



Supporting and working for  
kidney patients in West London

Registered Charity 275771

## The West London Kidney Patients' Association Newsletter

Summer 2026



**This Summer, West London Kidney Patients' Association's Trustees welcome you to a Bumper Edition of our Newsletter.**

We hope you enjoy reading the various articles and as always if you think you have a newsworthy story to tell please get in touch with us.

We are thrilled to share that our JustGiving and CAF Online portals are thriving! To everyone who has donated, thank you. Your generosity provides the vital funds we need to transform the lives of kidney patients across West London.

### Contents

**Page 2-3**

Stepping out with  
Surjit Bhalla & Friends)

**Page 4-5**

Carers Week -  
Recognising the person  
behind the care

**Page 6-10**

Let's Talk about  
Sustainable Kidney Care

**Page 11**

World Kidney Day 2026  
Patient Conference

**Page 12-13**

Art Therapy at  
Northwick Park Hospital

**Page 14-16**

Dieticians

**Page 17**

CKD - Coffee Mornings

**Page 18**

Cultural Health Expo '26

**Page 20**

Useful Phone Numbers

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to receive this  
newsletter



## Stepping out with Surjit Bhalla & Friends

**Meet Surjit Bhalla, a dialysis patient at the Northwick Park Renal Unit. A charming and unassuming octogenarian, Surjit finds his greatest joy in connecting with family and friends—often while embarking on fitness-based fundraising challenges. This is his story...**



"My journey began decades ago in Kenya. Like many 'boys being boys,' we spent our school days playing in the local rivers. It wasn't until 1984 that I discovered I had contracted Bilharzia from the water. That March, while enjoying lunch at the Café Royal in London, I was suddenly taken ill.

After four weeks in intensive care, I was diagnosed with cirrhosis of the liver. To manage the condition, I was prescribed diuretics for 25 years, which eventually took a toll on my kidneys. In 2010, I received a life-changing liver and kidney transplant. It was a resounding success, granting me 15 years of 'carefree' health.

Unfortunately, last June, my kidneys began to show signs of failure. Despite the doctors' best efforts to adjust my medication, I started regular dialysis in November. After a difficult period transitioning between units—including a frightening emergency admission to Charing Cross Hospital—I was transferred to

Northwick Park. The care here is exceptional; the staff and nurses are incredibly professional and kind.

Inspired by their dedication, I've made it my mission to give back. I have now raised a total of around £15,500, including £1891.78 for the WLKPA. These efforts started in 2010 with a walk across ten London bridges for King's College Hospital for which we raised £6,666.66. This was followed by a trek across Mount Kailash in Tibet where friends helped me raise £8,888.88 for NKF.

My goal is to keep walking and fundraising for as long as my health permits. I hope that by sharing my story, I can inspire others to support their units and the vital work they do.



As a former draughtsman, Surjit briefly spoke about his fundraising challenges and artwork on display at Northwick Park Renal Centre.

Shown alongside  
Dr Neill Duncan



The finish of our 10 Bridges  
Walk. October 2025

## Carers Week - Recognising the person behind the care

By Michelle Delon – Renal Social Support Worker

**Carers Week, taking place from 8–14 June, is a national campaign that raises awareness of caring, highlights the challenges unpaid carers face, and recognises the huge contribution they make to families, friends, and communities.**

In the context of kidney disease, carers play an essential role in supporting people at every stage of their renal journey. A carer may be a partner, family member, friend, or neighbour who provides unpaid support to someone living with chronic kidney disease, on dialysis, or following a kidney transplant. This support can include helping with home dialysis treatments, managing complex medication schedules, attending hospital appointments, providing emotional support, or assisting with daily activities, such as managing meals, cleaning, shopping and childcare when fatigue or illness makes these harder. Many carers balance these responsibilities alongside work, family life, and their own health needs.

Caring for someone with kidney disease can be demanding and unpredictable. Dialysis schedules, hospital visits, concerns about complications, and the emotional impact of long-term illness can place significant strain on carers. Carers Week is an opportunity to acknowledge these pressures and to remind carers that they are not alone.

