



HAMMERSMITH KIDNEY NEWS

Newsletter of Hammersmith Hospital Kidney Patients' Association Registered Charity 275771

February 2003

FROM YOUR EDITOR

Hello everyone and welcome to our first newsletter of 2003. I hope you all had a good Christmas and New Year. It was good to meet many of you at the Christmas Disco. Everyone enjoyed this and the Christmas Tea Party. Our thanks go to Val Said and many of the hospital staff for organising this event.

You may have noticed the newsletter has a new name which we hope will help raise its profile. If anyone would like copies of any old issues then please contact me. Most of the articles from these can also be found on the HHKPA website (www.hammersmithkpa.org.uk).

In this issue we have a comprehensive report on the National Kidney Federation's Annual Conference. This is an important event for kidney patients and there is an opportunity for you to attend the 2003 event. See the back page for more details.

Nimrit Foody

ANNUAL GENERAL MEETING 2002 By Eileen Parker



Our AGM was held on 19th November 2002. In the annual report, Chairperson Don Taylor emphasised that our aims can only be achieved by effective fundraising. As our accounts demonstrated, 2001/2 was a particularly successful year with over £19,000 raised. Don particularly thanked all members, friends and relatives who had organised their own events and sponsorships, as well as acknowledging the generous donations made to us by companies. Sadly, a large number of donations were received in memorium or in lieu of flowers for patients who had died during the year. Don thanked families and friends for their generosity.

In 2001/2 nearly £9,000 was spent on items and services for patients. These included: blood pressure equipment, welfare payments, information and publicity leaflets, running our website, seasonal refreshments for patients, televisions for dialysis units, dialysis chairs and our Christmas parties.

Our accounts showing a healthy bank balance of over £22,000 at 5th April 2002 were approved. This balance was achieved from this year's £10,000, together with a balance of £12,000 carried forward from last year.

The following main officers were re-elected:-

Chairperson:	Don Taylor
Joint Vice Chairpersons:	Val Said and Nimrit Foody
Secretary:	Eileen Parker
Honorary Treasurer:	John Bray
Auditors:	Kingston Smith (Chartered Accountants)

The committee members elected were: David Armstrong, Elaine Clutterbuck, Tom Costello, Marion Garrett, Davina Gilbert, Bhupinder Manz, Margaret O'Neill, Sean Ryan, Jackie Smith, Carol Toal and Jan Waters.

Prior to the formal business of the meeting Tim Statham, Chief Executive of the National Kidney Federation gave an informative talk on the role of the NKF. Tim spoke about the NKF campaigning on renal issues and patient information and support services. Next Gordon Lyall spoke about the work of the Charing Cross Holiday Dialysis Trust. On behalf of both Hammersmith and Charing Cross renal patients they organise foreign holidays, and fund and manage the magnificent Emsworth Holiday Centre. Finally, Professor Charles Pusey updated the meeting about the progress of the new Renal Centre at Hammersmith Hospital. Plans of the new building were displayed and it is hoped that building work will start early in 2003, with completion by late 2004.

The meeting concluded with a lively Open Forum for members to ask questions or make suggestions for future work of the HHKPA.

CHRISTMAS TEA PARTY 2002

By Val Said

The HHKPA Christmas Tea Party was held on 8th December at the Wolfson Well Restaurant at Hammersmith Hospital. Patients, their families, the staff and the patients on the wards all attended. An enjoyable and merry time was had by all. The table quiz was, as usual, very entertaining – cheating was actively encouraged although a significant amount of ‘misinformation’ passed from table to table causing great hilarity. There were some great table quiz prizes and the free raffle of a Christmas hamper was appreciated by all.

The Christmas Tea Party is an important event as it gives everyone the opportunity to meet and talk in a more relaxed environment.

Next year however, the venue will be changed so it will be easier to get to from the car park, although it will remain at Hammersmith Hospital.

Rum for the Dog

When I telephoned Candy Timmins to tell her she had won the seventh prize in our Grand Draw the person who answered the phone thought I was a hoaxer. You see Candy is the family dog and the prize was a bottle of rum. So, if you see a drunken dog wandering the streets of Kenton you will know why.



