

# RENALITY

May 2024



Golfers tee it up for  
The Kidney Fund

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25 Years of Research at SWTIRR | Sustainable Healthcare | Dr Anthony Eisinger | KPA needs you!



# IN THIS ISSUE...

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# Renal Unit



Dr Ginny Quan Dr Fiona Harris

I will begin by remembering Dr Anthony Eisinger, the first consultant nephrologist at St Helier Renal Unit. Dr Eisinger passed away on the 27th November 2023. An obituary appears later in the magazine, and we will shortly be unveiling a plaque in his memory and in gratitude for giving us such a flying start.

It is also wonderful to welcome our new director of nursing, Helen Watts. Helen has worked in renal since 1986 and joins us from Imperial where she was the lead nurse for dialysis, although talking to her, over the years she has worked in almost every renal subspecialty!! We are already benefiting from a leader with a wealth of experience but also from the cross pollination of ideas from a different unit. I will say no more as she has introduced herself in this edition.

I am proud that many of our consultants and nursing staff return to work here after training but also glad we can attract people like Helen to work with us. As a result, we are a pretty cosmopolitan group – I have still to find someone

working in the unit who hails from Antarctica but otherwise we have representation from all continents and with a 50:50 male female split in the consultant body.

Always best to start with the things that are most troubling (then in the words of *D:Ream* things can only get better). From the national PREM (Patient Reported Experience Measure) survey, both national and our specific local responses highlight transport to dialysis as one of your major concerns. Having recently watched the *Harry Potter* films with my youngest daughter before she set off travelling, I would wish for a fleet of super slinky night buses that could whip through any traffic (literally) at speed and miraculously turn up in minutes

where they are meant to be. Sadly, these are not available, however we are doing everything in our power to improve the situation and these will hopefully start to filter through. Jo Pope our transport co-ordinator has written an article discussing the transport situation.

The hospital's in-patient environment, especially on the 6th floor, continues to be an area of concern. I would again wish for a magical solution from *Harry Potter*: if only the 6th floor wards were like his tent – on the outside a somewhat collapsing small A-frame design, but inside palatial and at least 10 times bigger than expected. We have, however, come up with some ideas to decrease clutter, finding more storage areas to free up space in the wards and day unit, and using hospital charitable funds have set about improving the environment for both staff and patients. I hope you will notice the changes.

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 7736 4242
- 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 & SWTKE: 020 8296 3698**  
[www.swtirr.org.uk](http://www.swtirr.org.uk)

**THE KIDNEY FUND: info@kidneyfund.org.uk**  
[www.kidneyfund.org.uk](http://www.kidneyfund.org.uk)

**ST HELIER & SURREY KPA: Dave Spensley, Chairman 01483 426276**  
[www.shskpa.org](http://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](mailto:beverley.searles@nhs.net) 0208 296 2587.

The big *Harry Potter* type fix for this is of course a new purpose-built in-patient renal unit and that is also progressing. When I was a child, my parents sang regularly in choirs and light opera, and the words and plots often come back to me. Anyone familiar with *The Pirates of Penzance* may remember Frederick and Mable's plight. Having fallen passionately in love, Frederick discovers that he was born on February 29th and is therefore legally only 5 – not able to marry until he is 21, the couple agree to wait until he reaches that age-only 63 years! Luckily common sense prevails, and all turns out well. Sometimes it feels that similar unexpected obstacles pop up to delay our quest to build a new unit but as things move forward it does seem as though sense is prevailing. The outline business case for a joint in-patient unit at the St George's site has been approved, with the full business case due to be reviewed next month. Several workstreams are already in place with consultant and nursing staff working together from St George's and St Helier to align our protocols and ways of working, so hopefully as for Frederick and Mable all will work out as intended.

If the in-patient unit here is bursting at the seams the same is also true at Frimley Park Hospital. Initially opened with 8 in-patient beds, the consultants working there have had to change the model to cope with demand, now using some of the beds to review and dialyze multiple in-patients in a day. They recently delivered their

10,000th inpatient dialysis session. Just like the consultants based at St Helier, they provide out-patient clinics in several surrounding hospitals. As St Helier contemplates a new build so does Frimley Park and we will work with their management to figure out the best way to increase renal provision there allowing more patients who need specialist renal in-patient care to receive it closer to home

As part of the London Kidney Network, we are continuing to look at ways we can improve our out-patient services and these projects are now about to start. Firstly, a new clinic with Dr David Evans and Mary Mulvihill, our clinical nurse specialist in supportive care, at the helm. This clinic will support patients who want to discuss future care plans, including in what circumstance they would or would not want dialysis, also a clinic for our frailer patients with the input of a nephrologist and a geriatrician. Finally a multidisciplinary clinic so that patients who have problems affecting more than one organ can be seen in a single clinic. Trump once famously said that *"The kidneys have a special place in the heart"*. Although anatomically incorrect, there is certainly a close relationship between heart and kidney disease-anything that affects the blood vessels around the heart – hypertension, high cholesterol and diabetes can similarly affect the kidney and once one of these organs begins to decline then there is frequently an effect on the other. Not surprisingly many of the medications that can support heart function can also improve

function of the kidneys and vice versa, yet so often we are guilty of sending patients to a heart clinic, a kidney clinic, a diabetic clinic... Hopefully this new initiative will enable us to look at these problems in one place and save multiple trips to hospital.

In spite of an ever-rising tide of work, many of us still find time to get involved in clinical trials, clinical research and lab-based research. The latter is based at the Southwest Thames Institute for Renal Research (SWTIRR) supported by the Kidney Fund. This year SWTIRR was nominated to host the 36th European Renal Cell Study Group. Over the last few months, the institute's scientific director Mark Dockerell, Dr Allifia Abbas and Dr Phanish Mysore have been busy organizing this and as I write they are currently chairing sessions at the meeting. An amazing achievement and an honour for SWTIRR.

Day-to-day care of all the renal community must be our priority, but it is essential that we do everything we can to support research into the causes and treatments for renal disease. With the new drugs available to slow progressions of chronic kidney disease, and news just in of the first recipient of a genetically altered pig transplant discharged successfully from an American hospital, we are seeing the results of research to prevent and treat renal disease in action. A great reason indeed to hope that things can only get better.

**Ginny and Fiona**



# Helen Watts – Divisional Director of Nursing

## Joining the St Helier Renal family

It has been a pleasure to join the St Helier Renal team in September 2023. I wanted to take this opportunity introduce myself to those who may not have met me yet and tell you a bit about myself.

