

**Improving Kidney Care  
Live listening event one  
Monday 9<sup>th</sup> August 2:30pm – 4pm**

Meeting took Place by Microsoft Teams due to Coronavirus COVID-19

**Chair:** Paul Parsons – Independent Chair, The Consultation Institute

<b>Panel:</b>	<b>Role</b>
Dr Ginny Quan	Joint Director for Renal Services – Epsom & St Helier
Ralph Michell	Deputy Chief Strategy Officer – St George’s Hospital
Susie Mallinder	Divisional Director of renal nursing – Epsom & St Helier Hospitals
Paulo De’Oliveira	Matron for Renal Services – St George’s Hospital
Anna Haig	British Sign Language Interpreter

1.	<p>Welcome</p> <p>Paul Parsons introduced himself as the independent Chair, working on behalf of The Consultation Institute. Paul welcomed participants and thanked everyone for joining. The purpose of the listening event was to talk about the proposals for improving kidney care. The event is part of a series of engagement activities that started on 27<sup>th</sup> July and will be running until 7<sup>th</sup> September.</p> <p><b>The agenda for the session included:</b></p> <ul style="list-style-type: none"> <li>- A presentation about the proposals</li> <li>- Q&amp;A session</li> </ul> <p><b>The panel members introduced themselves:</b></p> <ul style="list-style-type: none"> <li>- Dr Ginny Quan – Kidney Consultant &amp; Joint Director of Renal – Epsom &amp; St Helier Hospitals</li> <li>- Paulo De’Oliveira – Matron for Renal Services – St George’s Hospital</li> <li>- Susie Mallinder – Divisional Director of renal nursing – Epsom &amp; St Helier Hospitals</li> <li>- Ralph Michell – Deputy Chief Strategy Officer – St George’s Hospital</li> </ul> <p><b>Presentation:</b></p> <ul style="list-style-type: none"> <li>● Kidney doctors from St Helier and St George’s Hospitals have put forward a proposal to build a brand new £80 million specialist kidney unit at St George’s Hospital in Tooting to improve patient care and experience</li> <li>● the unit would improve care for kidney patients who need hospital (overnight) care - this is about 5% of a patient’s contact with kidney services</li> <li>● some outpatient appointments may move from St George’s Hospital to St Helier, like training for home dialysis</li> <li>● there would be no change to 95% of treatment or care in kidney services in South West London and Surrey at local hospitals, units or at home</li> <li>● ...but some kidney patients would need to travel further for this specialist care in the new unit</li> </ul> <p>In 2020, the NHS approved plans to build a new specialist emergency care hospital in Sutton and from 2026, all kidney inpatient and specialist care from St Helier will move to this new hospital. Kidney</p>
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doctors and nurses working at St Helier and St George's Hospital believe that having an £80million specialist kidney unit at St George's Hospital would be better for patients.

The specialist unit would give patients:

- more beds and more dedicated theatre sessions
- 24/7 access to expert clinicians and a larger team will help patients get their treatment and go home faster
- a larger team to strengthen local kidney services
- a modern building better for patients, carers and staff - and easier to keep clean with more single rooms.

There would be no changes until 2025 at the earliest. Most contact between kidney patients and renal services would remain the same.

Some patients from Epsom & St Helier would have to travel further if they needed specialist care in the new unit – instead of travelling to the new hospital in Sutton, they would need to travel to St George's Hospital in Tooting. We know that transport and travel is a key issue for patients, families and carers. The proposal doesn't change the treatment or support patients receive in local hospitals, dialysis units or at home as 95% of care would stay the same.

To ensure patients, families, carers, stakeholders and communities can find out about the proposals and share their thoughts, engagement activities have been split into three areas:

**Those directly affected by the proposals:**

- outreach sessions in clinical settings such as the satellite clinics and outpatient clinics
- letters to patients (those on current haemodialysis, peritoneal dialysis and current transplant and vasculitis patients)
- staff engagement – hosting events at the Trusts for staff to join and ask questions
- continue meeting with the Kidney Patient Associations

**Those who might be interested by proposals:**

- Outreach – meeting with local groups to share information on the proposals and to listen to feedback
- targeted focus groups – independently run focus groups with individuals who meet the equalities groups

**Those with a wider interest:**

- there will be two virtual public listening events today - 9<sup>th</sup> August from 2.30pm – 4pm and 3<sup>rd</sup> September from 6pm – 7.30pm – people can sign up via Eventbrite
- communications activities on both traditional and social media

**Q&A Session from participants:**

**1. Why are we proposing St George's as the new unit and what advantages do you think that offers the patient?**

Two reasons. First is because of co-location with other specialist services. It wouldn't be able to stay at St Helier as specialist services are moving to Sutton. If we went to Sutton, we wouldn't have the chance to co-locate with the specialist renal services such as transplant services, interventional radiology and cardiothoracic. If we move to St George's it would mean that patients could access those services at any time. We need to take that into consideration.

The second reason is that even though Sutton will provide fantastic acute care, there isn't a university space and that is a huge benefit for patients with research and education. Having the site at St

George's will give staff more opportunity to enter patients into clinical trials. This is a huge benefit for renal patients both current and the future. Staff will also be able to access education facilities and this will also attract more staff.

