

Newsletter June 2017



DRAGON BOAT RACE

RENALITY

Newsletter June 2017

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KIDNEY FUND,

info@kidneyfund.org.uk

ST HELIER & SURREY KPA

Dave Spensley, Chairman

01483 426276

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REMEMBER...

Our website addresses are:

South West Thames Kidney Fund:

www.kidneyfund.org.uk

South West Thames Institute for Renal Research:

www.swtirr.org.uk

St Helier & Surrey Kidney Patient Association

www.shskpa.org

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RENALITY is sent to all patients of the Renal and Satellite Units automatically unless they have asked not to receive it. If you do not wish to receive this newsletter, please contact Paul Fischer at the Renal Unit on 020 8296 2514.

Taking Stock

It's been a relatively quiet period in the Renal Unit over the last month. Not, I hasten to add, on the wards or in the clinics, but from the strategic and management perspective.

Many of the projects that have consumed so much time recently – new dialysis facilities at St Helier and Croydon, balancing the books (again), recruitment for the new unit at Frimley Park, preparing for and responding to national and regional reviews, the local STP, etc – have either been completed or are on automatic pilot. It's now a question of keeping the ship steady for a while.

But I am realistic enough to know this happy state of affairs won't last for long. While the General Election has put all strategic planning into purdah – i.e. suspended animation – for a couple of months, there are potentially significant undercurrents. Three issues in particular should be highlighted:

1. A recent management consultancy report commissioned by NHS England has suggested that the five transplant units in London be reduced to three, with obvious risks to the service provided by colleagues at St George's Hospital.
2. The SW London STP [Sustainability and Transformation Plan] may change the ways in which local hospitals work by, for example, enforcing changes in specialist and A&E services. This is despite the outstanding work in the A&E department, which is one of less than 10 in the country

to have consistently achieved the four hour waiting time target over the last 12 months.

3. NHS Specialist Commissioning is currently in the process of reviewing renal and cardiac services in London. The stated aim is to reduce projected expenditure on renal services by £19 million per year by 2021. Achieving this would require dialysis numbers to remain static for the next five years (they currently increase by 6% every year), or major service redesign. While some service redesign, such as the development of a regional vascular access centre or an enhancement of conservative care pathways would be welcome, other approaches might be more controversial.

So I am enjoying the calm before the storm!

As well as the above, you may be aware that colleagues at St George's Hospital have recently been under extreme pressure, with a particular issue being the restricted access to on site (and satellite) dialysis. We are exploring ways of helping our colleagues, although progress has been slowed by the appointment of a new Chief Executive at St George's and the placement of the Trust into Special



Dr Peter Andrews, Clinical Director

Measures. But where there is strife, there is opportunity...

This may significantly affect our workload and working practice over the next few months. The hope is that, working collaboratively, we can bring all services across the region up to the same high standard. Watch this space!

In this brief period of relative calm, there is the opportunity to think strategically. One of the issues facing a growing service is how to keep things personal without losing efficiency, and how to generate new ideas and enthusiasm. There is a balance to be struck between stable and experienced (old!?) leadership, and the new perspectives brought by fresh blood.

I have never believed that the Clinical Director role should be for life. I am surrounded by excellence, and colleagues deserve the chance to experience the joys and challenges of leadership. I have been privileged to have been Clinical Director for six years. Perhaps, with fresh storm clouds gathering, it will soon be time for a change of guard.

I am writing this from a poolside in Crete, the first time I have been away with my wife for a whole week without children for 22 years. The sun is shining, my stomach is full (and

rather too large), and the mobile is off. The children are doing university examinations, which gives me the creeps and not a little schadenfreude. Suddenly I find a middle aged man looking back at me in the mirror. Where has the time gone?

Before considering a change of direction, what I would do if I had more time? My wife has made it very clear that I am not welcome to join her walking groups and that shuffling around at midday in my slippers, as the teenagers do when at home, is not an option.

Of course, it's too late for many of the things I would love to do most. Play a musical instrument well; play

sport to a high level again; sing; dance (not that I could ever do the latter). I have often thought how interesting and rewarding it would be to work overseas or in disaster relief, but there's not much call for dialysis or transplantation in the poorest parts of the world. So what to do...?

Before anyone gets too excited, and the juniors sense a job opportunity, I should point out that I have no intention of giving up clinical medicine just yet!

Aside from getting married, the decision to study medicine was the best one of my life. As I keep telling my children as they approach decision time for their future careers, it is a privilege and a pleasure to share

peoples' lives and, hopefully, to help make a difference. Although not every day is not quite like Holby City, the rewards from a medical career can be measured in so many ways.