My career has been spent caring for those with Kidney disease. I am passionate about making a difference for patients and their families who carry the burden of kidney disease, recognising that this is a condition for life. My special interest over the years has been in patient education, helping patients understand kidney function and how to look after their kidneys.

I started my career at the **London Hospital** as it was then, where I did my nurse training.

This is where I first became interested in kidney care and completed my specialist training. I soon moved on to **St Bartholomew's Hospital** to take up a promotion rotating as a junior Sister supporting patients at home (CAPD & Haemodialysis), acutely unwell and those training for Peritoneal Dialysis. I had to wear a very startling pink dress here, a far cry from the glorious uniform of the London Hospital uniform shown below.

**1987 – Balcony of Mellish ward, Renal/ Endocrinology, London Hospital** – Taken by a patient who was a photographer and kindly offered portraits to the team. This is where I first experienced Dialysis treatment. I was terrified at first and then thought, 'I want



to be able to do that'.

My next step was to **St Mary's in Paddington** where I became a unit manager for the then 10 stationed Dialysis unit. I recall having to pull patients on stretchers up a ramp shown here previously used for the Brewery horses back in the day before a lift was installed. What a great day that was!

From St Mary's I branched out and set up the **Northwick Park**



**Satellite**, this was by then the 90s and there was a big move to get Dialysis closer to home for patients. The Satellite soon grew from 15 to 62 stations over the years and further Satellites were built. St Mary's merged with **Hammersmith**, later to become **Imperial**. This was a time of great change which we now see ahead of us here at St Helier. I hope that this previous experience enables me to support the teams and patients as we move toward a joint team with St Georges.

Whilst at Imperial, I completed a Master's degree to become a **Nurse Prescriber and Advanced Nurse Practitioner**; at this time I was the lead for the CKD

service, working closely with patients to improve knowledge for patients. I set up a series of seminars and developed the Patients Know best platform. My last role at Imperial was leading the Dialysis service, satellites, vascular access and home therapies. This was a challenging role as I took it on during Covid. It widened my knowledge and leadership skills and brought me here.

I am also proud to say that I am on the executive board of the **Association of Nephrology Nurses UK**, a group of nurses equally passionate about Kidney care, who strive to advance care for those with Kidney disease. I

am taking a group of our nurse to the annual conference in April and we look forward to networking and learning from others and bringing back lots of ideas for the teams.

I have been overwhelmed by the welcome at **St Helier** and also by the wealth of experience and passion for care that exists here. I am working closely with the fabulous nursing teams to put in place systems to support the key issues and hope that I will bring value to the team. I have enjoyed working with the Patient's Association already and look forward to meeting more of you in the days and months to come.

# WELCOME EMED Patient Transport Group!

As part of on-going improvements to the patient transport service, EMED Patient Care are now providing non-emergency patient transport (NEPTS), renal patient transport services and HDU transport services within Surrey Heartlands including sites across Ashford and St. Peter's Hospitals NHS Foundation Trust (ASPH), Surrey and Sussex Healthcare NHS Trust (SASH), Royal Surrey NHS Foundation Trust (RSCH) and Epsom and St Helier University Hospitals NHS Trust (ESTH) from **1st April 2024**.

## How can patients access the service?

Patients can access this service by booking through the EMED Patient Care Transport Booking Office freephone on **0300 131 2400**. Bookings can be made via their healthcare professional,

carer, escort, or by the patient themselves. Patients can also book via the Patient Zone if it is not their first journey. Patients can find more information on their dedicated information page at [www.emedgroup.co.uk/surrey/](http://www.emedgroup.co.uk/surrey/).

## Who is eligible for patient transport?

Patients who are registered with a GP in Surrey, providing they meet the eligibility criteria as outlined by NHS England. You can find out more here – <https://www.england.nhs.uk/>





[wp-content/uploads/2022/05/B1244-nepts-eligibility-criteria.pdf](#)

If a patient holds a patient passport, they are also **automatically eligible** for NEPTS.

In short, a patient may be eligible for non-emergency patient transport if:

- They have a **medical need** for transport.
- They have a **cognitive or sensory impairment** requiring the oversight of a member of specialist or non-specialist patient transport staff or a suitably trained driver.
- They have a **significant mobility need** that means they are unable to make their own way with relatives/friends and/or escorts/carers, whether by private transport, public transport or a taxi.
- They are **travelling to or returning from in-centre**

**haemodialysis**, in which case specialist transport, non-specialist transport or upfront/reimbursement costs for private travel will be made available.

- A **safeguarding concern** has been raised by any relevant professional involved in a patient's life, in relation to the patient travelling independently.
- They have **wider mobility or medical needs** that have resulted in treatment or discharge being missed or severely delayed.

The EMED Patient Care Transport Booking Office will apply any relevant eligibility criteria when taking bookings.

The non-emergency patient transport service operation hours are from **06.00 to 23.59, Monday to Saturday, and 06.00 and 23.00 on Sunday and bank holidays**; across **365 days per**

**year**, 366 on a leap year.

The renal dialysis transport service operates from **05.00 to 02.00, Monday to Sunday**.

### **What is the guidance for patients registered with GPs outside of the Surrey Heartlands region?**

The new NEPT service provided by EMED, which is going live on the 1st of April 2024 covers Surrey Heartlands ICB patients **only**. The arrangements for patients registered with a GP **outside** of Surrey Heartlands have not changed, and bookings should continue to be made via the existing booking process of the respective providers. However, the existing transport provision for our services are still under review and there may be further changes being made over the coming months, which we will keep you informed about.



# Cookery Corner

Have you had a chance to look at the Kidney Kitchen website yet?

Produced by UK Kidney Care, the website has a wonderful selection of kidney friendly recipes created by professional chefs working in partnership with experienced renal dietitians. You can search the library of recipes and filter them according to your dietary needs, type of cuisine and even time to cook ! If you want to brush up your food preparation skills there are even videos to follow.

Here in the renal team we've

been giving some of the recipes a go over the last couple of months and trying lots of new dishes.

The recipe cards are really easy to follow with easy step by step instructions. Here are Jo, Clair and Kirsti tucking in to one of the most recent attempts, a Beetroot and goats cheese quiche. This was super quick and easy to make and now a firm lunchtime favourite.

This along with hundreds more recipes are available on the UK Kidney Care Website [www.kidneycare.org](http://www.kidneycare.org) – why not give some a try!







