The Philosophy that underpins what we do...

Professor Roger Kirby
Consultant Urologist and Surgeon
WHEN we opened The Harley Street Clinic Diagnostic Centre back in 2011 we could not have imagined how quickly it would grow, and how important it would become to our patients. With the opening of four new buildings, it is now the most comprehensive private outpatient diagnostics and consulting centre in Central London. This state-of-the-art facility, with 43 consulting rooms, is equipped with the most advanced imaging technology available.

Open six days a week, with instant access and no waiting time, the Diagnostic Centre offers a number of new procedures, some new to The Harley Street Clinic, including skin, lung and screening services. This is what’s known as setting the standard.

In this issue of ‘The Harley Street Clinic Specialist’ we meet the multidisciplinary team who keep things running smoothly at the Diagnostic Centre, and find out the difference that having access to the latest equipment makes to our top consultants.

There’s also a chance to find out more about Mohs micrographic surgery and meet prostate surgeon Roger Kirby, who shares his personal experience of having prostate cancer and recalls how it helped him develop the philosophy behind the XVIII screening programme.

If you want to know more about the Centre, please visit the website at: www.diagnosticcentre.co.uk

Aida Yousefi
Acting CEO
New state of the art Diagnostic Centre is integral to The Harley Street Clinic

The second and final phase of a new multi-million pound diagnostic and consulting centre has recently been opened at The Harley Street Clinic, 16 Devonshire Street, London. As well as affording comfortable reception facilities, it provides instant access to 43 good-sized and well lit specialty consulting rooms, along with the latest state of the art advanced diagnostic equipment. The consulting rooms at The Diagnostic Centre are available six days a week, with plans to open on Sundays too if there is sufficient demand. Access to the diagnostic equipment itself is available seven days a week.

As well as having the most advanced expertise and medical equipment, the hospital also has separate Intensive Care Units (ICUs) for adults and children, with the paediatric ICU being the largest private unit in the country. A world class medical centre, with patients and leading healthcare professionals from all over the world, the hospital specialises in three main areas: cardiac, cancer and neurosciences (for both adults and children).

Feedback
Each patient is invited to complete a feedback questionnaire. Results so far show that over 90 per cent of patients would recommend the hospital to others, and have rated the quality of care as “excellent” or “very good”.

So what’s the secret of The Harley Street Clinic’s continued success? “We see each patient as an individual with unique needs,” explains Aida Yousefi Acting Chief Executive Officer. “Each personal journey in our care is specifically determined by pre-assessment and advice, through treatment and aftercare, drawing on mainstream medical services complemented by holistic support in full consultation with the patient.”

She adds, “With the new Diagnostic Centre, patients appreciate the convenience of having a one-stop shop, where they can see world class consultants and immediately be referred for a range of the latest diagnostic tests under one roof, backed up by expert on-going care.”

Neurosciences
The hospital has a multidisciplinary team of experts who care for both adults and children. This includes: neurosurgeons; neurologists; oncologists; paediatricians; craniofacial surgeons; and occupational and physiotherapists who are specially trained in neurological disorders.

The hospital also offers chemotherapy and radiotherapy using Cyberknife, Gamma Knife and the latest Linear Accelerator treatment techniques.

Cardiac
The Harley Street Clinic is unique in the UK for its work in paediatric cardiac surgery and has been named by the Healthcare Commission as one of London’s top heart surgery centres.

Cancer
One of six hospitals in the HCA group of independent healthcare service providers, and the largest provider of cancer services in the UK outside the NHS, The Harley Street Clinic is also at the forefront of new cancer drug developments.
The Physicians’ Clinic
a centre of medical excellence in the heart of London

The Physicians’ Clinic, a private physician group medical practice based at The Harley Street Clinic Diagnostic Centre, brings together 41 consultant physicians across 12 medical specialities. The physicians – accessed via one phone number – offer high quality diagnostic medicine to over 1,300 outpatients every month.