So, for now, I continue. Aside from the clinical work, there is huge variety in a medical career, what with management and medicolegal work, examining, guideline setting, and cameos for the British Transplantation Society, NICE, the BMA, etc to keep me busy. But if anyone has a hot line to some Wimbledon tickets, or the Six Nations, I'm sure I can make the time...

Have a happy and healthy summer.

Tales from the Doghouse

I read with some concern this edition's article from the alpha male. Although he should be spending more time on walkies and making a fuss of me, it seems to imply that he would still rather be at work. Has he been at the funny liquid that he pours out of a bottle again?

This week's photo shows the two most important women in his life. I'm the furrier one. He often tells people how lucky he is to have such a beautiful and intelligent companion, and how he can't believe how lucky he has been. I'm hope the alpha female isn't too jealous.

If I look a little distracted, it's because it's tea time. I'm not really interested in posing for the camera when my dinner bowl needs company.

Speaking of which, I am currently in training for the village flower show, where I hope to excel in the catch the sausage competition. I'm told that anyone can succeed at most things if they put in 10,000 hours of practice. It's hard work, but I aim to please!

I hope my many fans all remain well. Woof Woof!

Elsa x



Money Matters

As mentioned by Dr Peter Andrews it has been quiet in many ways. However, April saw the start of the new financial year so there was a lot of negotiating being done to ensure that we have sufficient funds this year to do all that we need and want to achieve.

We increased our annual budget to manage the expected growth and also received some new funding to invest in the service. This includes a new Advanced Care Practitioner, on-going funding for a Transplant nurse and an additional Social Worker to support the excellent work undertaken by Celia Egging.

We are also in the middle of our annual round of capital bidding where we have asked for a new Plasma Exchange machine, new dialysis machines and some additional portable ROs for our growing home dialysis programme. I am keeping my fingers crossed that our requests will be met.

This month you will have received a letter from the Renal Management Team letting you know about some changes we have had to make regarding the provision of sandwiches in our units. This has been a necessary change to support the division and the Trust to maintain financial stability and to provide much needed funds to reinvest into direct patient care.

You can help with reducing some of our unnecessary costs by helping us to decrease the number of DNAs (did not attend) which cost us close to £70k each year. This is because if you don't inform your unit that you can't attend a dialysis session within 24 hours, we are still charged for the session.

Cancelling your transport is just as important if you are unable to attend a dialysis session. We only need 3 hours' notice but without this we are charged

for the journey and these lost journeys cost a staggering £120k each year.

Please do not just inform the drivers, telephone the ALT helpdesk on 020 8296 3845, Debbie Burgess on 020 8296 4520 or your local dialysis unit.

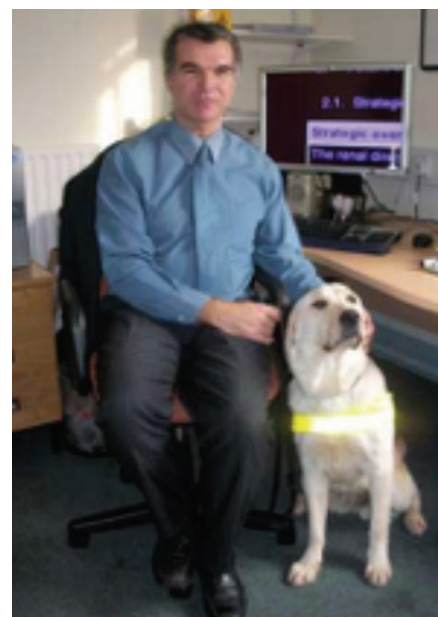
Finally I would like to personally thank the KPA for all of the support during the year. We have been able to buy a number of items of equipment to improve services in HD and on the wards due to your generous funding.

On auto pilot?

You may have heard autopilots referred to as 'George'. This is probably because the inventor was George DeBeeson. Given what Dr Andrews has said about projects being on autopilot, I guess that makes me George.

I am very pleased to let you know that planning for the new dialysis unit at the front of St Helier hospital is well underway. We are expecting to handover the space to Renal Services (UK) Ltd at the end of July and for them to return a state of the art new unit to us in early March 2018.

In parallel to this, we are working up plans for the new Croydon hospital dialysis unit. The proposal will go to our Trust board this month and if approved, we will formally offer the contract at the end of June, ready for an early commencement of the new unit.



Does it drive you crazy sometimes?

A recent transport survey identified a number of frequently asked questions. In response to this, please see the FAQs below.

Q. Why do you change the routes all the time?

A. The routes are pre-planned on the day prior to the journey and take into account all journeys and patients that have been booked up until that point. However, there are many variables that can change the patients allocated to a vehicle and this can change right up until before the vehicle leaves to collect that run. To be as efficient as possible, we try and fill vehicles to their capacity. Patients can regularly be added and removed from journeys and so we will try to fill that space with the most appropriate patient. This could mean that the route of the journey may change to reflect the different collection points.

