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Matthew Tait
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31 March 2020

Dear Sarah and Matthew,

Response to Improving Healthcare Together consultation from the Clinical leaders of the St George's and Epsom and St Helier renal services

We are the clinical leaders, both doctors and nurses, of the two renal services provided by Epsom and St Helier and St George's hospitals. We have met together to consider whether we think there could be a different proposal for renal services in SW London and Surrey to be articulated in the Improving Healthcare Together (IHT) consultation.

Before we explain this we would like to affirm that we do collectively support the case for change made by the CCGs, and the proposed clinical model for consolidating the acute services provided by Epsom and St Helier onto one site. We also agree that the preferred location of Sutton is the best option for Epsom and St Helier patients. If our proposal set out below does not come to fruition then we would be satisfied if the inpatient renal services currently provided at St Helier does move to the Specialist Emergency Care Hospital at Sutton. So please consider our proposal as supportive of the way forward for Epsom and St Helier and in pursuing it we would not wish to put any delay into the CCGs decision making on Improving Healthcare Together.

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Chairman Gillian Norton OBE, DL

Chief Executive Daniel Elkeles

Our proposal

For several decades our hospitals have essentially run 'competitive' renal services. Between us we provide renal services to 3 million people in SW London, Surrey, Sussex and Hampshire borders. A simplified view of the current service model is that the surgical element of renal transplantation for this population is provided at St George's and tertiary inpatient medical nephrology services is provided at both St Helier and St George's. The centres also act as a hub to provide outreach nephrology services to several district general hospitals including supporting an acute renal service at Frimley Park Hospital. Both hospitals provide high quality care and in the recent pan London peer review and in GIRFT both hospitals scored well in many areas. Over recent years there has been increasing collaboration between our services and we have explored how we can work together better. The two units share surgical workforce, meet twice a week for multidisciplinary meetings, share pathways for kidney transplantation and vascular access and agreed to share resources to manage COVID 19 infected patients. We have also collaborated in tenders for haemodialysis provision over the past decade.

We have been recently appointed by both Trusts as the lead clinicians for renal services and as the newly appointed clinical leaders we are firmly convinced that we could make a further step change in improving the care we offer if we could formally combine forces and locate all our tertiary renal medical and surgical practice in one new purpose built facility. We accept that this building is unlikely to be stand-alone but it does need to have its own identity and have in it our inpatient beds, dedicated operating theatres, high dependency care, patient training and outpatient facilities. We need our administrative facilities to also be in this building and we would also need to combine our renal research facilities into one place but this does not necessarily need to be co-located with the other renal services but does need to be on the same site. We have not at this stage worked out the detail of the benefits this would bring to patient outcomes and experience and also in reduced cost. But we believe that we would be able to achieve all of the best practice indicators for both transplant, renal access surgery and inpatient nephrology if we were co-located. We also believe there could be a revenue saving of several £m a year.

We are of the view that the right place for a combined renal service should be at St George's. This would be the easiest location to ensure the co-dependent clinical services that we need could be provided, but if we were to pursue this further we would be open to doing an option appraisal as to whether the service would best be at whichever site the CCGs choose for the Specialist Emergency Care Hospital or St George's.

At this stage we are requesting that the CCGs discuss our proposal as part of the feedback to the Improving Healthcare Together programme. We would like to be given permission as part of the CCGs Decision Making Business Case following consultation to allow us to undertake the feasibility study on whether we can make an appropriate case for a single renal service. If we can't make this work we would carry on collaborating as we do now and continue to make the split site solution work. If the feasibility study was successful we would like to find a way of including this option in the Outline Business Case that Epsom and St Helier will be submitting following the CCGs Decision Making Business case.

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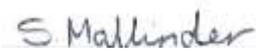
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Thank you very much for considering this proposal, we strongly believe that a single renal service will enable us to provide the highest quality of care for renal patients for decades to come.

Yours sincerely



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Divisional Medical Directors for Renal
Epsom and St Helier University Hospitals NHS Trust



Susie Mallinder
Divisional Director of Nursing for Renal
Epsom and St Helier University Hospitals NHS Trust



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