RENAL



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Renal Unit

It's six months since the last episode of *Renality* – back in October. We were just coming out of the first wave-and then took a few deep breaths before wave two arrived. We were better prepared organisationally this time and in addition we had some treatments available to use against COVID. The Renal Unit and the Trust embraced the Recovery trial early on and it is through this trial and others like it that we can confidently use drugs against COVID knowing they will have a positive effect. Despite this, the effect of COVID has continued to be devastating. For the second time we stood as a unit on the common opposite St Helier hospital to remember and honour a staff member who had died because of COVID. As when Fiona wrote in October, I must begin by remembering all the patients and staff who have lost their lives or lost someone they love because of the pandemic.

Not only did the patients and staff participate in clinical trials that looked at treatments for COVID, but many of the clinical staff also wrote or contributed to published studies that recorded and analysed the effects of COVID in patients on haemodialysis or with a transplant. Participating in these

studies, despite the enormous extra pressures of the last year, has been challenging, but it is the best way we have of increasing our understanding of COVID and the best chance we have of limiting its impact. There is a long history of patient support for research in the Renal Unit through the Kidney Fund that





Dr Ginny Quan Dr Fiona Harris

has so generously supported the Renal Institute over the years. We are committed to supporting all types of research for the benefit of both present and future renal patients, and anything you can do to help with fundraising is much appreciated.

Throughout the last year renal staff have contributed extra time and effort - whether working extra shifts, doubling up to make weekends safer, coming in at short notice to move wards around or to open new dialysis areas. Fiona and I are extremely grateful for all this support, but also for the support from the patients. Around half of the clinic appointments I now carry out are via telephone and so often the patient will start the call by asking how I am, how the unit is coping or to thank me for what I am doing. I cannot emphasise enough how important this

There are many many ways in which you can help **The Kidney Fund** and help ensure the future of Kidney Research. Further information on all of them can be accessed via the 'support us' page on our new website – or, if you do not have computer access and would like to know more, please do call **020 8296 3698**.

Make a **one-off donation** online, text **KIDNEY** (amount) to **70450**, or by cheque to: The Kidney Fund, Renal Unit, St Helier Hospital, Wrythe Lane, Carshalton SM5 1AA

- Create a standing order
- Donate via payroll giving
- Join our weekly lottery and play to win!
- Shop 'til you drop and **Give as**You Live!
- Recycle your old car at no cost via GiveaCar. Call them on 020 0011 1664
- Sell an item on **ebay**
- Volunteer **your time** (we can give you all sort of ideas!)
- Buy our Christmas Cards
- Donate shares
- Donate your tax refund

USEFUL CONTACTS:

RENAL UNIT reception: 020 8296 2283, 020 8296 3100

SWTIRR & SWTKF: 020 8296 3698 www.swtirr.org.uk

THE KIDNEY FUND: info@kidneyfund.org.uk www.kidneyfund.org.uk

ST HELIER & SURREY KPA: Dave Spensley, Chairman 01483 426276 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 Beverley Searles beverley.searles@nhs.net 0208 296 2587 and Sami Young sami.young@nhs.net 0208 296 2384.

support has been to us all.

The rapid introduction of the vaccine should significantly limit future impact of COVID infections. Uptake of the vaccine among staff and patients has been excellent. If you have not yet taken up the opportunity to be vaccinated and would now like to, or would like to talk it over with your consultant then please do let us know. We recognise everyone's situation is different, and a one-to-one discussion may help you to make a decision. So if you think this would help then please speak to staff at your dialysis unit or clinic or contact the Renal Unit directly and we will ring you back.

As I write we have no COVID positive inpatients in the renal wards. The transplant program has restarted, home haemodialysis training is beginning again, and we are being allowed back into clinics in the outreach hospitals to see patients face to face. It really does feel as though we are beginning to see a return

to normality, but some of the changes forced upon us may be worth hanging onto. One example is virtual or telephone clinics. For many people, these have had real benefits and we will look to continue them when face to face appointments aren't essential and you would prefer to be seen that way - so let us know what works best for you.

Although much had to be put on hold over the last year, some projects have continued to run. The new Croydon dialysis unit, run in partnership between the Renal Unit and Renal Services UK, opened in March, and is a much more spacious and pleasant environment to dialyse in. The state of the current renal estate we are working from continues to decline, and wards are now being refurbished for us to move into. If I have learnt one thing in the last two years it is never, never to promise a date for moving anything anywhere - but with the usual caveats I would hope that our inpatient wards will move into the main hospital and into nicer, newer and definitely stabler

surroundings on the 6th floor before the year is out.