A centre of excellence
Founded in 2011 by Dr Paul Glynne, Dr Huw Beynon and Tim Strawbridge, The Physicians’ Clinic is a privately run organisation that is independently regulated by the Care Quality Commission (CQC). Paul explains, “As a group of physicians, we work towards achieving a shared vision: to become the biggest and most comprehensive physician practice in London, combining the very best of collaborative multi-specialty medicine with the highest standards of customer service.”

Paul, previously Medical Director of University College London Hospitals, provides clinical leadership to The Physicians’ Clinic while Huw, a physician and rheumatologist at the Royal Free Hospital, leads the Clinic’s education programme and the monthly multidisciplinary team based discussions. Tim, who has a strong financial background, provides a crucial role in managing the business side of the Clinic.

At the outset, having considered various premises, the group chose The Diagnostic Centre because the HCA management and staff have what Paul describes as a ‘can do’ attitude.

“We were particularly impressed by the fact that we could offer patients the opportunity to be seen, diagnosed with the latest high-tech equipment and treated – often on the same day – in one accessible location, making their experience as stress-free as possible,” he says. “Our patients come to the Clinic from around the world and don’t then have to find their way across London to different hospitals for different tests – or be kept waiting long to find out the results.” Where appropriate, any physician within the group can refer patients on straight away to another colleague, or to another specialist within The Diagnostic Centre.

The Physicians’ Clinic has a diverse referral base: patients may be referred by GPs or self-refer; some self-fund their care while others come via their company’s healthcare insurance scheme. “We pride ourselves on the fact that, whoever they are, everyone is given the same high level of care and personal attention,” says Huw.

One recent example of a patient who was successfully treated at the Clinic began with the receipt of an email simply headed, “Please Help!” which was sent by a patient in the United States. “The patient had already seen a number of specialists while seeking a diagnosis, all of whom had drawn a blank, so we agreed to see him,” explains Tim. “He flew to London, had a consultation and various tests, and we were able to diagnose and treat his condition – an infectious disease – within hours.”

A centre for medical education
Alongside seeing patients, The Physicians’ Clinic is also a centre for medical education and holds regular events, accredited by the Royal College of Physicians, for clinicians as part of their Continuing Professional Development. They also have a philanthropic policy of funding research at University College London and all other organisations.

And for the future? “We hope to strengthen and provide greater depth to the specialties of our team, as well as having the ambitious target of driving patient activity up to around 2,000 patients each month,” says Tim.

The Physicians’ Clinic asks each patient for feedback about their experience and will be measuring and publishing their success ratios. “We are keen to provide all our patients and referees with complete transparency and we want to ensure that our patients feel listened to, as well as cared for,” says Tim.

For more information please: telephone: 020 7034 8164 or visit: www.thephysiciansclinic.co.uk.

Dr Paul Glynne
Consultant Physician

PHYSICIANS’ CLINIC PRESS RELEASE
Life changing craniofacial surgery – a matter of complete trust

Craniofacial surgery, the treatment of skull and facial deformities arising from birth defects, trauma or acquired conditions, is usually complex, requiring input from more than one specialist.

The London Craniofacial Clinic, comprising six consultant oral and maxillofacial surgeons and based at The Diagnostic Centre offer a full range of craniofacial services, replicating the work they already carry out as a team for NHS patients at King’s College Hospital.

Treating patients with a range of conditions that affect the head, face, mouth, jaw and neck, The London Craniofacial Clinic team includes Robert Bentley, Kathleen Fan, Spencer Hodges, Christoph Huppa, Philip Stenhouse and Roger Webb.

“We treat a range of conditions in the head and neck region, from dental and oral conditions to facial deformity and congenital abnormalities,” explains Robert Bentley, Cranio-Oral & Maxillofacial Surgeon and a pioneer of new techniques of titanium cranial reconstruction.

“This includes, for example, cleft lip and palate, acquired facial deformities from trauma, salivary gland disease, and excision and reconstruction of facial skin cancer.”

who has a deformity of the skull, we work with our paediatric neurosurgical colleagues.” Having the latest state-of-the-art equipment is also essential so that the team can offer the very latest in treatment options. “For patients who have had part of their skull removed due to treatment for a stroke or from trauma and who require reconstruction (cranioplasty), for example, we can utilise diagnostics at the centre to produce state-of-the-art custom made implants which can be used to reconstruct the patient’s skull,” explains Robert.

