

Improving Kidney Care
Live listening event two
Friday 3rd September 2021 18:00 – 19:30
Meeting took Place by Microsoft Teams due to Coronavirus COVID-19

Chair: Paul Parsons – Independent Chair, The Consultation Institute

Panel:	Role
Dr Ginny Quan	Kidney Consultant & Joint Director of Renal – Epsom & St Helier University Hospitals
Professor Debu Banerjee	Lead, Professor of Clinical Practice - Renal Medicine – St George’s University Hospitals NHS Foundation Trust
James Blythe	Programme Lead - SWL ICS
Jonathan Emery	British Sign Language Interpreter

1.	<p>Welcome & introductions</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 27th July and will be running until 7th September.</p> <p>The agenda for the session included:</p> <ul style="list-style-type: none"> - A presentation about the proposals - Q&A session <p>The panel members introduced themselves:</p> <ul style="list-style-type: none"> - Dr Ginny Quan – Kidney Consultant & Joint Director of Renal – Epsom & St Helier University Hospitals - Professor Debu Banerjee – Lead, Professor of Clinical Practice - Renal Medicine – St George’s University Hospitals NHS Foundation Trust - James Blythe – Programme Lead - SWL ICS <p>Presentation:</p> <ul style="list-style-type: none"> ● 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 ● 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 ● some outpatient appointments may move from St George’s Hospital to St Helier, like training for home dialysis ● 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 ● ...but some kidney patients would need to travel further for this specialist care in the new unit
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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 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 summarise, this is an investment of £80million which would enable both the units at St George's Hospital and St Helier Hospital to significantly improve the poor level of inpatient beds and to provide improvements to the situation at both hospitals and in particular, provide a majority of single beds for patients. Currently, there isn't a day case unit at St George's Hospital and part of the proposal is to open a large case day unit and have dedicated theatre sessions to enable the team to provide faster transplant services.

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:

- two virtual events – 9th August and 3rd September
- communications activities on both traditional and social media

2. Q&A Session from participants:

Questions below were themed and summarised by the Independent Facilitator

Full details of the questions submitted are available in appendix one.

1. Why do you propose St George's as the site for the build? Why not build a new unit at St Helier? Why not build this new unit at St Helier – the site at St George's is overcrowded, The CQC recommended that NO additional services be put on that site.

We have been working closely for a very long time. We meet every week and we discuss our patients together. All the surgical care and transplants are provided by the surgeons from St George's but the care for these patients are happening at both hospitals, at the same time. To answer the question – why not St Helier. The St Helier catchment area has three times the number of haemodialysis patients compared to St George's but what we are not trying to do is bring everyone to a single place to treat them. It's about a patient journey with kidney disease and inpatient care will only be minimal, it will be a fraction of their journey. We want to provide the best possible care and at the time a patient requires inpatient care, at St Georges, they will receive better theatre access and more inpatient beds. One of my colleagues from St Helier had a patient who needed care for liver issues and needed to be transferred to St George's. We couldn't bring them over straight away as we didn't have enough beds. If we had more beds, we could bring them over and provide the care that they need and then they can be discharged home. When you think the other services, cardiology, cardiothoracic surgery, neurology, vascular surgery – all would be provided at St George's Hospital.

If you think about the patient and dialysis – it requires a fistula which, is a connection between an artery and vein through which they dialyse with a needle going through, three times a week which, is a very long period of time. Maintaining this requires surgical input. It requires tremendous surgical expertise that is consolidated at St George's Hospital. You will see patients coming in for a short period of time, accessing that care and then able to go back to dialysis units. St George's will have a better facility, better access to surgery and better access to ancillary services which they need.

To the point around CQC. A large portion of our care is called home therapy which includes peritoneal dialysis and home haemodialysis. What would like to do is move the patients who would normally come to St George's to St Helier. So we would be moving traffic away from St George's Hospital. Dr Ginny Quan is a specialist in managing patients on home dialysis and having it centralised would be a better set up.

A kidney patient is connected to a dialysis unit 3 times a week for four hours at a time. They don't want to stay in hospital very long – so if we were able to keep their hospital admission short, it would make a difference for them.

2. Where is the money coming from and what does the treasury cap of £400m mean for Epsom & St Helier and for this project?

