South West London
Clinical Commissioning Group

South West London CCG, NHS Surrey Heartlands CCG, Frimley CCG and NHS England

Improving Kidney Care: A proposal for renal services at St George's & St Helier hospitals 2021

COMMITTEES IN COMMON
Minutes of the meeting in public
18th November 2021, 18.00-19.00

The meeting was held via Microsoft Teams and livestream to the public due to COVID-19

Convenor: Jonathan Perkins

Voting members	**Role & organisation**
Jonathan Perkins (JP)	NHS Surrey Heartlands CCG, – Deputy chair & Lay member & CiC Convenor
Dr Russell Hills (RH)	NHS Surrey Heartlands CCG, Surrey Downs GP representative
Dr Rebecca Rogers (RR)	NHS Surrey Heartlands CCG, North West Surrey GP representative
Matthew Knight (MK)	NHS Surrey Heartlands CCG, Chief Finance Officer
Dr Andrew Murray (AM)	NHS South West London CCG, Clinical Chair
Dr Dino Pardhanani (DP)	NHS South West London CCG, Sutton Borough Clinical Chair
Dr Vasa Gnanapragasam (VG)	NHS South West London CCG, Merton Borough Clinical Chair
Piper Barber (PB)	NHS South West London CCG, Lay member
Sarah Blow (SB)	NHS South West London CCG, Accountable Officer
Simon Barton (SB)	NHS England, London region, Medical Director for Commissioning
Hazel Fisher (HF)	NHS England, London region, Director of Transformation and Programmes
Chris Tibbs (CT)	NHS England, SE region, Medical Director for Commissioning
Edward Palfrey (EP)	NHS Frimley CCG / ICS, Independent Chair
Non-voting attendees	
James Blythe (JB)	South West London ICS Specialised Care SRO
Prof Debasish Banerjee (DB)	Care Group Lead, Renal and Transplantation Unit, St George's University Hospital NHS Foundation Trust

Stephen Webb (SW)	NHS South West London CCG, Communications & Engagement Lead
Ciara Jones (CJ)	NHS Epsom and St Helier University Trust, Divisional Director of Operations, Renal Services
Ralph Michell (RM)	St George's University Hospital NHS Foundation Trust, Deputy Chief Strategy Officer
Carrie Gardner (CG)	NHS England, London region, Programme of Care Manager Internal Medicine
John Seymour (JS)	NHS Frimley Health Foundation Trust, Deputy Medical Director
Daniel Bailey (DB)	NHS Frimley Foundation Trust, Interim Director of Strategy
Gavin Newby (GB)	NHS Surrey Heartlands CCG, Programme Director Specialist Commissioning
Fiona Harris (FH)	NHS Epsom & St Helier University Foundation Trust, Consultant Nephrologist and Joint Divisional Medical Director
Michael Greatorex (MG)	Chair, St George's Kidney Patients Association
Sangeeta Saran (SS)	NHS Frimley CCG, Director of Operations
Programme team attendees	
Maggie Lam	NHS South West London CCG
Georgina Churchill	NHS South West London CCG (Minutes)
Clare Thomas	NHS South West London CCG
Kavita Gajjar	NHS South West London CCG
Iain Rickard	NHS South West London CCG

No.	AGENDA ITEM	Action by
1	**Welcome and Apologies**	
	Jonathan Perkins (JP), Deputy Chair, Lay Member for Surrey Heartlands CCG and CiC Convenor welcomed the CiC members and observers to the meeting. JP stated the reason for this meeting was to review a proposal for Kidney care at St George's & St Helier hospitals. JP explained that there are four Committees in the Committees in Common (CiC) which means sitting at the same time considering the same issues in relation to any significant change in commissioning of Renal services for Epson & St Helier University Hospital Trust. The Convenor asked the chairs of each of the committees to introduce themselves and their members of their own committees. The four committees are as follows: • South West London CCG • Surrey Heartlands CCG • Frimley CCG	

