



## **SUMMARY**

King's College Hospital (KCH) provides dialysis to 650 patients at its main hospital and five satellite centres across London. The Dulwich Community Hospital satellite unit was 20 years old and in desperate need of an upgrade to increase capacity from 12 stations to 20. A mobile unit was brought in as a short-term rental contract for six months but was still there five years later.

After funding was agreed, work began on changing this temporary solution into a world-class, state-of-the-art centre within the new Tessa Jowell Health Centre (TJHC). The move was critical to improving patient care, and the KFM team and its partners worked hard to ensure the centre was up and running, despite the impact of a global pandemic.

Expert knowledge vital to creating a world-class centre from scratch

The TJHC, situated on the site of the former Dulwich Community Hospital,

provided a blank canvas for the KFM team and its partners to provide the very best haemodialysis to patients in the area. Starting from scratch required the expertise of everyone working within the centre, from KCH clinical teams to the KFM renal technicians and KFM supply chain.

To ensure the scheme progressed successfully, a TJHC Steering committee was formed, chaired by the KCH Divisional Director of Operations to oversee completion and commissioning. The group engaged in regular workshops to take the project forward. The project team also had regular communication

with partners such as Southwark CCG and Guy's and St Thomas' NHS Foundation Trust to consider areas such as access planning.

Being comparable with the world's best treatment centres was the target. The expertise of KFM's renal technicians, a team run by Principal Renal Technologist Farman Syed, was called upon.

Farman says: "Haemodialysis requires specialist high-tech equipment using ultra-pure water that must meet stringent standards. We needed to find the best technology, so we researched specialist



companies to find the right company to provide the best water treatment plant."

A centralised system that feeds ultra-pure concentrate into each individual machine was agreed upon. Not only was it financially and environmentally beneficial, it was also the best option for patient safety.

The older systems used hundreds of barrels of concentrate housed in five-litre containers that needed to be manually fed into each individual machine. Farman and his team researched and sourced state-of-the-art technology enabling them to offer patient-specific treatment.

Farman says: "Newer dialysis machines can offer tailored treatment in line with patient need which wasn't possible with the older technology. We can now monitor treatment efficiency live on screen and machines can adjust treatment doses according to each patient's haemodynamic condition. Additionally, these machines can network to update treatment data automatically, which frees up clinical time.

Patient safety is also improved as staff can monitor who the machine is connected to and the machines can also collect the data which nursing staff would normally have had to input manually."

Planning and relationship building were key to a smooth transition

Construction began in May 2018, with a view to a final handover in April 2020.

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The dialysis unit which provides state of the art facilities for renal patients

At the end of 2019, the supply chain team led by Supply Chain Manager Gavin Pettit was brought in to plan the smooth transition of the entire stock from one building to another.

Responsible for the uninterrupted supply of vital consumables such as dialysing fluids and acids, the KFM supply chain team was central to the success of the move. With dialysis ending on a Friday and beginning again at 7.00 on a Monday morning it was crucial that the entire move be carried out on the Saturday, leaving the Sunday to tie up loose ends.

Good planning was critical. Continuity of the service was key, but there was also an added challenge of having to plan for the extra capacity for more treatments. In addition, not all patients have the same number of treatments, so the team would have to calculate the levels of consumables that would be needed as soon as the centre opened.

The supply chain team also worked closely with Farman and his team to understand the needs for the new bulk supply centralised system. Planning had to be reviewed multiple times to bring consumable provisions in line with revised plans for commissioning, testing and training of new systems.

In March, as the April handover neared, the Covid-19 pandemic struck, and the project was put on hold. However, the services were still urgently needed and in May, a new opening date of 1st June 2020 was agreed.





New dialysis machines that provide access monitoring, enabling clinicians to spot the early signs of complications

With three weeks to go, Bekir Hasan, KFM's Supply Chain Team Leader for Renal Dialysis, put together a detailed plan, taking into account what needed moving, how much stock and consumables were needed and how

much manpower was required.
Bekir says: "It was essential that I knew everything that was going on and also important for me to talk to people so I could resolve any issues and concerns.
Tessa Jowell Health Centre is a flagship centre and exemplifies what good should look like, so I needed to be able to understand everyone's needs and support them."

With any service such as this, stock rooms are pivotal to a successful operation. It is vital that there is a place for everything and that the stock is easily accessible. Bekir, who also leads the other satellite dialysis units, was able to plan out the stockrooms in advance, taking best practice from each of them to create the best possible system in the new centre. Using a Productive Wall, he created a colour-coded system for different types of products, making it as easy as possible for staff at the centre to quickly access what they needed. Part of Bekir's detailed planning included devising a back-up plan for every eventuality.

Planning for a move on this scale relies heavily on building good relationships. To ensure the move ran smoothly Bekir worked closely with the haemodialysis matron Fatuma Rajab and ward sister Joyce Anoquah clarifying exactly what they needed and what their concerns were. Realising that there were concerns that vital equipment might get lost during the move, the team decided not to use a removal firm and complete the move themselves so that they could be completely accountable for getting it right.

Gavin says: "Bekir's detailed plans provided KCH and the CCG the reassurance that the centre would be able to open despite the unprecedented situation. Communication with everyone involved was key to the success of the project. If you don't understand people's needs, you can't deliver."

## Meeting the challenge of the Covid-19 pandemic

In the middle of the national emergency, while many UK hospitals had devoted much of their resources to care of Covid-19 patients, dialysis patients still needed care.

The specialist skills of the renal technicians and the supply chain team were required to keep services running across KCH as well as setting up the TJHC. The ability to juggle different projects and priorities had never been more important. While Farman was still ensuring the move was on track, he was also devising a way to provide care for dialysis patients in the critical care unit without having to go inside the building itself.

By drilling holes into the wall of the building and feeding the pipes of the dialysis machines through to the patients, they were able to provide the vital ultrapure water that was needed to save lives. Such was the success of the initiative that other hospitals in the area, unable to provide the care needed, were sending their dialysis patients to King's.

The new unit opened on 1st June as planned and is running smoothly. The outcomes were:

- £14k cost saving per annum
- 3.7 tonnes of recycling avoided per annum
- 391 hours of clinical time released per annum

