chase Farm hospitals (currently based).  
**Main NHS Hospital:** Barnet and Chase Farm Hospitals

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**Dr Deven Patel MBBS FRCP**  
Consultant Cardiologist  
**Outpatient Clinics:**  
Wednesday evenings  
**Referrals & Appointments:**  
020 8347 3899

**Clinical Interests:** Investigation and treatment of cardiac chest pain, coronary intervention and stenting, management of atrial fibrillation, valvular heart disease, hypertension and heart failure.  
**Training & Background:** Dr Patel is a Consultant Cardiologist at Barnet General and at the Royal Free Hospital since 1998 and has been the Head of Cardiology at Barnet and Chase Farm NHS Trust since 2007. He qualified from the Middlesex Hospital in 1985 with distinction, and trained in cardiology at the Royal Free, Royal Brompton and Harefield Hospitals. His clinical and research interests include the investigation and risk assessment of patients with chest pain syndromes, in coronary intervention and in CT coronary angiography.  
**Main NHS Hospital:** Barnet General & Royal Free Hospitals

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info@highgatehospital.co.uk  
Highgate Private Hospital, 17-19 View Road, Highgate, London N6 4DJ
Dr Robert Greenbaum BSc(Hons) MD FRCP FACC FESC
Consultant Cardiologist

Outpatient Clinics: Tuesday afternoons
Referrals & Appointments: 020 8347 3899

Clinical Interests: Chest pain, angina, acute coronary syndromes, heart attack, heart failure, palpitations, faints, heart rhythm disturbances, hypertension and raised cholesterol.

Training & Background:
Dr Greenbaum qualified with a 1st Class Honours Degree in Physiology at University College London where he later graduated in medicine. He did his postgraduate training in medicine at University College, The Royal Brompton Hospital and The Whittington Hospitals in London. He was a British Heart Foundation Junior Research Fellow at The Royal Brompton Hospital where his medical thesis (MD) was accepted in 1980. His specialist training in cardiology was at The London Chest Hospital as a registrar and at The Royal Free and Harefield Hospitals as a Senior Registrar. Dr Greenbaum treats patients with a full range of adult cardiology problems and work as an interventional cardiologist carrying out cardiac catheterization and coronary angioplasty. He has particular skills in the assessment of patients suffering with angina and acute coronary syndromes. He also specializes in the care of heart failure and heart rhythm abnormalities.

Main NHS Hospital: Barnet General & Royal Free Hospitals

Judi Ingram joins Aspen Healthcare as Clinical Director

Aspen Healthcare is pleased to announce a new addition to the management team; Judi Ingram was appointed to join the group in October as Group Clinical Director.

She brings 30 years of healthcare experience, starting with training as a registered general nurse at King’s College Hospital, work in general surgery, urology, renal and orthopaedics teams and specialising in accident and emergency nursing in London, Norfolk and Suffolk. In 1994 Judi started her first non-clinical role leading on quality improvement projects, such as care pathway development and nursing skill-mix reviews. Following this, she became Assistant Director of Nursing at Whipp’s Cross Hospital, and was Trust Lead Nurse for clinical governance when the white paper ‘First Class Service’ was published in 1998. She also worked as Site Director and launched NHS Direct to the three East Anglia counties, and represented NHS Direct on national DH Advisory Committees before becoming the Urgent Care Lead at the Strategic Health Authority at time of GP Contract change (2004). In 2006, upon the last major reshuffle of health authorities, she became Chief Operating Officer for the East of England Ambulance Trust for Norfolk, Suffolk and Cambridgeshire.

In 2009, Judi moved from the NHS to the independent sector, initially as Head of Clinical Services for an out-of-hours provider, and then more recently as Assistant Clinical Director/Chief Nurse for the Bupa Group. At Bupa she led on the development of a new Group Clinical Governance Framework across 6 businesses worldwide. Judi is also a member of the RCN Nurses in Management and Leadership Forum Steering Committee as well as being a CQC independent sector Professional Advisor.

Judi is passionate about clinical excellence and leadership, and striving to differentiate on quality of care. On joining Aspen in October, Judi commented “I am pleased to be joining Aspen. As a group, the direction of the organisation is focussed on improving clinical quality and providing exceptional care for patients. My role is accountable to the Aspen Board on all aspects of clinical governance, risk management and patient safety and my aim is to develop these frameworks to support all our staff in delivering the highest standard of care that truly results in an exceptional patient experience”.

Marwa Al-Memar, Business Development Project Manager

New Patient Rooms

Our new en suite patient bedrooms combine a state of the art clinical environment in which patients can relax and recover in comfort, with the privacy and dignity required in a hospital environment. All patient rooms are equipped with televisions with a full range of channels, free WiFi access and complimentary toiletries.