Q. One day I travel with one group of patients, the next day it's

another group. Why does this happen?

- A. As above, there are many variables that can determine a change in a 'usual' route. Some examples of these are: changes in patient mobility, incorrect bookings, vehicle breakdown, delays on previous journeys, additional patients or cancelled patients.
- Q. A patient lives down the road but we don't travel on the same route. How do you plan the routes, because it never seems to make sense?**
- A. The routes are planned by dedicated planners who have geographic knowledge of all the areas in which we operate. The planners look at all the variables and use Cleric computer software to assist with the efficiency of the load. I appreciate that on some occasions, patients that live close by, may not travel together. This is usually due to too many patients within the area for one vehicle, forcing the route to split. What most people don't see, is the overall plot of the pick-ups, which supports the decision of where to make that split; sometimes, but rarely, this could be on the same road.
- Q. We finish dialysis at 5pm, but the vehicles do not arrive until 6pm or later. Why are we so late?**
- A. Vehicles are given a set time for arrival and collection for all HD patients, and this varies from unit to unit. The time is decided by looking at the majority of patients who will be ready at that time, which unfortunately does not

always cater for patients that dialyse for a shorter or longer session.

Q. I get drivers turning up at the door when I do not need to come into the hospital?

- A. This can be due to a number of reasons, but is usually due to a breakdown in communication. It's really important that if you are not travelling in-bound with transport that you let the transport team know on 020 8296 3845, Debbie Burgess on 020 8296 4520 or your local dialysis unit.

Tales from Jenny Dog

You may remember I told you about my unfortunate visit to the dog hospital (VET) last time to check my persistent scratching. You may also recall that I was less than impressed with the behaviour of the other animals in the waiting room, especially the other dogs, which quite frankly let down the species. Well this time, I decided to request a visit to what you humans call a tertiary centre where I saw a specialist dog dermatologist. The specialist said I had to take one tablet a day for the rest of my life. Imagine my distress when I overheard my owner saying we had only been given three months' supply! Anyway, the good news is that the scratching has stopped so I am no longer setting off the motion sensor lights at home during the night!

My owner's daughter has just brought a stray dog into the house. It is foreign, called something like a Saluki – a right skinny looking thing with long legs and no body! She is quite friendly

though and likes to join me on a run so I'll reserve judgement on her.

I have recently had to sit through some interviews with my owner. This confuses me. I had to train for 2 years for my job but these interviewees spend 30 minutes with my boss and are offered a job. I am sure I heard him ask the interviewees if they can make tea? What about filling my water bowl?

Finally, I have read that the alpha male to my colleague Elsa says he wants to be able to play an instrument. This is confusing because I am sure I have heard Elsa say that he is always blowing his own trumpet!

Finally, talking about persistent scratching. Did you hear about the dog that went to the flea circus? He stole the show!

Steve Simper,
Divisional General Manager

Dear Kidney Fund Supporters,

March 2018 will see the twentieth anniversary of the opening of the South West Thames Institute for Renal Research at St Helier Hospital. This was not an accident. Dialysis had first been introduced to St Helier by Dr Willie Rogers in 1964 just five years after the World First Chronic Dialysis unit in Seattle, Washington State on the American Pacific coast.

With this pedigree, it was inevitable that young nurses and technicians and doctors should be drawn to such an exciting venture. Early Kidney research was alive and well at St Helier in the 1980's. It was patient- power, however, that ensured the energy and enthusiasm to raise funds to build our own Institute.

We had unbelievable struggles in the early days. When we first tried to register our laboratories with the Charity Commissioners, as an "Institute" we faced disbelief that real Scientific research could flourish

outside a University campus. Persistence won through and now twenty years later Dr Mark Dockrell and his team are well known in kidney research circles around the world.

Most medical illnesses like chronic kidney failure can often not be cured by an operation or by a magic wand. Mark's work is centred on understanding the cause of scarring (fibrosis) which is the common end-point of the majority of kidney conditions. Kidney scarring is so often progressive over decades and if only this process could be slowed down many a need for dialysis might be avoided.

More than ever we have a challenge to fund the work of Mark's research team. It is necessary for us to find a base investment of £ 200,000 a year.