In a society quick to judge people on their physical outward appearance rather than their inner qualities, it’s particularly important for the team to understand the psychological impact that facial deformities can have on patients and their families. “We are there to support people through a difficult time in their lives, empathising with the physical and emotional issues this raises,” explains Robert.

“When we operate on a child, for example, I am acutely aware of the immense trust that is placed in me by parents – who would willingly lay down their life for their child – entrusting them to my care for life-changing surgery. It’s an immense privilege.”

Being able to deliver multidisciplinary care, treatment planning, and surgery previously only available via the NHS, makes this team unique in the world of private healthcare. “Based at The Diagnostic Centre, we have access to the most advanced techniques and technologies, and the best diagnostics,” explains Robert. He adds, “The governance structures relating to treatment are the same in the private sector as in the NHS so there is a reassurance for patients with complex conditions that they are getting the same quality of treatment, planning and discussion, but with the added convenience that comes with using private healthcare.”
What's the idea behind the XVIII screening programme?
Everyone wants to live a long, healthy, happy life that isn’t cut short by diseases that could be cured if treated early. Recent publicity has highlighted to people that blood tests and clinical examinations alone cannot reduce mortality rates from the UK’s top killer diseases. This is because generally speaking, by the time problems show in the blood, the condition is often past a stage when it is curable.

Who is the programme for?
The programme is particularly aimed at encouraging people who do not normally pay much attention to their health to have regular screening with the latest diagnostic equipment in a well-organised and patient-friendly setting. With the latest 3D technology – MRI and CT scanning – we can take images that show quite small lesions developing at a stage when they are still easily curable.

What diseases does the programme focus on?
The XVIII programme picks up most of the diseases that are the major cause of early death, including: coronary artery disease (using a CT scanner); prostate cancer (using an MRI scanner rather than relying on the PSA blood test which can be inaccurate); female pelvic cancers (using an MRI scanner); colon cancer (using virtual colonography); and breast cancer (with the latest mammography equipment).

What advantage does the programme have over other methods of screening?
Unfortunately, by the time patients have symptoms from any of these diseases, or blood tests that show positive results, it’s very often too late. You can treat them but you can’t cure them. And apart from breast cancer, these diseases are not routinely screened for. In the case of coronary artery disease, for example, if it’s caught early you don’t need to operate and you can use drug treatments to reverse it. With breast cancer, you can do a simple lumpectomy rather than a more invasive and expensive operation. So all the diseases we are screening for are best treated early rather than allowing them to develop.

What sets us apart?
XVIII delivers personalised, evidence-based screening tailored to the individual’s own risk profile. We use cutting-edge technology with the best radiologists to report on the images and the best clinicians to define treatment pathways. And most importantly, being part of HCA means we overlay everything we do with a quality assurance programme: our services are designed and monitored by our Clinical Board of top experts to reduce the risk of any over-diagnosis or over-treatment.

In the end, it’s all about choice: patients can choose whether to live a longer, healthier life by using the latest technology to pick up things at an early stage. As we get older things go wrong, just like an old car. And like a car, if you don’t take it along to get it regularly serviced, it’s going to come out earlier. So we’re talking about a total body service for men and for women, but especially for men because they tend to ignore their health until something goes badly wrong.

The philosophy that underpins what we do at XVIII

THE importance of using 3D screening to detect the early signs of disease took on a whole new meaning for Roger Kirby, one of the world’s leading prostate surgeons, when he diagnosed his own prostate cancer after having an MRI scan last year. The experience convinced him that regular screening with advanced diagnostic equipment would help to save many other lives, and the concept of a personalised healthcare programme was born. Devised and overseen by a Clinical Advisory Board – a group of leading clinicians from key specialities – XVIII, The Centre for Advanced Screening is about to be launched at 18 Devonshire Street. It aims to remain at the forefront of medical screening for many years to come. We invited Roger Kirby to talk to us about what goes on at XVIII.