I would like to end with a word about our COVID positive dialysis area. This has had to relocate at different times depending on need. To set it up, move it and cope with changing numbers, rules and levels of sickness has been a herculean effort, but it has helped to keep our satellite units as safe as possible whilst enabling patients with COVID to be easily reviewed by medical staff. At its peak in January, it coped with 92 patients – now down to 5. It is an example of a project that has involved the whole unit, staff and patients to make it work. As it hopefully nears the end of its time, I can't do better than quote one of the nurses, Analyn, who has led in its operation:

"Management, doctors, nurses/AP, HCA, admin staff, transport team, mitie team, – too many to mention - the patients and family members themselves – all were there for us to help in every little way."

Ginny and Fiona

"Management, doctors, nurses/AP, HCA, admin staff, transport team, mitie team, - too many to mention - the patients and family members themselves - all were there for us to help in every little way."

Our Kidney Stories...

In this edition we have the second of 'Our Kidney Stories'. Read stories and experiences from our patients and staff.

Helen Dighton

Hi, I would like to introduce myself to you all. My name is Helen Dighton, I joined the Renal Team last August as the new General Manager for South West Thames Renal and Transplantation Unit.

I have 25 years' experience working in the NHS and have been fortunate to have worked in a number of Trusts including The Royal Marsden, and Croydon – where I worked as Head of Theatres Services. As General Manager here in Renal I am keen to work closely with the medical, nursing and management teams to improve and introduce new services to the Division.

As we emerge from the second wave of COVID, I initially have two work streams that I will be focusing on.

The first is reviewing our Transport Services; having been involved in the PREM survey and listening to patients' comments and feedback while rolling out our new Croydon Haemodialysis Unit it became apparent this is a hot topic for our renal patients. With this in mind I intend to review and work with our Patient Transport Services to see what we can do on 'pick up' and 'drop off' times, to ease the anxieties some of you have shared with me. This will be a logistical challenge for all involved but we are keen to work together to make a positive difference.

The second work stream that I am focussing on will give me the opportunity to use my surgery and theatre background to improve the renal surgical pathway for patients. Along with my medical and nursing colleagues we will be working together to ensure our patients are seen and assessed as early as possible and waiting lists are managed ensuring patients do not have to wait as long for surgery.

This is only a start; if you are reading this and have any



thoughts and ideas on the above, or anything else that would enhance our services please do let me know via email (helen.dighton@nhs.net). I won't be able to fix everything but will see what I can. I look forward to meeting and talking with more of you throughout the year.

I must say I am really proud to be part of the Renal family, who really are a hardworking caring team.

Outside of work I am a mother of four, and proud grandmother to 4 beautiful grandchildren, 2 girls 2 boys! Whom I would see every day if I could! When I am not being Granny I enjoy baking, walking and have recently joined the RSPB. Good job I like to be a busy lady!



What Elsa? Tales from the Doghouse

Do you remember about seven years ago (one year in 'human' time), when we started this 'lockdown' business? I certainly do, because it was all good from my point of view. Both the senior and junior pups were home a lot more than usual, and I had as many walks as I wanted. I wasn't bothered about shortages of 'toilet paper' or 'paw sanitiser'.

Fast forward seven years, and the changes to everyday life seem to have dragged on for ever. I am still walking so much I have to pretend to have a limp sometimes so I can stay at home. Mind you, this does have the advantage that I then get fed 'medicine

sandwiches', which sound terrible but taste delicious!

I keep hearing about this fantastic 'jab' that everyone wants. I have had a few in my time, and I can tell you I'm not keen! Just as well, as the alpha male tells me that I am right at the bottom of the waiting list. Although he promises to get me a vaccine long before that Mr Macron's irritating French poodle, or Angela's Dachshund...

According to my dog – human year calculator, I am now officially older than the alpha male. This I find very hard to believe. He has virtually no hair. He is rubbish at chasing squirrels and deer. Nobody stops him on

our walks to give him a cuddle or a stroke. Even the alpha female has taken to walking two metres away from him. And he has to bring his own titbits!

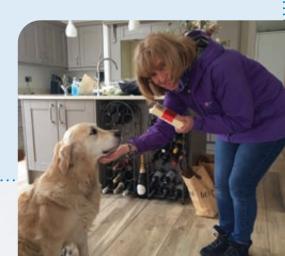
Speaking of titbits, I thought I would give a mention to one of my favourite human visitors, 'Cheese-lady Ruth'. CLR is so named because, recognising my love for it, she always brings a large gift of cheese whenever she visits. She is always welcome! And even the alpha male now gives her a wonderful greeting as - after some whining and woofing - she now also comes armed with chocolates and nuts for him! But apparently she is resisting being renamed as 'Nut-lady Ruth'. I think that's sensible.

The alpha male has suggested she bring crackers next time. Again, I think he may be disappointed.

That's all for now as I have to go out for another walk. Hope you are all well and looking forward to the joys of Spring.

Woof woof!