The listening event today is to focus on the kidney proposals and not get into the wider issues around the new hospital programme.

The funding for the proposals is not impacted by the process of the new hospital programme. We've got an agreement for £80million which we think is what is needed to build the unit and the proposals will be refined if we proceed with the proposal and once we've got into the detailed design of the unit. It's important to say that this proposal is based around a compelling clinical case which has been outlined by Debu and Ginny for having specialist kidney care for patients.

This proposal will provide better care for our patients and allows us to bring the expertise of the two units together and make sure that were providing the best care which would require us to build a new unit. Kidney care needs some capital investment. The dialysis facilities are quite challenged at the moment and there needs to be some investment. This is a separate project, we've worked with the system to make sure we have the money.

3. What is the current situation like for a patient, describe the environment?

GQ: Just to add to the point about why St George's - we cannot have a renal unit running in terms of inpatient beds when there is no intensive care. So when we are talking about where renal inpatient beds could be sited, we couldn't keep those at St Helier. They would be going to Sutton if they were going to move or to St George's. That will be the only safe way to place this. Renal patients can be more complicated than anyone else because they have to dialyse and it's critical to make sure when people are really ill and on dialysis that they can be near a renal consultant and have access to other services. We have thought really hard about this, if we are going to move our beds – where is best to move them. In terms of the environment, it's a difficult environment to work in. I think that's the case at St George's as well. The buildings are old. We are in fact going to relocate two of our wards at St Helier because they have very few isolation facilities which during the times of covid have made it incredibly difficult. It is imperative for both units that we build something new. We cannot carry on in the units we are running in at the moment. This is a real chance to improve patient care and improve our outreach care. The example around home haemodialysis and peritoneal dialysis – our intention is to build a training unit based at St Helier for all home therapies. There will be clinics there every day. There will still be the new dialysis unit running at St Helier and there will be increased peritoneal dialysis training and home dialysis training. Anything that we can do that doesn't involve someone staying overnight and needed that very high level of specialist care we will be aiming to do locally.

4. What will happen to the renal Research Unit? Built with money raised by patients and one of only 3 in the UK. Academic facility of St George's is only one third of the size!!

Before this proposal, there was a very good plan of how the teams could work closer together. We do have a plan for the research unit and it will focus on clinical research and science research. The hospital has a lot of expertise in kidney fibrosis and the prevention of kidney fibrosis – thereby the prevention of chronic kidney disease. We want to bring that expertise to St George's University Hospital. By joining the two units, this give immense power for clinical research. Our dialysis patients, peritoneal patients and transplant patients require a lot of research to improve their care. This will be the third largest unit in the country. If we put our efforts together, we will contribute to a huge amount of research as we can do randomised controlled trials. This month, we will be starting two more randomised controlled trials together with St Helier patients. It's a huge opportunity for science research to move to St George's – working in collaboration with other basis

science institutes e.g. the Cell Science institute, to develop the research together. It also gives enormous potential for academics, in the form of teaching. We can develop courses together e.g. transplantation and nephrology. We have all the expertise, all the teachers and the clinicians involved. We could run courses for nurses and other allied staff e.g. dieticians, physiotherapists, social workers. It would give the unit a huge opportunity for academics in the form of research and education.

GQ: The unit was funded by patients for the good of renal research for St Helier patients and we have been in discussion with the research unit and they are aware of these plans. There is a guarantee that if we move the facilities we will have the ability to employ the current people we employ in research and to provide similar facilities. This will make a difference to our patients and to the staff – it will improve their opportunities.

5. What is the process for the proposals? Has building started?

We have written a business case and impact assessment which we would do for a service change. We have put those documents through a Committees in Common – made up of South West London CCG, Surrey Heartlands CCG and Frimley CCG. They approved the business care and impact assessment. We then met with the JHOSC for South West London and Surrey at the start of July and sought support to start on engagement. We had a very thorough session with them and they supported our engagement exercise. We will take all of the outputs from the engagement exercise into a decision making business case and share with the Committees in Common in the autumn where we will look at everything that has been raised during the engagement.

