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
22nd June 2021, 18.00-19.00

The meeting was held via Microsoft Teams and livestreamed 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 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
Pippa Barber (PB)	NHS South West London CCG, Lay member
James Murray (JM)	NHS South West London CCG, Chief Finance Officer
Simon Barton (SB)	NHS England, London region, Medical Director for Commissioning
Mark Turner (MT)	NHS England, London region, Director of Specialised Commissioning
Sue Whiting (SW)	NHS England, SE region, Director of Specialised Commissioning
Chris Tibbs (CT)	NHS England, SE region, Medical Director for Commissioning
Daryl Gasson (DG)	NHS Frimley CCG, Managing Director
Edward Palfrey (EP)	NHS Frimley CCG / ICS, Independent Chair
Non-voting attendees	
Dr Andrew Murray (AM)	Clinical chair SWL CCG
James Blythe (JB)	ICS Specialised Care SRO
Dr Ginny Quan (GQ)	Consultant Nephrologist and Joint Clinical Director, Renal Services Epsom & St Helier University Hospitals NHS Trust

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
Ralph Michell (RM)	St George's University Hospital NHS Foundation Trust
Hazel Fisher (HF)	NHS England, London region
Carrie Gardner (CG)	NHS England, London region
John Seymour (JS)	Frimley Health NHS Foundation Trust
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 Presenting slides
Iain Rickard	NHS South West London CCG Live streaming
Jai Patel	NHS South West London CCG

No.	AGENDA ITEM	Action by
1	**Welcome and Apologies**	
	Jonathan Perkins, Deputy Chair, Lay Member for Surrey Heartlands CCG and CiC Convenor welcomed the committee 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 they are all sitting at the same time considering the same issues in relation to any significant change in commissioning of Renal services for Epsom & St Helier University Hospital Trust. The four committees in the CiC are as follows: • South West London CCG • Surrey Heartlands CCG • Frimley CCG • NHS England Specialised Commissioning All of the above committees have been appropriately delegated by their governing bodies or authorised boards to make a decision on the business (Renal) we are to discuss today. JP mentioned the meeting was being broadcasted live and that there was an opportunity for pre-submitted questions from the public to be responded to at the end of the meeting. With no apologies received each committee of the CiC was quorate.	Convenor
2	**Declarations of Interest**	
	<u>Conflicts of Interest Register</u>	Convenor

	It was noted that all members of the CiC had declared interests within their respective CCG/NHSE register of interests. The CIC Convenor asked for any further declarations of interest to be noted to the programme team	
3.	**Terms of Reference**	
	The CiC Terms of Reference were reviewed and **APPROVED** by each Committee of the CiC.	Convenor
4	**Pre-Consultation Business Case (PCBC), including Impact Assessment (IA)**	
Attach 2a	JB introduced himself as the Senior Responsible Office for Specialised Services at South West London ICS. The slides were shared with the group. In July 2020, a decision was made to consolidate six major acute services from Epsom and St Helier into a Specialist Emergency Care Hospital (SECH) in Sutton. • This decision would require St Helier's inpatient renal (kidney) service to move to Sutton, but with outpatient services remaining at St Helier • The clinicians in both services agreed that instead, an option should be considered which consolidated inpatient care at St George's Hospital (SGUH) • Doing this would both change the design of the SECH and also require additional capital for St George's. Epsom and St Helier (ESTH) and St George's worked up the capital implications for inclusion in the Outline Business Case for the new hospital • Because this is a change to an agreed proposal which has been consulted on, we must consider whether it is a 'new' service change. JB explained to the CiC the respective roles of each organisation: • Renal care is split between clinical commissioning group (CCG) commissioned activity and specialised care, commissioned by NHS England. • The Major CCG areas affected by this potential change are South West London, Surrey Heartlands and Frimley. NHS England has teams in London and the South East so these are also represented • It is the collective role of commissioners to agree today whether sufficient work has been done to proceed to either engagement or consultation. • The work to get to this point has been led by SWL CCG, ESTH and SGUH so these organisations have attendees to present the proposal and take any questions.	JB
Attach 2b	If the CiC agree to proceed, the Renal project team will meet the SWL & Surrey Joint Overview and Scrutiny Committee (JOSC) on the 7th July 2021 to discuss the proposals and agree consultation/engagement plans. Dr Ginny Quan, Consultant Nephrologist and Joint Clinical Director, Renal Services Epsom and St. Helier University Hospitals NHS Trust, shared the current position for renal services across South West London and Surrey.	GQ