CHRISTMAS DISCO 2002

By Eileen Parker

Thanks to the hard work of the organiser, Nimrit Foody, we were once again able to hold a Christmas disco in 2002. For many years our



venue has been the Du Cane restaurant, but this year we were unable to negotiate an appropriate arrangement to hire the restaurant. After a lot of investigation and much debate at committee meetings, we decided on Ealing Cricket Club. The club was in a suitable location and had the advantage, not only of a

competitively priced bar, but also allowing us to supply our own caterer.

We would like to thank patient Steve Thompson, for once again providing a delicious spread for us.

The evening was a great success with the DJ playing a good mix of disco, party and bhangra music, which had everyone up on the floor dancing. The Grand Draw was also held on the night, with HHKPA President Gordon Williams and Committee member Jan Waters pulling the winning tickets.

If any members would like to get involved in organising any of next year's Christmas events or have any suggestions please contact a committee member.



GRAND DRAW WINNERS

Congratulations to all the winners. A full list of the winners of all sixteen prizes is available from the editor.

£250 donated by Wyeth Pharmaceuticals won by A Fernandez – Uxbridge (Ticket Number 7427)

£150 donated by Wyeth Pharmaceuticals won by G S Riat – Southall (5520)

£100 donated by Chelsea Building Society won by John Jones – Iver (3001)

Dinner for two donated by WestStreet Restaurant won by F Noman – Brentford (9426)

Dinner for two donated by Sheraton Heathrow Hotel won by Vivian Pillay – Hillingdon (1574)

Thank you to all who participated and helped raise £1816 pounds for the HHKPA.

PALS - PATIENT ADVICE AND LIAISON SERVICE

BY CATHERINE DALE, PALS DEVELOPMENT MANAGER

What is PALS?

It is the Hammersmith Hospital Trust's new Patient Advice and Liaison Service. PALS is an advice and information service for patients, carers, friends and families. PALS can be contacted if you have concerns, questions or comments about any aspect of your health care or treatment.

This new service is part of the NHS Plan and PALS are being set up in all health trusts.



kept those concerned informed of the progress.

How do PALS ensure that problems highlighted to PALS do not re-occur?

Each issue that the PALS team deals with is recorded. The team regularly analyse the issues raised and make notes of any trends. This information is then fed back to senior members of staff who review their services and can implement changes to make them more patient-centred.

How do PALS help patients?

The PALS team will point you in the direction of the advice and information you need. They will assist in solving problems that you raise by liaising with other staff in the Trust and outside organisations. The team will collect information on the issues patients bring to them, with a view to suggesting areas in which hospital systems can be improved.

What types of issues does PALS deal with?

PALS staff have so far dealt with queries and concerns on the following areas: appointments, procedures, medical information, general hospital information, staff attitude and the hospital environment.

Some examples of where PALS have helped:

A relative of a patient was confused about the diagnosis given by the doctors. PALS approached the sister on the ward who spoke to the patient and ensured that next time the relative was visiting, one of their doctors was contacted for further information.

A patient received two different letters about the same appointment but with different times. PALS resolved the problem and fed the issue back to the staff who had sent out the letters.

A patient who had undergone tests at one of our hospitals was waiting for results to be sent to their GP. PALS contacted the appropriate units and

What are the aims of PALS?

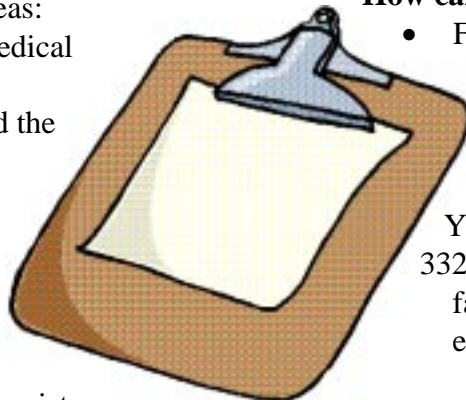
- To assist patients, their families and carers who have concerns, questions or suggestions about the Trust's services.
- To liaise with staff in the Trust to resolve issues effectively.
- To provide information about other services that can be accessed to support health needs.
- To pass on comments and suggestions to enhance the development of more patient-centered services.