6. What impact will these proposals have on the number of PHDs and the success of the renal unit going forward?

I believe it will only improve. The number of PhDs will increase as the unit will be with the other allied institutes. There is a huge genetics unit at St George's Hospital. The team would start collaborating with them. Being in the same building and sharing the same space will only encourage them to talk to each other and have more research around kidney fibrosis. It's an enormous opportunity for the research institute.

7. Thank you to everybody for such an interesting discussion. I am a resident in Frimley and feed in to many conversations. I have cancer and was diagnosed ten years ago and I have outlived that expected lifetime. I show symptoms of possible kidney and liver problems – part of the work I'm doing identifies a simple blood test. Could I get treatment or not? It's a preventative action – but I need someone to refer me.

Dr Ginny Quan noted that as this is a personal situation, it would be better to discuss outside of the meeting.

Professor Debu Banerjee replied – there have been some exciting developments that have happened for kidney medicine over the last few years. There are new drugs that can be used to prevent the progression of kidney disease, so that a patient doesn't advance to kidney disease. We

need more people to know about this medication and we need to work with patients and reach out to patients.

8. How will St Helier Hospital and St George's Hospital work together when they are run by different trusts?

There are different levels of working together. We already work together on a clinical level. We have meetings together, we discuss patients together and we go to each other's hospitals for histopathology meetings and joint histopathology meetings. We also share training and education. Joining together at one site will increase nursing opportunities.

St George's Hospital and St Helier Hospital have recently announced the appointment of a single Chief Executive and the move towards a group model – looking at opportunities for the two organisations to collaborate more widely. The two organisations will work together to improve services for patients.

In terms of the two units and two hospitals working together – they will have a lot of shared leadership in the future and this will make it easier.

9. I am part of a group called Keep our Epsom and St Helier Hospitals. I am fundamentally opposed to the whole idea of removing services from Epsom or St Helier. I absolutely think that both hospitals should be kept and maintained as the general acute hospitals to serve the two communities that need those hospitals. When the IHT plans were put forward, the Trust had obviously budgeted for a renal unit to be built at Belmont. They have since decided that if the renal unit goes to St George's they will put up a whole floor for the Marsden for surgery. Therefore, presumably their assumption was that they wouldn't be paying for renal services that go to the St Georges? These six new hospitals that the government has made such a fuss about have been told that they have to produce plans with a cap spend of £400million. Therefore, I will ask for a specific answer. If the building of the new renal unit goes to St George's despite a new renal unit being built at St Helier. *Where will the money come from and will it come from the budget of £511 million or the cut of £400million? Are the beds additional or are they the beds that were in the IHT consultation?*

To answer the question about the beds. They go up to 70 inpatient – and 14 day case beds - So that's an additional 10 beds – this is including in the business case. Just to be clear, the beds are not impacted from anything that happens with the new hospitals programme. We've had the discussion to agree the £80million for the renal unit.

Participant asked for clarification of answer which is reflected in the above. Participant responded "It's an awful lot of money if you don't mind me saying so?!"

I don't think it is. It's not reasonable to characterise it as that much money for 10 beds. We will be providing more beds, more outpatients facilities and creating a haemodialysis training facility. We would be getting a brand new renal unit and additional capacity for the future.

Dr Ginny Quan: I just wanted to say, that if this doesn't go ahead – we couldn't continue. We couldn't stay in the wards we have at St Helier – so wherever we go we'd have to rebuild. We have almost no single bays and the estate is getting increasingly bad.

Participant responded “St Helier has excellent record of renal services and more beds and more patients. Perhaps it would be a good idea from Epsom & St Helier to spend some of the £511m planned to provide the renal services there along with the other acute services necessary and a general Hospital – serving a huge number of people”.

Professor Debu Banerjee: Just to mention, that the new premises with inpatient care is necessary to improve the quality of care that we provide. Our dialysis patients can suffer a lot – they are on the dialysis unit, three times a week for four hours at a time and the dialysis can leave them feeling tired for a couple of hours. We want to provide them with a facility and the care which is necessary to get them feeling better – quickly. Our premises are quite tired, at St George's – we do dialysis in a truck. We want to improve patient experience and get the expertise required to train the next generation of doctors that is needed to treat patients in South West London with kidney disease.

