

PATIENTS NEWSLETTER

Winter 2015



Official Opening of the Alnwick Satellite Unit

Tyneside Kidney

Patients Association

Registered Charity # 518767

CALENDAR OF EVENTS 2014-15

8th December 2015 Committee Meeting

12th January 2016 General Meeting

9th February 2016 Committee Meeting

All TKPA meetings to be held in room 138, Education Centre

Freeman Hospital and will begin at 7:00pm prompt

Tea, coffee and biscuits served from 6.45pm

If you wish to attend but require a lift we may be able to organise one.

Please contact me to check if this would be possible.

Keith

07588 724530

Editor's note

If you are reading the newsletter as a digital copy and are connected to the internet, please note I have included a number of articles that contain hyperlinks to further information. To use hover your cursor over the link and (*control+ left click*) to follow the link.

Electronic edition

Regular readers of the newsletter will have noticed I include additional online content with the use of hyperlinks to support articles and to give far more information than I can include in the printed addition.

If you wish to receive the newsletter as a digital addition in future please contact, Alan Bond (membership secretary) with your name and mailing address together with your email address *Tel.0191 4281 702* or email bond504@btinternet.com

Not only does the digital newsletter give enhanced content but also does away with the cost of postage.

Keith Vickers
Editor

Great North Run 2016



The TKPA has again been successful in the bidding process and has secured five places in the Great North Run to be held on Sunday 11th September 2016.

As in the past we are offering these places free of charge to five people who wish to raise funds on our behalf, this includes all the entry fees, access to fundraising resources and running vests.

We do not enforce minimum fundraising amounts but it is hoped that the average of £350 that has been reached per runner in previous years can be maintained.

Interested?

Contact

Keith Vickers

Sec. TKPA

Tkpa.secretary@gmail.com

07588 724530

Alnwick Satellite HD Unit

Sunday 29th November 2015 saw the official opening of the Alnwick Unit.

The Freeman Hospital being a regional centre has patients attending HD treatment on ward 31 who may live many miles away in rural Northumberland who not only need to contend with illness but also have the added burden of considerable travel to and from the Freeman.



It's long been recognised by the Trust that an additional resource was needed to the north of Tyneside to not only make our patients' lives a little easier but to add additional capacity to the service.

The unit is run in partnership with Renal Service's Independent Dialysis Centres and is currently supplying 21 of our patients with treatment.

The unit will provide dialysis services for patients living in North Northumberland who have previously had to travel for their thrice weekly treatment at the Freeman Hospital's Renal Services Centre.

*The Mayor, Dr. Brown and
Pam Yanez*

The new service is run by nurses specially trained to provide dialysis and patients will remain under the care of their Newcastle-based Consultant Nephrologists.

Whilst Newcastle Hospitals retains overall responsibility for the quality and safety of the dialysis services, this partnership combines the strengths of the two different healthcare organisations; bringing together the operational effectiveness of Renal Services UK with Newcastle Hospitals' hugely respected clinical excellence.

Mrs Christine Gill from Lesbury near Alnmouth was thrilled when she heard that she would be one of the first patients to use the new Dialysis Unit in Alwick, and says it will make a world of difference.

Mrs Gill explains: "The journey from where I live can take up to 40 minutes to an hour each way and this makes for a long day. Being able to literally pop over to Alwick in minutes means I will get a huge part of my life back."

Mrs Gill had a kidney transplant in 2004 but unfortunately this new kidney stopped working last year and she started coming to the Freeman Hospital's Renal Services Centre for dialysis treatment.

"The staff in Newcastle are wonderful and I will miss them. I've also made many new friends amongst the other patients who come here for

their dialysis but I have to say I'm delighted to be able to use the new Unit."

Dr Alison Brown, Consultant Nephrologist and Clinical Lead for Renal

Services at Freeman Hospitals says: "This new partnership with Renal Services UK is very exciting. The new unit offers a local and more convenient service for some of our patients, whilst maintaining the standards provided at the Freeman Hospital.