Access to local advice, knowledge, and support is vital. Carers are encouraged to contact their local authority and local carers' networks to find out what help is available in their area. This may include financial advice, help with benefits, respite care, carer-specific counselling, peer support groups, education sessions, and wellbeing activities designed specifically for carers.



It is also important that carers continue to pursue their own interests, maintain social connections, and look after their own physical and mental health. Supporting someone else should not mean losing your own identity or wellbeing and it is vital that carers also take time for rest and enjoyment. Looking after yourself is not a luxury - it is essential to maintain a sense of identity beyond that of a carer.

Taking regular breaks is particularly important for carers supporting someone

with kidney disease, where care responsibilities can be continuous. Respite may be arranged through local authorities or through organisations such as Carefree (<https://carefreespace.org/>), which works with hotels to provide free hotel rooms for 1-2 nights to allow time for the carer to rest and recharge (small admin charge applies).

For anyone who has a carer in their life, Carers Week is a reminder to see the person behind the carer—their needs, hopes, and individuality. A simple conversation or gesture of appreciation can go a long way.

And finally, for healthcare professionals, Carers week is an opportunity to acknowledge carers, listen to their concerns, involve them appropriately in care and to refer to local carers organisations in order to make a meaningful difference.

This Carers Week, let's recognise and thank the carers who support people living with kidney disease every day — and ensure they receive the understanding, support, and appreciation they deserve.

**Let's Talk about Sustainable Kidney Care  
with Dr Alberto Ortiz:  
The Updated Global Burden of Chronic  
Kidney Disease:  
one death every 20 seconds**

*By Gloria Munoz-Figueroa*



**P**revention is the most powerful principle of sustainable kidney care. It has a low environmental impact (carbon footprint) because health is promoted and kidney disease is prevented. It could not be more imperative given the recent statistics from the updated global burden of disease published in February 2026.

I had the honour to speak about sustainable kidney care at the World Kidney Day Live webinar on 04/03/26. This impactful event is organised by the International Society of Nephrology, and I used the opportunity to call for a consensus to routinely screen or check for proteinuria (uACR testing) in children in primary care. The earlier CKD is identified the better.

This is a call for agency and urgency. We aim to empower patients to ask their loved ones;

relatives, friends, carers and communities, to ask their GPs to screen or check their kidney function and urine Albumin Creatinine Ratio (uACR).

Chronic Kidney Disease (CKD) is a major global health crisis affecting 850 million people worldwide. Recent data from the Updated Global Burden of Disease highlights that CKD causes one death every 20 seconds, millions of people are living with kidney damage without knowing it. And many cases are diagnosed too

late, when significant kidney function is already lost.

The message is clear; we can no longer wait for symptoms or late-stage kidney disease. The "one death every 20 seconds" statistic is changing how patients engage with their health. Patients are becoming more informed and proactive. There is growing awareness that early detection saves lives. Patients need to start asking for kidney checks, just like they ask for cholesterol or blood pressure checks. And advise their loved ones to ask their GPs for the right tests too, particularly for an uACR test.

uACR test (urine Albumin-to-creatinine ratio) is a simple urine test checking for albumin. This is a blood protein that should not leak into the urine. If found in the urine, it can be an early sign of kidney damage. This can happen even when kidney function is still normal.

For patients living with CKD this means, kidney disease can develop without symptoms (silent). Early testing can prevent dialysis and heart complications, and patients have a powerful role in

asking for the right tests. For kidney specialists this means, there is a shift toward earlier diagnosis and prevention, not just treating advanced kidney disease. New pharmacological intervention can slow down CKD progression if started early. For general practitioners this means, the focus is moving to proactive screening. A urine test can identify kidney disease years earlier.



As part of my effort to raise awareness, I invited **Dr Alberto Ortiz** to speak to WLKPA and KIDNEYLife Newsletter readers, to share his perspective, expertise, and with his 5 years lens how he sees this field evolving.

Dr Alberto Ortiz, MD, PhD is a clinical Nephrologist and

physician-scientist from Madrid, Spain. He is currently Head of the Nephrology and Hypertension Department of Fundacion Jimenez Diaz University Hospital, Professor of Medicine at Universidad Autonoma de Madrid and Renal Science Chair of the European Renal Association.