	• NHS England Specialised Commissioning (London and SE regions) It was confirmed that all the above committees had been appropriately delegated by their governing bodies or authorised boards to discuss renal services and the plans for developing those services. Apologies were received from Mark Turner with Hazel Fisher attending in his place. Each committee of the CiC was quorate.	
2.	Declarations of interest	
	The convenor asked the members of the committee if they had up to date registers of interests for their respective organisations, which are publicly available on each organisations' websites. The convenor asked whether there were any specific interests which were relevant to the business of the meeting and if the committee members could make any amendments known. The convenor stated that he would take silence as a form of consent from each of the four committees. Declarations of interest – None relating to the business of the meeting	Convenor
3.	Minutes	
	The convenor asked the committee if they approved the minutes from the previous meeting which was held on 22 June 2021. One amendment to previous minutes as follows: • Hazel Fisher was present and attending in place of Mark Turner.	Convenor
	Opening statement	
	JP – A reminder to the CiC that each of the committees have delegated authority to the members of the committee to make a decision today and the decisions between the committees are to be made on a consensus basis. We will be working together hopefully to achieve a consensus in any decision we make this evening and once a decision is made then that will be binding on our individual organisations. We are being asked to approve the decision-making business case for improving kidney care - a proposal for renal services at St George's and St Helier hospitals.	Convenor
4.	Decision Making Business Case	
	Introduction from James Blythe (JB) introduced himself as the Senior Responsible Officer for specialised services at south west London ICS and is presently the lead Commissioner for this piece of work. JB has been working closely with colleagues in Surrey Heartlands CCG, Frimley CCG, and NHS England. JB is also being joined by representatives from Epsom & St Helier Hospitals - Dr Fiona Harris and Ciara Jones, also joining from St Georges, Professor DB and Ralph Michell. The reason that we have convened this meeting tonight is that we have submitted to the CiC a decision-making business case (**DMBC**)for the clinically driven proposals to improve kidney care for inpatients and	JB/KPA Chairs

	outpatients receiving specialist services at St Helier and St Georges hospitals. It was noted that the members of the committee will recall that these proposals originated in the Improving Healthcare Together programme which ran until July 2020 and this was a proposal looking at their sustainability of acute services at Epsom and St Helier. As part of the proposals relating to Epsom and St Helier, the renal teams from Epsom and St Helier and from St Georges responded to the consultation and proposed that instead of moving inpatient renal services to the new proposed Sutton Hospital site, it would be better for patients to combine the two inpatient renal units currently located at St Helier and St Georges, into a new renal inpatient unit at St Georges hospital. JB explained that the purpose of the programme over the last year has been to develop the clinically led proposal through the process of business case development, patient engagement and scrutiny as with all significant service changes. This has included review by the joint London and south east regional clinical senates, the south west London and Surrey Joint Overview and Scrutiny Committees and engagement and involvement of kidney patients and the public. The recommendation within the DMBC is that the proposal for consolidation of the inpatient specialists and outpatient care at the two units to St George's should go ahead to the next stage of developing the Trusts' full business case, and should be subject to several actions which are laid out in the DMBC. JB provided a presentation to the CiC which outlined the proposal in more detail, the responses from kidney patients and public from the engagement process and support from kidney patients and the public on the proposal, including 79% of kidney patients and 74% of public overall thought the proposals were good or very good. Significantly, 70% of kidney patients supported the proposals even when faced with a longer journey, with the inconvenience outweighed in their view by the opportunity for higher quality care. JB further highlighted the key themes included travel and transport, continuity of care, investment and improving patient outcomes. Approval of the proposal should be subject to the following actions being taken forward: • As part of the Full Business Case, SGUH to confirm how renal patients can be guaranteed appropriately located car parking on site, involving patients through the relevant KPAs. • Both trusts continuing to address the outstanding recommendations made by the Clinical Senate, further comments from the JHOSC and within the DMBC • The trusts and ICSs continue to report to the Commissioner Steering Group, providing progress updates and overseeing the delivery of the actions and recommendations set out in the DMBC.	

	In addition, the ICSs should take the further actions set out in the Decision-Making section of the DMBC to develop the wider kidney pathway. **Joint statement from St Helier and St George's Kidney patient associations** JB introduced Michael Greatorex (MG) Chair, St George's Kidney Patient Association (KPA) to speak on behalf of kidney patients. It was noted that apologies were received from Dave Spensley (DS) Chair, St Helier & Surrey Kidney Patients Association. The KPA Chairs have provided a joint statement to the programme: "St Helier & Surrey and St George's Kidney Patients Associations wholeheartedly support this proposal which benefits renal patients under the care of both hospitals. While St Helier's patients would have preferred to have a new unit at their hospital, this is no longer possible due to changes agreed in 2020. The proposal will mean investment in a state-of-the-art renal inpatient centre at St George's, avoiding the need for patients to move between hospitals for associated specialised services. Importantly, it also guarantees dedicated renal theatre time in the new unit." MG stated that the Kidney Patients Associations supports and advocates on behalf of kidney patients. He noted that he and DS had been involved in developing the proposals and both KPAs are wholeheartedly in support of the proposal. This has been discussed with both KPAs and other patients, and clearly there has been some excellent work consulting with patients and with the wider community. MG mentioned that they think it is important to say that this has been a long time in the gestation, and they have been campaigning to improve the facilities and infrastructure for patients, at St George's and St Helier, for a considerable amount of time. In St George's case, it is nearly 25 years, so this is a really welcomed development. Also, it is important the points have been acknowledged and made about continuity of care, transport, and clinical excellence. MG noted the significant underreported instance of kidney issues in the community and this investment will help to improve services not for just patients that exist today but also those in the future. JP asked the committee if there are any questions or comments the members would like to raise. **Discussion and questions:** PB, Lay Member of south west London CCG, thanked JB for the presentation and commented that it was very helpful to hear the breadth of who has been involved and the feedback. She also commented that it was helpful to from MG who is able to talk the views of those most affected by the current services and those affected. PB asked the question:	