*Mrs Christine Gill from Lesbury
With Sister Sue Gowling*

"Patients requiring haemodialysis treatment, currently come into the Renal Services Centre at the Freeman Hospital three times a week, and some patients travel from North Northumberland, so we are delighted that we can offer these patients access to their treatment, at the same high quality, closer to home."

Renal Services UK design, develop and operate dialysis facilities, working in partnership with nephrologists and dialysis professionals with the aim of delivering the highest level of care in the most comfortable environment. They currently have six units operating across the UK in Hampshire, Wiltshire, Lincolnshire and Cornwall

Stefano Ciampolini, Chief Executive Officer and founder of Renal Services, commented: "Our patients are at the heart of everything we do. By providing efficient and effective community based dialysis closer to home, we give our patients greater personal control and choice, helping them to stay independent for longer."

Volunteers wanted

The TKPA has always been very close to all renal patients because we ourselves renal patients, all of our current committee and volunteers are either transplant patients, receiving dialysis or pre-dialysis.

We are currently looking for further help in the following areas.

Assisting on the twice monthly tombola/information stall in the Freeman Hospital.

Helping on our summer stalls, normally 3 all on Tyneside.

Organising or selling tickets for fundraising events.

TKPA web support, we are currently updating our website, do you have computer skills? A few hours a month to spare? Would you like to help us in editing the site to keep it fresh and a useful resource for other patients, their families and carers?

If you want to get involved in anyway please contact me for further information.

Keith Vickers, Secretary

tkpa.secretary@gmail.com

07588 724530

Healthy eating for kidney patients

This information will help you to understand more about the foods you need to eat and avoid as a kidney patient. Healthy eating should be important in everyone's life, but sadly not everyone thinks this is so.

It is never too late for anyone to make positive changes that benefit health and well-being. The sooner this happens; the stronger the long term benefits will be. At a GP surgery, as well as measuring height and weight, the body mass index (BMI) can be calculated. This gives an indication of whether weight needs to be lost. Follow the link to try your own calculation. BMI is not so helpful for those of muscular build.

Where you carry your fat is also important as those with a waist measuring more than 102cm in men and 88cm in women are at greater risk of becoming ill and having a shorter life. It is better to be a 'pear', having a narrower waist and larger hips than be an 'apple' where the waist is large and the hips narrower.

This is certainly true for those with renal disease. Changes to diet in response to advice from medical professionals can make a difference to the progression of disease as well as helping to prevent complications.

Those not approaching end stage renal failure (ESRF) should follow the nationally recommended guidelines on healthy eating. Currently there are two systems to help us get the most information from food labelling: See [The eat well plate](#) from the Food Standards Agency.

For those with stages three, four and five of chronic kidney disease (renal failure), professional guidance is needed for the renal specific changes needed to diet.

The dietary guidance and treatment changes as renal impairment progresses, or if the form of dialysis changes and also following transplantation.

Good reasons to see a dietitian

- Your dietitian will promote healthy eating; help you to stay well-nourished and avoid problems from not eating properly
- They will help you deal with being overweight or obese
- Your dietitian will work with you to preserve flexibility in your diet to keep lifestyle as normal as possible

A change of diet

Will support kidney patients changing needs? The following points are considered, along with your test results and lifestyle:

- Protein in the diet
- The waste products from protein such as urea
- The calories needed from fat and carbohydrate. Too much and weight is put on. Not enough and the body may start to break down muscle for energy needs
- Amounts of minerals and salt eaten: both sodium salt (table salt) and potassium salt (salt substitutes)
- The management of calcium, phosphate and vitamin D taken in the diet, to prevent bone disease
- Fluid intake, so the body has enough, without suffering from fluid overload
- This becomes more important when urine output is reduced in the later stages of chronic kidney disease

Protein

- People of different ages and sizes need different amounts.
- Children and pregnant or lactating mothers need extra for growth, maintenance and repair

- During recovery after surgery, severe illness, times of poor diet, more protein is needed. Nutritional supplements can help
- Suitable foods high in protein include: meat, fish, poultry, eggs, cheese, milk, milk products, nuts and pulses legumes (after discussion with the dietician)
- • The pros and cons of dietary protein restriction to alleviate symptoms of uraemia (high urea levels in the blood), before dialysis starts should be discussed with your doctor and renal dietitian. Monitoring of your nutritional intake is essential when a protein restricted diet is prescribed to prevent under nutrition. Sometimes a spontaneous reduction in protein intake will occur and needs to be corrected

