Improving kidney care

Patient benefit case studies

Patient benefit case study 1: Transferring patients between hospitals

Kidney inpatients at St Helier often need advice or care from a specialist clinician.

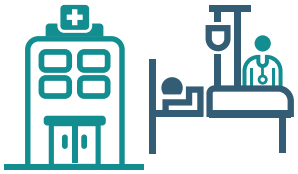
For example, if a patient needed to have a procedure to help with a heart problem (such as having a pacemaker fitted), they would need to wait before they are reviewed by a cardiologist, and for some specialist cardiac tests they may need to wait for a bed at St George's and be transferred. In an urgent or emergency situation, patients are transferred by ambulance, but less urgent procedures can require a wait of several days. The patient will then need to return to St Helier for the rest of their treatment.

This delay is frustrating for patients, their families and carers, and our kidney teams.

If the new kidney unit was built at St George's, cardiac expertise and procedures would be available 24/7. This is because they already have a specialist cardiology ward on site.

This would improve the pathway for kidney inpatients needing this specialist care.

Reducing patient transfers under this proposal: a patient's story



Gurvinder from New Addington, Croydon, has end stage kidney disease. She drives from home to a local unit for dialysis three times a week. This will not change.

If one day when visiting her local unit, Gurvinder had low blood pressure and was feeling breathless, the staff might transfer her to the regional specialist kidney unit for assessment. For Gurvinder, this would be St Helier Hospital. The kidney specialists at St Helier might want a cardiologist to review Gurvinder too, or for her to have an inpatient angiogram (a type of cardiac diagnostic test). This is because patients with end stage kidney disease are at higher risk of having cardiac problems.

Currently, cardiologists are not available on site at St Helier 24/7. Staff at St Helier would make sure Gurvinder is safe, and they would be able to speak to a cardiologist by phone about her case. However, she might not be seen by a cardiologist in person for a couple of days. If she needed an inpatient angiogram, she would have to be transferred to a specialist cardiology centre, such as St George's.

This is the best place for Gurvinder, but her family would have to drive farther to see her - and this would add around 12 minutes to their journey.

It is the best place for Guvinder because at St George's, cardiologists are on-site 24/7. This is because, as a specialist cardiology centre, St George's provides a wide range of cardiac diagnostic tests and procedures not available at most hospitals. If Gurvinder needed to be reviewed by a cardiologist, she could be seen on the same day, and have all the tests she needs without being transferred to another hospital.

This would mean Gurvinder sees the experts faster, she and her family have a better experience and she would get home sooner.

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Patient benefit case study 2: Access to vascular expertise

Kidney patients sometimes need to see surgeons who are experts in creating and managing vascular access (fistulas or grafts, which allow access to the circulation for dialysis).

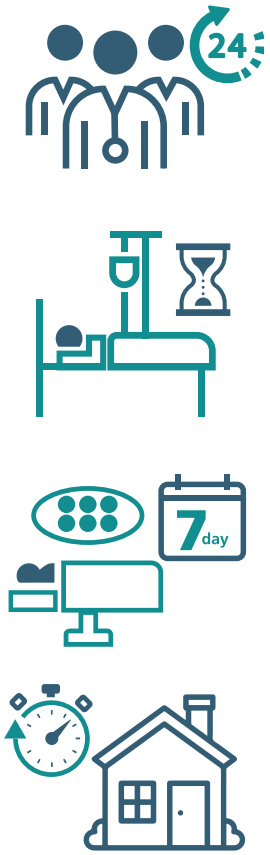
At the moment, these specialist surgeons are not always available 24/7 for patients at St George's and St Helier. This makes the treatment slower and can add stress for patients and their families.

The new unit will improve pathways for inpatients and day case patients.

For inpatients, the proposal would mean surgeons accessible 24/7. Operating theatres would be available for kidney patients every day of the week.

For day case patients, a single surgical unit would run more efficiently. This has been tested during COVID when both hospitals managed their day case patients together.

Improving access to vascular expertise under this proposal: a patient's story



Stephen from Runnymede, Surrey, has end stage kidney disease. He drives ten minutes from home to a local unit for dialysis three times a week. This will not change.

If one day when he is visiting his local dialysis unit, the staff think something is wrong with Stephen's vascular access (the fistula or graft through which a dialysis machine can be connected to his bloodstream), they may decide he needs an urgent assessment at the regional kidney specialist centre.

At the moment, Stephen would be sent to St Helier Hospital for this specialist assessment. While at St Helier, Stephen would be assessed and made safe by the kidney team. He may need to see a surgeon.

Currently, surgeons are only available three days a week at St Helier. If he is transferred on a day when no surgeon is present, the next step is for Stephen to be admitted to a hospital bed to wait until a day when a surgeon is present, or sent home and told to come back on another day to be seen. This would also be the case when the specialist kidney service moves from St Helier to the new specialist emergency care hospital being built in Sutton.

If the specialist kidney service moves instead to St George's, Stephen would travel further than if the service moved to Sutton. His journey would be eight minutes longer travelling by car in the morning rush-hour. But at St George's, surgeons would be available 24/7. Stephen would be seen, assessed and treated much sooner.

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Patient benefit case study 3: Home dialysis

Dialysis at home means patients have their treatment in a more familiar and comfortable environment, and saves regular trips to hospital or dialysis units.

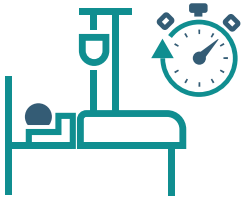
At the moment, the kidney units at St Helier and St George's hospitals support patients to have dialysis at home.

We would like to support more patients to do this. Having a larger group of expert staff in the new unit will mean new patients can be trained quicker.

We can also respond more quickly to any problems patients have at home 24/7 and provide more tailored support for frailer patients to help with dialysis at home.

This would improve the pathway for kidney inpatients needing this specialist care.

Improving home dialysis under this proposal: a patient's story



Raheem, from Merton, has end-stage kidney disease. He is a patient under the care of St George's, and currently travels to a unit in Colliers Wood three days a week for dialysis – but he would like to receive training so that he can dialyse at home.

Currently, the training facility and specialist staff at St George's only have capacity to train one home haemodialysis patient at a time. So Raheem might wait six months or more to get onto a home haemodialysis training programme. When he does get onto the training programme, it could take around three months to complete it.

Under these proposals, Raheem would travel to St Helier Hospital to receive his training rather than St George's. This would be a slightly longer trip. But with a bigger group of patients to cater to, the service would have a larger, more flexible team and Raheem would get his training more quickly. The training would take place in a designated space set aside for home training for kidney patients. With a larger team, the training could be provided more intensively over a shorter period of time. This means Raheem would be able to start dialysing at home much sooner, and no longer make three trips a week to a local dialysis unit.

Once dialysing at home, Raheem would be able to count on a larger out-of-hours support service. He would continue to have regular check-ups every three months with his kidney doctor. If he experienced any problems dialysing (such as an infection), he might need to be admitted to hospital. This would continue to be St George's – but Raheem's stay in hospital would be in a brand new, £80m, state-of-the-art unit, specifically designed for kidney patients.