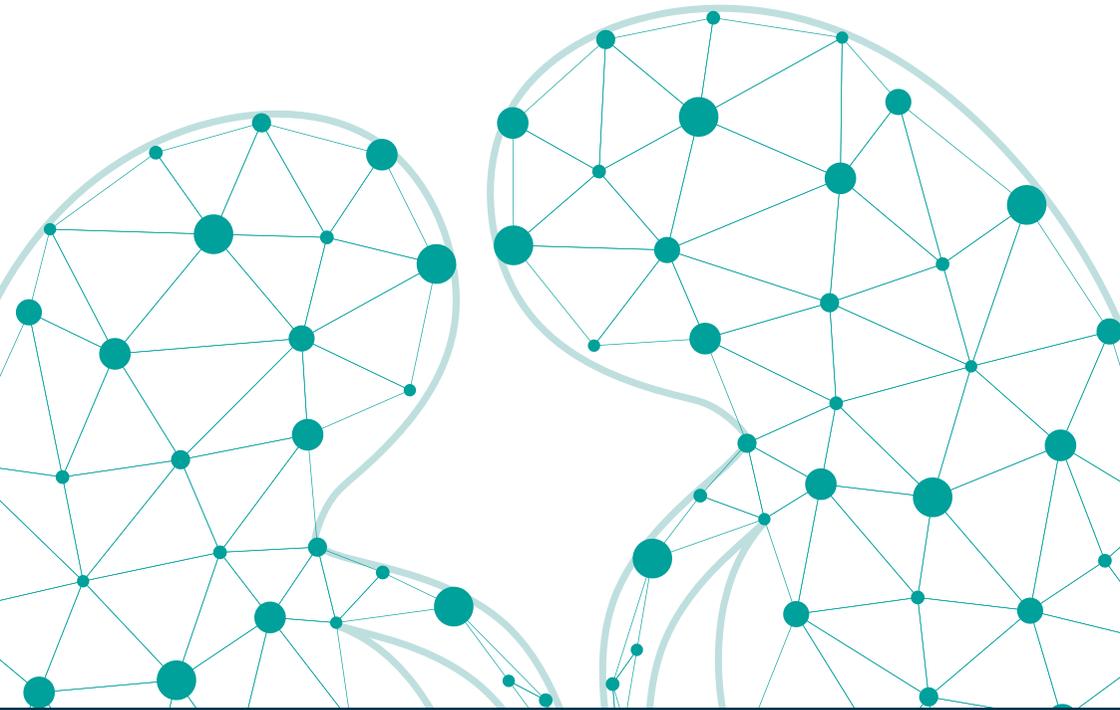


Improving kidney care

A proposal for kidney services at St Helier and St George's hospitals



Improving Kidney Care:

Epsom and St Helier University Hospitals NHS Trust
Frimley Clinical Commissioning Group
NHS England & Improvement - Specialised Commissioning
South West London Clinical Commissioning Group
St George's University Hospitals NHS Foundation Trust
Surrey Heartlands Clinical Commissioning Group



The way we provide some care for our kidney (renal) patients could change from 2025.

Kidney doctors and nurses working at St Helier and St George's hospitals have a proposal to improve kidney care and we want you to find out more and have your say. This leaflet sets out a summary of the proposal. It also includes a questionnaire so we can hear your comments, suggestions and concerns. You can find more information, and fill in a questionnaire online at <https://swlondonccg.nhs.uk/renal/>

1

Background



2020 – NHS approved plans to build a specialist emergency hospital in Sutton



From 2026, all renal inpatient and specialist care will move from St Helier to a new hospital



Renal specialists from both hospitals want to bring their services together in a new unit at St George's Hospital instead



Doctors and nurses have said this will be better for patients



The local NHS is supporting this proposal and its c£80m investment

By 2026, Epsom and St Helier hospitals will no longer provide inpatient (overnight) care for kidney patients. This is because in 2020, the NHS got approval to build a brand new £500m specialist emergency care hospital in Sutton.

Six major services will move to the new hospital from Epsom and St Helier. These services include a major emergency department; critical care; emergency surgery; acute medicine; specialist paediatric care and; births.

Under these plans, St Helier's inpatient kidney service would also move to Sutton in 2026. There would be no changes to kidney outpatient services at St Helier or at other hospital clinics or kidney units in Surrey or South West London.