The fats (lipids)

- High lipid levels in the bloodstream (hyperlipidemia) are common in kidney patients
- The risks of stroke and heart disease are increased
- Lipid levels in the blood can be controlled with medication
- Prevention of obesity helps, as do exercising, being more active, eating healthily, not smoking
- Highly unsaturated fats, like corn oil, sunflower oil and olive oil are better than highly saturated fats such as butter, cream, ghee, suet, coconut and fats from meat and poultry
- Choose lean cuts of meat, remove fat and skin from meat and poultry. Avoid processed and fatty meat products like pates, sausages
- Keep to small portions of foods containing butter, cream and full fat soft and hard cheeses
- Avoid foods containing trans fats (potato crisps, commercially prepared biscuits and cakes. Include two portions of fish a week, one an oily fish such as salmon, sardines, herring. These are rich in Omega 3 fatty acids

Carbohydrates

- Whole grain cereals, high fibre breakfast cereals from unrefined carbohydrates are best

- Refined carbohydrates include: sweets, chocolates, cakes, pastries, biscuits, sugary drinks - these are best as taken as occasional treats, not frequently
- For those trying to gain weight, the situation is different: a dietician will give individual advice

Alcohol

- Alcohol also contains calories so not too much! It's best to stick to the national guidelines – two to three units for men and one to two for women per day
- Alcohol provides, weight for weight, more calories than carbohydrates

The minerals: sodium (salt), potassium, calcium and phosphorus

- One function of healthy kidneys is to balance certain minerals in our body fluids. These include: sodium, potassium, magnesium, chloride, bicarbonate, calcium and phosphate, to name a few
- The most important are sodium, potassium, calcium and phosphate
- These can build up in the body as chronic kidney disease progresses
- The levels can be managed by modifying the diet and taking special supplements
- These mineral are also known as electrolytes

Salt is commonly thought of as table salt, but 'salts' can include potassium as a 'salt' substitute.

The recommended daily intake for salt is six grams

- Reducing salt intake lowers high blood pressure and reduces the risk of a stroke or heart attack.
- Lowering blood pressure can also slow down decline in kidney function.
- Some kidney patients have particular problems with potassium, so should avoid potassium containing salt substitutes.
- One example is 'Lo-salt' and potassium chloride added to salt reduced commercial food products.
- If potassium levels in the body are too high, hyperkalaemia can result. Hyperkalaemia is a potentially dangerous disturbance of the heart rhythm.

Phosphate, calcium and vitamin D

Phosphate, calcium and vitamin D are important for bone formation. Healthy kidneys make vitamin D from the food we eat and sunlight available. Failing kidneys often cannot convert enough vitamin D. This is how renal bone disease and other abnormalities begin.

- Once levels of vitamin D are too low, calcium levels in the blood drop.
- Falling calcium levels prompt the parathyroid gland to make more parathyroid hormone, which removes more calcium from the bones.
- This disturbs the balance between calcium, phosphate and vitamin D.
- Calcium and phosphate then start to deposit in other parts of the body, like the blood vessels, heart, joints and skin.
- These changes begin early in chronic kidney disease.
- If such changes are identified, you will be advised on suitable medication and dietary modification.

It is during stages three to five of kidney failure that phosphate balance becomes much more important, but it's not possible to give background information as individual help is needed from a professional dietician

Fluids

Healthy kidneys control the balance of fluid and sodium in the body. Too much salt in the diet creates thirst and kidney patients are more likely to retain fluids

- Dialysis patients with fluid restrictions will be less thirsty if salt intake is reduced.
- Those on peritoneal dialysis will usually have a larger daily fluid allowance than those on haemodialysis.
- Diuretic treatments can reduce excess sodium and fluid in the body. This is often part of treatment to reduce high blood pressure during the early stages of chronic kidney disease.