## Beetroot and goat's cheese quiche

Prep: 20 minutes • Cook: 25 minutes • Serves: 6



### Ingredients

#### 1 batch savoury pastry

300g plain flour  
5g black onion seeds  
10g parmesan, finely grated  
1 pinch of paprika  
125g cold unsalted butter, cubed  
1 large egg

#### For the filling

150g cooked (boiled) beetroot, cubed  
150g soft goat's cheese, crumbled  
225ml double cream  
3 eggs  
50g cheddar, grated  
pinch of ground black pepper

#### Side salad to serve

80g rocket  
4 medium tomatoes, chopped  
½ a cucumber, chopped  
Juice of 1 lemon or lime

### Nutritional info

Low phosphate ✓  
Low potassium ✓  
Low fat (less than 3g/100g) X  
Carbohydrate **45g**  
Low protein ✓  
Low salt ✓  
Cost per portion **£1.83**  
Energy in kcals **700**

- 1 To make the pastry** – put the flour, onion seeds, parmesan and paprika in a bowl and combine. Add in the butter and rub in with your fingers until it resembles fine breadcrumbs.
- 2** Add the egg, mixing with a knife until it all starts to come together. Then use your hands to bring the mixture together into a ball of dough. Tip out on a floured surface and knead a little to smooth the dough. Wrap in cling film and set aside until ready to use.
- 3 To make the quiche** – butter and flour a 23cm (9 inch) diameter flan ring. On a floured surface, roll the pastry out until large enough to line the flan ring. Gently lower the pastry into the tin and press it into the corners. Prick the bottom of the pastry with a fork.
- 4** Preheat oven to 180°C / 160°C fan/ gas mark 4. Put the cubed beetroot and the crumbled goat's cheese into the flan base. Whisk the eggs and double cream together in a jug, add in the pepper. Pour the mixture over the beetroot and goat's cheese.
- 5** Sprinkle grated cheddar over the top of the quiche then bake in the oven for 25 minutes until nicely golden and the egg mixture has set. Leave to cool in the tin. Once cooled, turn out and serve.
- 6** Prepare the salad by combining the rocket, tomatoes and cucumber and then dress with the lemon or lime juice. Serve into six portions.

[www.kidneykitchen.org](http://www.kidneykitchen.org)

# Marvellous mannequins and super scanners!

As you may be aware, one of the wonderful things that the Kidney Patients Association committee regularly do is ask the renal teams if there are any initiatives or developments that we can support.

Two such initiatives that we were very proud to fund recently were the purchase of medical training mannequins and specialist scanners. Training mannequins are life-size realistic models of human bodies which are used in a variety of situations, probably the most commonly known are used for teaching CPR. The mannequins that the KPA funded are much more specialised and are designed to assist the renal medical teams with their clinical practice, particularly in developing skills in peritoneal dialysis (PD) catheter insertions.

Dr Pritpal Virdee, Consultant Nephrologist explained the benefits of the PD catheter

training mannequins 'these mannequins are unique in that they are incredibly life like. Here in our renal day unit we carry out a number of specialised procedures, one of which is peritoneal catheter insertion needed for peritoneal dialysis. This procedure involves a catheter (a small plastic tube) being inserted into the abdomen so that excess fluid and waste products can be removed from the body. We now use these mannequins as a teaching aid to develop clinical skills and competencies in this procedure. Using the mannequins enables us to practice and develop skills in each step of the procedure, from the first incision to the insertion of the catheter itself in an environment which closely simulates the 'real life' experience. Here at St Helier, we pride ourselves in the support we give to junior doctors while they are part of our renal team, so that they can confidently carry out care and treatment to benefit our patients. The mannequins kindly funded by the Kidney Patients Association have been a huge and very successful contribution to the support we can offer'.

In addition to these mannequins, the renal team have also recently taken delivery of two specialist portable scanners which were purchased from very generous donations by friends and family of Paul Connolly. Paul Connolly



sadly passed away back in 2022 following many years as the Satellite Liaison Committee Member for West Byfleet Dialysis Unit. The scanners, purchased in Paul's memory, have already been extremely helpful when assessing patients for their potential suitability for PD catheters as they produce extremely high-quality images that can be seen on hand held devices. As they are portable, the scanners can now be taken and used in the satellite clinics which is a great development for the service and a wonderful example of the good work that donations to the Kidney Patients Association are used for.





# News from Toyah



**It has now been 6 months since I have taken on this role and I have enjoyed every moment of it.**

I have travelled to all the satellite dialysis units where I have been received very warmly by staff and patients.

One of my many tasks was to promote the annual **Kidney Patient Reported Experience Measure (PREM)** survey and with it being digital and not paper was a challenge in itself because as we are all aware, people in general do not weather change well! With this in mind and with my fabulous volunteers we approached the task with determination that we would try to ensure every patient got a chance to participate. It was hard at times as English was not the first language for some patients, and we didn't have all the other languages between us, but the staff at the various units were brilliant in overcoming any issues arising. This was our best year for PREM results.

Speaking to patients during my visits was a real eye opener, I had not realised just how many patients are on dialysis; people were warm, receptive, funny and eager to give their opinions

on issues that were of concern to them and many liked the chance to have a chat to discuss any aspect of their life. Some patients had queries that were easily resolved with a call to the relevant person at St Helier while others needed someone with a dedicated speciality.

During my many conversations, I was able to give out information regarding some of the services available in the renal unit e.g. Renal Social worker, benefit information and help from other local support networks.

I found that many patients were unaware of who the KPA were, what they did, what was the benefit of joining and how to join. I made sure posters and leaflets were displayed to every unit and when speaking to them, a leaflet which had a membership form attached was given to every patient I spoke to.

**Committee membership** continues to be an area we are still struggling with and the uptake for patients wanting to join the committee is slow. Members are needed for every satellite unit and for specific roles of Treasurer, Minutes Secretary and Social Events Secretary.

This is a chance to have a voice and be a part of helping

support a charity which works for the benefit of all renal patients. You can be part of the process that help shape and improve the experiences of patients and the facilities they use. Meetings are every 2 months and you can join via *Teams* and it only lasts a couple of hours.

In other news, **Kidney Care UK** have produced a magazine of recipes called *Kidney Kitchen*. This has been very popular when I have been giving them out on visits so thank you to the Kidney Patients Association who have kindly agreed to fund a box for every satellite unit.

This April our first **Peer Support training day** will take place hosted by **Eleri Wood**, Kidney Nurse Consultant from King's College Hospital. There will be more events coming up in future so if you have some time, an understanding ear and feel you can share your experiences with other patients please let me know. Simple training is provided as to what is expected and you can give as much time you can spare. Carers are also welcome to attend. I heard that there will be lunch provided so I will be definitely attending!!