How can I contact PALS?

- For Hammersmith Hospital
If you wish to visit us in person, you can find us near the Admissions Office on the South Corridor of Hammersmith Hospital. You can also telephone on 020 8383 3322
fax on 020 8383 3122 or
email pals@hhnt.nhs.uk

- For Charing Cross Hospital
If you wish to visit us in person, you can find us in the main entrance of Charing Cross Hospital. You can also telephone on 020 8383 0088
fax on 020 8383 0087 or
email pals@hhnt.nhs.uk

If you have any general questions about PALS please pass them on to the newsletter editor and Catherine Dale will answer them in a future edition.



NATIONAL KIDNEY FEDERATION ANNUAL PATIENTS' CONFERENCE 2002

By Eileen Parker

25th October 2002 to 27th October 2002
Royal Court Hotel, Coventry.

This year the conference moved from its regular venue in Blackpool to Coventry. The aim was to make the NKF conference more accessible to patients who live in the south of England. Tim Statham confirmed at our AGM that it had indeed attracted more patients who live in this region. The NKF plan is to alternate between the two venues but they are open to suggestions regarding future locations.

The Royal Court Hotel, while offering adequate accommodation and facilities was, however, not quite up to the standard of the Thistle Hotel in Blackpool.

The Conference is sponsored by Fresenius Medical Care (UK) Ltd, which enables the NKF to maintain delegate numbers of around 400 from the country's 62 KPAs.

The Conference once again offered the opportunity for renal patients not only to take part in the excellent programme organised by the NKF but to get together with other renal patients in a relaxed environment.

SESSION 1 Daily Haemodialysis

Professor Terry Feast, Professor of Clinical Nephrology at Southmead Hospital, Bristol advocated the benefits of this method of treatment. While to patients this may appear simply to increase the number of hours spent getting to hospital and being attached to a dialysis machine it has been proved to have a significant impact on their health.

Professor Feast spoke of how the most beneficial effects of haemodialysis occur in the first hour of dialysis treatment, therefore shorter but more frequent sessions will improve fluid retention, blood pressure, anaemia, cramps, headaches, poor appetite and many of the other side effects of renal failure. While survival rates on this type of treatment are not yet known, studies have shown that patients who have more regular dialysis feel better and have a better quality of life. Although costs of needling etc. add approximately £2,500 to yearly costs, patients require 30% fewer hospital admissions.

Professor Feast spoke of how daily dialysis may be most appropriate for patients who dialyse at home.

SESSION 2 A New Access for Peritoneal Dialysis

Maggie Steele, Research Sister at St. Helier Hospital, Carshalton, spoke to the conference about the new peritoneal dialysis system 'Lifesite PD', that is being trialled at her hospital. This method involves the insertion of a catheter, which has no exterior tubes but is accessed by 'needling' a self-sealing 'bung' each time dialysis is needed. This not only has the advantage of doing away with unsightly tubes outside the body, but it is hoped that the 'lifesite' system will reduce the number of infections, such as peritonitis and access site infections.

The health of these patients is being compared with those using the standard Tenckhoff catheter.

Patient View 1: After each session a patient gave their view on the subjects discussed. After Sessions 1 and 2 a young, long-term haemo patient, **Polly Mosely** spoke of how it is possible to live a full life on dialysis, and the importance of widening patients' choices and options.

SESSION 3 UK Transplant Update

Sue Falvey, Director of Donor Care & Co-ordination, UK Transplant spoke of the work of UK Transplant to improve donor and transplant rates and to establish a national framework for donor co-ordination services.

Currently the UK has one of the lowest transplant rates in Europe (Spain has the highest) and Sue informed the conference of the measures UK Transplant is taking to change this:-

Donor Liaison Schemes: Spain has in-house Transplant Co-ordinators and in a similar way UK Transplant are pioneering 'donor liaison schemes' whereby a member of hospital staff champions the cause of donation. 35 schemes are being set up with Senior Sisters (ICU) taking on this role, supported by consultant 'leads'. There are currently 24 schemes in place with 30 applications from hospitals for funding for the further 11 posts.