Links

[Healthy weight calculator](#) - NHS Choices

[Food Standards Agency](#) 'Traffic light system' - food labelling

[The eat well plate](#) from the Food Standards Agency

[Guidance](#) for patients and healthcare professionals on CKD from the National Institute for Clinical Excellence (NICE)

Downloads

[Living with kidney disease DVDs](#)

[Kidney care cookbook](#)



Reproduced with thanks

Kidney care cookbook

This kidney care cookbook which was created by TV Chef Lawrence Keogh, Head Chef at Roast and BBC's Saturday Kitchen along with Renal Dietician, Diane Green is now available free of charge from local Dieticians for patients who need to control their diet due to chronic kidney disease.

The book which contains 16 recipes, is called Rediscovering Food & Flavours.

This is what Lawrence Keogh had to say about his book:

"I know the restriction kidney disease puts on your diet, it's dull and very frustrating. I've developed the cookbook to bring an element of fun back into eating recipes that are simple to produce and perfect for all the family.



I've worked closely with Diane to make sure the best quality ingredients are used to ensure CKD sufferers are getting the best possible dietary needs they require and have made an effort to move away from bland low phosphate diets. I am delighted to be a part of this project and just hope that people benefit from the cookbook and that it serves to improve their quality of life."

[Download](#) now and get cooking with Lawrence!

Also see

[Eating Well with Kidney Failure – A Practical Guide and Cookbook](#) – by Helena Jackson, Annie Cassidy and Gavin James – published by Class Publishing



Fund raising stalls

We have a tombola, jewellery and gift stall on the 1st Friday and 3rd Tuesday of every month situated in the Renal Centre Atrium opposite WH Smiths.

These raise important funds for our charity but they also give us the opportunity to talk with patients and give them any help they may need particularly if they are new to the Freeman Hospital.

If you have any spare time and would like to help us please contact
Keith Vickers 07588724530

If you have any gifts that you wish to donate as tombola or raffle prizes we will be happy to accept at the stalls or at the ward clerks station on ward 31 at other times (Mon-Fri 9am-5pm)

The flu vaccine and renal patients

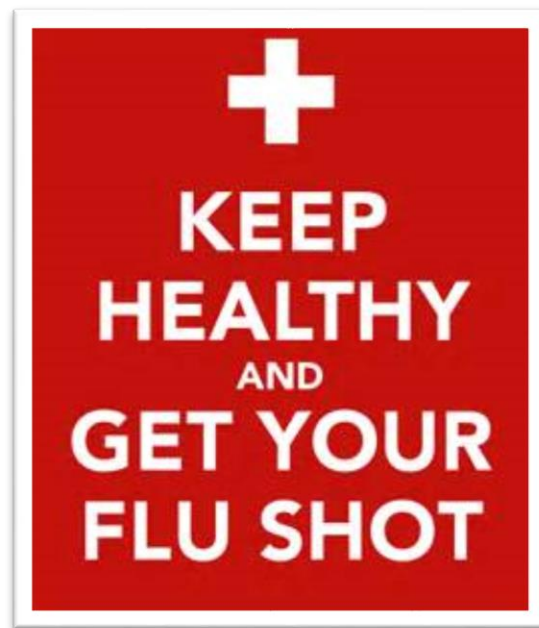
A flu vaccine is available for free on the NHS for:

- anyone over the age of 65
- pregnant women
- anyone who is very overweight (with a body mass index over 40)
- children and adults with an underlying health condition (particularly long-term heart or lung disease)
- children and adults with weakened immune systems

An annual flu vaccine nasal spray is also now offered to healthy children aged two, three and four years old, and to children in school years one and two.

The best time to have the vaccine is in the autumn, between *September and early November*. If you think you might need it, contact your local GP surgery.

You should have the flu vaccination every year so you stay protected, as the viruses that cause flu change every year.



Annual Trustees Report 2014-15

As a registered charity we have to give an annual report of the TKPAs financial and patient support to the Charity Commissioner, this ensures we are able to maintain our registration.