I have the privilege to have met him through our sustainable kidney care network, work and collaboration. We share the passion and mission to drive global prevention of chronic kidney disease.

**Your report highlights the rising death toll for chronic kidney disease. Many people are unaware that kidney damage can be detected early through a simple urine ACR test. Why is uACR testing still underused, and how could wider screening change outcomes?**

For me, it is still a mystery why urine ACR is not tested more frequently. It could be for historical reasons. When the test was first introduced in the 1990s, it was more expensive, and so it was reserved for specific groups, such as people with diabetes.

*Many clinicians trained with this mindset and practice. Today, this has changed because*

- *uACR test is simple, non-invasive, and inexpensive.*
- *It allows us to detect chronic kidney disease early.*
- *Most importantly, CKD is now treatable.*

*If we detect kidney disease early:*

- *We can delay or prevent dialysis.*
- *We can reduce heart disease risk.*
- *We can help people live longer and healthier lives.*

*In fact, by the time we diagnose CKD using kidney function tests, patients may have already lost about half of their kidney function—equivalent to losing one whole kidney. This damage is irreversible.*

*Before this happens, the body gives us a warning sign: Albumin appears in the urine. This means:*

- *Kidney damage has started.*
- *But kidney function may still be completely normal.*

**“People can have chronic kidney disease even with “normal” kidney function.”**

**What difference does early treatment make?**

*The difference is enormous. Clinical trials show:*

- *If treatment starts early (when only albuminuria is present), dialysis may be delayed by decades (up to 30 years) or avoided entirely.*
- *If treatment starts late (when kidney function is already low), dialysis may only be delayed by a few years*
- *Early detection changes everything.*

**You've also described a new “anti-ageing” role of the kidneys. What does that mean?**

*We used to think kidneys mainly removed toxins. Now we know they also produce substances that help protect the body from ageing—such as a protein called Klotho.*

*When kidneys are damaged:*

- *These protective substances are reduced.*
- *This contributes to faster biological ageing and heart disease.*

*Importantly, Albumin in the urine is a sign this protective function is already being lost.*

**For patients with diabetes, high blood pressure, or cardiovascular risk—how important is asking for an ACR test?**

*It is very important—and patients should absolutely be proactive. We are all used to asking about:*

- *Blood pressure*
- *Cholesterol and*
- *Blood sugar checks*

*But kidney health should be treated the same way. The European Renal Association recommends a simple framework; the ABCDE approach to health, based on European Society of Cardiology guidelines on prevention:*

*A – Albumin (urine test)*

*B – Blood pressure*

*C – Cholesterol*

*D – Diabetes (blood sugar)*

*E – eGFR (kidney function)*

*These five checks work together to protect both heart and kidney health.*

## How can we encourage more patients to ask for ACR testing—including children and young people?

We need awareness—and simple messaging. One idea is using visual tools like the “ABCDE hand”:

- Each finger represents one health check
- It's simple, memorable, and actionable
- We should use:
  - Social media
  - Infographics
  - Patient education campaigns

Because people already understand:

- If they smoke
- If they are overweight

But only healthcare systems can provide:

- Urine Albumin testing
- Blood tests
- Kidney function checks

## What needs to change in primary care to make ACR testing routine within the next 5 years?

We need both awareness and practical incentives. One

approach could be encouraging or incentivising GPs to test patients at risk. Over time, urine ACR testing should become as routine as:

- Checking blood pressure
- Measuring cholesterol
- Testing blood sugar

It should be standard care and not optional.

## What is your final message for patients?

- Kidney disease is common, serious, and often silent.
- A simple urine test (uACR) can detect it early even when kidney function is normal.
- Early detection can prevent dialysis and protect your heart.

Next time you or your loved ones have a check-up with a general practitioner, encourage them to ask, “Can I have a urine ACR test to check my kidneys?” Because when it comes to kidney health—earlier really is better.

## World Kidney Day 2026 Patient Conference

By Gloria Munoz – Lead Nurse Advanced Kidney Care

### At Imperial, we marked World Kidney Day 2026 by hosting the Living Well: Advanced Kidney Care & Wellbeing Patient Conference.