Elsa xxx



Dear Kidney **Fund Supporters**



Some of you will remember 'Mystic Meg', who used to help with predictions for the National lottery. I doubt that even she would have been able to predict how this past year has turned out. Face masks, lock downs, social distancing, mass vaccinations... definitely the stuff of science fiction novels, except that it isn't fantasy, it is real. Many of you will have had to endure various hardships during this time, and I pray that we are finally approaching the end of the tunnel.

As I said in my last article in Renality, it has been an extremely difficult time for charities and the Kidney Fund has not been spared

from this. Robin Ford, who heads the Fund-Raising team had great plans for 2020, but most of them involved brining people together and as COVID is in the business of keeping people apart, we had to scrap all those events. We, like many other charities are hoping that the restrictions will be lifted in due course. but until then, we will need to think of novel ways of raising Funds. The future of the Renal research Institute (SWTIRR) depends on this.

With the fund-raising crisis in mind, Dr Jonathan Kwan, who some of you will remember as one of the previous Clinical Directors of the Renal unit and a past Medical Director of the Epsom & St. Helier NHS Trust, has written an article in this edition of Renality, which makes an impassioned plea for help. It is in his own inimitable style and provides quite a bit of insight into how the Research Institute and the Kidney Fund came into being.

There have definitely been dark clouds hovering, but also lots of silver linings. The crisis has created an environment in which people have realised that if we work together, we can snatch victory out of the jaws of defeat and the last few weeks have seen the Research Institute, the Kidney Fund, the Renal Unit and the Epsom and St. Helier Trust pulling together in the same direction. I have no doubt that we will weather this storm and come out of it much stronger and more cohesive than we have been up till now.

So, here we are in Spring and here's hoping that (if you'll excuse the pun) it puts a much needed spring in our steps as we forge ahead.

Dr David Makanjoula

"I have no doubt that we will weather this storm and come out of it much stronger..."

Greetings to all you fine Renaliteers,

It's meant to be spring, but it barely feels like it. Usually by this time of year I am bouncing and dancing like a mad March hare in a field; full of the joys. This year it's just a bit harder. I'm writing this in mid-April and I woke up to snow! This thing – this COVID thing, it hasn't helped. I hope you guys have all had a vaccine. But you know what, and this may surprise you, but I know a quote. My cousin spent some time in South America. She told me about a poet called Neruda. I thought "I know all about Neruda", but of course I got it wrong – who would guess there were 2 writers called Neruda! Anyway, my cousin's Neruda said, "You can cut all the flowers but you cannot keep Spring from coming." And this I like, because come it has.

The days are getting longer, there is blossom on the trees and our fabulous NHS has delivered COVID vaccines to over 30 million people! The Institute is shaking the dust off its feet and getting ready to return to what we do best. I was going to say we're wiping the sleep from our eyes but that might make you think that we haven't been busy. There's no doubt that the labs have been quiet for the last 12 months but that doesn't mean we've been idle. Thanks to the efforts of Dr Phanish, we pubished the results of our DUP DN study - it stands for Diagnostic Urinary Panel for Diabetic Nephropathy. Dr Phanish and I conceived this study many years ago. The idea was to try and develop improved testing for patients with Diabetic Kidney Disease. We recuited 400 of you to help. We took a urine sample, analysed it and then followed your progress for 5 years. From this, we believe,

we have identified some new tests that will detect patients likely to develop rapidly progressing diabetic kidney disease so they can be targetted with better treatment.

We have also completed two papers on another test from the Institute, the RBP test. The first was in collaboration with Dr Rashim Salota, one of the outstanding pathologists at St Helier. The paper has now been published. The second was with the National Amyloid Centre in a study sponsored by our friends at BBI showing that RBP in urine can predict progression in amyloid patients. Last week I met with Dr Subash Somalanka about his paper, using a preclinical model. Dr Subash led a project we carried out with colleagues at King's College. You have to bear in mind that this was an early pre-clinical



Dr Mark Dockrell

study, but his results indicate a completely new therapy that can reverse the progression from an acute injury to chronic kidney disease. The last of our recent papers is

the result of the hard work of our PhD student Xinlu. She has identified a novel way that the diabetic drug Dapagliflozin might be used to treat diabetic kidney disease.

All of this fantastic work has relied on funding, in whole, or in part from The Kidney Fund, your local charity dedicated to supporting us in our work at the Institute. And for this, I am as usual extremely grateful.

But Spring is a time to look to the future. So what's new pussy cat?

Many of you may know that two of our brightest renal consultants with brains for research are Dr Pauline Swift and Dr Beccy Suckling. They both carried out their research training with the eminent Professor Graham MacGregor, father of 'Action on Salt'. They have continued to have an interest in salt and sodium in the pathology of kidney disease. They are primarily focussed on clinical research, so I have applied for a grant to look at salt and the kidney in the labs of the Institute to complement their research.