10. What will this do to improve kidney health?

Dr Ginny Quan: What we have described so far is how the proposals will improve the care for acutely unwell patients. This is early on in considering a new renal unit, however part of the plan, if we go forward would be to look at our patient pathways across the board for kidney care throughout Surrey and South London. By working together – this will help us do this more effectively and efficiently. We will be working with primary care as well. We have already looked at how we can improve outreach services for example by setting up Frimley where we have both inpatient and outpatient care. We will be taking a fresh look at the whole service, with a bigger unit, more staff and specialists. The bigger unit will also enable other outpatient aspects of care to improve. One example would be, those patients on peritoneal dialysis who their dialysis at home – many of them are frail and need help setting up their dialysis which we provide, but in some cases it can be difficult to provide the amount of help they need. We will be able to provide that much more efficiently when caring for more patients because we'll be able to group patients together for staff to visit. We overlap quite a lot at the moment.

Professor Debu Banerjee: We need to identify patients early who are at the risk of kidney failure and treat them early. The new unit will give us the opportunity to improve kidney care and health in the community.

We should also concentrate of how we can prevent patients going for dialysis three times a week and there are two ways. One is we either do a pre-emptive kidney transplantation and keep them

	<p>away from dialysis and that would be a huge improvement to quality of life or if they have dialysis – they do it at home. This will help improve kidney care in the community.</p> <p>Clarification from participant: <i>Does Frimley hospital have vascular surgeons etc and all the specialists that you deem necessary at St G?</i> GQ: Yes.</p> <p>11. I just wanted to say that any person who has ever been to St George’s Hospital at any point over the last 20 years will know the problems of parking on that site and the idea that it really is a good idea to bring more people and relatives on that site just defies explanation. The idea that CQC came up with a report that sadly found St George’s to require improvement and said please don’t bring any more people to this site. A lot of my constituents now travel a very inconvenient journey in order to get blood tests precisely because they are not wanted on the site. So the idea that you’re going to bring another unit requiring support from all the other testing facilities that require access to other services at the hospital defies belief really.</p> <p>There are two things that we need to look at. I think the first is to look at the benefits of the clinical model – what has been put forward and the significant benefits that the renal doctors and nurses have articulated around bringing these two units together. The only place that can be done is where they have support of the other specialist services that renal patients might need. We need to look at the parking – there is a plan to put more parking underneath the future renal unit – and we need to agree whether some of that can be specifically for renal patients. We can support renal patients accessing the site. What I don’t want to do is give any commitment to a plan that hasn’t been fully worked through with colleagues and partners here tonight. We know from the engagement that parking is the main concern.</p> <p>The meeting came to a close at 7.30pm. Participants were thanked for their attendance.</p>
	<p>Matters to be picked up outside of the listening event:</p> <p>Siobhain McDonagh: Would like advice on how she can support constituent’s appointments with their GPs.</p> <p>Siobhain McDonagh: Where constituents are able to get a blood test (If not at St George’s)</p>

Appendix One – Full listening event chat:

[03/09/2021 18:16] MCDONAGH, Siobhain
Belmont will cost £511,000,000 + £80,000,000 for Renal Services at St George’s or £191,000,000 more than the Treasury cap of £400,000,000. Cheaper just to build a new hospital at St Helier closest to these with greatest health inequalities. Siobhain McDonagh

[03/09/2021 18:18] sandra (Guest)
We can not see slides

[03/09/2021 18:19] sandra (Guest)

Thanks

[03/09/2021 18:20] Susan Liang (Guest)

So moving all the services to St Georges will lead to a lack of continuity of care. And if, for example, a patient was taken ill whilst on HD they would need to be stabilised then transferred to St G. NOT ideal

[03/09/2021 18:20] MCDONAGH, Siobhain

CQC demanded that fewer patients use St George's site as overused. This is why Mitcham & Morden residents can no longer have blood tests at St George's and need to go to The Nelson in Wimbledon. Putting more patients at St George's flies in the face of the CQC 'requires improvement' grading.
Siobhain McDonagh

[03/09/2021 18:21] MCDONAGH, Siobhain

Agree with SL.

[03/09/2021 18:21] sandra (Guest)

Agree with SL and SM

[03/09/2021 18:22] Susan Liang (Guest)

Why not build this new unit at St H?? The site at St G is overcrowded, The CQC recommended that NO additional services be put on that site.