National Donor Audit: National potential donor audit of all deaths in ICU.

Living Donor Schemes: UK Transplant to target 15% of patients on the transplant waiting list. Employment of staff to undertake this work, 11 have been funded in 2001/2, 12 more to be funded in 2002/3.

Non-heart beating donor schemes: Schemes to be operating in 15 centres by 2006.

Increase number of potential donors on register: Currently almost 10 million on register. Aim to have 17.2 million by 2006.

Patient View 2: **Lilian Rutherford**, transplant patient and renal nurse spoke about her considerable experience both as a nurse and renal patient.

SESSION 4 Prevention & Management of Skin Problems

Dr Tony Chu Consultant Dermatologist Hammersmith Hospital. Our own Dr Chu spoke of how protection from the sun is especially important for transplant patients. Because of the immuno-suppressive drugs vital to the success of transplants, the immunological cells in the skin are impaired and cancer cells that are produced in response to sun exposure may not be recognised and destroyed. Dr Chu spoke of the various conditions that patients should watch for:-

Warts: Common warts can be caused by a range of viruses and in transplant patients take a long time to disappear due to a reduced immune system. Some warts are very infectious but they are easily treatable and when treated are not dangerous.

However warts caused by the papilloma virus can be carcinogenic, and if left and exposed to the sun will develop into skin cancers. These should receive urgent treatment.

Dr Chu detailed how cryotherapy (i.e. freezing) is used to destroy warts and similar conditions, however this is often very painful and time consuming, and some patients require treatment for hundreds of warts on a continuous basis.

However Dr Chu is conducting trials for Imiquimod Cream, which seems to enhance the immune system to destroy viral skin infections without compromising graft survival.

Skin Cancers:

- a) Basal Cell Carcinomas (or Rodent Ulcers): Locally invasive but do not spread round the body like a skin cancer. Easily treatable
- b) Squamous Cell Carcinomas: These can spread round the body and eventually kill you. They are 10 times more common in transplant patients, and spread quicker. It is essential that these are treated at an early stage.
- c) Malignant Melanomas: These are again more common and more aggressive in transplant patients.

Moles: Again, due to immunosuppression, transplant patients are at more risk of moles developing into a malignant state. Moles are common to everyone and usually harmless, but patients should watch out for any changes in their moles. When the cells become malignant it usually grows along the surface of the skin in an irregular way. Also the mole may develop variations in colour, one bit brown, and one bit pale.

Prevention & Cure: In addition to the successful trial using Imiquimod Cream, Dr Chu told the conference that trials at Hammersmith seemed to show that a switch from the commonly used immuno-suppressive Cyclosporin to another named drug had resulted in non re-occurrence of cancer producing warts.

What Patients Can Do: Dr Chu outlined the important of high-factor sunscreens. (e.g. Factor 30-60 for faces-N.B.Factor 60 can be obtained on prescription). Hats and other protective clothing, and above all avoidance of sun exposure at midday.

If patients have any concerns about their skin Dr Chu urged them to speak to their transplant doctors/hospital dermatologist. He spoke of how Hammersmith endeavours to have regular skin screening of patients 5 years post-transplant, with a rule that any referrals should be seen within 2 weeks

Patient View 3: Simon Lloyd a farmer, sheep-shearer (and transplant patient), re-iterated Dr Chu's advice on wearing suitable protective clothing, having had experience of skin cancers resulting from reduced immunity.

SESSION 5 Who Cares?

Jane Atha, Social Worker, James Cook University Hospital, Middlesborough. Jane Atha spoke about the role of carers. Renal disease affects not only the patient but also their carers and families. It has implications for lifestyle,

finances, well-being, holidays and social life, and may lead to loneliness, isolation and insecurity.

She also briefly outlined some of the benefits available to patients and their carers, such as Disability Living Allowance, Attendance Allowance and Carers Premium.