This can only be achieved if all of us with the welfare of Kidney

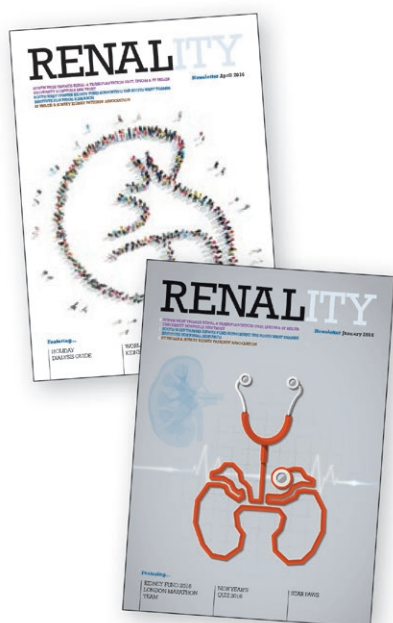


patients at the front of our minds, patients, relatives, friends, nurses, dieticians, technicians, cleaners, pharmacists, social workers secretaries, administrators, scientists and doctors pull together as a team.

I return to my opening remarks. 2018 is going to be a big year for Renal Research in SM5 and we hope that you will all join in with ideas for the celebrations we plan. More importantly I must ask you all to think of ways that we can continue to raise the money needed to keep this show on the road. Please talk to your team of supporters and to your family and friends. We need you to help us enlist all the support that we can get.

Very best wishes

Dr Mike Bending
Chairman of The Kidney Fund



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Receiving a PDF will not stop you receiving the postal copy if you are on the mailing list. You can receive both, and share the PDF with family and friends.

However, if you are happy to receive your news online rather than receiving a copy through the post email anita@kidneyfund.org.uk and we will remove you from the mailing list.

A Virtuous Circle



Most of us are familiar with the term vicious circle; in fact when it comes to chronic kidney disease the term comes up quite often. A few years ago Dr Phanish and I published a paper in collaboration with Professor Bruce Hendry from King's College describing how a vicious cycle existed in kidney cells which resulted in relentless process of injury, response and further injury underlying the scarring process in the damaged kidney. We hypothesised that if the cycle could be broken we might be able to stop the progress. Working in collaboration with an American Technology company, Ionis Pharmaceuticals we planned some experiments to test the idea. Some of you may know the gentle and skilled Dr Subash Somalanka, who is one of our newest consultants in the Renal Unit at St Helier; well before Subash became a consultant he lead the pre-clinical trial to try and break this particular vicious circle. The work went well and produced some really interesting results. Not all the results were exactly as we predicted but on the whole it was very successful. I will be meeting with Subash later this month to discuss writing up these results as a paper for publication. This will be a significant leap forward in our understanding of kidney scarring – renal fibrosis – and I think signal a new therapeutic approach to its treatment.

And what about the opposite to the vicious circle - the virtuous one! I'm sure most of you know what this is but if you indulge me I'll just say a few words of explanation. It will only take a few words because it's really quite simple. A virtuous circle is when one positive event leads to another which in turn not only creates good but causes another event to do the same and so on. I'm sure many of us can think of examples of this; it happens all the time when we stop to think about it.

In 1946 Senator William Fulbright from Arkansas in the United States established the Fulbright Scholarships. Fulbright believed that "We must try to expand the boundaries of human wisdom, empathy and perception, and there is no way of doing that except through education." One of the early recipients of these scholarships was a newly married young woman from Brooklyn, New York. The scholarship allowed the woman and her young English husband to return to England and continue their studies. For that couple the scholarship was a real blessing. Sixty years later, the woman in question, now a widow, reflected on how much that Fulbright scholarship had done for her, her husband and in fact her whole family. So, she

decided she would like to do the same; she made an endowment to The Kidney Fund and established the Ann and Bryan Dockrell Post-Doctoral Fellowship; a one year primer to help educate and develop empathy and perception. When I advertised the post I was stunned by the number and quality of the applicants.

It was a tough competition; but we were very happy to appoint Dr Kameljit Kalsi. "Kam" has proven a well-deserved recipient; not only has her own work gone incredibly well she is a support to everyone else in the Institute, especially me. After only five months it's hard to believe we managed without her.

Kam has taken on one of the most intriguing, difficult and potentially promising projects in the Institute; the K-Cadherin story! Started ten years ago by Dr Nilesh Shah, advanced by Sarah Yates and developed further by Dr Seema Jain; we have shown the K-Cadherin is a unique molecule expressed on human proximal tubule cells – not in mice but in man! Other cadherins hold cells together by linking the sides of adjacent cells, like a chain holding pearls; yes K-cadherin does this but working with Professor Roel Goldschmeding in the Netherlands Nilesh showed that it also seems to

hold the cells at the bottom not just the sides firmly attaching them to the kidney tissue. Nilesh also showed that it is disrupted in patients with diabetes and Sarah went on to show its presence in their urine is a marker of disease progression. Seema's work took the story further showing that in some patients who have received a transplant the molecule seems to move down the tubule from one group of cells to another. What is it doing and why? I told Kam my wild idea; she listened, she didn't laugh, she nodded, she designed some elegant experiments, and she tested my ideas. Now, her results are very preliminary but it looks like K-Cadherin is a very specific molecule, a marker of damage to the proximal tubule which signals to other parts of the kidney to try and instigate a repair mechanism. If true this will be a remarkable discovery in human wisdom and perception. Talk about a virtuous circle; Senator Fulbright had no idea what he started.