[03/09/2021 18:23] MCDONAGH, Siobhain

Please refer to the site as Belmont as that is where it is planned. Siobhain

[03/09/2021 18:24] sandra (Guest)

This is yet another service removed from Epsom and St Helier Trust. Reasons given are all about consolidating services at St Georges.

[03/09/2021 18:25] sandra (Guest)

Where is this money coming from?

[03/09/2021 18:25] Susan Liang (Guest)

What will happen to the renal Research Unit? Built with money raised by patients and one of only 3 in the UK. Academic facility of St G is only one third of the size!!

[03/09/2021 18:26] sandra (Guest)

Is it coming out of the ESTH Budget? Will it be affected by the Government's proposed cap on ESTH budget of £400m.

[03/09/2021 18:27] MCDONAGH, Siobhain

But it's a fait accompli. The option of a new unit at St Helier was not given!

[03/09/2021 18:28] sandra (Guest)

Keeping all services at Epsom and St Helier should certainly have been included in the consultation.

[03/09/2021 18:29] MCDONAGH, Siobhain

The parking is a challenge? Under assessment surely?

[03/09/2021 18:29] sandra (Guest)

Now that St Georges and Epsom and St Helier share both a Board Chair and a CE is this just part of combining the 3 hospitals.

[03/09/2021 18:30] sandra (Guest)
Why were these things done without any consultation

[03/09/2021 18:31] sandra (Guest)
Has building started?

[03/09/2021 18:32] MCDONAGH, Siobhain
Research unit also at St Helier and paid for by patients.

[03/09/2021 18:33] sandra (Guest)
Is this part of the process to have just one General hospital in SW London, in line with Bruce Keoghs plan to have between 40 and 70 major acute hospitals

[03/09/2021 18:34] MCDONAGH, Siobhain
Put the beds at St Helier! Don't intensify the use of an already over used site.

[03/09/2021 18:35] sandra (Guest)
How many more beds will you have? Will these be in addition to the extra beds the ESTH downgrade plan said you would have.

[03/09/2021 18:36] MCDONAGH, Siobhain
What you are doing is stripping more services out of St Helier to destroy it further.

[03/09/2021 18:36] Susan Liang (Guest)
Longer travel times for patients who may feel unwell following dialysis.

[03/09/2021 18:37] sandra (Guest)
All of the arguments being used COULD be applied to any treatment or service. Where will this consolidation end?

[03/09/2021 18:38] MCDONAGH, Siobhain
The issues are intrinsically linked. £80,000,000 only needed if ST Helier closes and Belmont goes ahead.

[03/09/2021 18:39] Susan Liang (Guest)
What will happen to the Renal Research Unit at st helier??

[03/09/2021 18:39] sandra (Guest)
Renal services going to the Marsden site was part of the Consultation on in BYFH or STP. Budgets are important .

[03/09/2021 18:41] sandra (Guest)
The BYFH plan is now so changed it must render the whole consultation process void

[03/09/2021 18:41] MCDONAGH, Siobhain
St George's can't currently turn on the air conditioning for fear of blowing the electrics. Sewage coming up through sinks. Would it not be better to do this first.

[03/09/2021 18:41] Chris Cotton

What are the key decisions that will make this project go ahead or fail. Who makes the final decision.
What can patients do to support the proposals

[03/09/2021 18:41] sandra (Guest)

Then keep Renal services at St Helier along with all acute services

[03/09/2021 18:42] MCDONAGH, Siobhain

Simple keep the A&E and ICU at St Helier.

[03/09/2021 18:42] sandra (Guest)

Totally agree Siobhain

[03/09/2021 18:43] sandra (Guest)

Has the building started

[03/09/2021 18:44] MCDONAGH, Siobhain

The Health Service Journal published a memorandum from The Treasury last week instructing all new hospital scheme to come in at £400,000,000. Belmont £511,000,000 St Helier £411,000,000. The answer is simple.

[03/09/2021 18:46] MCDONAGH, Siobhain

Leave the expertise were it is!

[03/09/2021 18:46] sandra (Guest)

I saw that HSJ article too. ESTH was budgeting to build a new renal unit at Belmont. Where would the money for the St Georges renal unit come from?