105 patients, relatives, carers, and potential kidney donors joined us for a day focused on early detection, informed

sustainable treatment choices and living well with kidney disease.

A highlight of the day was our immersive and interactive wellbeing workshops (key golden rules to protect our kidneys)

- **Physical activity**
- **Stress management**
- **Plant-based nutrition**
- **Smoking cessation**

Patient feedback was clear: they want more events like this.

Because improving kidney outcomes requires prevention, education, and empowered patients.

As Lead Nurse for Advanced Kidney Care, I am supporting fundraising efforts to expand World Kidney Day activities and community engagement across the network.



## Showcasing Artistic Talent by Staff & Patients at Northwick Park Hospital

By Claire Edwards, Head Nurse, NPH Renal Centre



**We are delighted to share the positive transformation that has taken place in the dialysis unit at Northwick Park following its refurbishment, completed in September 2024. The existing artwork had become faded and dated, leaving the walls bare and in need of renewal. Inspired by the benefits of art therapy and displays seen elsewhere in the hospital, I approached Imperial Charity to explore how we might bring fresh creativity into our unit.**

We deeply appreciate the ongoing generosity of our patients and relatives, whose donations to the NPH Imperial

charity funds, alongside the support from the charity pot, made it possible to introduce art therapy sessions. The

project was funded and ran from January to June 2025, offering patients and team members weekly opportunities to participate in painting, drawing, and collaborative creative projects.



We are incredibly grateful to Emelie Salford, who visited once a week over six months, encouraging and inspiring our patients and some of the team to create the remarkable artwork now displayed throughout the unit. We are also lucky to have our regular volunteer Nita, whose creative flair has been invaluable—Nita



continues to champion and nurture art in our unit. Imperial Charity's support has been instrumental in bringing this project to life.



The art therapy initiative has fostered new friendships, sparked conversations, and transformed the unit into a less clinical and more welcoming space. Thank you to our patients and staff for their openness and enthusiasm in embracing this initiative. We are excited to see how art continues to enrich our unit, and we recommend this approach for all our dialysis units.

With appreciation for everyone's contributions and support, we look forward to building on this creative momentum in the future.

## Food, Culture, and Connection while Caring for Your kidneys

By Ruth Kander – Kidney Dietitian

**Food connects us to family, culture, tradition and each other. As someone living with chronic kidney disease (CKD), being told you need to “change their diet,” can feel worrying—especially if it sounds like favourite foods are suddenly off the menu.**



North West London is home to people from all over the world, bringing a rich mix of traditions and cuisines. This article shares how food from all cultures can be celebrated—even when CKD shapes the choices we make.

### All cuisines can be made Kidney Friendly

With thoughtful cooking and portion guidance, many dishes from all cuisines can contribute to the variety and richness of everyday eating. Here are some examples:

- Polish pierogi can be filled with lower salt vegetables and enjoyed boiled rather than fried.
- Romanian sarmale work well with smaller portions and rice forward fillings.
- Punjabi staples like saag, daal, and roti are great when cooked with less salt and ghee.
- Gujarati thali naturally highlights vegetables, lighter daals, and balanced portions.
- Arabic mezze can focus on hummus, salads, and grilled meats.
- Urdu dishes such as biryani and nihari can be adapted using less salt and lean protein.
- Somali suqaar pairs well with gentle spices and minimal oil.
- Italian pasta celebrates flavour through tomato, garlic, olive oil,

and herbs—without needing excess cheese.

- Portuguese bacalhau inspired dishes can use smaller fish portions and fresh seasoning.

Across cultures, kidney friendly cooking prioritises fresh ingredients and flavour from herbs, spices, memory, and shared tables.

### The Salt Story: Big Impact, Small Changes

One of the best dietary changes in CKD is reducing salt. Too much salt raises blood pressure and makes the kidneys work harder.

But cutting salt does not mean bland food.

### Flavourful Alternatives to Salt

- Fresh or dried herbs and spices
- Garlic, ginger, chilli
- Lemon or lime
- Turmeric, cumin, coriander, paprika
- Onions and spring onions

Used well, these ingredients can completely transform a dish while keeping it kidney friendly.