Patient View 4: Helen Lewis, the mother of an 18 year old daughter, who has suffered from renal failure since birth outlined some of the problems she has encountered with the hospital system over the years. She spoke movingly of how she has fought to ensure her daughter can enjoy a reasonably normal and independent life while being on dialysis.

SESSION 6

Your NKF- Does it Do What You Want?

Tim Statham, Chief Executive of the National Kidney Federation, outlined the 2 roles of the NKF:-

1. Campaigning
 - Setting up of the All Party Parliamentary Group
 - Renal profile raised
 - Transplant campaign
 - Work towards a National Service Framework
2. Patient Support Services
 - Patient helpline
 - Website
 - Kidney Life
 - Information Leaflets
 - Advocacy Officer
 - Annual Conference.

Tim then spoke on the the future of the NKF;

- Formation of National Youth Movement (2 Groups 0-18 years and 18-40)
- Liaison with CEAPIR (European patients group)
- Prevention of kidney disease
- Greater co-operation with other UK kidney charities
- What Mr Statham calls the 'ethnic challenge'?
- The conference included a lively question and answer sessions between the speakers, patients and medical advisors

CONCLUSION

Perhaps the highlight of the conference was, however, the announcement during the programme that a delegate from St Mary's, Paddington was required to leave the hall as a message had been received that a transplant kidney was available for her.

The evening ended with a gala dinner, where patients were entertained by a ukulele playing, non-politically correct comedian, who for a day job worked as an ear, nose and throat surgeon!

On Sunday morning events included the NKF Council Meeting, attended by the Chairs (voting members) of the KPAs. Also there were two workshops for a limited number of delegates on i) Developing a KPA Newsletter & Website and ii) Government Benefits for Renal Patients.

All in all it was a very lively, informative and enjoyable weekend, and hopefully we can encourage more Hammersmith members to attend in future years.

TRANSPLANT CLINICS

BY JAN WATERS, OUTPATIENTS CO-ORDINATOR

I thought it might be helpful to clarify some issues to do with the Thursday Transplant Clinic for both new and old hands.

NEW TRANSPLANT PATIENTS

In the first few weeks following your Transplant once you have been allowed home you will need to visit the clinic run by Sister Mary O'Sullivan in the Dialysis Centre 3 times a week. This will then become twice a week, with one visit to Mary and the second to the Out-patients Transplant Clinic at C Desk. From then on, unless you are unwell (in which case phone Mary) or we request a visit, you will be seen once a week in the Thursday Clinic.

ATTENDING THURSDAY CLINICS

Please attend your appointment as arranged.

If you cannot make your appointment, please re-arrange for another day. *Do not just turn-up.*



Arrive on time or just before your appointment.

Please do not arrive very early and expect to be seen before someone who has an earlier appointment. But do not arrive late thinking the clinic always goes on till 12 as often by then there are no Doctors left and you will have to re-book.

Please be patient.

Please set aside the morning for the clinic as there are often problems which make the clinic very slow. If you need to be away early it will be better to rebook for another day or to ring me beforehand for advice. It is appreciated that it is annoying to sit for long periods waiting to be seen but there is always the possibility of emergencies on the wards and also we frequently do not have our full quota of Doctors for various reasons.

Bring a sample of urine with you from that morning.

Drink plenty of fluids the day before and on the morning of your appointment.

At all clinic appointments it is necessary that you are well hydrated so please make sure you have plenty to drink the day before clinic and on the morning of your appointment. This may save you a return visit as dehydration puts up your creatinine considerably.



Do not take your morning dose of Neoral or Prograf.

Try and take your Neoral or Prograf the night before clinic, approximately 12 hours before your blood is taken. i.e. if your appointment is for 10 a.m. take at 11 p.m. the night before. This is so we can get a 12 hour level. However, do bring your tablets with you to take after your blood tests.

ANNUAL REVIEW

This is a very important appointment. We do try and arrange this annual review for the anniversary of your transplant but this is not always possible. Please let us know if you have waited more than a few months for this.

You will receive a thorough physical examination, extensive blood and urine tests, a test on your stool for blood, an ECG, Chest X-Ray and an appointment for an Ultrasound scan of your transplant, native kidneys and your abdomen.