	Currently 13,500 patients receive renal care from St George's University Hospital and St Helier Hospital which are four miles apart. St Helier is a larger service but does not provide transplant surgery. The current buildings are not fit for purpose and patients may experience a difference in care. GQ shared images of a potential new unit at St George's University Hospital. The plan would be to have 15 dedicated theatre sessions which would provide better access to vascular services and transplant surgery. 50% of the rooms would be single occupancy which would provide better infection control. It was noted that 95% of the care would continue to be provided locally.	GQ
Attach 2c	GQ explained the 3 main reasons for the proposal: 1. Despite closer collaboration between the two services, renal patients experience significant inequalities in their NHS treatment depending on the centre that they are under. 2. The estate of both services has suffered from long term under-investment, and as a result the buildings are not fit for purpose for delivering good care. 3. Neither service is as efficient as it could be, and as a result there is significant opportunity to provide improved services and better care to patients.	
	Professor Debasish Banerjee, Care Group Lead, Renal and Transplantation Unit, St George's University Hospital NHS Foundation Trust highlighted the benefits for staff and research. SGUH benefits from being co-located with St George's University of London whilst ESTH hosts the renal institute. Bringing together these strengths will enable increased opportunities for cutting edge research on prevention of progression to dialysis, reduction in hospital admission for kidney-heart failure patients and with an increased number of patients being able to take part in clinical trials. This in turn will support the service to attract additional funding for research and physicians with an interest and passion for research. The joint unit will provide significant opportunities for the development of staff working within renal services. They will have the opportunity to learn from specialists in all areas of renal medicine and care, with better access to education and training. The combined service will be more resilient and sustainable. With a new pathway, the new unit will have surgeons on site 24/7. There will be no need for patients to wait to be transferred for emergency vascular access surgery. Combining the two units will deliver a scale of surgical activity that allows for theatre lists every day of the week, again reducing delays. It will allow for more efficient use of the day case unit, building on the two hospital trusts' experience of combining their day case activity during COVID, and will make more efficient use of surgical time, with reduced traveling between sites. It was noted that both current renal units already provide a wide range of outpatient renal services throughout Surrey and South West London. The aim would be to build on these by: • Further developing the inpatient renal service at Frimley Hospital	DB

	• Continuing to run outpatients in 13 district general hospitals (DGHs) / sites and dialysis at eight satellite units throughout Surrey and South West London • Aiming to expand the sites that offer advanced kidney care clinics, iron clinics and peritoneal dialysis clinics • Developing a new joint home therapies training area based at St Helier. By collocating acute services for our sickest inpatients, this will enable economies of scale and time to help us improve our outreach services • Outpatients at 10 DGHs <u>will continue</u> • Dialysis at 8 Satellite Units <u>will continue</u> JB mentioned that the team have been working very closely with commissioning colleagues from across South West London, Surrey Heartlands, Frimley and NHS England specialised commissioning. The team have met with both Kidney Patient Association Groups from ESTH and SGUH and worked closely with clinical leaders and the renal clinical alliance. The proposals have been scrutinised by the Joint Clinical Senates and their recommendations have been reflected in the PCBC and Engagement Plan. Some recommendations will be picked up later in the process. Key recommendations from the Joint Clinical Senates included the following and these will be picked up in the next phase of work. • Ensuring the role of the affected services is explained in the context of the overall renal patient pathway and maximising opportunities for wider transformation of the renal pathway, including primary and community care. • Working further with co-dependent services (interventional radiology, critical care and vascular surgery) to ensure appropriate capacity across SGUH. • Working with ambulance providers on any impact of the change in journey times. The next steps for the proposal, if agreed by the CiC, will be to present the proposal to the South West London and Surrey Joint Overview and Scrutiny Committee in early July. **Discussion and questions from CiC members:** RH**:** What have you done to improve the inequalities around travel time and how will this build into the wider connections with outpatient services and primary care? JB: The engagement process will focus on impact of travel times and what would make it easier for patients. Although this is a small number of patients, it is important to think about what happens pre and post service. We have been in discussions with the South London Renal Clinical Alliance and are looking at opportunities to develop transformation around primary care. We should be able to bring this discussion back to a future meeting, later in the year. SB: Highlighted the improvements for vascular services and asked about the staffing clinical model.	JB JB