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Dimitri Hadjiminas is a consultant breast and endocrine surgeon and head of breast surgery at Imperial College London. He operates at St Mary’s and Charing Cross Hospitals and runs his private practice at The Harley Street Clinic Diagnostic Centre. He graduated from the University of Athens in 1985 and was appointed as a Consultant Surgeon at St Mary’s Hospital in 1998 having trained in London, Manchester, Leeds, Nottingham and the United States for 13 years after graduation.

Dimitri Hadjiminas
Consultant Breast Surgeon

Breast cancer diagnosis

Dr HTR, who has been working at The Harley Street Clinic for 15 years, sees around 20 patients a week at The Diagnostic Centre. He explains, “People are normally referred to me by their GP for problems including lumps, nipple discharge, breast pain, or concerns about a family history of breast cancer. The good news is that, in around 95% of cases, we can give them the results of any tests on the day of their visit.”

So how does this “one-stop shop” work? “Typically, someone comes to see me because they are worried about a lump. I can tell a lot from an initial examination because not all lumps feel the same; some are more suspicious than others,” explains Dimitri. “I can then immediately arrange for my patient to have tests such as a mammogram, ultrasound or a needle biopsy to take a small sample of tissue which is examined there and then by rapid access to pathology at HCA labs.

With the publicity about breast disease and cancer, every woman who has a symptom in her breast is naturally concerned it may be serious. However, Dimitri is reassuring about this: “The vast majority of patients I see are well. They have a symptom they think is cancer, but in around 19 out of 20 cases we are able to give them very good news within a few hours. And for the minority who do have breast cancer, the fast diagnosis means they have the best chance of a cure.” He adds, “For many women, being kept waiting for test results becomes a psychological torment.”

The Diagnostic Centre’s exceptional facilities are something Dimitri particularly values: “As a consultant, there is nothing worse than having the knowledge and know-how but not being able to diagnose quickly, efficiently or correctly because there isn’t the expertise or equipment, so you end up keeping the patient waiting.”

Of course, The Diagnostic Centre is not a stand-alone facility. Being part of The Harley Street Clinic, which specialises in oncology, means results from The Diagnostic Centre are instantly accessible to a whole team of expert clinicians on site. “Patients with a worrying diagnosis can expect all round back up from a multidisciplinary team, including oncologists, breast care nurses, plastic surgeons and many others with a wealth of experience in treating breast cancer patients,” explains Dimitri.
As you walk into the newly refurbished Diagnostic Centre, a calm and peaceful atmosphere greets you. This is due in part, to the fabulous renovation of the original nineteenth century buildings, which has retained their period features while allowing natural light to flood in. Designed to be as relaxing as possible, the decor is neutral and calming, making it feel more like an exclusive spa or private club than a hospital.

The welcoming feeling of the building is complemented by the great patients receive from the multidisciplinary team. This core team works behind the scenes at the Diagnostic Centre to ensure that the patient pathway is as relaxed, well managed and stress free as possible. As Fara Samy, a Cardiac Physiologist who has been with the team for over three years, explains, “We are in constant communication and when a patient is being seen by more than one department we try to minimise their inconvenience and, of course, maintain their dignity, as most of our procedures do require patients to undress.”

Fara’s role involves carrying out all the diagnostic cardiac tests including ECGs, Holter BP monitors, echocardiograms, exercise tests, tilt tests and pacemaker checks. “The Diagnostic Centre has a massive advantage in that patients can see a doctor and have all the tests they need under one roof,” she explains. “We are lucky to have both a top team and the best technology, without patients having the hassle of needing to go between buildings or coming back for several appointments.”

Fara’s team sees around 20 patients a day, including cardiac disease patients coming for routine follow-ups or pacemaker checks, along with fit and healthy younger people who may have a family history of heart disease or symptoms that need to be investigated.

The team can remotely access images to report on echocardiograms and can also provide cardiological reporting for patients who are referred on by specialists from other fields, such as oncologists or GPs. “It’s a multicultural environment in a great location, with amazing equipment that is available whenever a patient needs it,” she says.