**Please feel free to contact me regarding any issue on [toyah.bubu@nhs.net](mailto:toyah.bubu@nhs.net) or call 020 8296 4880 and I would be happy to help.**

# A conversation with Dr Mark Harber on climate change and sustainability

I have worked in healthcare for 21 years; formerly as a Bacteriologist specialising in Forensic Science then a Registered Adult Nurse. Moving to the UK, made me reinvent my role in Healthcare; I achieved a First-Class Honours degree in Adult Nursing specialising in Kidney Care. This experience motivated me to complete a master's degree in Global Health and Social Justice, which helped me understand the social, environmental, and commercial determinants of health. The inquest into Ella Adoo Kissi-Debrah's death concluded that air pollution from road traffic, contributed significantly to the death of 9-year-old Ella. This is believed to be the first case, in the UK and the world, in which exposure to air pollution has been recorded as cause of death in a death certificate. How did we get to this point? Can we reverse it? I realised I needed to learn more about this matter to help others find and play their roles in the collaborative transformation and adjustment.

To raise awareness, I asked Dr Mark Harber to find time to talk to *Renality* readers, so he can share his knowledge, advice, and thoughts about sustainability healthcare and, of course, with his 5 years lens how he anticipates this is going to improve in the UK and the NHS.

**Dr Mark Harber was appointed as the special adviser on healthcare sustainability and climate change for the Royal College of Physicians in November 2023.**

He is a nephrologist consultant at the Royal Free Hospital in London and an associate professor at University College London in Nephrology.

I had the privilege to work and share the same values and vision with him.

## Can you tell us why society needs to engage on climate change and sustainability?

The evidence of climate change is now overwhelming. On the 8th of February 2024, the Copernicus European program announced that in 2023 the world had exceeded 1.5 degrees for the month of February it was >1.7C. It's importantly critical therefore that we do everything we can and reverse the trends in CO<sub>2</sub>, methane, and other greenhouse gases as well as continued global heating.

The good news is that there is a great deal of things we can do. And now is the time to do it. The health sector has, ironically, a large carbon footprint which contributes to climate change. In the UK 5% of all CO<sub>2</sub> emissions come from the NHS (40% of public sector emissions).

Therefore, we can make a big difference; with lots of very quick positive changes many of which have significant patient benefits and save money as well.

## Is there something people should know to prevent or stop kidney problems early on and not require treatment?

Chronic kidney disease has a huge carbon footprint- roughly 18 times the carbon footprint of other diseases. It is profoundly important to prevent kidney disease; for the health of patients, but in doing so, there is also a very important environmental benefit. Prevention on a population level begins with ensuring people get access to clean air, water, healthy diet, plenty of exercise as a basic human right, plus support in stopping or avoiding smoking, excess alcohol, or other



# Mark Harber about sustainable healthcare



By Gloria  
Munoz-Figueroa

substance misuse. For those at risk of kidney disease we need to ensure detecting the disease earlier and put preventative measures in place.

Detecting kidney disease early is particularly important as we now have more interventions that can help people who have already got early kidney disease and that's really positive.

**Is there some way that the process of kidney treatment and renal healthcare could have a net positive impact on the environment?**

The carbon footprint of end stage kidney disease is so significant, that there is a real environmental benefit of prevention and for those patients who do have end stage renal disease. Kidney transplantation also is likely to have a much smaller carbon footprint than dialysis.

The whole industry is looking at ways to reduce the carbon footprint of the treatment we already have, such as identifying which preventative measures have the greatest benefit, how to make dialysis machines and operation more environmentally friendly and carbon footprinting medication.

**Who should be responsible for addressing climate change and sustainability?**

This is really the responsibility of all of us. Here are the 12 things an individual can do to become greener (*see table overleaf*). Anything we can do to reduce travel or decarbonise travel to and from the hospital would have a huge impact.

There are 8 billion people on the planet, and it is important that we all do our bit; find and play our roles. Particularly, those from high income countries.

**How do you bring a sense of responsibility to everyone to address climate change?**

There is a lot happening in the NHS and everyone's lives, but I think sustainability is a social movement and even doing little things help keep the momentum.

It is important, for lots of reasons, that we don't feel there is nothing we can do because there is a role for everyone. If you are a kidney patient and attend in-centre haemodialysis, you could bring your own bed linen to every haemodialysis session, link in with your unit's sustainability champion, become a kidney community green ambassador, disseminate any



positive green actions among staff, relatives, friends, other patients, and your GP surgery. If you have any ideas or questions, you can discuss them with your kidney care team.

**How do you anticipate climate change and sustainability in 5 years? Can technology help us?**

The impact of climate change on sustainability becomes an increasingly important part of everything we do. On the positive side almost all the things that we should consider to reduce the impact of healthcare on the environment also have patient and staff benefits, often financial savings, which is difficult to argue against.

I am optimistic that IT may be able to help us reduce transport making it more efficient, and our transplant fleets will also become much cleaner. The first electric ambulances have

appeared in London, reducing air pollution. IT should also help us to better predict which patients are at high risk of disease and to target treatment earlier and more effectively.

The dialysis industry is trying to establish ways of becoming much cleaner and the pressure of climate change will help accelerate this. This is very positive, and we can make a difference and improve; we can reduce the carbon footprint of renal medicine, improve patient

care, and save money at the same time. I think it's quite exciting.

### Is the NHS and the UK well placed to drive this agenda?

Genuinely, the UK health sector is championing change in this area. There is lots of amazing stuff happening in the UK that is being copied in other countries.

Resilience is important and the NHS must work out how to prepare for and avoid flooding and overheating episodes for the benefit of staff and patients.

Also, to work out how to maintain supply chains if there are supply chain problems and/or severe weather events.

The good news is that there are lots of institutions in the NHS and particularly in renal medicine that are leading the change and sustainability improvements are being shared with other countries.

This is really a social movement and it's about all of us making small changes then further bigger ones.

## Things we can do as individuals to become greener – Dr Mark Harber

The first three are the key areas recommended by the International Panel on Climate Change: the rest are ideas to consider.