The second grant I have applied for is with Professor Hogstrand at King's College London. The Institute has built up expertise in the proximal tubule cells of the kidney, work that started before I had the pleasure of joining the team. This expertise has given us a unique knowledge about how these cells are regulated and how they might become disregulated. It is this expertise that has allowed us to collaborate with Professor Hogstrand and apply for a grant looking at cancer in the kidney.

Finally, another collaboration, this time with Dr Nihil Chitalia, who briefly worked at St Helier. Nihil and I have been building up evidence to support our idea about cardiovascular disease in patients on dialysis. I should admit that my interest in this has been partly stimulated by my friend Nick Ford. Nick is a St Helier renal patient. He attends the Croydon dialysis centre and talking with Nick made me aware that this was an area in need of research. So, it's taken Nihil and me some time to try and fit bits of this puzzle together, but we think we have enough pieces of the puzzle to write a grant and get a new postdoctoral reaearcher to take on the challenge.

Now, I can't finish this little up-date without telling you about some financial difficulties, or more to the point some solutions. Sometimes, it can feel lonely in my little office pushed to the back of St Helier Hospital and when I was faced with some genuine "challenges" - which of course means problemsregarding funding I was unsure what to do. Of course Dr Makaniuola is always at hand in times of difficulty and I don't know where I'd be without him, but it didn't look like he and his band of fundraisers in the Kidney Fund could help this time. So, you can imagine my pleasure in finding out that we have friends! The renal unit don't have a magic money tree anymore than anyone else, but they have been helping in ways I haven't seen since Dr Jonathan Kwan left us more than a decade ago. You'll know the names of Dr Harris, Dr Quan and Dr Swift, but you may not know about Ciara Jones, the Renal unit General Manager, but you will my friends, you will. Watch this space, Ciara is working overtime to help us.

Funding = Research Research = Cure!

Dr Mark Dockrell

Amazon Smile - Donate while you shop

Donate as you spend. Amazon Smile is a programme that allows shoppers to register a favourite charity to benefit every time they shop. It is exactly the same as the usual shopping experience (same prices and range of items with the same delivery options) but your preferred charity receives 0.5% of every purchase.

The Kidney Fund has registered with Amazon to participate in their charitable scheme. If you already shop with Amazon, Register for Amazon Smile here - its free and no different to using Amazon but we receive 0.5% of everything you spend.

Remember, always start at smile.amazon.co.uk

and Amazon will donate 0.5% of the net purchase price (excluding VAT, returns and shipping fees) to the eligible charitable organisation of your choice.



An impassioned appeal from **Dr Jonathan Kwan MBE**

One of a long line of mavericks who have made Renal Services work at St Helier and beyond...

I have been very closely associated with the Renal Unit at St Helier since 1986, but I'm worried about the future. I would like to share with you a potted history of Renal Services and the importance of Renal Research at St Helier through the eyes of an ageing Underdog, my "humble" self.

It's the story of mavericks, foresight and a partnership between doctors and the community they serve to do what others said they couldn't.

Are you sitting comfortably, then I'll begin...

The Beginning - 1960s to 1980s

It was the "swinging sixties" and apparently, we'd "never had it so good" but there were darker sides. One of them was the increasing reports of barbiturate poisonings. And, ostensibly, this was why the first kidney orientated doctor at St. Helier, Dr William Rogers, the father of the world-famous architect Sir Richard Rogers of Riverside, persuaded the local Rotary Club to purchase St Helier Hospital's first dialysis machine. Through

the passionate involvement of his then assistant doctor, Dr Dudley Davison, another maverick of his times, they started using the machine to treat kidney failure patients as well. Dr Rogers also had the foresight to bid successfully for St Helier as a regional renal centre, one of the 30 regional centres commissioned by the then Ministry of Health overseen by Richard Crossman in the late 1960s. The Unit was incorporated in 1969.

Dr Anthony Eisinger was appointed as the first nephrologist and Director of the service in 1971, upon the retirement of Dr Rogers.

The Early 1980s

For 11 years, Dr Eisinger as the single-handed nephrologist continued to expand the Unit. Dr Mike Bending joined in 1982 as the second Nephrologist. St Helier remained the only Renal Unit in the then SW Thames Region. London and its hinterland were divided into 4 Thames quadrants, NE, NW, SE, and SW. The SW quadrant was alone in not having a Teaching Hospital until 1976 when St



George's Hospital & Medical School moved down from Hyde Park Corner. Even then, there was no renal provision as St George's had no previous renal set-up. Back in the 1980s, Renal Services for the SW Quadrant seemed all but forgotten except for St Helier.