Tyneside **Kidney** Patient Association

Charity number 518767

Trustees Report 2014-2015

Introduction

The year in review has seen a slight increase in our membership (current total 562) with a steady number crossing over to electronic communications giving us savings in printing and postal costs. The committee has overseen robust changes to our fund raising with additional events to boost funds available for the supporting of renal patients regardless whether members of the TKPA or not.

A major change with our membership list is now the ability to be aware of the death of a member and to no longer send out unwanted and sometimes upsetting communications to a deceased's family as we are unaware of their death. This has been accomplished by an appeal to the Caldicott Guardian who has allowed us to have access to the names of patients who have died who may be TKPA members.

The Committee has focused on communication with patients and working in partnership with other KPA's, Northern Counties Research Association, hospital staff and the consultants. This has seen an increase in invitations to formal seminars from the Renal and Surgery Consultants. The Committee has also been asked by Renal and Surgical consultants to help with the endorsement of research grants, involvement in working groups, helping doctors to engage with renal patients more.

Currently we are involved in a research application in conjunction with Newcastle University and the Freeman Hospital with regards to patient non-attendance for haemo dialysis treatment.

The Freeman Hospital opened a satellite haemo dialysis unit in 2015 it is situated in Alnwick, Northumberland which is 20 miles north of our base in Newcastle. The TKPA welcomes the Alnwick unit as it gives an improved service to patients from the north of the region by reducing travelling times to those who attend three times a week treatment.

The TKPA delivers the same level of support to these patients with regular visits and access to our services.

Meetings

We hold monthly committee and general meetings which alternate; each has always been quorate with a good number of general members in attendance.

Our March 2015 meeting was held in a local restaurant where our patients and carers met up for an informal evening which included a presentation by our medical team, dinner and a quiz. This evening was successful and will be repeated on an annual basis throughout our region.

In previous years our meetings have included occasional speakers with subjects varying from medical, benefits and pharmacy but as an acknowledgement to the speaker's work load we have chosen to hold a major conference to maximise the impact of their presentations.

Young Persons Group

We continue to build on this relationship and financial support indeed a committee seat has now been filled by a young man from the YPG. We were able to offer support for their attendance to the National Kidney Federation conference and the Transplant Game competitions. All our patient trips are open to the group and we encourage at all times their help and suggestions to assist us with our fund raising and educational events.

The committee continues to invite Nurse Helen Ritson, YPG coordinator to all our meetings and gatherings.

TKPA Committee

Our committee has met eleven times in the current year plus one Annual General Meeting with a good turnout of all committee members on each occasion. All our committee members continue to be fully involved in all our endeavours be it in organising/assisting in charity events, raising funds and gaining sponsors.

National Renal Representation

National Kidney Federation Executive, Vanessa Hardy TKPA Chairwoman was elected to the Executive and took a major role in the campaign to represent patients in respect to the Governments proposed changes to

Renal Commissioning. Vanessa attended numerous meetings of the All Party Parliamentary Kidney Group (APPKG) in London which ultimately was successful in protecting renal services.

British Transplant Games

Gateshead-Newcastle 2015

The TKPA was part of the Local Organising Committee (LoCog) for this National event and provided financial support to the participants. Our Trustees attended all LoCog meetings in the year leading up to the games and assisted in fundraising events such as bucket collections at local sports events.

Financial issues

Due to diligent management of our funds by the treasurer Ian Gill and the hard work of our fund raisers the TKPA is solvent and continues to meet our responsibilities to patients as laid out by our Constitution. We continue to look for further opportunities to raise funds and promote the patients Welfare Fund.

A copy of our audited accounts for 2014-2015 are included as an attachment.

Social Events

Santa visits' to renal wards 31,32 and 38 to distribute Christmas gifts and good wishes, this totalled 340 patients and was accomplished over two full days and evening's by our committee and friends.

Day trips to Newcastle Race Course

Doctors versus Patients cricket match

Restaurant visits.

Fund Raising

Twice monthly tombola and information stall within Freeman Hospital atrium

Attendance within the hospital for World Kidney Day and National Transplant Week

Stalls at three summer events with tombola's and the addition of children's games, face painting and the sale of collectables & crafts, has increased the opportunity to gain signatories to the donor register as well as raising funds.