1. Calculate your carbon footprint	<p>There are several <b>carbon footprint calculators</b> which give a useful idea of carbon footprint and areas to tackle. Note carbon offset schemes often grossly under-estimate the cost of offsetting CO2 produced.</p> <p><a href="http://carbon-calculator.climatehero.me/">http://carbon-calculator.climatehero.me/</a></p> <p><b>WWF Footprint Calculator</b></p>
2. Reduce fossil-fuel use at home	<p>Lots of support and advice on how to reduce domestic heating and energy bills that can be given to individuals, critical in supporting individuals during the financial crisis but also good ways to be greener. <b>Reducing use (turning things off or down)</b> and <b>reducing waste (insulation to reduce cold in winter and overheating in the summer, and more efficient devices such as LED light bulbs)</b>.</p> <p>Switch from gas to electric hob, consider switching from gas to electric boiler.</p> <p><a href="https://energysavingtrust.org.uk/energy-at-home/">https://energysavingtrust.org.uk/energy-at-home/</a></p>
3. Eat less meat and dairy	<p>Only 4% of the world's mammals are wild and this is set to fall further; Mankind and domesticated animals make up the remaining 96% and this is set to grow further. The growth of domesticated herbivores is one of the greatest threats to the environment in terms of methane generation (one of the most potent greenhouse gases), destruction of natural habitats (UK rivers are increasingly heavily polluted from livestock effluent) and the prevention of return of natural habitats (intensive grazing hampers any prospect of nature recovery).</p> <p>There is lots of practical advice available, on human- and planet-healthy alternatives – see <b>UK Eatwell Guide</b> and why it is so important</p> <p><b>EAT-Lancet Commission Summary Report – EAT (<a href="http://eatforum.org">eatforum.org</a>)</b></p>



4. <b>Reduce deforestation, support nature recovery</b>	<p><b>Avoid (as much as possible) purchases that result in deforestation</b> – e.g. containing palm oil; lobby for, and support nature recovery – support your local Wildlife Trust (<a href="https://www.wildlifetrusts.org/wildlife-trusts">https://www.wildlifetrusts.org/wildlife-trusts</a>).</p> <p><b>Tree planting</b> around your buildings has a significant cooling effect. <a href="https://nhsforest.org">https://nhsforest.org</a></p>
5. <b>Move money</b>	<p><b>Switch your bank</b> to one that does not actively fund fossil-fuels, deforestation of single use plastics (<a href="http://www.bank.green">www.bank.green</a>)</p> <p>If possible, move to a domestic energy company that uses 100% renewable energy.</p>
6. <b>Recycle</b>	<b>Recycle!</b>
7. <b>Decarbonise your travel</b>	<p>There are huge health advantages from <b>being more active</b>, even walking to and from public transport, compared with driving door to door.</p> <p><b>Consider cycling, e-cycling, or walking</b> some or all of the way to work.</p> <p>Consider the most <b>carbon friendly</b> way of making a journey, e.g. <a href="https://routezero.world/#/">https://routezero.world/#/</a></p> <p>And where possible, <b>avoid flying</b>.</p> <p>Consider if feasible to <b>work from home</b> part time.</p> <p>If you have a car, <b>consider doing without</b> (having a car costs roughly £3000 per year in the UK) or <b>switching to an electric vehicle</b> and <b>sharing it</b> with friends and family which would save them a great deal and make greater more efficient use of a car. <a href="https://www.como.org.uk/shared-cars/existing-schemes-and-operators">https://www.como.org.uk/shared-cars/existing-schemes-and-operators</a></p>
8. <b>Generating renewable energy</b>	<p>If you can afford, and have a home suitable for <b>solar</b>, or <b>air/ground source heat pump</b>, consider this as likely to save a lot of money in the long-term.</p> <p>Alternatively, there are companies like <b>Rippleenergy.com</b> that offer investment into renewable energy that then reduces your electricity bills.</p>
9. <b>Buy less</b>	<p>Short use fashion items have a large carbon footprint, cotton has a huge environmental impact. Most new consumables have a large environmental footprint. <b>Reuse, repair and recycle when possible.</b></p>
10. <b>Buy sustainable seasonal food and waste less food</b>	Perishable food (and flowers) flown in, have a huge carbon footprint.
11. <b>Avoid single use plastic</b>	<p>Microplastics found throughout the food chain including humans and pollution from plastics are growing rapidly. Only about 9% of single use plastics are recycled; the rest is burned or dumped. The carbon footprint from bottled water is approximately 500 x greater than <b>tap water (which is cheaper and comes without the microplastics)</b>.</p>
12. <b>Encourage others to do the same</b>	<p>Those of us in the health professions are in a <b>strong position to champion a green social movement</b>, even small changes can be infectious and ripple out in a positive way.</p>

# Dear Kidney Fund Supporters



Daffodils, Cherry trees blossoming, the clocks going forward... it is definitely Spring. I don't know about you, but I find that Spring somehow seems to pull hope back out of the cold grip of winter. Thanks to the kindness of donors, the efforts of individuals who have kept on raising funds for us, as well as legacies, the Kidney Fund is in a much better position to support the research being undertaken at the South West Thames Institute of Renal Research (SWTIRR) at St. Helier hospital.

I am sure that Dr Mark Dockrell will expand on the

work that is being done in his article in this edition of *Renality*, but I can tell you that it is uplifting to see people being busy with research again in the SWTIRR labs.

Last year saw the 25th anniversary of research at SWTIRR and we marked this, as well as over 30 years of renal research at St. Helier, with an event at the Whitehall lecture theatre at St. Helier hospital in November. It was well attended, and it was great to see people who had been involved in various ways in laboratory and clinical research as they reminisced about things. Photos showed people dressed in the fashion of the day, some not quite recognisable in the photos given how youthful they looked at the time!

We are grateful for the people whose vision and effort has got us to where we are today. The challenge now is to build on this to ensure that their work is not in vain. To this end, we need your help with (among other things) ideas for fund raising, help with 'manning' stalls at events,

maintaining the website, acting as lay members of the Research review committee, and attending Kidney Fund meetings to support the Trustees and other members.

Upcoming events include the **Dragon Boat Race** at Kingston in July, the **Camberley Collective Car Show** in August and the **Summer Ball** at the RAC in Epsom. I look forward to seeing you at any or all of these events. Once again, thank you for all your help and support as we continue to look, with the aid of research and education, to improve our understanding, and to reduce the burden of kidney disease.

**Dr David Makanjola**

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**“We are grateful for the people whose vision and effort has got us to where we are today...”**



# Leatherhead golfers tee it up for The Kidney Fund

Members of The Leatherhead Club have raised £4,169 for The Kidney Fund after golfer Sue Choularton picked the charity to support during her year as Lady Captain.

Sue attended The Kidney Fund's AGM at St Helier Hospital in November to hear more about the charity's work, and where she was thanked for her support by Dr David Makanjuola.

The funds were raised during the 2022-3 golf season with a range of activities, including a charity bunker on the course, a 'guess the captain's drive' event, fundraising auctions and raffles, as well as popular quiz and race nights.