Drs Eisinger and Bending laid the foundation of a novel model of care, a centripetal renal service, performing outreach renal clinics in hospitals across Surrey.

One centre – several spokes.

They also had the amazing foresight to realise that a high performing Renal Unit needed clinical renal services to be complemented by renal research. Chronic Kidney Disease has no cure and the patients of the SW sector deserved their own research centre. It would also help to

attract top quality staff. Against the tide, Dr Eisinger successfully negotiated a 5-year funding for 3 research personnel: a doctor, a microbiologist, and a biochemist. Dr Bending was put in charge to spearhead the effort.

The Late 1980s and the start of Renal Research at St Helier

I started work as the **first ever** St. Helier Research Doctor in January 1986. In those days peritonitis was the scourge of peritoneal dialysis patients. Dr Eisinger suggested that ultra-violet (UV) light could be harnessed to sterilise the connection procedures, this was later widely adopted by the manufacturers (but less successfully suggested by President Trump as a cure for COVID). Dr Bending with his biochemical bent worked with myself and the then research biochemist Peta, now Prof Peta, in developing biochemical renal research. We introduced various novel renal biochemical tests. using what is still considered cutting-edge Magnetic Resonance Spectroscopy in examining body fluids and urine.

I was employed to conduct laboratory and clinical research whilst doing a full-time renal registrar job for the Unit. I also followed in the footsteps of Dr Bending in completing an MSc degree in Clinical Biochemistry at the then Queen Elizabeth College, University of London, where I first met Professor

Bob Price, and a subsequent Doctorate Degree with King's College University of London.

As in the 60s when the Rotary Club helped buy the first dialysis machine, it was the renal community we served that stepped up to help. With the assistance of several patients like yourselves, their families and friends, the Epsom Kidney Fund (now The Kidney Fund), was founded in 1988, with the sole intention of raising funds for St. Helier renal research. Prominent amongst those present were Richard and Carol Sammons, as well as Margaret and Peter Simpson.

I had to leave St. Helier to further my renal career at the Royal London Hospital Medical School as a Lecturer and Senior Registrar in the winter of 1988.

1990s

In 1994 I was back, I re-joined the Renal unit as the third consultant and was appointed Clinical Director in 1999. I had three battle cries:

1 "Flush out the missing one thousand renal patients". At the time there were well over 2,000 patients being treated with dialysis and transplantation in the other 3 Thames Regions. In the SW Thames Region, there were only a lamentable 900 patients who had access to treatment.

We expanded our outreach model, bringing renal medicine

- to patients by delivering renal clinics in every District General Hospital in SW London and Surrey.
- 2 "No Renal Patients should need to travel more than 30 minutes to their point of care unless they must, for specialist services;
- 3 "Bring inpatient renal services to Surrey, the only English county with more than a million population without an inpatient renal service".

The last battle cry was finally realised 4 years ago.

Using this ethos of taking exemplary renal care to the patients, St. Helier has built up a network of 14 (2 with our Partner at St George's hospital) satellite dialysis centres in the patch, reaching out to patients living in all the nooks and crannies, starting with the first one in Woking Community Hospital in 1996, now reprovided at West Byfleet.

We did it together.

The Kidney **Patients' Association**

St Helier serves renal patients from the M23 in the East to the M3 in the West, all the way down to the M25 including some parts of Hampshire and Middlesex.

The Renal service is made up of clinicians and patients. Paralleled with this clinical service development, the

Kidney Patients Association, previously St Helier Association of Kidney Patients - (SHAK), now known as St Helier and Surrey Kidney Patients' Association (SHSKPA), grew and continues to thrive. Formerly under the chairmanship of Peter Simpson and currently under the unflappable and most dedicated Dave Spensley, SHSKPA provides the funding for many of the comforts and amenities for all kidney patients.

Year after year they have run fund raising campaigns for projects, including The Richard Bright Ward Extension, The Harry Secombe Ward Extension, Haemodialysis Unit Extension, "Buy a Brick" campaign to refurbish the Outpatient Department, just to name a few.

In addition, they had a seat on the Renal Service Management Committee (long before the now fashionable and "expected" Public Patient Participation in the management of Healthcare Provision). Without their valuable advice and participation in the Unit's negotiation with our NHS Commissioners and other Authorities, the current modest facilities at St Helier would have never been there to benefit all kidney patients attending the Renal Unit, its outreach and satellite services.

The Kidney Fund

The early Kidney Fund initially consisted of 5 branches; Epsom, Croydon, Sutton, Guildford & Frimley. All branches had a

healthy and proud competition each year to be the highest fund raiser of the year. Through their efforts, £1Million was raised to commission and build the SWT Institute for Renal Research, with the official opening in 1998, conducted by Sir Richard Rogers. The founding Director of the Institute was Dr David Newman, who sadly died in March 2003 in a climbing accident. For 2 years, he was succeeded by Dr Paul Colville-Nash and then your current distinguished Director, Dr Mark Dockrell.