Kam is a very well deserved recipient of the scholarship. Now all I need to do is find the funding to keep Kam at the Institute, or I'll have my mother to answer to!

Funding=Research=Cure

Dr Mark Dockrell

DRAGON BOAT RACE

Date - 16th of July 2017 • Venue - Kingston



Yes, it's that time of year again, when hardy competitors gather to win bragging rights on the Thames. Though neither hardy nor competitive, we have been a regular item at the boat race for a few years now and have always thoroughly enjoyed it. We have lived up to the mantra that 'it's not the winning, but the taking part that counts'.

Apart from the main event which is the rowing, there is usually quite a lot going on around the grounds – bungee jumping, various stalls to look through, Tombola, ice cream... It is a great day out for family and friends.

We have two boats this year and are keenly looking for between 25 and 30 people to take part. You do not need to have been part of either the Oxford or Cambridge rowing crew. Even if you have never rowed before, there is a 10 minute training session, which will

bring you up to the level of most of the people rowing on the day!

We are looking to raise funds to support research at the South West Thames Institute for Renal Research and any sponsorship you can raise will be very welcome. We would also be grateful for donations of prizes for the Tombola.

For further details, if you would like to take part in the rowing, or help with running the Kidney Fund stall, or just come to support us, please contact:

Sarwat Ahmad on 0208 296 3698, or email sarwat.ahmad@nhs.net

If you would like to make a donation, the link is: <https://www.justgiving.com/campaigns/charity/swtkf/Dragonboatrace2017>

We look forward to seeing you there.

**David Makanjuola
and Mark Dockrell**



London Marathon 2017

Sarwat (the new Kidney Fund Fundraiser) any myself (the Kidney Fund Treasurer) went to the London Marathon to cheer on the Kidney Fund runners. This was Sarwat's first Fundraiser event and we were both looking forward to it. There is a charity section near the finishing line and we arrived on the time stated on the tickets – 8.30 am – this is what you get when you cross an efficient German with a logical Accountant - the race didn't even start until 10.30am. Oh dear it was going to be a long day!



However – we saw the whole day and it was so interesting. They let local youngsters run 3 mile races so they could get the experience of running in a big race. There were sections for the under 13's and over 13's. All the participants looked like gazelles – with legs that seemed to stretch for ever – what are they feeding youngsters now adays? They had such good pace and every child held their own so well. What a great experience to have and how clever of the organisers to make sure that the race track was used so well.

When the wheelchair racers came round the corner they were like a thundering herd of buffalos. Muscular power seemed to steam out of every pore of their body. Yet at the end of a marathon they still had energy to sprint and jostle for place with each other. It was like watching thunder on earth.

The blind runners came running in with their partners. There was such a

mix of emotion here – sheer delight at reaching the end through to focused determination to achieve the best they could. I hope their running partners were looked after well – running a marathon and focusing on someone else at the same time would take a special level of commitment.

Next came the professional runners – they looked like a different species

to the rest of us – part leopard part human. Every muscle in their body was long lean and had so much pure strength that, just like titanium they looked so light and powerful at the same time. Not for them the quandary on how to get rid of their wobbly bits, Nor, I expect, have they reached for a comforting hobnob biscuit and a cup of tea as they contemplate this conundrum.

The leaders were so fast they were like lighting – their feet didn't seem to touch the ground. The female winner, Mary Kitani's gait was light long and elegant. The male winner Daniel Wanjiru was so slick that my unfit eyes barely had time to register his presence. Josh Griffiths, the surprise GB winner was like the fast paced messenger of the Gods, Hermes – he was quick and on a mission.

Next came the fitness rush hour – the ones completing their time in around



3 hours. They piled into the finishing strait and kept on coming. Their focus was absolute and their determination was their backbone. There were a few who needed some help – their determination stayed but their energy had left their disorientated bodies – but we all knew they were going to make it across the finishing line in any way they could.

Around the 4 hour mark – the people who were less experienced arrived but the absolute delight on their faces that they had completed a marathon was fabulous to watch. Some people took selfies coming up to the finishing line. They wanted to take in the atmosphere of this elite feat. For some you could see it was their first race and they were finishing a task that required extreme energy and training and they had done it and were going to join the elite Marathon club.