Members actually raised a total of £8,338 for charity throughout the year, with the funds being evenly split between The Kidney Fund and The Firefighters' Charity picked by Club Captain Steve Northeast.

Sue, who lives in Wimbledon, said she decided to back The Kidney Fund as she was wanted to support a regional health charity which covered her immediate home area in South



- Sue's fellow golfers in the colours of Chester FC – her favourite football team – on her Captain's Day

West London, as well as the Surrey surroundings of the golf course.

She knows people who have suffered from kidney disease and recognises the vital role The Kidney Fund plays in raising money for research into the treatment of kidney disease. Sue was grateful for the generous support of her fellow golf members and also hopes she has raised local awareness of the charity's important work.

**Sue Choularton**



- Leatherhead Captains Sue Choularton and Steve Northeast on the first tee



- Sue Choularton and Dr David Makanjuola at St Helier



# Dr Anthony John Eisinger

March 1937 – December 2023

**Anthony John Eisinger was born in Vienna in 1937.**

**His father was a Jewish Newspaper proprietor, and his mother was an English, Catholic opera singer. His father had published many anti-Nazi articles and so fled to Prague as Hitler annexed Austria, the Anschluss of 1938. Mrs Eisinger obtained passports in her maiden name and crossed into Switzerland with sons Peter and Anthony. Echoes of *"The Sound of Music"*.**

Anthony grew up in Yorkshire, on the Isle of Wight and then in Wimbledon where he attended the Jesuit College. He gained entry to Trinity College, Cambridge to read classics. I regret that I never asked him what led to his conversion to medicine.

Anthony trained as a medical student in Cambridge, where he met his French wife, Marie Claude, and then in London and Southampton and Sheffield.

Anthony was pipped at the post

for a consultant appointment at St Thomas's Hospital but was then appointed, as a consolation to St Helier Hospital, Carshalton.

This was a stroke of brilliant serendipity. Free of the constraints of University and Medical school politics Anthony began the forty-year task of building the fourth biggest Renal unit in the Country.

Time and time again Grandees from the Regional Health Authority, The Renal Association and Central Government descended on St Helier questioning the wisdom of siting Renal services in a back water. Time and again Anthony sent them packing using his consummate political skills. It was awesome to watch as a junior colleague.

St Helier was the third unit in the UK to import the technique of peritoneal dialysis from Montreal. Anthony had done some early work on overcoming the infection risk that was a threat to progression, using ultra-violet light as seen in your butcher's shop. Peritoneal dialysis was monumental in the development of treatment of kidney failure because for

the first time it was possible to treat patients over the age of fifty and patients with serious heart conditions. I would remind medical colleagues that there were no loop diuretics in the early 1970's and this was the first relief of dropsy for many.

Anthony was a brilliant Four-Star General in the war against kidney failure. One of his greatest strengths was to give his Brigadiers freedom to develop their own interests.

No Eulogy would be complete without a few light-hearted remembrances.

**Nigel Cook**, a Consultant Colleague, remembers one evening some ten years ago when Anthony phoned him to say *"I am arranging an event at the college and I would like you to contribute. You are my fourth choice."* Nigel was so honoured to be asked he accepted immediately without asking the names of the three who had declined. I suspect I might have been fifth or sixth on the list.

**Monica**, one of Anthony's longest suffering (I mean longest serving) secretaries tells a wonderful story. Early one morning members of the



St Helier works department were startled by a terrible racket. They rushed up the hill and outside the children's ward they saw elderly, suited gentleman with white hair wrestling with a rabbit and the hospital feral cat. He managed to send the cat scattering and restore the children's pet to its cage. I would never in a million years, have put Anthony down as an animal lover.

Anthony also had a slightly pompous streak, but it was always backed up by a twinkle in the eye. I think he spent many hours honing this aspect of his persona. One day he came into the Consultants lounge at lunch time and announced, *"I have been invited to a garden party at Buckingham Palace in July, do any of you chaps know the form?"* I was able to say, *"Carol and I have been invited to a garden party in July, we will make notes for you!"* Anthony had of course been invited to a very select gathering as a Censor of the Royal College. Carol and I went with 10,000 other proud parents just because a daughter had been awarded the Duke's gold medal in the 25th year of his award. I never let on to Anthony.

Back to the serious stuff... Anthony was a stickler for diagnostic accuracy. That is



the greatest lesson I learned from Anthony. It is the only basis for honest management of any patient. It is the only thing that separates us from Voltaire's quack or Shaws Dr Blenkinsop.

He would have wished to document his terminal dementia.

Anthony enjoyed 20 years of fruitful, productive retirement. 15 of these years were over and above his allotted three score and ten.

Dementia is now fast

approaching the biggest cause of death. Bear this in mind when you make a wish to live as long as possible. *"Cave quid optes"*, as Anthony, the Classical Scholar would have said. *"Beware of what you wish for."*

Anthony was the second Consultant Nephrologist at St Helier, now there are 23.

All of us, Patients and Staff and well-wishers of St Helier Renal owe Anthony an enormous vote of thanks.

**Dr Michael Bending**

# Greetings Renaliteers,

I hope that the coming of spring is raising your spirits; as Rilke said *"It is spring again. The earth is like a child that knows poems by heart."*

I have to say that beginning of April was a little colder and wetter than I would have liked but I was distracted from the weather. As many of you know, I attend scientific conferences to showcase the work of the Institute that you support through the Kidney Fund. It's also a great forum for meeting other researchers, finding out what they're doing and sometimes form new collaborations. One of the conferences that I've been attending for several years is the European Renal Cell Study Group, ERCSG. The ERCSG has been meeting for nearly 40 years in various centres of excellence across Europe. They're small meetings, held in centres where we can all stay together learning, talking, eating and socialising. Last year the Institute was given the honour of hosting the 2024 meeting. Because we're not as big as most of the other European research centres it has been a demanding venture and it wouldn't have been possible for me to do it on my own. Those of you who know me are aware that my Scottish upbringing has

left me unwilling to spend money unnecessarily, so we were going to have to do it on a shoestring. Fortunately, I had the support of **Dr Mysore Phanish**, **Dr Allifia Abbas** and **Heta Gorakh**. I imagine many of you know Phanish and some of you know Allifia, both outstanding renal consultants but perhaps you haven't heard me mention Heta. Heta has been helping out with admin and finance while Sarah is on maternity and when it came to conference organising, she was an absolute star.