The 2000s – a new millennium

To sustain the Research effort. both laboratory and clinical, we had 4 sources of funding;

Firstly - active fund raising from the Kidney Fund with the able and invaluable assistance of Anne Collard, to pay the core costs needed for the Institute. The fund-raising efforts included sponsored garden fetes, carboot sales, curry evenings, school children fund raising through sponsored silence, nonstop 4 hour choir singing, etc. Many of you might have been there. With Anne Collard's able management, we started regular core fund-raising activities including the annual London marathon, Dragon boat racing, fire- and ice-walking and unitbased charitable events. The 2006 marathon was particularly noteworthy, as we raised more than £100,000, my personal sponsorship topped £87,000!

I was the highest non-celebrity fund-raiser for that London Marathon year.

Secondly - Clinical Research. I was personally involved in 42 clinical trials, both commercial and scientific ones, bringing in much needed research funding for the researchers, clinical & scientific.

Thirdly - Research grants from National Research Granting bodies.

Fourthly - The NHS. This was in the form of funding from the Hospital through the employment of a number of staff.

In addition, we also received periodically, large 'largesses' from patients' legacy donations and dedicated bequests, some in excess of £200,000. With this sustained funding flow, the Institute was able to flourish, carrying out important research published in international journals and producing several successful PhD graduates. Our Institute was on the global map. Furthermore, 8 of the long serving consultants in the patch are our ex-research alumni including Professor Hugh Gallagher, who is a national figure for driving renal provision for CKD patients.

Success brings success

The Renal Service also notched a number of UK firsts, including best Renal Transplant Unit as reported by Dr Foster's Guide in the Sunday Times,

the Innovation Team and then the national Renal Team of the Year, Renal Expert Patient Programme, London Evening Times NHS Champion and Best Patient Information Programme in the Region, just to name a few.

The Renal Unit continues to expand, from 3 consultants to now 20+ consultants, serving a population in excess of 2 million people living in Surrey, SW London and Hampshire and Middlesex borders. The Unit became one of the top 5 biggest dialysis units in the Country.

All these could only happen, because of the Unit's reputation for providing the best care, praised by our patients and their carers, as well as a "culture and working ethos of ensuring the best patient outcomes and safeguarding patients' experience". To achieve and maintain this exemplary service, the Unit needs to continue to attract and to employ the best and most dedicated doctors, nurses, and allied healthcare professionals.

Renal Research at St Helier has and will definitively continue to be of benefit directly or indirectly to all patients served by the Unit.

The current reality

I left the Unit in 2010 to embark on a sabbatical working abroad, building a hospital for the benefit of the population of a tiny enclave on the south coast of China, Macau.

After returning to England in 2012, I re-joined the Board of SWTIRR. I found the funding landscape was changing. The financial crash of 2009 had hit hard. Local charities were losing out to national and international organisations, clinical research was more highly regulated and there were diminishing amounts through the Hospital.

Novel ways of generating funds had to be found. In 2016, I re-ignited my work with Prof Bob Price, now an eminent emeritus professor at King's College London and my previous teacher, and with Mark Dockrell we launched Helier Scientific Limited, Helier Scientific is a start-up company specialising in renal diagnostics. The expressed objective is to raise commercial income to continue to sustain the research effort in the the Institute at St Helier. However, we are working in an extremely competitive world of e-Commerce and now with COVID, our small commercial enterprise will not be able to turn in the desired profits for some years.

COVID has also hit the Institute and The Kidney Fund especially hard with furloughed staff and virtually no ability to do fundraising in the traditional manner.

Without Renal Research at St Helier, Renal Services in SW London and Surrey will definitely suffer.

I know people will be doing what they can and the staff will not give up, but I would like to appeal to your generosity to make some donation, small or large, all welcome.

So, once again I look to you to help the Institute weather this exceedingly difficult period.

We can't wait for somebody else to do it.

We shall continue to keep you apprised of our progress regularly through future editions of Renality, Facebook posts or Twitter alerts, whatever suits you. We might even put the Roadshow back on the road.

You can donate via the following methods:

- > Text the message KIDNEY (amount in pounds) to 70450 to make a donation via your mobile phone.
- > Online www.justgiving.com/swtkf and click Donate.
- > By cheque payable to 'The Kidney Fund' and sent to:

The Kidney Fund **Renal Unit** St Helier Hospital Wrythe Lane Carshalton Surrey SM5 1AA

Our **Lottery** still going strong, join from just **£1** per week!!

I'm sure others will have said this but the last year has been strange and testing for all of us for many reasons.

Despite everything it is crucial that we are able to keep supporting the research which will continue to improve the options and medications needed to help the lives of people with kidney issues.