[03/09/2021 18:46] MCDONAGH, Siobhain

What about the money raised by the patients.

[03/09/2021 18:48] sandra (Guest)

ESTH are now saying that they will put Marsden Surgery in place of the renal unit so it would appear that they still intend to spend their money at Belmont. Whose budget will this proposed unit come from?

[03/09/2021 18:49] MCDONAGH, Siobhain

St Helier renal institute 1 of 3 independent research units in Uk. It has provided the highest number of PHDs in the country.

[03/09/2021 18:49] Paul Parsons

I'd like to ask the kidney patients in the room to share their thoughts and experiences

[03/09/2021 18:49] Susan Liang (Guest)

It has provide 29 Phds!

[03/09/2021 18:51] MCDONAGH, Siobhain

We are not excluding anyone wishing to express a view but we are perfectly entitled o raise our particular concerns.

[03/09/2021 18:51] sandra (Guest)

All of these arguments for consolidation could be given for having say, half a dozen major hospitals in the whole of England. We need General acute hospitals in the communities they were built to serve.No member of the public thinks we have too many hospitals or too many beds.

[03/09/2021 18:53] MCDONAGH, Siobhain

I would like confirmation that these comments will be included.

[03/09/2021 18:53] sandra (Guest)

I always used to get notification of these meetings. I am not getting them now. Could I be put back on your distribution list?

[03/09/2021 18:55] MCDONAGH, Siobhain

Why destroy a research unit that has been such a success?

[03/09/2021 18:56] sandra (Guest)

It would be more cost effective and medically preferable to improve and maintain Epsom and St Helier and keep all services at both.

[03/09/2021 18:56] Susan Liang (Guest)

What will happen to the actual building? it was paid for by funds raised. by patients.

[03/09/2021 18:59] sandra (Guest)

Susan, if you look at the plans for St Helier hospital after the acute services are removed you will see that hardly any buildings will remain at St Helier. The Board have already said that they intend to sell land for "high density" housing. My reasoning strongly suggests that it will all go,

[03/09/2021 18:59] MCDONAGH, Siobhain

Surely the logic of Dr Bs comments is that we should close down all hospitals in SW London and put everything at St George's. Patients service would be terrible but it would suit NHS leaders.

[03/09/2021 19:00] Susan Liang (Guest)

Tony who exactly do you represent?

[03/09/2021 19:02] sandra (Guest)

Having just St Georges as the ONLY hospital in SW London certainly appears to be in progress. That of course is if the plans for an ICS in SW London as proposed in the new Health and Care Bill go forward and that ICS decide to provide any hospital at all. ICS Boards will have the ability to provide hospital services but not the obligation!

[03/09/2021 19:03] MCDONAGH, Siobhain

I would like advice on how I can get my constituents appointments with their GPs

[03/09/2021 19:03] Susan Liang (Guest)

How will St H and St G work together when they are run by different Trusts??

[03/09/2021 19:09] Susan Liang (Guest)

How will the funding work?

[03/09/2021 19:10] Susan Liang (Guest)

Can we hear from some renal patients please?

[03/09/2021 19:20] sandra (Guest)

Is it intended that E&STH should cease to be a training hospital

[03/09/2021 19:22] Susan Liang (Guest)

So you will keep inpatient care at Frimley??

[03/09/2021 19:22] MCDONAGH, Siobhain

Interesting consultation technique to asking your own questions supporting the plan.

[03/09/2021 19:23] sandra (Guest)

Improving renal care at St Georges is not a good reason for removing it from E&STH.

[03/09/2021 19:24] Susan Liang (Guest)

Does FRimley hospital have vascular surgeons etc and all the specialists that you deem necessary at St G?

[03/09/2021 19:27] sandra (Guest)

Well said Siobhain.

[03/09/2021 19:31] sandra (Guest)

Keep Our St Helier Hospital and Keep Our Epsom Hospital

[03/09/2021 19:31] Susan Liang (Guest)

Not really a consultation is it? Sounds like decision already made.

[03/09/2021 19:32] sandra (Guest)

Totally agree Susan

[03/09/2021 19:32] Tony Hall (Guest)

Thank you for a very beneficial session and the presentors for being so open with some difficult questions i look to working together going forward.

[03/09/2021 19:33] Mehreen

Thank you