**2. How do you see the management of patient and family/Carer expectations during the transition earliest date of 2025?**

Having the date as 2025, doesn't mean we wouldn't make any improvements between now and 2025 at St George's. We know some of the estates for renal services need improvements and we would like to address these before 2025. Once the engagement period closes, we will gather the feedback and share with commissioners who will decide whether to proceed forward. We will then engage with patients and staff on the design of the unit so people will stay involved.

At St Helier, we have a couple of improvements. We will be moving the inpatient ward into the main hospital. We are also continuing to expand our satellite haemodialysis facilities. In the next 6 – 9 months, there will be a number of patients joining the programme and this will continue to increase. We know five years is a long time so we need to continue what we are doing to ensure we've got the capacity and facilities to get us through the next five years.

**3. St George's has very limited parking space for staff and patients. There are regular disruptions on Blackshaw Road and queues into the car park. How is the project addressing this and what concerns are you taking on board?**

We know parking is a real concern. There are few things we are doing when thinking about how the new unit could be designed. One of them is whether we could accommodate car parking space underneath the new unit. We are also thinking whether a car parking initiative could be linked to the renal unit. There are wider discussions going on at St George's around how the car parking could be improved. We are very conscious of the need to address people's concerns. It is important for us to hear people's views. Just to note that this is not entirely all in St George's control and we will be working with Wandsworth council who have an interest in parking but also want to encourage people to make better use of public transport.

**4. The presentation has focused on comparing services/travel times between Sutton (Belmont) and St George's. But as it stands, the services aren't at Belmont (the hospital does not exist yet). They are at St Helier. The plans to downgrade St Helier hospital and move all acute services to Belmont (and 62% of beds!!) did NOT propose moving any renal services when they were first introduced. Why can't the renal services be improved on their current site at St Helier?**

**Is it the case that when a hospital loses acute services like A&E and intensive care, other services that rely on these, like specialist care for kidney patients, are also lost? If these are all lost to other hospitals, doesn't St Helier just become a glorified walk in centre?**

There is a lot of information there and it's important to define what you mean by renal services. Services will be improved at St Helier when inpatient renal beds move out. There is a haemodialysis unit at St Helier that opened a few years ago and will still remain at St Helier. There is a training area for people on home dialysis – we say a training area but actually it's a small area. We hope having more room will mean that this will massively improve the experience of people having training. We will also look at using the dialysis unit in a different way to develop shared care. There will be new outpatient rooms and clinics will expand. We want to try and provide outpatient care as near as possible to people's homes. So I think this will improve in terms of inpatient care.

In terms of patient care, you're right. We cannot continue to run sick, inpatient beds without an A&E and an ICU. So the question you have to ask is not whether could carry on at St Helier but whether it should be at Sutton or St George's. I think we've already discussed why I think it would be better to co-locate renal inpatient beds at St George's.

**5. There are a number of good pilots projects going on currently How do you see the acceptance into service as part of the acceptance criteria between health and social services at borough, County & national levels as we relax Covid lock down restrictions**

This proposal is looking at our acute inpatient work but there is a major obstacle for renal medicine and it's the prevention of kidney disease, looking at people who are not on dialysis but have a kidney impairment. How we can prevent that and who we need to be looking at first. This proposal won't be able to support that but what it will do is bring together renal specialists to look at the pathways from beginning to end. It's not just about the inpatient pathways, but we need to think about how we improve our services throughout South West London & Surrey and how we work with primary care to do that. We are already looking at what we can do for instance, triage faster referrals from primary care and give advice. .

**6. I work in radiology at St. George's, firstly can I say I am so happy to finally see some proper investment in renal services, it is well overdue. From the pre-consultation business case to it isn't very clear to me how radiology and in particular interventional radiology will be grown to support the extra activity this build will generate. Could you elaborate please?**

This is an area that St George's need to do more work on and the team will be engaging with colleagues across radiology at St George's. If the proposals go ahead, we know that there will be more interventional radiology activity. The team would really welcome an opportunity to meet with the radiology consultants.

**7. How are services at St George's currently provided? Are there still porta cabins at the back of the building?**

The porta cabins are a temporary measure and it is something we are talking to the project management team about to try and find an alternative solution. Our acute unit is still at the Lanesborough wing. The porta cabins are used to dialyse patients three times a week.

**8. I am using TIHM monitoring, do you use new technologies to try and identify trigger points?**

A lot of people struggle when they use lots of different services but if there is ever a problem, people can speak to their GP. In terms of having a trigger for kidneys – we have a simple blood test and unit test that helps us understand if there is any stress on the kidneys. We can send the results of the tests to GPs so that they can monitor and check if kidney function is worsening. If it's getting worse, GPs can refer directly to the renal unit.

	<p><b>9. Can I make a plea that when designing the parking functions, bays for parents and children are available and if possible, parents being able to take children into the hospital in a small buggy?</b></p>
	<p><b>Ways to get involved:</b></p> <ul style="list-style-type: none"><li>- Email: <a href="mailto:swlrenal@swlondon.nhs.uk">swlrenal@swlondon.nhs.uk</a></li></ul> <p>Call us: 0203 574 8659</p> <p>Write to us: FREEPOST improvingkidneycare</p> <ul style="list-style-type: none"><li>- Tweet us: @SWLNHS</li><li>- Complete the questionnaire by visiting our website: <a href="https://swlondonccg.nhs.uk/questionnaire/">https://swlondonccg.nhs.uk/questionnaire/</a></li></ul>