On telly it is funny to watch all the Rhinos, telephone boxes, Mona Lisa painting, lions, batman and spiderman running – but when you see that they have run a race in weighty awkward costumes that I would struggle to waddle in for a 100 yards it made me realise that it required a different set of courage and strength to achieve this. So I take my hat off to them.

For the Kidney Fund – we saw **Mark Coleman** saunter in, in a time of 4.08.31. He almost looked casual about it, in a way that totally belied the distance he covered.

Next came the sisters **Katie and Emma Bowen** who matched each other in identical stride and passed over the finishing line with smiles on their faces at 4.50.25. Well done on completing at exactly the same time – are you normally this harmonious ladies? It was an impressive ending.



Then came **Chris Whittaker**, who was focused to the end and finished at 5.09.22.

These 4 fabulous runners raised a total of £3,122.87 for the Kidney Fund. Thank you so much for all your incredible and hard work.

I own a Fitbit – and it is supposed to record all your steps. I had pretty much stood still all day but it recorded 8000 steps which were actually 8000 hand claps for all the runners.

Sarwat and I were exhausted after an exhilarating and emotional day and we retreated to Wagamamas for a meal.

We both felt dreadfully stiff when we got up to leave but the lad at the next table leapt up after his meal – he had a medal around his neck – he had run the marathon and was still bounding with energy – anyone got a hobnob that can solve this quandary?

Scott Morrow

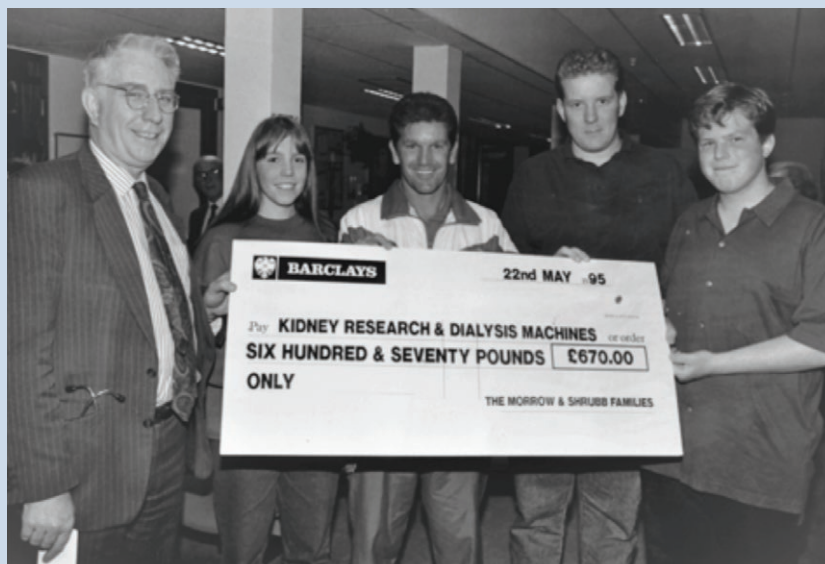
22 November 1978 – 12 April 2017

In 1991 at the age of 18, Craig Morrow was diagnosed with polycystic kidney disease.

In 1995 when Scott was 16 he contacted Aldershot Town FC and asked if he could arrange a collection for SWTKF as Craig had been an ardent supporter for many years. The request was granted and £670 was raised.

From that time until Scott's sudden death in California 12th April 2017, Scott has always supported the charity and the family in their fundraising efforts.

In Scott's memory the family set up a charity page requesting donations to the two charities Scott supported - SWTKF and JDRF (Junior Diabetic Research Foundation) instead of flowers. To date, including Gift Aid, £4,518 has been raised to be shared equally between the two organisations.



L-R Dr M Bending, Donna Shrubbs, Paul Shrubbs, Craig Morrow, Scott Morrow

If you would like to make a donation in Scott's memory the link is:-
<http://uk.virginmoneygiving.com/SomeoneSpecial/scottmorrow>

Many Thanks,
Family Morrow

CHARITY GALA BALL EVENING

Following on from the success of the Bunbury Celebrity Cricket match in Purley back in 2015, Nick and Robin Ford hosted a Charity Gala Ball Evening at the RAC Club in Epsom back in March and managed to raise just over £15,000 for The Kidney Fund.

Around 220 people attended the event in the magnificent setting of the Cedar Room at the RAC Club at Woodcote Park in Epsom with Roger Dakin as MC and the sporting celebrities Phil Tufnell

and John Salako also in attendance. Everyone enjoyed a fantastic evening of fun, dancing, music and magic, with the music provided by JP & the Reformed with special musical guest, Emmy winning superstar John Altman on saxophone. The assembled guests also experienced the songs of Rod Stewart from the amazing tribute act Dave Hook.