You can read more about the plans approved in 2020 here
<https://improvinghealthcaretogether.org.uk/>

In their response to the 2020 Improving Healthcare Together consultation, renal leaders from St George's and St Helier submitted an alternative proposal for kidney services which said:

“...as the newly appointed clinical leaders we are firmly convinced that we could make a further step change in improving the care we offer if we could formally combine forces and locate all our tertiary renal medical and surgical practice in one new purpose built facility...(and) that the right place for a combined renal service should be at St George's.”

You can read their response in full here
<https://improvinghealthcaretogether.org.uk/wp-content/uploads/2020/05/E.1.7-South-West-London-Renal-Community.pdf>

2

The new proposal

Kidney clinicians at St Helier and St George's hospitals have put forward a new proposal. Instead of continuing to have inpatient kidney care at two hospitals, they would like to bring this more specialist care together in a **single new £80m unit at St George's Hospital**.

The kidney clinicians have put forward this new proposal to improve care for kidney patients if and when they need inpatient care.

St George's is well established as a leading centre for kidney transplantation and treatment of kidney failure. It is the kidney transplantation centre for patients from St Helier and for the rest of South West London, Surrey and Sussex.

This proposal would mean changes for kidney patients when they need **inpatient (overnight care in hospital)**.

Instead of going to the new hospital in Sutton in the future, patients would go to a **new £80m kidney unit at the St George's Hospital site in Tooting for treatment such as transplants, kidney and vascular access surgery or to treat acute kidney injury**.

A small number of outpatient appointments would also change to the new unit at St George's. This would mean patients who may need extra support and advice, for example after a transplant, would go to St George's. Some outpatient appointments would also move from St George's to St Helier, like training for home dialysis.

All other kidney services will remain as they are. For example, if you receive support within the community for your kidney treatment, this will continue. This will mean that **95 percent of contact with kidney services will stay the same. There will be no changes to existing dialysis services and clinics in local hospitals, units or at home**.

The £80m funding for the new kidney unit has been agreed by the NHS.

The proposals also take into account the impact of COVID-19. This is very important as kidney patients are considered vulnerable patients. The new unit would be designed to provide safer services in any future pandemic. Infection control and social distancing are easier to implement in new buildings.



Renal specialists want to ensure kidney patients, who need extra care are treated in a new unit at St George's hospital



The new unit would be for patients needing an overnight stay, and outpatients who need extra support, advice and training



The unit would mean kidney patients get equal access to extra care and specialist treatment when they need it



The £80m new unit would treat patients from St Helier and St George's hospitals



Some patients would have to travel further



No change to existing clinics in hospitals or dialysis machines



St George's and St Helier's renal teams say this change is best for patients

This new unit would cover

5%

of the treatment and care that patients receive from renal services

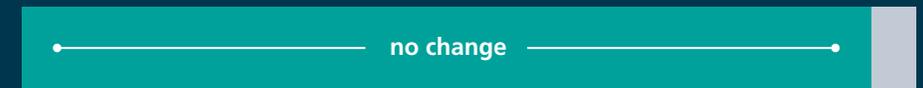
95%

of the contact that patients have with renal services would stay the same

3

Which kidney patients would see their care change?

These proposals affect only a small amount of the treatment and care kidney patients have with their service. There will be no changes to outpatient services in local hospital clinics, dialysis units or to treatment at home.



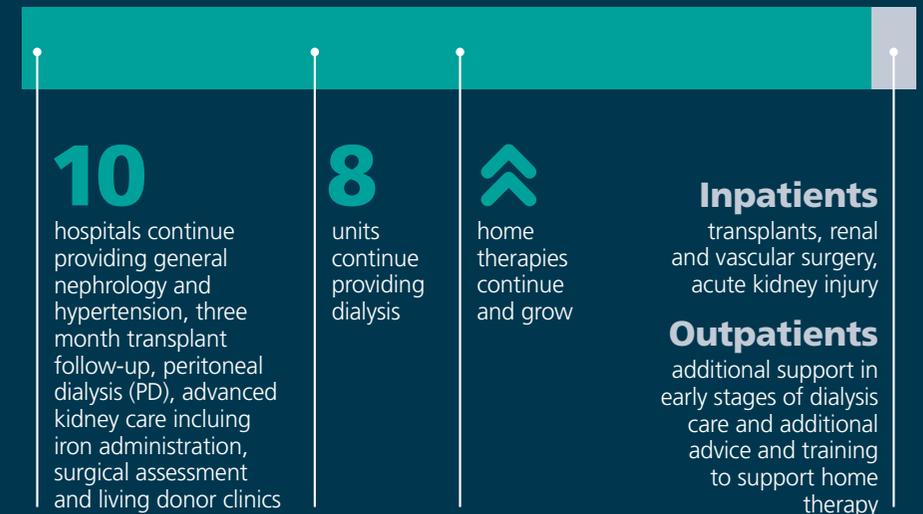
95%

of treatment in local renal clinics, renal units, or at home

5%

in new unit at St George's hospital

As you can see, most contact between kidney patients and the renal service would stay the same. The diagram below provides more detail.