A trek up Ben Nevis that raised in excess of £2,000

Great North Run, we had 5 runners in the race and have raised approx. £2,500

The seasonal raffle is run three times a year and continues to be a good source of income.

As can be expected by the demographic and age of our members and patients we continue to be the recipients of regular memorial sums.

Projects in Process

We are currently redesigning our website to give patients and visitors access to more detailed information on renal health, up to date help and contacts with links to other renal sites.

Expanding the sale of medical alert wristbands.

Repatriation of medicines, supporting patients during this major change to how and where they will receive medication.

Educational Events

A major conference was held in August 2015 at the Centre of Life Newcastle and had an open invitation to all renal patients, carers and friends from our own renal units but also to those from Sunderland, Teesside and North Cumbria areas.

It was a free full day event with transport organised for those patients with mobility problems.

Speakers included the following medical professionals.

James Shaw, Professor of Regenerative Medicine for Diabetes, Newcastle

Derek Manas, Professor of Transplantation, Newcastle

Colin Wilson, Consultant Transplant Surgeon, Newcastle

Mike Nicholson, Professor of Transplantation, Cambridge.

Representation

Committee members have represented patients at the following

Quarterly senior medical staff meetings (consultant led)

Stands at the World Kidney Day event in the Freeman Hospital

A stand in support of the National Transplant Week again at the Freeman Hospital

Delegation to the National Kidney Federation conference.

Delegation to the National Kidney Federation AGM.

National Kidney Federation National Executive. All Party Parliamentary Kidney Group (APPKG)

NB. We encourage patients to attend all conferences by organising free transport, conference costs and subsidising hotel accommodation.

Newsletter and communications

Seven Newsletters of 28-32 pages are produced a year with approximately 550 hard copies per addition printed for mailing and information stands in addition to the 173 that go out to members as e mail's, it is also available to read from our website.

The Newsletter is edited, printed and distributed by the committee secretary with assistance from other members. This includes hand delivering them to all patients on ward 31 (haemo dialysis), ward 32 ward 38 Institute of Transplantation and the Alnwick satellite unit.

The electronic members also receive emails throughout the year advertising events and reports from other bodies we feel may be of interest to them. We have not and will not give our email customers contact details to third parties.

We have been very fortunate to receive further financial assistance from H. *Malone* & Sons Ltd towards the cost of postal distribution.

This year has seen us incorporate on both our stall and distributing the Newsletter, the promotion of both educational events and also our social events; this has had a twofold advantage with communication with patients. Firstly, the patients that use the hospital regularly see that we are visibly more active communicating with them. Secondly it has started to help us with recognising what the boundaries are, the needs of the patients to be able to attend some events, for example the issue of transport for a lot of our patients.

Consultants meetings

We continue to have quarterly meetings with consultants, surgeons, nursing and department management. This meeting enables us to bring forward any issues patients have brought to us together with information on our future plans and events in turn they are able to update us on departmental matters that we include in our newsletter or posters.

Whilst this meeting is important it should be noted that the TKPA receives full and enthusiastic support at all times from this group and has access to them whenever it is needed this is of great benefit to those we represent but is also a great credit to the Freeman Hospital.

Website

Our website <http://tynesidekpa.org.uk/> is in the process of been rebuilt so we will be able to increase both content and accessibility.

Medical Alert Wristbands

We have continued to supply wristbands to hospitals in most of the UK and have introduced a wider range of sizes having listened to feedback from patients.

These can be purchased by mail, from our website or from the Freeman Hospital dialysis unit.

Future plans

To continue meeting the changing needs of patients

Encourage patients to volunteer at events

Identify future opportunities for donations and fund raising.

General comments

The Tyneside Kidney Patients Association continues to play a vital role in the support of patients particularly those who are in need of financial assistance as well as raising awareness of renal disease and organ donation.

The TKPA is solvent with an enthusiastic number of committee members and volunteers but as almost all are patients themselves we are faced with increasing difficulties this causes in attendance to events, this situation seems to be mirrored by other patient led charities within the National Kidney Federation.