Phanish gave a great talk summing up some of the Institute's innovative research into novel treatments for kidney fibrosis. He covered three projects supported



**Dr Phanish**



**Dr Mark Dockrell**

by the Kidney Fund ranging from work carried out by **Dr Subash Somalanka**, **Dr Felicia Heidlebrecht** and **Dr Pritpal Virdee**. The presentation was very well received by the audience. I gave a talk on some of our newer work still in the early stages, but thanks to our new post doc **Dr Zakeya Baalawy**, I had some exciting results to finish on.

The conference was a great success, thanks to the work of Allifia, Heta and, of course, Phanish. It was a brilliant showcase for The Institute and The Kidney Fund to researchers from Belgium, Finland, France, Germany, Greece, Italy and the Netherlands. **Sherine**, our new PhD student, made some contacts with workers in Belgium carrying out similar work and I was approached by a professor from the Sorbonne in Paris about a new collaborative project.

Now that the conference is over, it's back to the lab. Leo





### Conference Delegates

Tolstoy said “*Spring is the time of plans and projects.*” As always research must go forward. One of the things I discovered at the conference was that Dr Abbas has a real feel for science. I had

noticed her having discussions with our European colleagues and then she came to me and said we should write a grant application for a project studying the beneficial properties of zinc

in kidney disease! A fantastic idea! *Watch this space...*

**Funding = Research  
Research = Cure!**

**Dr Mark Dockrell**

## UPCOMING EVENTS

**21st April | London Marathon**

**21st July | Dragon Boat Race, Kingston**

**10th August | Camberley Car Show**

**14th September | Kidney Fund Masked Ball, RAC Club**

Please contact Gemma for further details [gemma@kidneyfund.org.uk](mailto:gemma@kidneyfund.org.uk)

# THE MASQUERADE

*The Kidney Fund Masked Ball – A truly prestigious occasion to grace your social calendar at The RAC Club Woodcote Park, Epsom, KT18 7EW on Saturday 14th September 2024*

**The Kidney Fund**

In support of the Kidney Fund (based at St Helier Hospital)  
Featuring live music and entertainment  
Including welcome drinks plus wines on the table to start and  
a three course meal with petits fours and coffee or tea.  
Call 07785 352594 to join us at this prestigious event

6.30pm start  
12.30am carriages

**Black tie**  
£110 per person

# Just **£1.00** per week to join in the fun of our **Lottery!!**

**Our lottery has been going strong for well over 700 weeks now and we have been able to give over £104,000.00 to The Kidney Fund to help them carry out their essential research to try to make all of our lives a little easier and this has only been possible because of our loyal subscribers.**

It would be lovely to welcome some more new members, or perhaps welcome back some of our previous members who went away for a little while, in order that we can continue to support The Kidney Fund as much as possible.

I appreciate times are difficult

for a lot of us but the small amounts of £1.00 per week have added up to this great amount that I know is greatly appreciated and needed.

If any of you that have not kept your subscription going would like to rejoin us then do let me know by emailing [lottery@kidneyfund.org.uk](mailto:lottery@kidneyfund.org.uk) so we can sort out your renewal or just complete the form on the back page and send it to me.

Should anyone wish to join us and has access to online banking then email me at the same address and I will let you have the details to set up a subscription, alternatively complete the mandate on the

back page and send it to me.

Every £1.00 weekly entry gives 50p in winnings and, more importantly, 50p to research – with no minimum to the number of entries you can have!

Don't forget to ask your family and friends to see if they also would like to join and don't forget that there's no limit on the number of entries anyone is allowed!!

***My very best wishes to you all and please try to stay healthy as we head towards the summer.***

**Steven Clark**

## Here is a list of the winners since the last edition of *Renality*:-

01/09/2023	101230	Tadworth	£125.50	24/11/2023	101025	Caterham	£126.00
08/09/2023	101357	Horley	£125.50	01/12/2023	101201	Leatherhead	£126.50
15/09/2023	101189	New Haw	£125.50	08/12/2023	101196	Byfleet	£129.50
22/09/2023	101233	Elstead	£125.50	15/12/2023	101096	Sutton	£130.50
29/09/2023	101381	Swansea	£125.50	22/12/2023	101245	Byfleet	£130.50
06/10/2023	101278	Weybridge	£125.50	29/12/2023	101268	Wimbledon	£130.50
13/10/2023	101316	New Malden	£127.00	05/01/2024	101367	Farnborough	£130.50
20/10/2023	101243	Horley	£127.00	12/01/2024	101056	Addlestone	£130.50
27/10/2023	101100	Croydon	£127.00	19/01/2024	101360	Fleet	£130.50
03/11/2023	101033	Bromsgrove	£126.50	26/01/2024	101036	London	£130.50
10/11/2023	101015	Carshalton	£126.00	02/02/2024	101289	London	£130.50
17/11/2023	101083	Guildford	£126.00				





## CELEBRATING 25 YEARS OF RENAL RESEARCH AT SWTIRR



## St Helier and Surrey Kidney Patients Association

# A message from your Chairman

I hope you're all keeping well. I have finished my seventeenth year as Chairman and now I've started my eighteenth, not bad for someone who said, *"I'll do it for a maximum of 5 years"*. I have agreed to continue until the AGM of 2026, when I will have done 20 years in the role, then it will be time for me to stand down and somebody else to become the Chair.

The KPA committee now meets every 2 months, both in person and virtually. Anything that needs dealing with in between is done by email. I only visit St Helier every 4 to 6 weeks and it's a very different place to what it was pre pandemic, Beacon has been demolished, the inpatient wards have moved to the 6th floor of the main hospital, the servery counter has gone,

and outpatients seems so much quieter. I, personally miss the interaction that we used to enjoy with the patients and staff.

I'm sure the Clinical lead and General Manager will tell us more about future plans for the renal unit, the planned merger/integration with St Georges renal and the proposed new inpatient unit in their articles.

## KPA News/Committee/Patient Representatives

We have scheduled our annual **Golf Day for Friday 7th June 2024**, playing Milford Golf Course. As in 2023, we'll be playing for the Paul Connolly Memorial Bowl, in memory of my Vice Chairman Paul who passed away in 2022. We'll be raising our glasses to him, to Jackie Moss and to others, sadly no longer with us.



Finally, I want to make an appeal for any patient, family member, carer who may be interested in becoming a committee member to make contact. The KPA Committee desperately needs new members if it is to survive going forward. We also need a Treasurer.

Committee has gained one new member over the last few years, but it has lost four, three have passed away and one has stood down due to health and



personal reasons. It would be lovely to have every Satellite represented. We still need reps for every unit other than Croydon, Coulsdon & Epsom

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 there to help us, the patients.