Fara works closely with Tara Bailey, Sister in the Outpatients Department, whose job includes planning, managing and evaluating daily operations to ensure that the highest standards of care are achieved throughout the department.

Tara explains, “I love being part of an excellent and proactive team. We work extremely well together and have enjoyed watching the Diagnostic Centre grow. With the opening of the four additional buildings, we can now see and treat numerous patients on a daily basis, allowing us to expand further and introduce new services such as the Mths surgery.”

Richard Streets, who is the Deputy Imaging Manager, is responsible for staffing, MRI scanning, dealing with patient problems, supporting the radiologists, and helping referrers with any queries. “Most of what we do is quite cutting edge and it is satisfying to know that the images we produce are the very best,” he enthuses. The state-of-the-art equipment includes two MRI scanners including a 3 Tesla which is used for breast and prostate imaging, as well as musculoskeletal pictures.

Richard’s team is currently working with XMI to provide cardiac MRI screening, something that has only been available for a short time. He explains, “Cardiac MRI is a very exciting area – it’s created a real buzz in the department – because it replaces more invasive procedures such as cardiac catheters, which involve a general anaesthetic and a tube inserted into the artery. And that’s only possible because of the newest technology available which HCA has invested in.”

Elizabeth Bowman, a Breast Care Clinical Nurse Specialist, works closely with patients who are diagnosed with breast cancer. “I’m in the privileged position of being able to support them throughout their treatment,” she explains. “This can involve answering questions, helping them to manage any side-effects from treatment, and being in close touch with their consultant to make sure they are well cared for and supported.” Elizabeth’s job also involves carrying out micropigmentation of the nipple and areola after breast reconstruction surgery, as well as lymphodema assessments and education. And the most rewarding part of the job? “Seeing someone when they attend a follow up appointment, after all their treatment is finished and they are making plans for the future, getting their lives back on track,” she says.

Four of the best help ensure great patient care

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Dr Conal Perrett is a consultant dermatologist and dermatological surgeon. After medical school, he undertook postgraduate medical training in London and Oxford before embarking on dermatology specialist training at Barts & The London. He was awarded a PhD by the University of London in 2008 for his work on skin cancer and also recently completed a fellowship in Dermatological Surgery and Mohs micrographic surgery at the University Hospital of Wales, Cardiff. He is one of the few dermatological surgeons in the UK to offer Mohs micrographic surgery for the removal of skin cancers.

The Diagnostic Centre now offers Mohs micrographic surgery, a highly specialised treatment carried out by Consultant Dermatologist Conal Perrett. The surgery is used to treat certain skin cancers, particularly, Basal Cell Carcinomas (BCC) and Squamous Cell Carcinomas (SCC) – the most common types of skin cancer. Originally developed by Dr Frederick Mohs in the 1930s, Mohs surgery has been refined over the years and now has the highest cure rate for the treatment of non-melanoma skin cancer (over 95%) better than for any other treatment method as well as the lowest risk of recurrence (less than 1% at five years).

Dr Perrett, who treats more than 10 patients each week, explains, “Mohs surgery aims to remove all the cancerous cells while preserving the surrounding healthy tissue. This is achieved by removing layers of tissue, one at a time, and studying each layer under a microscope to detect any cancer cells. The procedure is repeated until the final layer of tissue is found to be free of cancer cells. The whole tumour is also examined under a microscope to ensure there are no cancerous cells at the edges of the skin that has been removed.”

Conal particularly enjoys carrying out this type of surgery because of the combination of technical and aesthetic challenges it presents. “Mohs surgery is useful for removing skin cancers which have poorly defined margins, those that have recurred after previous treatments or have not been removed completely, and those that are on high risk sites on the head and neck,” he says, adding, “The procedure means that only cancer cells are removed. Normal healthy tissue is preserved allowing the best cosmetic outcome possible. This makes it particularly suitable for cosmetically important areas including the eyes, nose, lips and ears.”