Future planning of our charity business will be taking this into account with a higher reliance on low impact fundraising such as payroll giving and using volunteers to raise funds. Sponsored events such as the Great North Run and the use of the BT MyDonate fundraising site have proved to be successful and will be expanded on.

The Tyneside Kidney Patients Association has completed another successful year as can be seen by this report and the annual accounts but to continue doing so we must adapt to the changing needs of our members and the realities of a patient led charity.

On Behalf of the Trustees

Keith Vickers

Secretary

Tyneside Kidney Patients Association

10th September 2015

TYNESIDE KIDNEY PATIENTS ASSOCIATION				
Registered Charity 518767				
INCOME AND EXPENDITURE ACCOUNT FOR THE 12 MONTHS ENDED 31 MAY 2015				
	2015	2015	2014	2014
	£'s	£'s	£'s	£'s
INCOME				
Donations		7,976.17		6,556.75
Bank Interest		6.98		6.94
Stalls	3,561.34		4,779.77	
Raffles	2,128.50		2,560.70	
Events	2,235.91		2,209.62	
Collecting Tins	717.45		944.66	
Fundraising		8,643.20		10,494.75
Wristbands		2,156.50		1,532.53
NKF Donation - Contra		0.00		298.87
		18,782.85		18,889.84
CHARITABLE EXPENDITURE				
Welfare Payments		1,000.00		0.00
Stall Purchases		2,680.47		3,294.51
Outings		242.00		444.00
Event Expenses		2,382.98		3,674.35
Printing and Stationary		283.89		320.97
Postage		110.46		223.60
Website Costs		0.00		181.44
Purchase of Kindles		0.00		472.00
Travel Expenses		1,557.69		356.02
Insurance		530.00		495.00
NKF AGM		362.87		300.00
NKF Donation - Contra		0.00		298.87
Audit Fee		0.00		0.00
Newsletter		859.73		1,121.85
Banners, Ballons, Wristbands etc		1,500.49		994.00
Fundraising Costs		475.27		46.98
Bank charges		0.00		20.85
		11,985.85		12,244.44
NET MOVEMENT OF FUNDS				
		6,797.00		6,645.40
UNCLEARED CHEQUES IN YEAR				
		-1,000.00		-1,568.36
AVAILABLE FUNDS BROUGHT FORWARD FROM PREVIOUS YEAR				
		24,303.12		19,226.08
TOTAL AVAILABLE FUNDS CARRIED FORWARD				
		30,100.12		24,303.12

Contact details you may find useful

Renal Social

Workers

The best way to contact one of the renal social workers is to go by the administration officer. You can do this by:

- phoning Newcastle Hospitals on (0191) 213 7393 and asking for the renal social workers at the Freeman
- E-mail to socialworkadminFRH@newcastle.gov.uk
- Fax to (0191) 285 3455
- Post to Renal Social Worker, Adult Services Directorate.

Current committee 2014-15

Trustees

Vanessa Hardy Chairwoman 07789 867368

E-mail: QUEBECZOO@sky.com

David Errington Vice-chairman (01670) 790300

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Keith Vickers Secretary/ Editor 07588 724530

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Committee members

>Alan Bond (and membership secretary) bond504@btinternet.com

>Alex Crawley alexcrawley101@hotmail.com

>*Vacancy x 2, interested? Contact Keith Vickers 07588 724530*

Telephone Helpline and Peer Support –

David Errington Vice-chairman (01670) 790300

E-mail daviderrington@tiscali.co.uk

National Kidney Federation: www.kidney.org.uk

URGENT RENAL CARE

Any Newcastle dialysis or kidney transplant patient who needs advice about an **URGENT** medical problem that relates specifically to their underlying kidney disease/treatment should telephone one of the following numbers>>>>>>>

Chronic haemodialysis patients telephone **Ward 31** on **0191 2137031**
(or if unobtainable phone **Ward 32** on **0191 2137032**)

Do you wish to be involved by contributing articles or assisting with publishing?

Are there items or stories you would like to be covered?

Have you had a holiday while on dialysis and want to let other patients know how it was planned?

Have you a story to tell, let us know



Newsletter edited and published by Keith Vickers

tkpa.secretary@gmail.com

December 2015