Ideally, we would love to have some younger Committee

Members to enable us to represent the entire age range of St Helier's patients.

The position isn't onerous; circumstances permitting we normally meet every 2 months within the Renal Unit at St Helier or virtually at 6.30 normally on the second Tuesday of the month. Members don't need to attend every meeting. Reports can be emailed.

This is your kidney patient's association set up 50 years ago by kidney patients to

support kidney patients under the care of St Helier and if it is to survive going forward it desperately needs new people to get involved.

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**

“Ideally, we would love to have some younger Committee Members to enable us to represent the entire age range of St Helier's patients.”

## KPA Donations

St Helier and Surrey KPA would like to thank those of you who have donated to us during the period since the last *Renality*, either anonymously or without providing any details to allow acknowledgement, these donations in the region of £900 mean a lot and enable us to carry on our work.

- Sandra Price • P.A. Golf Society • John Johnson

## KPA MEMORIAL DONATIONS

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

- Paul Lewis • John Bertram Burrough • Jane McMealy



# Your Kidney Patients Association needs you!

## Committee Member vacancies

To ensure that awareness of the KPA support available can be heard as widely as possible, our aim is to have at least one Committee Member to represent each of the Satellite Units. In addition to this we are also looking to fill other Committee member roles including Treasurer, Minutes Secretary, and Social Events Secretary.

## Who can become a Committee Member?

Any patient under the care, or who has been under the care of the St Helier Renal Unit can apply to be a Committee Member. You don't need to have any formal qualifications. Also if you are a relative or carer of a patient you can apply to be a Committee member.

## What happens at Committee meetings?

There is a set Agenda that is talked through. The KPA Finances are reported, a Senior Doctor, Nurse or Manager gives an update on things that are happening across the renal department, the Social worker gives a report and Committee Members from Satellite Units give an update about what is happening at their unit including

As you may have read in the most recent edition of *Renality Magazine*, the St Helier and Surrey Kidney Patients Association has a number of vacancies for Committee Members.

any issues that they think the KPA can help with. Committee members also jointly discuss and make decisions on requests for funding items or equipment.

## Who much of my time would it take?

Being a Committee Member wouldn't necessarily take up too much of your time; we currently meet every two months in the Renal Unit at St Helier. Meetings start at 6.30pm and usually last for a couple of hours. You can join in person or on line via Teams.

## How do I apply and what happens next?

You can contact me by phone on **01483 426276** or email **daspensley@btinternet.com**. Or you can let Toyah our Patient Experience Officer know that you are interested and she can pass your details on to me. Toyah can be contacted on **020 8296 4880 / 07785 417647** or by email **toyah.bubu@nhs.net**

I really hope you will consider joining the KPA as a Committee Member, it really is a very rewarding role and one that on a practical note makes a difference to patients and the Renal Department.

## Dave Spensley, Hon Chairman

*The St Helier and Surrey Kidney Patients' Association 'Devoted to improving facilities and welfare of Kidney Patients under the care of the renal Unit of St Helier Hospital'*



# St Helier & Surrey KPA Committee Members

## 2023/2024

### Hon. Chairman

**David Spensley**

L'Alise, Guildford Road

Godalming, Surrey GU7 3BX

Tel: 01483 426276

Mobile: 07836 750433

Email: [daspensley@btinternet.com](mailto:daspensley@btinternet.com)

### Hon. Treasurer

Position Vacant

### Minutes Secretary

Position Vacant

### Membership Secretary

**Diane Spensley**

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### Website Managers

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### Satellite Liaison – Mayday

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Mobile: 07833 891265

Email: [emmanueleyeta786@gmail.com](mailto:emmanueleyeta786@gmail.com)

### Hon. Secretary/Social Events

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Tel: 01737 352154

Mobile: 07732 110767

Email: [patricia.mike@virgin.net](mailto:patricia.mike@virgin.net)

### Hon. Vice Chairman

**Kevin Carter**

Mobile: 07864 057968

Email: [Shaskvicechair@yahoo.com](mailto:Shaskvicechair@yahoo.com)

### Press & Public Relations

**Fay Eves**

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Rudgwick, West Sussex RH12 3EH

Tel: 01403 822537

Email: [fayeves@aol.com](mailto:fayeves@aol.com)

### Patient Peer Support

**Mike Sealey**

Tel: 07900 327965

Email: [msealey29@hotmail.com](mailto:msealey29@hotmail.com)

### Patient Liaison – St. Helier

Position Vacant

### Patient Liaison – Epsom & Coulsdon

**Ghansham Patel**

7 Waterer Rise, Wallington

Surrey SM6 9DN

Mobile: 07967 387474

Email: [gknp989@gmail.com](mailto:gknp989@gmail.com)

### Satellite Liaison – West Byfleet

Position Vacant

### Satellite Liaison – Farnborough

Position Vacant

### Research Representative

**Sarah-Louise Harwood**

Mobile: 07891 066068

Email: [sgh239@gmail.com](mailto:sgh239@gmail.com)

### Renal Social Worker/Amenity Subcommittee

**Meheret Moyo**

Renal Unit, St. Helier Hospital

Tel: 0208 296 2940

Email: [meheret.moyo@nhs.net](mailto: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

RESEARCH  
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**The  
Kidney  
Fund**

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

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**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:		
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Email:	Add me to the Kidney Research Supporter Email Group <input type="checkbox"/>	

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:**

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My Account No:	Sort Code:	Date of 1st Payment:
Name:	Signed:	

**Pay to:** Kidney Fund Lottery      **Bank:** CAF Bank Ltd, West Malling      **Account No:** 00019588      **Sort Code:** 40-52-40

<b>Monthly Payment:</b>	<input type="text"/>	number of entries @ £4.34 per month	=	£ <input type="text"/>	& thereafter each month
<b>Quarterly Payment:</b>	<input type="text"/>	number of entries @ £13 per quarter	=	£ <input type="text"/>	& thereafter each month
<b>Half-Yearly Payment:</b>	<input type="text"/>	number of entries @ £26 per half-year	=	£ <input type="text"/>	& thereafter each month
<b>Annual Payment:</b>	<input type="text"/>	number of entries @ £52 per year	=	£ <input type="text"/>	& thereafter each month

## OPTION 2 – Cheque Payment

Title:	Initials:	Surname:
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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 cheques payable to: The Kidney Fund Lottery & return to the address on the form.

If you have any questions or would like more information, please call 020 8296 3968 or email: [lottery@kidneyfund.org.uk](mailto:lottery@kidneyfund.org.uk)

The Kidney Fund: Registered charity number: 800952

\* 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.