A reasonably cheap way is to participate in our lottery which is now been going for approaching **11 years**!!

In that time the little amounts that everyone has contributed has added up to us being able to transfer £82,000.00 towards this vital research.

We have been able to pay out over £75,000.00 in winnings in that time which I am sure has helped our subscribers, especially in these troubling times.

PLEASE, **PLEASE** would you encourage your families, friends, colleagues, neighbours or anyone else you know to join us.

Just ask them to email me at **lottery@ kidneyfund.org.uk** and I will send them a
mandate to return to me.

Why not take out another subscription or 2 yourselves, it increases your chances of winning while contributing more to the cause?

Entry is £1.00 for a number per week and you can have as many numbers as you want!!!

Thank you all for your continued support of OUR lottery, good luck and stay safe from Steven Clark (administrator of The Kidney Fund Lottery).

The winners since the last copy of Renality are:-

07/08/2020	101360	Fleet	£159.00
14/08/2020	101269	Crawley	£159.00
21/08/2020	101019	Morden	£158.50
28/08/2020	101245	Byfleet	£158.50
04/09/2020	101026	Fetcham	£158.50
11/09/2020	101167	Bexhill on Sea	£158.50
18/09/2020	101105	Godstone	£158.50
25/09/2020	101092	Croydon	£158.50
02/10/2020	101338	Tolworth	£158.50
09/10/2020	101093	New Haw	£158.50
16/10/2020	101037	Surbiton	£157.50
23/10/2020	101225	Horley	£157.00
30/10/2020	101070	Guildford	£157.00
06/11/2020	101322	Bordon	£156.00
13/11/2020	101129	Burgh Heath	£155.50
20/11/2020	101159	New Addington	£156.50
27/11/2020	101008	Addlestone	£156.50

04/12/2020	101002	Carshalton	£156.00
11/12/2020	101005	Egham	£156.50
18/12/2020	101349	New Haw	£156.50
25/12/2020	101284	Sutton	£156.50
01/01/2021	101033	Bromsgrove	£156.50
08/01/2021	101117	Dorking	£155.50
15/01/2021	101344	Mitcham	£155.50
22/01/2021	101290	New Haw	£155.50
29/01/2021	101382	Yateley	£155.50
05/02/2021	101374	Effingham	£155.50
12/02/2021	101144	Belmont	£155.50
19/02/2021	101306	Farnborough	£155.50
26/02/2021	101063	Camberley	£155.50
05/03/2021	101358	Redhill	£155.50
12/03/2021	101095	Guildford	£156.00
19/03/2021	101281	Crawley	£156.00
26/03/2021	101172	Maidstone	£156.00

Anthony Aspland (Tony) 03/10/1938 - 19/07/2020

My husband, Tony had been a patient with the Renal Unit at St Helier Hospital for over 25 years, the last 16 of which he was on dialysis, firstly CAPD and then Haemodialysis.

Over the years he had got to know many of the staff and patients. He was quite a character with a great sense of humour that would see him having a joke to tell or one liners. I know he will be missed for this, especially in the dialysis unit.

I would like to thank

everyone that knew Tony for looking after him over the years and the support they have also given to me.

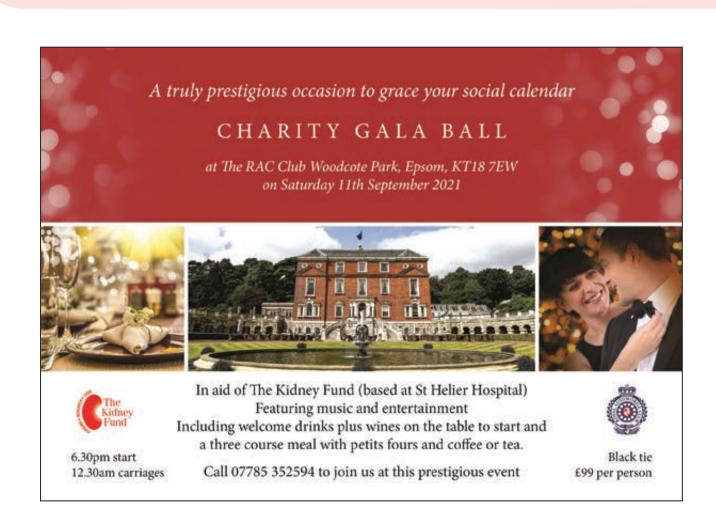
To help support the Kidney Fund, instead of flowers, donations were made through a *Just Giving* page, which I know was very much appreciated by the Kidney Fund.

We all love and miss him and life is not the same without him in it.

Rest in Peace.