Conal works with a team of nurses and a Mohs technician, who helps to prepare the tumour specimen for him to examine under the microscope. Sometimes he refers patients on to colleagues specialising in plastic surgery, oculoplastics or maxillofacial surgery to perform the post-Mohs reconstruction.

So what does he find most satisfying about his work? “The patient arrives with a skin cancer which we can definitively treat on the day with Mohs surgery, so there’s no waiting for days or weeks for pathology results,” he explains, adding, “in the vast majority of cases the cancer is cured, with minimal chance of recurring.”

Mohs micrographic surgery at The Diagnostic Centre
A COUPLE of months ago, as we were completing our refurbishment of The Diagnostic Centre, we received an unexpected but very welcome visit from John Brunel Cohen, who introduced himself and explained his family’s connection with the property. We were fascinated by his recollections and delighted when he agreed to be interviewed for this magazine by our marketing manager, Malcolm McCoskery.

It may seem hard to imagine when you visit The Diagnostic Centre at 16 Devonshire Street, with its newly refurbished consulting rooms and state-of-the-art equipment, that it was originally a terrace of houses. Between 1924 and 1940, Number 15 was the much loved family home of the Brunel Cohens and their domestic staff.

John’s father, Major Sir (Bern) Jack Brunel Cohen, KBE (1886-1965), fondly known as ‘The Major’, was the much loved family home of the Brunel Cohens and their domestic staff.

The children were, however, brought up to be very caring. “As soon as I could walk I helped my father with his prosthetic legs,” recalls John. “He always said, ‘My boys, it doesn’t matter if you have a brain or not. The important thing is to be a good citizen’.”

During his life, Jack Brunel Cohen dedicated himself to making a difference to the lives of other people with disabilities. He was a co-founder of St Dunstan’s (now Blind Veterans UK) and The British Legion, where he served on the Board of the Poppy Factory. He was instrumental in helping to pass the Disabled Persons (Employment) Act 1944, and Chairman of Remploy, which still helps find employment for people with disabilities today. He was also a founder of The Not Forgotten Association, a charity which provides entertainment, leisure and recreation for serving and ex-service man and woman with disabilities.

John Brunel Cohen OBE, DL, now aged 91, grew up in the house along with his parents, his older brother, George, and sister, Pamela. He recalls: “There was a butler, Mellon, who signed supreme, along with many other servants.”

The hall was the hub of John’s father’s life. “He was usually seated in a large chair in the corner and this is where he would receive his visitors, once they had been announced by Mellon,” explains John. “Between the hall and the library was a beautiful door with a carving depicting the Garden of Eden, which is still in The Diagnostic Centre today.”

The dining room table seated 22 and John’s father hosted frequent dinner parties for his fellow MPs, along with many West End performers. He was a keen photographer and enjoyed attending first nights, where he was given front row seats to allow wheelchair access. “He insisted on photographing the actors, even though it wasn’t allowed – but no one ever seemed to mind!”

On Sundays the organ grinder, a musical street performer, would stand outside the house with his monkey and the children would throw down coins from their upstairs nursery window. In the afternoon, the Muffin Man would arrive, ringing his bell, and the children would rush down to buy muffins for tea.

On Sundays, the children accompanied their father as far afield as the wheelchair’s battery would allow, including London Zoo. “Father thought we should be toughened up so he used to pay the keeper to heave us onto his shoulders and take us on adventures,” recalls John. “This included being put into the wolves’ enclosure which proved a bit much for my brother. He was so traumatised that he subsequently developed a stammer and was taken to see a doctor (who fortunately managed to cure the affliction).”

At the age of seven, John and his brother were sent to prep school at Stradey Court, Westgate-on-Sea. They didn’t return home at all during term time. “It was a world you can’t conceive of today,” explains John. “There was a drunken headmaster who occupied his way through the Lord’s Prayer every evening. The whole experience was Dickensian; the war was a doddle in comparison!” John went on to join the Royal Marines during the Second World War, after which he worked for Cunard and later Lloyds of London.