	We have spoken about care planning going forward and the electronic staff record, and I just wondered where we are with that and how that is progressing so that the information can be shared from all parts of the patient journey? DB explained that both Trusts are working very closely to have that continuity, particularly with the electronic care records. Both hospitals use the same systems for the renal (clinical vision 5). CJ added that there is an agreement in principle amongst our clinicians and IT colleagues to further develop and join the systems together so that we can start to get the benefits now and in readiness for the anticipated new unit. Both hospitals already do share patients and the patients move between the two services already, so hope to have that up and running so that helps us as we go into transition. SB – Accountable Officer, south west London CCG asked the following question: *There is a great deal of concern from patients about parking and travel. What is the plan within St Georges to address this?* RM explained that if the case is approved today, the plan is that the new unit will be up and running by 2026. The work with the KPAs between now and then to get this right for kidney patients will include understanding both the amount and the type of parking needed. The St George's KPA has already flagged that car parking is important to patients who are coming for a long period for dialysis as well as the need for drop off spaces for families bringing their relatives to the unit. There will be work to look at expanding car parking spaces across the whole St George's site as well to support staff who might be able to travel to site via other means would help in reducing demand for parking at the site and therefore enable patients, relatives and carers who really do need to travel by car to do so. RM further added that the Trust would also be looking at IT solutions that would enable patients to book spaces in advance. RM reiterated that they would want work with patients and staff on the design of the building and ensure they get it right for patients, including drop off spaces that are close to the renal unit. CJ noted that for many patients using the service directly affected by the proposal will be travelling via patient transport rather than their own cars. We would want to make sure the parking is right but a big part of it is also getting the patient transport right - which we are focusing on too. JP commented that all the systems and Trusts are also looking at the climate change agenda and reducing carbon footprints, so in the future the transport use may look different. SB commented that the travel and transport remains of critical importance and if the CiC approves to the DMBC, then it is proposed that travel and transport remains an area to have oversight of in the programme going forwards. This was supported by the CiC. CT, Medical Director of NHS England Specialised Commissioning, south east region, asked the following question:	

	How will the access to inpatient dialysis for patients in Surrey is going to affected by this and not just those who are in inpatient beds at the time they're being dialysed, but more particularly, those patients who need to travel to hospital because of their co-morbid conditions for dialysis in an inpatient setting? Will patients in south west Surrey have access to facilities at Frimley to lessen journey time and carbon footprint? JB responded that from a programme team perspective and from a commissioner perspective, we have engaged very early on with Frimley CCG and Trust colleagues, and it has been made clear that we anticipate that the Frimley inpatient unit will continue to provide care to patients in Frimley and Surrey Heartlands. This has been a very important development for not just Frimley patients but also for patients in the wider area. We would anticipate working through whether there will be any impact in terms of patients accessing Frimley instead of accessing St Georges. Professor DB explained that the new unit at St George's will greatly improve patent experience for inpatient dialysis, not only for patients from St Georges local area, also from Surrey. At present there are often capacity issues with the number of in-hours inpatient dialysis slots available, and often patients receive dialysis out of hours when patients would like to sleep so this is not good for patient experience. There are also patients who come to St George's including transfers from hospitals in Surrey and via St Helier for their cardiology care, vascular surgery care, cardiothoracic care, and other complex services who also require dialysis and again sometimes these patients receive dialysis in the middle of the night. In the proposed new unit, there will be more dialysis stations and much better facilities to improve inpatient care and experience. Dr JS, Deputy Medical Director at Frimley Health Trust, stated that St Helier have run a fantastic unit, at Frimley now for several years, meeting all the needs of renal patients. He further added that Frimley hospital already see some of these patient flows from Surrey, which are expected. He reiterated that Frimley Health is very happy to work with St Helier on an ongoing basis to try and address any of these clinically and geographically appropriate patient flows to meet the needs to patients in Surrey. Dr FH, Consultant Nephrologist and Joint Divisional Medical Director, Epsom & St Helier, echoed JS's statements about the Frimley service and that it largely mirrors the service that is currently provided at St Helier, except for a few very niche clinical specific situations. She added that the Trust would absolutely be looking to expand the provision of outpatient dialysis for those patients who require access to medical staff. She clarified that outpatients on receiving dialysis on satellite units do not currently have access to medical staff for the large part, with the exception perhaps of our Croydon unit, which is within Croydon hospital and does have some nephrology on site. This includes satellite units in west Surrey with no medical staff during dialysis hours apart from when there is a routine outpatient's type visit from the consultants who covers that. She added that the Trust will be exploring the ability to diagnose those sicker patients as part of the Frimley renal service, where there are	