	DB: Vascular patients will have the benefit of having services all in one place. It is clear that having access to those specialist services will benefit the patient. The workforce will also have a big boost with services all in one place. We will have access to a faculty of teachers, not just doctors but also nursing, physiotherapists, dietitians and physicians associates all in one place. We will be able to provide further training and develop expertise in vascular access. CT: What does the satellite clinics in Frimley consist of and who is able to access it and what about the patients on the borders of Surrey? GQ: There are three elements to the service: Outpatient dialysis in Farnborough, Outpatient Clinics – general nephrology, outpatients and advance kidney care and inpatient beds at Frimley. Patients will still be able to access these services if they are required and if they are the nearest for patients. The Convenor summarised the discussion and asked each Committee Chair if their respective committee approves the PCBC and IA. The PCBC was **APPROVED** by each Committee. • South West London CCG - Approved • Surrey Heartlands CCG - Approved • Frimley CCG - Approved • NHS England Specialised Commissioning - Approved	DB GQ JP
5	**Engagement Strategy**	
Attach 3	Stephen Webb, Communications & Engagement Lead, presented the engagement approach and plan for the proposal. The strategy sets out a robust programme of engagement with relevant and interested stakeholders – especially patients and staff. Engagement activity has been segmented through three primary audiences: 1. Those directly affected = patients, families and carers and staff, direct contact/information in outpatient departments and clinics 2. Interested parties = stakeholders such as local authorities, Healthwatch, MPs, patient and community groups: briefings, outreach sessions and focus groups 3. Wider participation = general public: social and traditional media, live events, promotion through local engagement networks. Feedback will be collated and independently analysed. It was noted that equalities monitoring would be completed throughout the exercise. The Programme team has so far engaged with a range of stakeholders including the Kidney Patient Associations, SW London and Surrey JHOSC and SWL & Surrey Clinical Senate. The next steps will be to:	SW

	• Agree final activity plan and material • Make sure patient, public, staff and stakeholder groups are well defined and best routes for engagement identified • Develop and finalise engagement material and channels • Support programme team with planned engagement and adapt approach based on feedback • Prepare for start of engagement. Discussion and questions from CiC members: PB: Noted in the IA that there is an impact on people with a mental health and learning disability needs. Will the engagement seek to ask their views? SW: Yes, people with a mental health condition have been identified and activities have been planned with that cohort. We will be working with our CCG engagement leads to identify and work with the community. JP asked when the engagement process will be concluded. SW noted that this would be around early October but agreed to ensure that the CiC would be provided with emerging themes in the interim. The Convenor asked each Committee if they approve the engagement strategy. The engagement strategy was **APPROVED** by each Committee. • South West London CCG - Approved • Surrey Heartlands CCG - Approved • Frimley CCG - Approved • NHS England Specialised Commissioning - Approved	SW SW
6	**Questions from the public**	
	Question from Jamie Gault – Action for Carers *In terms of the impact assessments, has full consideration been given to the impact on carers for patients accessing these services? Consideration includes but are not exclusive to: Accessibility of the proposed unit; stress if travel; cost of travel (finances remain a key issue for carers); impact on time was longer journeys.* JB**:** We do reference within the impact assessment the impact on people attending to visit patients or attending with patients, although we do not specifically reference carers. Many of the factors that JG mentions in terms of the accessibility of the unit, the complexity of travel contributing to stress and the financial impact from the journey time are picked up. We would be very happy to engage with carers groups in SW London & Surrey as part of our engagement exercise. We can then understand how those factors we have already look at and quantified have impacted on carers. Also, to discuss what the potential mitigations might be as we appreciate this is important to them. Questions from Nikki Webster – Principal Physiotherapist, SGUH	