### Portion Size Matters

Even nutritious foods can strain the kidneys when portion sizes are very large. Large servings of meat, frequent takeaways, and heavily processed foods all increase kidney workload.

Choosing lean proteins—such as fish, skinless chicken, eggs, or plant based options like lentils and tofu—can help keep meals balanced. If you have more advanced CKD you may also need tailored advice on protein, potassium, or phosphate intake.

### Watch Out for Hidden Ingredients

Convenience foods often contain hidden salt and phosphate additives. Common culprits include:

- Instant/pot noodles or packet soups

- Ready meals
- Seasoning powders
- Packet sauces
- Processed meats
- Pickled, cured, and salted foods
- Takeaways

Cooking at home more often and checking food labels can make a significant difference.

### Helpful Resources:

The internet is full of dietary advice, but kidney care is complex. Always discuss changes with a qualified healthcare professional and rely on trusted, evidence based sources.

Reliable kidney resources include:

- Kidney Care UK
  - Kidney Research UK
  - National Kidney Foundation
- For diabetes specific guidance:
- Diabetes UK
  - Know Diabetes



These organisations provide up to date information to help you make informed decisions about your health.

### In Summary

Remember to:

- Focus on flavour without salt
- Keep foods that are important to you—adjust portions and cooking methods instead
- Be mindful of portion sizes
- Choose home cooked meals more often
- Seek personalised advice—CKD is different for everyone

There is no single “kidney diet” that suits everyone. CKD varies from person to person, and advice should reflect individual blood results, culture, preferences, and lifestyle. A kidney dietitian can help make changes practical, realistic, and sustainable.

Healthy eating with CKD should never feel like a loss of identity.

It should feel empowering—a way to protect your health while keeping the flavours, traditions, and joy of food alive.

## CKD – Coffee · Knowledge · Dialogue

**Gloria Munoz-Figueroa, Lead Nurse for Advanced Kidney Care, together with the Advanced Kidney Care Team and Imperial Volunteering Services, are developing a patient-led initiative to support CKD Coffee Knowledge Dialogue Mornings.**



We are creating opportunities for people living with kidney disease to become peer supporters and co-organisers, helping shape and deliver these sessions.

Learning about kidney health, lifestyle changes, and the practical aspects of different dialysis methods—and much more—can take place in a social

and supportive environments.

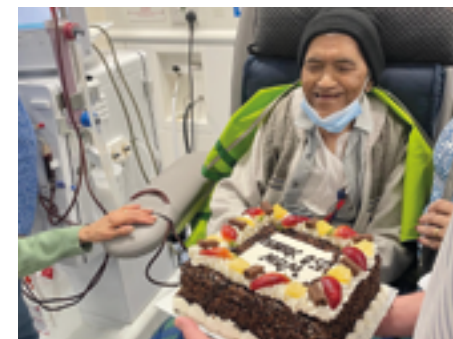
These coffee mornings will bring together people living with chronic kidney disease including those on dialysis, with a transplant, or receiving supportive care, carers, relatives, friends, existing and potential kidney donors, to learn, share experiences, and connect.

Come for the Coffee, stay for the Knowledge—and keep the Dialogue going.

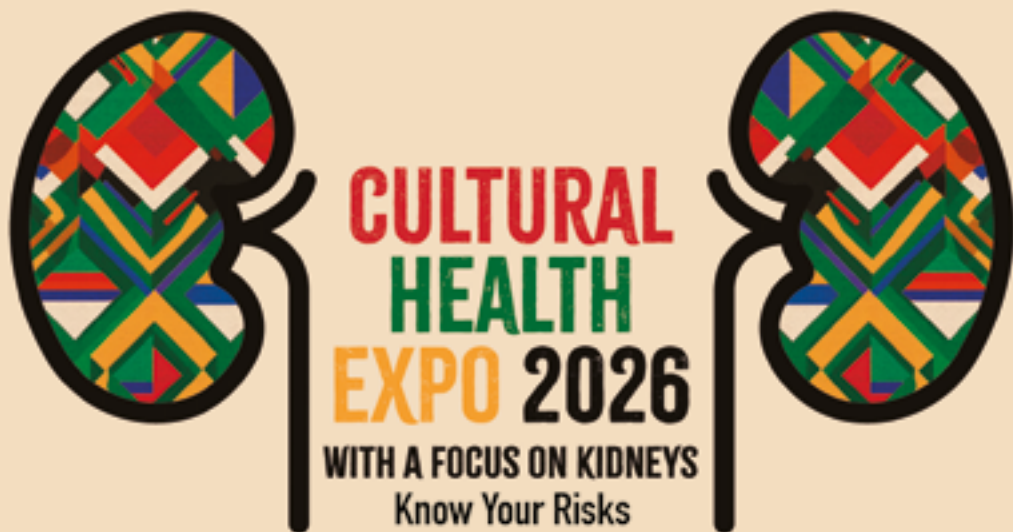
To express interest in attending or volunteering, email [gloria.munoz1@nhs.net](mailto:gloria.munoz1@nhs.net)