	medical staff available during that dialysis session for the inpatients who require dialysis. FH went on to reiterate the benefits of the proposed new unit as explained by Professor DB such as the provision of more dialysis during daylight hours and better facilities. FH added that there are further benefits of releasing pressure from ICU's where currently some patients are dialysed in ICU. JP asked CT to confirm he was satisfied with the information provided regarding provisions for the patients of south west surrey. CT responded to affirm this and the principle of maintaining inpatient access for south west Surrey patients. JP asked for clarification that patients travelling to the proposed unit would only be the ones who really need to access the unit. And only 5% of the total patient journeys will be affected, whilst 95% of patients would still their regular treatments in their current place? Dr FH confirmed that it is absolutely the intention, and that St Helier already currently run a very outreach-based model, providing as much care as possible can out in the periphery. FH confirmed that there are further plans to expand the amount of care that is provided in the community, including at Frimley as already discussed, as well as pre-dialysis care, and for those patients who are approaching the need for dialysis which always used to be provided at the main centre. There is also ongoing work to develop home therapies on the St Helier site, and a plan to take our home therapies training out closer to the patients in West Surrey so those individuals would not need to travel into London. This is a separate programme from this proposal but very important to be aware of. CT commented that this is welcome and reiterated that the 5% who do need dialysis in the inpatient unit are the sickest and therefore least equipped to travel so welcomed the shortened travel times to Frimley. JP asked the committee members if there were any more questions or comments that any of the committees would like to raise. There were no further comments or questions. JP explained that the CiC is being asked to approve the recommendation of the DMBC to approve the proposal and to support the Trust jointly to take forward the next stage of the design and business case for approvals and to deliver the proposed clinical model. JP asked for the slide to be shown to remind the CiC of the recommendations. ***DMBC recommendations*** The DMBC recommendations are to approve the proposal, but they are subject to several actions which are as follows Approval of the proposal should be subject to the following actions being taken forward:	

	• As part of the Full Business Case, SGUH to confirm how renal patients can be guaranteed appropriately located car parking on site, involving patients through the relevant KPAs. • Both trusts continuing to address the outstanding recommendations made by the Clinical Senate Review, further comments from the JHOSC and within the DMBC • The trusts and ICSs continue to report to the Commissioner Steering Group, providing progress updates and overseeing the delivery of the actions and recommendations set out in the DMBC. In addition, the ICSs should take the further actions set out in the Decision-Making section of the DMBC to develop the wider kidney pathway. The convenor asked the Committee Chairs to confirm approvals on behalf of all members of their Committees. ***Committees in Common Approvals*** • NHS England Specialised Commissioning - Approved • Frimley CCG – Approved • Surrey Heartlands CCG - Approved • South West London CCG – Approved EP reiterated Frimley CCG's support and commitment to continuing discussions with Frimley Health and St Helier for improvements for patients in south west Surrey. JB provided an outline of the next steps: • This approval will go into progression of the capital business case with work between SGH and ESTH, primarily led by St George's. St George's will proceed to pre-planning consultations. • Development of a programme to maintain the Commissioner Steering Group, to continue to oversee the programme and recommendations within the DMBC, including around travel and transport. • Continuation of discussions with the London Kidney Network and how we take forward the system wide transformation and the recommendations within this business case. • Further progress report to CCG Governing Bodies in 6 months.	
5.	Questions from the Public	Convenor
	No questions were submitted from the public	
6.	AOB	Convenor
	There was no AOB to discuss. The meeting closed at 18.49.	