4

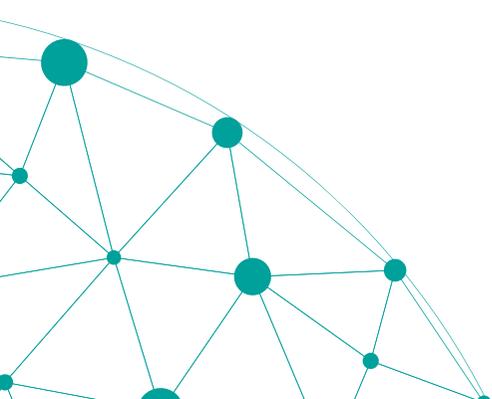
Why is this better for kidney patients?

Our kidney doctors and nurses say working in a larger team in a new unit will be better for patients, their families and carers. It will also be better for staff, helping to recruit, train and keep specially trained doctors, nurses and fellow health professionals. There would also be more opportunities for patients to take part in research trials, helping to improve their care and treatment.

Here are some examples of how the proposal would improve care for patients. The examples use three real 'pathways' for patients. A pathway is a word the NHS uses to describe a patient's journey through a specific period of care. A pathway should be as stress-free, safe and rapid as possible for patients and their families.

“As the body representing local kidney patients, we support this proposal from the clinical teams to improve renal care.”

Chair of St George's Kidney Patients Association
Chair of St Helier Kidney Patients Association



Example 1

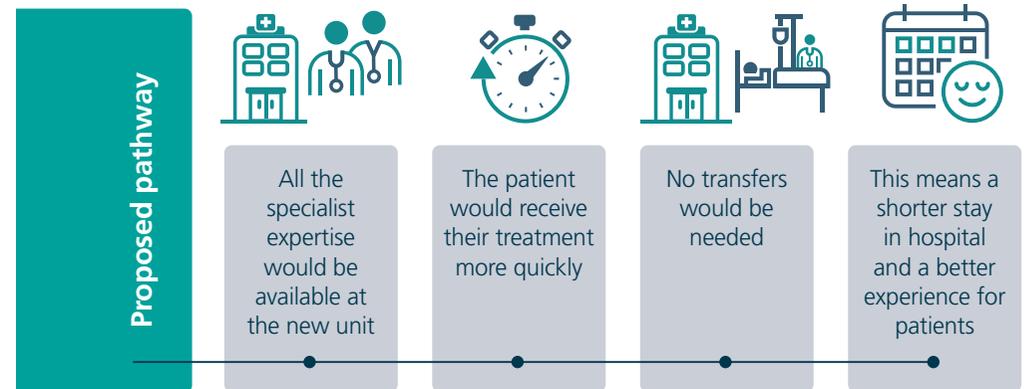
Transferring patients between hospitals

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

For example, they may need to see a cardiac (heart) specialist. Cardiac expertise is not always available at the St Helier kidney unit. This means a patient may need to wait for a bed at St George's and be transferred. This wait can be for 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.



Example 2

Access to haemodialysis vascular access services

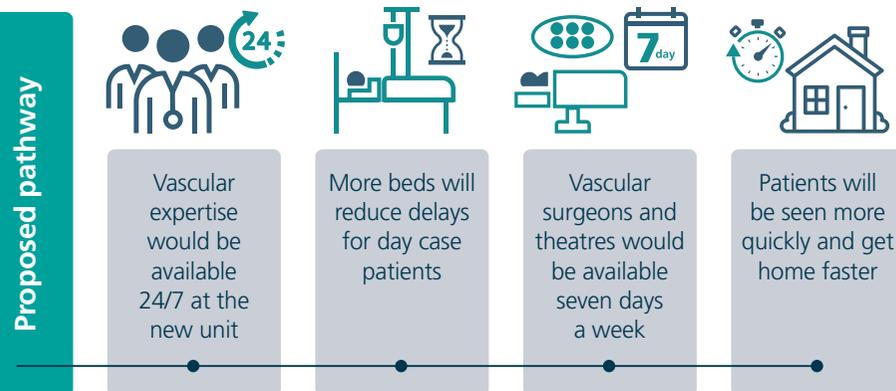
Kidney patients sometimes need to see vascular (blood vessel) experts.