	1) Many patients with renal disease are severely deconditioned; how will the patient pathway be optimised in terms of impatient rehabilitation. *(2) Many renal centres offer `Renal Rehabilitation', a 12-week course akin to cardiac and pulmonary rehabilitation aimed to increase activity levels and reverse/slow the decline in fitness that is common in renal disease, as well as to help patient's mange day-to-day activities and promote healthier lifestyle. Are there plans to offer Renal Rehab to patient's post-acute admission?* DB: this is an area of interest at St George's who have been conducting research into renal rehabilitation. The new unit would be in a unique position to develop this further and could potentially develop a program to teach physiotherapists and thereby develop the physiotherapy care in outreach services as well as outside South-West London and Surrey. <u>Questions from Clare Burgess Chief Executive, Surrey Coalition of Disabled People</u> *(1) The papers mention that the team have engaged with patient groups on this specific proposal. Please can the team clarify, how many Renal patients and Carers who live in Surrey that they have engaged with to date and what form this engagement took?* SW: We are at the very start of this engagement activity therefore we have not done any specific work with patients and carers in Surrey other than those who are members of the Kidney Patient Association around St. Helier. The plan going forward with the engagement activity which we will engage with renal patients and carers across South West London and Surrey. *(2) The EIA mentions the impact that the proposal would have on marginalised communities such as people who are disabled. A key area of concern is travel to and from the proposed site. How will people who are not eligible for patient transport be supported to travel from Epsom (for example) to St George's in an accessible way?* SW: One of the key areas of the engagement activity is to draw out issues of which we know transport and travel are key to understanding patient issues. Our understanding is the majority of Kidney patients would be eligible for patient transport. CJ: Mentioned that of the 5% of patients affected, a very significant proportion of those would be eligible for patient transport now. Not all of them use it, but for those who do wish to travel to the site, by car for example, we are looking at increasing the proportion of spaces that we dedicate for blue badge holders because we know that a large majority of our patients would be eligible for that. *(3) Disabled people in Surrey are not eligible for a TfL 'Freedom card'. The report mentions a small increase in the cost of public transport cost – we would just like to raise with the team, that, to someone who is disabled, and therefore likely to be impacted by financial inequality, an increase of over £3.00 per return journey is actually very significant.*	

	CJ: At the moment not a lot of our patients use public transport, but obviously there are options around the reimbursement of travel costs around the hospital travel scheme for people who are on low incomes or receive certain types of benefits. *(4) Following the IHT programme (which our members committed significant time to over the last few years), we have been very much left out of any on-going co-production and engagement work – this seems to be a common theme across the rest of the voluntary, community and faith sector in Surrey. Please can the project team explain what future engagement on this proposal will take place, specifically with Surrey residents and, in particular, those who have a disability and Carers?* SW: We will be focusing on Surrey and would be working with existing groups there to reach out to. SW will be contact in Claire Burgess to ensure we engage with the groups mentioned. CJ mentioned St Helier's is about to embark on another piece of patient engagement so that we can make sure that on an ongoing basis we keep people engaged in the project. *(5) What is the impact of this proposal on the new Surrey Patient Transport tender as the renal contract is understood to be in scope and will be brought into the main contract? If there is more transport going out of Surrey, this will have a knock-on effect on everybody using Patient Transport in Surrey.* JB: Stated that more work is required with our colleagues in Surrey Heartlands and Frimley to understand how any potential changes to patient transport might impact on this. JB explained that renal patient transport sits under a separate contract and if those contracts are brought together, we just might need to make sure that we were factoring in any impact of these changes. In terms of patient transport, we have a little more time to work through that, but we understand that is it an important factor that we are providing enough patient transport for those who need to use this service. We will need to work with the Ambulance service providers, including patient transport providers and JB expects to discuss this subject when at the CiC meeting later in the year.	
	Closing statement – Jonathan Perkins, Convenor JP thanked everyone for attending the meeting and all those people who submitted questions. JP mentioned they were very good questions and stated there is more engagement to be done on all those factors and the relevant people will be contacting you. JP mentioned the next Committees in Common (CiC) would probably take place in early autumn, perhaps October 2021, but it depends on the next stage following our approvals that we have made this evening. There was no AOB to discuss. The meeting closed at 19.09 accordingly.	JP