A number of superb items were available in the live auction on the night, including a week in a Canadian

Log Cabin and a pair of FA Cup Final tickets! There was also a silent auction and raffle, and these included such prizes as a top of the range Ricoh camera and various rare signed sporting memorabilia items.

For those of you who missed out on this very special evening in March, please be aware that there will be another Gala Ball next year – watch this space for more details soon!!!

Nick Ford

A message from your Chairman

By the time you read this it will be July and we will all know the outcome of the General Election, hopefully the rain will have stopped, the summer has begun, and we'll all no more about Brexit!!!!

The contract for the new St Helier dialysis unit has been awarded and work will have started with a completion date scheduled for the end of the year.

A new patient transport provider has been appointed in the short term replacing G4S and they have been well received by the majority of patients. The full term contract will be awarded towards the year end.

The unit needs to save yet more

money to meet its targets, I'm unclear on the latest figure but suffice to say everything the unit needs has to be justified, from loo rolls, through stationary and upto and including medical equipment.

In the last 3 months the KPA has provided the following,

- Replacement overlay mattresses and covers for St Helier & Satellites
- Fleece blankets for dialysis patients at St Helier & Satellites
- 4 x Laptops and stands for specialist nurses
- 8 x Dripstands for St Helier.
- An ECG machine for St Helier.



This, as we always say is only made possible by the donations we receive.

The Renality magazine has been reduced from 4 to 3 editions per annum to save production and postage costs. These costs are met equally by the unit, the KPA and the Kidney Fund so it will save money all round.

Hopefully some of the UK monies destined for the EU will come our way!!

Golf Day

Friday 16th June 2017 saw the annual KPA golf day take place at the lovely Milford Golf course in Surrey and the outcome of the day will have to be published in the next Renality.

NKF Conference

This will be held at the Hinckley Point Hotel in Leicestershire on **Saturday 14th and Sunday 15th October** and the KPA will pay the special package rate for KPA members.

Other News

KPA AGM

This years AGM will be held on **Tuesday 14th November 2017** at 7.30pm in the Blue Room at the renal unit of St Helier.

That's about it from me, enjoy the summer.

Best Wishes

Dave Spensley
Hon. Chairman

RECIPE

Saffron and Coriander Rice

Serves 2

Ingredients

100g Basmati Rice
 2 tbsp fresh Coriander,
 chopped
 5 Cloves
 5 whole Cardamom pods
 (optional)
 Pinch of Saffron threads

Method

- 1) Add the rice, cloves and cardamom to a pan of boiling water. Cook according to instructions on the packet.
- 2) Drain the rice and remove the spices. Return the rice to the pan.
- 3) Stir the saffron threads into the rice, cover and leave for 5-10 minutes.
- 4) Stir in the chopped coriander and serve immediately.

KPA
Donations...

St Helier and Surrey KPA would like to thank the following people for their much appreciated donations to either the KPA's general funds or the "No Place Like Home" appeal:

- Mr & Mrs P Steele
- Asda of Sutton
- Sahajanand Charitable Trust

KPA
Memorial
Donations...

St Helier and Surrey KPA would like to thank all of those individuals who have donated in memory of:

- Mick Martin
- June Marshall
- David John Stagg
- Victor Lewis
- Ronald Rance
- Yiu-Ting Kuet

RECIPE

Spiced Baked Apple

Serves 1

Ingredients

1 Apple, preferably Bramley
 1 tsp Sugar or sweetener
 ½ tsp Cinnamon
 and/or a few Cloves

Method

- 1) Core the centre of the apple and put on a microwavable plate.
- 2) Mix the sugar with the cinnamon and/or cloves and spoon into the centre of the apple.
- 3) Cook in the microwave on half power for 2-3 minutes until soft.

Serve with... a spoonful of low fat cream.



St Helier & Surrey KPA Committee Members – 2016/2017

Hon. Chairman

David Spensley
L'Alise, Guildford Road, Godalming, Surrey GU7 3BX
Tel: **01483 426276**
Mobile: **07836 750 433**
Email: **daspensley@btinternet.com**

Hon. Treasurer

Ghansham Patel
7 Waterer Rise, Wallington, Surrey SM6 9DN
Home: **0208 395 8037**
Mobile: **07967 387 474**
Email: **gk_patel@blueyonder.co.uk**

Minutes Secretary

Jackie Moss
7 Little Roke Avenue, Kenley, Surrey CR8 5NN
Tel: **020 8668 7435**
Email: **j.moss149@btinternet.com**

Membership Secretary

Diane Spensley
L'Alise, Guildford Road, Godalming, Surrey GU7 3BX
Tel: **01483 426276**
Email: **dispensley@btinternet.com**