At the moment, these specialist vascular experts are not always available 24/7 or patients at St George's and St Helier. This makes the pathway slower and adds 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 on site 24/7. Operating theatres would be available for kidney patients every day of the week.

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



Example 3

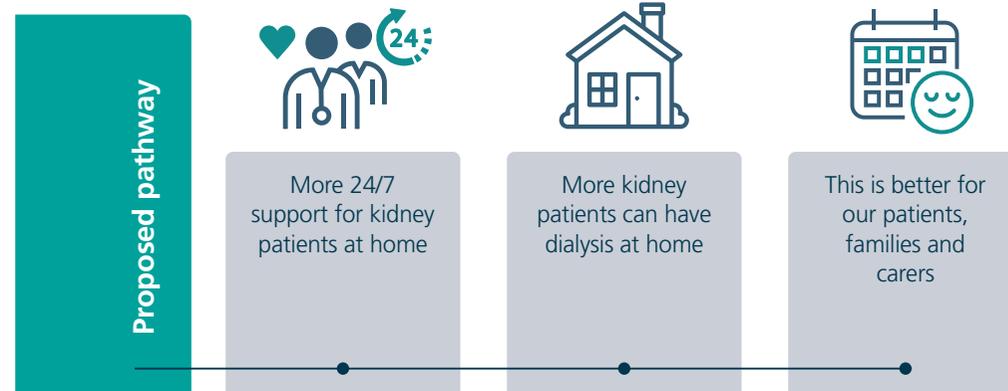
Access to home dialysis support

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.



Travel to the new unit

Travel and transport is a big issue for many patients and those who care for them. Some patients who currently travel to St Helier for inpatient care – and who would travel to Sutton from 2026 – will have a longer journey under these proposals.

Under our proposal, most journeys our patients take to visit kidney services will stay the same. A small number of journeys would change, but patients would be getting better care and experience in the new unit. This proposal will increase average travel time for for some patients visiting the proposed new unit. Across all patients, the average increase in travel time would be around eight minutes. This varies according to where patients live, with those living in and around Sutton seeing the largest increase in travel time.

Renal patients will continue to have access to patient transport services.

More information on travel, based on postcodes, is available www.swlondonccg.nhs.uk/important-documents

It is important that we understand any concerns and issues you have around this proposal – including on travel and transport.

Details on how to share your views can be found at the end of this summary.

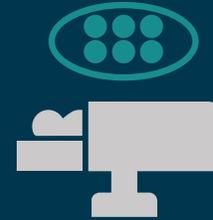
The St Helier and St George's renal teams summarise the benefits of their proposal as:



cf£80m investment



More beds



more dedicated
theatre sessions



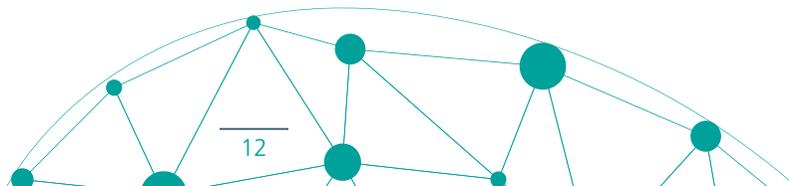
Better experience and
outcomes for patients



Better buildings



Better access to experts



We want to know what you think

There are many different ways to share your views, suggestions and concerns.

1 Fill in our questionnaire on our website
<https://swlondonccg.nhs.uk/renal/>
or scan the QR code



2 Email us at
swIRENAL@swlondon.nhs.uk

3 Engage with us on Twitter
[@SWLNHS](https://twitter.com/SWLNHS)

4 Write to us at
FREEPOST improvingkidneycare

More information is available on our website at
<https://swlondonccg.nhs.uk/renal/>

Public events

We will be holding two virtual public events. Dates for these events can be found on our website.

If you would like this document in another format or language, please email swIRENAL@swlondon.nhs.uk. We will do our best to provide the information in a suitable format or language.

We look forward to hearing your views by
Tuesday 7th September 2021.

