



**MINUTES OF THE ANNUAL GENERAL MEETING  
HELD 10.00–12.00, 28 NOVEMBER 2019  
By Zoom**

**PRESENT:**

Sue Lyon (Chair), John Connor (Vice Chair), Janice Stephens (Treasurer), George Brown (Trustee), Teresa Durkin (Trustee), Sonia Moorhouse (Trustee), John Ogilvy (Trustee), and 13 members.

**INTRODUCTION:**

The Chair opened the meeting at 10.00 am by welcoming all KPA members and speakers.

**APOLOGIES:**

An apology was received from Nick Palmer.

**GUEST SPEAKERS:**

**How coronavirus has changed kidney care, and will it ever be the same again?**

**David Game, Clinical Lead for Nephrology, GSTT**

Dr Game reported that actions to keep kidney patients safe during the pandemic included dedicated helplines, letters to patients about shielding, and networking with and supporting critical care and colleagues at other Trusts. GSTT retained a full in-centre dialysis service, and was able to protect in-centre haemodialysis patients exposed to risk when they visit for treatment three times a week.

The coronavirus pandemic will continue to affect services for the foreseeable future, with infection control central to all activities. The kidney unit strongly advocates that patients accept vaccinations against the coronavirus. There is uncertainty about the vaccines' precise degree of effectiveness in kidney patients, but these vaccines are likely to be safe.

During the pandemic, outpatient visits fell by around 80%. To date, appointments have generally been by telephone, but the department is working to enable video calls, with the aim of offering the choice of face-to-face, telephone and video appointments. Blood tests were the greatest challenge, but patients are now able to book blood tests through Zesty; for transplant patients there is an initiative to enable home blood testing of creatinine and tacrolimus levels.

**Ms Kiran Sran, Transplant Surgeon, GSTT**

Transplant patients have been protected through shielding. Of 1568 transplant patients followed up at GSTT, 40 have tested positive for Covid-19. One quarter did not need admission to hospital and there were no graft losses. Eight patients have died.

Transplantation at GSTT was suspended in March 2020 due to uncertainty about the risks, lack of critical-care capacity, pressures on workforce and lack of donors. Kidney transplantation restarted at GSTT in July, first with living donation and then with deceased donations. Simultaneous pancreas-kidney transplants were restarted in September. Rates of transplantation are now nearly back to the pre-pandemic levels. There has been phased

reactivation, beginning with younger patients, who are less at risk of complications, and requiring longer hospital stays including in ICU. Donors are being screened very carefully for coronavirus, and recipients are similarly being checked for their contact history and adherence to shielding advice, with a Covid-19 test on admission. Newly transplanted patients are treated in a side room and there are no visitors. A post-transplant enhanced recovery programme is now in place to shorten hospital stay and prevent readmission.

There is collaboration across London if a centre is unable to transplant for logistical reasons. Knowledge about Covid-19 is increasing, and the aim is to cautiously expand the transplantation programme to older, more complex patients. Careful monitoring of Covid-19 rates continue in the region and across the UK, with regular meetings with virology and public health colleagues.

#### **CHAIR'S REPORT:**

The Chair began her report by thanking three kidney team members and wishing them a happy retirement:

- Ros Tibbles, Service Improvement Lead who is retiring at Christmas.
- Geoff Koffman, who retired from the transplant surgery team at the end of 2019 but continues as Chief of Surgery at GSTT.
- Cecilia Nsiah-Abadio, kidney clinic nurse, who is retiring after 30 years' service.

The Chair noted that her third year as Chair had seen unprecedented challenges for kidney patients and GSTTKPA due to the Great Pandemic:

- Some kidney patients are sadly mourning the loss of family and friends to Covid-19 and have our condolences
- Shielding kept kidney patients safe but has affected mental health, independence and wellbeing
- There have been essential, but inevitably sometimes difficult, changes to treatment and follow-up care
- Finally, because of the impact of the pandemic on GSTTKPA, the Chair noted that she has agreed to remain in office, working closely with the Vice Chair, with a view to retiring in the first half of 2021.

London was very badly affected by the first wave of the pandemic, and the initial and continuing effects on the NHS and the risks to kidney patients have meant that:

- The 2020 AGM is taking place by Zoom
- The 40th anniversary celebrations have been postponed until 2021
- The 2020 Fun Day was cancelled
- The British Transplant Games and Ride London were cancelled
- The London Marathon became virtual for charity runners, and the Chair thanked and congratulated Ben Moorhouse and Tim Arlington, who completed the 26.2 miles without the support of fellow competitors and spectators
- National kidney community events have been cancelled or dramatically curtailed
- GSTTKPA activities have continued as far as possible, with virtual Trustee and Committee meetings, remote clinic appointments, and online education sessions.