### In Memoriam

It is with heavy hearts we bring sad news of the passing of Mahesh Mehta.. Mahesh featured in the winter 2025 issue of the newsletter which commemorated his record breaking fifty years on dialysis. We extend our sincerest condolences to his family and loved ones.



LET'S CELEBRATE THE DIVERSITY IN OUR LOCAL COMMUNITIES AND LEARN HOW WE CAN POSITIVELY IMPACT OUR OWN KIDNEY HEALTH



DATE: SUNDAY 7th JUNE 2026 : 12.45pm – 5.30pm

VENUE: LEARIE CONSTANTINE CENTRE  
VILLIERS ROAD, WILLESDEN, LONDON NW10 2FD

ADMISSION: FREE (Families Welcome)

On the day, there will be a vibrant atmosphere featuring live music, dance, spoken word, Caribbean food and interactive activities. Engage with healthcare professionals and participate in interactive conversations on conditions impacting the Black community.

Presented by Imperial College Healthcare NHS Trust



In collaboration with the



# SUMMER SUDOKU

The goal is to fill the entire 6x6 grid with numbers so that every column, every row, and every 3x2 block contains all of the digits from 1 to 6. Some boxes are filled to help you.

Answer is on the website.

|   |   |   |   |   |   |
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|   |   | 1 |   | 4 |   |
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COFFEE  
BREAK  
PUZZLE

# Imperial College Renal & Transplant Centre Contact Numbers

| RENAL UNIT  | TELEPHONE                     |
|---|-------------------------------|
| Auchi Unit, Hammersmith Hospital  | 020 3313 6627                 |
| Brent Renal Unit, Central Middlesex Hospital,   | 020 8453 2017                 |
| Charing Cross Hospital , Renal Dialysis Unit, 1 South   | 020 3311 1752 / 020 3311 1034 |
| Ealing Hospital, Renal Unit   | 020 8967 5737                 |
| Hammersmith Hospital , Renal Home Therapies (HD)  | 020 3313 6649                 |
| Hammersmith Hospital , Renal Home Therapies (PD)  | 020 3313 6647 / 020 3313 6665 |
| Hammersmith Hospital , Renal Out-Patients' Clinic –<br>Currently joined with St Mary's Hospital, Renal Unit | 020 8383 8333                 |
| Hayes Renal Unit  | 020 37048 450 / 020 3704 8444 |
| Northwick Park Hospital, Renal Unit   | 020 8869 3245                 |
| Pam Sassoa Unit (PIU), Hammersmith Hospital   | 020 3313 6682                 |
| Renal Dietitian, Nutrition & Dietetics  | 020 3313 3048                 |
| St Mary's Hospital, Renal Unit – Currently closed.<br>Joined with Hammersmith Hospital,                     | 020 8383 8333                 |
| St Charles Dialysis Unit  | 020 3704 6519 / 020 3704 6510 |
| Watford General Hospital  | 01923 217243                  |
| West Middlesex Hospital   | 020 8321 2543                 |

**Contact us: [info@westlondonkpa.org](mailto:info@westlondonkpa.org)  
Or visit [www.westlondonkpa.org](http://www.westlondonkpa.org)**

The West London Kidney Patients' Association (WLKPA) Newsletter is published four times a year.\*

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