Nowadays, John regularly walks past The Diagnostic Centre, and has been watching its development with particular interest. “So how does he feel about his childhood home becoming part of a hospital? “I’m delighted,” he says. “I think it’s a far better use than being converted to flats like so many other old houses.”
R Pallav Shah is a leading Consultant Physician in Respiratory Medicine at Royal Brompton Hospital, Chelsea & Westminster Hospital and The Harley Street Clinic.

He is also Honorary Consultant Physician to The Royal Marsden Hospital and Royal Hospital Chelsea. He is particularly known for Interventional bronchoscopy and its application to respiratory medicine. He performs novel procedures for the treatment of lung diseases such as bronchial thermoplasty for asthma and lung volume reduction for emphysema. In lung parcelling, he offers treatments such as cryotherapy and the insertion of coils and valves through to endobronchial ultrasound. I perform many routine bronchoscopic procedures including fluoroscopy bronchoscopy, endoscopy, tumour debulking with photodynamic insertion of stents, and endobronchial ultrasound.

And the future? There is a very real prospect of being able to put some of the most exciting cutting edge research techniques into practice at The Harley Street Clinic. We may also be able to provide new treatments for emphysema, from the insertion of coils and valves through to vapour treatment, and bronchial thermoplasty for asthma.

Unsurprisingly, this is quite an anxiety inducing for patients because they have to wait around, and they are unclear what the diagnosis is, and at the back of most people’s minds is, “is this cancerous?” So the main reason that The Diagnostic Centre was so appealing was that it allowed us to create a place where people would receive advice and reassurance straight away. When a patient comes to us with symptoms, they can have a CT scan and the results on the same day. If necessary, we can then plan for the next phase of the investigations without delay and, more importantly, give them some idea of how we can treat their condition. Being able to get scans and other tests, such as full lung function tests, and diagnose the problem in a single visit allows us to provide a much better service which is patient orientated, patient centred and with fewer delays before they get their final diagnosis.

Being able to work as part of a multidisciplinary team, something that is less common in the private sector even though it is already accepted practice in highly specialised NHS hospitals. Here surgeons, radiologists, oncologists work together to try to make sure patients get the best treatment that’s suitable for them rather than being limited to treatments that the one doctor they are seeing can provide.

I see around 10 patients each week at The Harley Street Clinic Diagnostic Centre, where I have instant access to CT scans, and lung function testing. More sophisticated tests such as PET scans and bronchoscopic procedures usually need to be planned for subsequent visits as they need special patient preparation. I perform many routine and novel bronchoscopic procedures including fluoroscopy bronchoscopy, endoscopy, tumour debulking with photodynamic insertion of stents, and endobronchial ultrasound.

What is your role? I am responsible for reporting and advising on the broad range of non-invasive investigations we offer at The Harley Street Clinic Diagnostic Centre, as well as helping with the establishment of the patient referral pathway.

What do you do on a day-to-day basis? We carry out around 20 non-invasive cardiac investigations, including echocardiography and cardio-pulmonary exercise testing (CPET). For complex cases I liaise with the referral doctor to help plan the patient’s management and treatment.

What are the advantages for patients? They have access to a top quality service with the best specialists deploying the most sophisticated equipment. They also receive the best interpretation by expert consultants. It would be difficult to find a better quality of service anywhere else in the UK.

What is the typical patient pathway? The patient sees a cardiologist in the outpatient clinic and is referred for tests. Results are forwarded to the cardiologist who can decide on the most appropriate management and treatment for the patient. It’s also possible for the referring cardiologist to remotely access the results of the tests and the images from their own computer; this is massively helpful for them in terms of patient management. Difficult decisions are made in a forum where several cardiologists work together to find the best way forward.

What do you enjoy most about your job? We are at the heart of the decision making process, responsible for the correlation between investigations and decision making. These investigations are really the cornerstone of any decision making and patient management; we are able to discuss with the referring clinician how to interpret the tests, what they can do to manage their patient, and their treatment.

What are your plans for the future? We are planning to expand our services, offering new tests and investigations that are very new. We also hope to encourage more referrals from cardiologists, not just those already working at The Diagnostic Centre, but from other hospitals as well.