The coronavirus pandemic has had an impact on fundraising for GSTTKPA as for other charities, and the Chair thanked all the donors who have continued to support GSTTKPA. Within these limits, the KPA has continued ongoing support for kidney patients at GSTT:

- Financial grants for the dialysis units and wards
- Commitment to support the Art on Dialysis project by Lisa Ancliffe, Senior Specialist Occupational Therapist at GSTT

- Publication of the newsletter, with two issues this year. Unfortunately, the spring issue was online only, but the latest issue is also in print format
- Discussions to support a transplant football team for young adult patients, which is described in detail in the latest issue of the newsletter
- Grants to pay for blood pressure machines for patients whose blood pressure is not well controlled and who cannot afford to buy their own machine.

A rapid switch to online working has meant that, after a steep learning curve,

- Continued GSTTKPA meetings as a Committee and Trustees, although the April Committee meeting was cancelled in the early days of the pandemic
- Support for the GSTT kidney unit in setting up online education sessions for patients via the Bluejeans platform. The first, for wait-listed patients, took place in September, and has been followed by educational sessions for other groups of patients. The Chair thanked Mr Chris Callaghan, the clinical leads and Directorate staff for ensuring that these important opportunities for patients continue.
- Feedback to the kidney unit about arrangements for remote clinic appointments and blood test appointments, to help to overcome any initial problems with the service
- KPA members continue to be involved in regional activities like the South London Renal Clinical Alliance, which is helping to reshape kidney care across South London.

The Chair ended her report by thanking the KPA Trustees and Committee for their support for the KPA and for her personally. She also thanked the team at GSTT kidney unit, who have continued to care for patients while coping with the pandemic.

#### **TREASURER'S REPORT:**

The Treasurer presented the accounts for the year ended 31st March 2020. She reported that income was £41,600 and was consistent with previous years when one-off transactions were set aside. Income came from regular giving, in-memory giving, Marathon sponsorship and other donations. Costs were £56,000, slightly lower than the previous year. £10,000 was granted for the Transplant Games teams, and parties for the dialysis units. Two research grants were made to Ms Hannah Maple and Mr Pankaj Chandak of £5,000 each. £700 was granted toward the Round the Island race promoting organ donation. Other costs included independent examiner fees, legal fees, insurance costs, bank charges and company secretarial costs.

This meant that the charity had spent £14,200 more than its income, which reduces unrestricted funds. This was a deliberate decision by the Trustees and not of concern. The charity's balance sheet remains healthy with £785,000 in the bank and £767,000 of funds. Of those funds £168,000 were unrestricted funds. Charities are required to keep a reserves balance in order that they can keep running if income reduces suddenly and the Trustees have agreed to maintain this at 18 months of core costs covering running costs and key annual grants. Once you set that on one side, the charity has £115,000 of 'Free Reserves': these are available to the Trustees to commit in line with the objects of the charity. The Trustees are working with GSTT to seek projects to commit these free reserves to, and the Treasurer is encouraging them to do this.

Finally the charity has £600k of restricted funds, with £500k of this relating to a legacy from Miss Currie, which is to be used for portable dialysis equipment. The Trustees are actively talking to the trust about how this can be committed. The remaining restricted funds sit in a number of smaller funds to support transplant patients, psychological support and renal patients at the hospital.

In summary the Treasurer advised the meeting that:

- The charity's income has remained broadly constant with previous years, which is good news.
- The charity has made a number of grants this year, which have reduced free reserves but this is part of a deliberate plan
- The balance sheet is strong, and the finances of the charity remain strong.
- Despite the economic impact of Covid-19 there is no risk to the charity's status as a going concern.
- Motion to approve the accounts:  
Proposed: George Brown  
Seconded: Dr Manish Sinha  
Agreed unanimously.
- Motion to approve employment of Avram Associates as Auditors:  
Proposed: Teresa Durkin  
Seconded: Martin Cunningham  
Agreed unanimously.

#### **MATTERS ARISING FROM THE MINUTES OF THE 2018 AGM:**

There were no matters arising.

- Motion to approve the Minutes of the 2019 AGM:  
Proposed: Charles Jaja  
Seconded: George Brown

#### **ELECTIONS:**

Nominations were presented for the officers of GSTTKPA:

- Chair: Sue Lyon  
Proposed: George Brown  
Seconded: Janice Stephens  
Agreed unanimously.
- Vice-Chair: John Connor  
Proposed: Martin Cunningham  
Seconded: Dr Manish Sinha  
Agreed unanimously.
- Committee:  
John Addison, Adisa Akintola, George Brown, Margaret Clare, Yvonne Dixon, Teresa Durkin, Kevin Evans, Omolara Fasegha, Charles Jaja, Mr Nicos Kessarlis, Sonia Moorhouse, John Ogilvie, Nicholas Palmer, Dr Manish Sinha, Janice Stephens.  
Proposal to re-elect the Committee en bloc:  
Proposed: George Brown  
Seconded: Martin Cunningham  
Agreed unanimously.

#### **MEETING CLOSURE (11.45 am)**

The Treasurer thanked the Chair for her hard work during a very difficult year.

The Chair thanked all attendees at the meeting, especially the two speakers for their interesting presentations, and Trustees and Committee members for their support.

[ends]