From Sue Aspland







St Helier and Surrey Kidney Patients Association A message from your Chairman

I hope you're all keeping well. What an unprecedented last year we've all experienced. I finished my fourteenth year as Chairman and started my fifteenth and nobody noticed, not even me. The KPA haven't met in person since January 2020 and we have kept in contact via email or phone as nobody really fancied attempting Zoom meetings.

Life seems to be getting back towards the new normal, thanks to the UK vaccine programme, we all owe a great deal to the Scientists for developing it and to the NHS for getting it into our arms and responding in the way they have under difficult and extremely challenging conditions.

The renal unit seems a very different place now without patients waiting for their clinic appointments and using the servery. Outpatients clinic moved to the Davis unit and the The KPA servery counter remains closed and we have no idea if or when it will be opening.

The move of the renal wards to the main hospital is still proposed but no definite

date has been agreed as far as the KPA is aware. I'm sure the Clinical lead and General Manager will tell us more about future plans.

I understand that the new Croydon dialysis unit is going well and will be up and running by the time you're reading this.

Contracts for all other Satellites have been agreed and awarded.

KPA News/Committee/ Patient Representatives

We have scheduled our annual Golf Day for Friday 11th June 2021, playing Milford Golf Course, £50 per person for the day, hopefully we will be allowed to hold it. If you fancy coming along just let me know.

Committee has gained a couple of new members over the last few years, and we have a patient keen to join us once we can get together, but it would be lovely to have every Satellite represented. We still need reps for Kingston, Epsom, and Farnborough.

Most of the present Committee have served for several years and I'm sure they won't mind me saying, but we're all getting

older and it's vital to find new Committee members to ensure the continuity of the KPA, after all it's

Ideally, we would love to have some younger Committee Members to enable us to

there to help us, the patients.

represent the entire age range of St Helier's patients.

The position isn't onerous; we normally meet once a month in the Blue Room within the Renal Unit at St Helier at 7.30 normally on the first Tuesday of the month. Members don't need to attend every meeting; reports can be submitted by email or similar, in fact, as I said earlier we've postponed our meetings for over a year and have been managing.

If you can help, please contact me on **01483 426276** or email daspensley@btinternet.com.

I think that's about all I have to say.

Stay Safe.

Best Wishes

Dave Spensley, Hon Chairman

Memorial **Donations**

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

- M J Kriesler
 Joyce Day
 Tracey Anne Brown
 Edward Penfold

- Allan Prince
 Dennis Townend
 Richard Stoner
 Judith Ashworth





St Helier & Surrey KPA Committee Members

Hon. Chairman

David Spensley

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Satellite Liaison - Farnborough

Position Vacant

Research Representative

Sarah-Louise Harwood

Renal Social Worker/Amenity Subcommittee

Meheret Moyo

Renal Unit, St. Helier Hospital 0208 296 2514 Tel:

Email: meheret.moyo@nhs.net

PLAY OUR WEEKLY LOTTERY

Over £75,000 raised so far for The Kidney Fund!!

50% of all money raised goes to the winner and the other 50% goes directly to The Kidney Fund

Title:

Address:

I wish to buy

entry(s) each week for

13 weeks,

(each entry costs £1 per week). Please make cheques payable to: The Kidney Fund Lottery & return to the address on the form.



Surname:

Over £8,000 in winnings paid out in the last year!

£160 Average weekly prize*

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

Initials:

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

Post Code:	ŀ	Home Phone:		Mobile:						
Email:			Add me to	o the Kidney	Research Suppo	rter Email Group				
Please note that to save on postage we prefer to communicate by email or telephone. Please tick here										
There are TWO ways to pay. Please choose ONE of the following:										
OPTION 1 – Standing Order Mandate										
Title:	Initials:	Surname:								
My Bank's Name:		Branch:			Post Code	9:				
My Account No:		Sort Code:			Date of 1	st Payment:				
Name:		Signed:								
Pay to: Kidney Fund Lottery		Bank: CAF Bank Ltd, West Malling	, 1	Account No: 000195		Sort Code: 40-52-40				
Monthly Payment:		number of entries @ £4.34 per month	=	=	£	& thereafter each month				
Quartley Payment:		number of entries @ £13 per quarter	=	=	£	& thereafter each month				
Half-Yearly Payment:		number of entries @ £26 per half-year	=	=	£	& thereafter each month				
Annual Payment:		number of entries @ £52 per year	Ξ	=	£	& thereafter each month				
OPTION 2 – Cheque Payment										
Title:		Initials:		Surname:						

If you have any questions or would like more information, please call 020 8296 3968 or email: lottery@kidneyfund.org.uk
The Kidney Fund: Registered charity number: 800952

52 weeks and remit a cheque for £

26 weeks,

^{*} Based on the average of the last years weekly winning prizes. The weekly prize amount is not guaranteed and is dependant on the number of entries paying into the lottery that week.