Website Managers

Ravi & Nita Patel,
3 Darcy Road, Norbury, London SW16 4TX
Tel: **020 8407 2525**
Email: **ravi_g_p@hotmail.com**
nita@nitapatel.com

Satellite Liaison – Mayday

Emmanuel Eyeta
204 Galpins Road, Thornton Heath, Surrey CR7 6EG
Tel: **020 3601 18137**
Mobile: **07957 343170**
Email: **eyeta56@yahoo.co.uk**

Satellite Liaison - Epsom

Leo Kelliher
37 Sopwith Avenue, Chessington, Surrey KT9 1QE
Tel: **0208 397 3059**
Mobile: **07702 045 703**
Email: **flk20aa@aol.com**

Hon. Deputy Chairman

Satellite Liaison – West Byfleet

Paul Connolly
5 Acorn Grove, Old School Place, Woking, Surrey GU22 9PB
Mobile: **07837 344 732**
Email: **connollypaul@hotmail.co.uk**

Hon. Secretary/Social Events

Pat Harris
10 The Gables, Banstead, Surrey SM7 2HD
Tel: **01737 352 154**
Mobile: **07732 110767**
Email: **patricia.mike@virgin.net**

St. Helier Patient Liaison/Stock Controller

David Theobald
10 Doveton Court, Doveton Road, S. Croydon CR2 7DH
Tel: **0208 680 1821**
Mobile: **07585 536592**
Email: **d.theobald@btinternet.com**

Press & Public Relations

Fay Eves
Willow Cottage, Church Street, Rudgwick,
West Sussex RH12 3EH
Tel: **01403 822537**
Email: **fayeves@aol.com**

Satellite Liaison – Purley

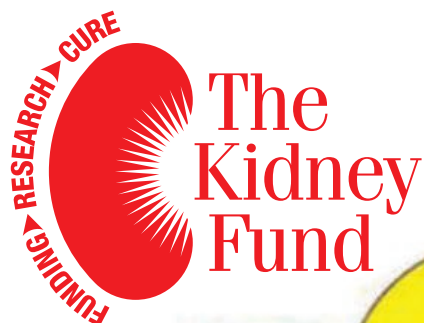
James Edgar
8 Cranmer Road, Croydon, Surrey CR0 1SR
Tel: **020 8667 9952**
Mobile: **07851 589228**
Email: **jamesjohnedgar@gmail.com**

Satellite Liaison – Farnham

Barbara Parker
32 Eastwood Road, Bramley, Surrey GU5 0DS
Tel: **01483 898896**
Mobile: **07835 344466**
Email: **beparker32@gmail.com**

Renal Social Worker/Amenity Subcommittee

Celia Eggeling
Renal Unit, St. Helier Hospital
Tel: **0208 296 2940**
Email: **Celia.Eggeling@esth.nhs.uk**



PLAY OUR WEEKLY LOTTERY



To join the Lottery please complete the form below and return it to the address on the form. Once received, we will contact you to let you know your unique number or numbers.

IMPORTANT: please return to: The Lottery Office, c/o 10 Pelton Avenue, Belmont, Surrey SM2 5NN

Title: _____ Initials: _____ Surname: _____
 Address: _____
 Postcode: _____ Home Phone: _____ Mobile: _____
 Email: _____ add me to the Kidney Research Supporter email group _____
 Please note that to save on postage we prefer to communicate by email or telephone. Please tick here _____ if you require a letter

There are two ways to pay. Please choose ONE of the following:

1. Standing Order Mandate

My Bank's Name: _____ Branch: _____ Post Code: _____
 My Account No. _____ Sort Code: _____ Date of 1st Payment: _____
 Name _____ Signed: _____

Pay to: Kidney Fund Lottery; Bank: CAFbank Ltd, West Malling; Account Number: 00019588; Sort Code: 40-52-40

Monthly Payment:	_____	number of entries @	£4.34 per month	=	£ _____	& thereafter each month
Quarterly Payment:	_____	number of entries @	£13 per quarter	=	£ _____	& thereafter each quarter
Half-Yearly Payment:	_____	number of entries @	£26 per half-year	=	£ _____	& thereafter each half-year
Annual Payment:	_____	number of entries @	£52 per year	=	£ _____	& thereafter each year

2. Cheque Payment

I wish to buy _____ entry(s) each week for _____ 13 weeks; _____ 26 weeks; _____ 52 weeks and remit a cheque for £ _____
 (each entry costs £1 per week). Please make cheque payable to: The Kidney Fund Lottery & return to the address on this form.

If you have any questions or would like more information, please phone Anne on 020 8296 3698 or email lottery@kidneyfund.org.uk

South West Thames Kidney Fund. Registered charity no. 800952