As so many people in the past have failed to turn up for their ultrasound appointments after we went to great trouble to book them for the same day, we are no longer doing this. However, we may be able to do so if you make a request well in advance to Mary or myself.

CONTACTS

Please let have any constructive comments about the Thursday morning clinic.

Mary O'Sullivan 0208 383 8414

Jan Waters 0208 383 8414

In emergency 0208

383 1000 bleep 9153

CONTACT WITH TRANSPLANT DONOR FAMILIES

By Jan Waters
Outpatients Co-Ordinator

For those of you who have received a donated kidney, we always encourage you to either write or send a card to the relatives of your kidney donor. If you are able, it is better to write in the first few months as circumstances change and people move on.

It only needs you to say thank you for their very generous gift. If you feel able to tell them a little about yourself and your family and how the new kidney has altered your life for the better then that is great.

It must be anonymous and therefore signed using only your first name.

The letter or card is sent to the Transplant Co-ordinators and they contact the family to see if they wish to receive it. Even if they cannot cope with seeing it they will know you have written and they may want to see it later.

Occasionally the family may want to write back to the recipient and their letter will be passed on to you. But this is quite rare. More often we are contacted by the Transplant Co-ordinators to know how the kidney is doing if they have not received a letter.

Hopefully you will feel able to say thank you in this very small way.

COMMITTEE MEETINGS

Any member of the HHKPA is welcome to attend any of our Committee Meetings to listen and take part in the debate.

The meetings for this year will all be held in the Seminar room of the Post Graduate Centre, Hammersmith House, Hammersmith Hospital, commencing at 6-30pm on Tuesdays 1st April, 15th July, 23rd September, 18th November (AGM). Meetings last approximately two years. Refreshments, donated by Mr Williams, are available.

It will be appreciated if you can let me know if you intend to join us.

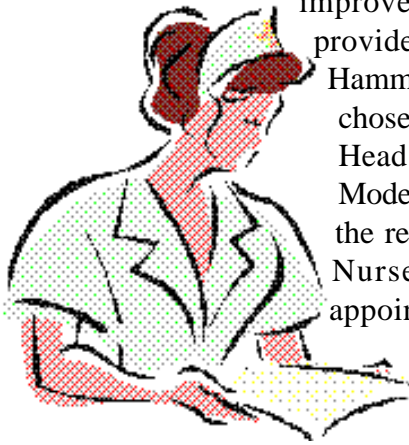
Don G Taylor. Chair (Tel 01895 445198)

THE ROLE OF THE MODERN MATRON IN HAMMERSMITH RENAL UNIT

By Head Nurse Marion Garrett

The re-introduction of the Matron to the NHS has been a government led initiative to help

improve the services we provide to patients. The Hammersmith Trust has chosen to use the title of Head Nurse instead of Modern Matron. Within the renal unit, six Head Nurses have been appointed and all have different areas of responsibility. These are:



Hammersmith Hospital

- Carol Sookram - Ward D7 and C5 inpatient wards
- Marion Garrett - acute and chronic haemodialysis services
- Marjorie Dunne - CAPD, Transplant outpatients, and pre-dialysis services
- Julie Morgan - Satellite and home haemodialysis services

Charing Cross Hospital

- Roopkishor Hurril - acute and chronic haemodialysis services
- Jo Burke - Ward 8 and 9 West inpatient wards

The role of the Head Nurse is to provide strong clinical leadership to their nursing teams. They will be available in the clinical areas and be accessible for patients, their partners and families to help resolve any concerns or problems when they occur. In addition, they will be monitoring the standards of the cleaning and catering, and working with contract staff to improve these services. Within the Renal unit we welcome the implementation of this role, and hope that it will result in the improvement of patient services.



A HOLIDAY FOR YOU By Don Taylor



For some members, particularly those receiving regular dialysis, it may be difficult to consider taking a holiday.

Following the presentation by Gordon Lyall of the Charing Cross Holiday Dialysis Trust at our Annual General Meeting it is recommended you consider using the self-catering facilities of St. Anne's at Emsworth in Hampshire. Members of your

family can accompany you. KPA members with a transplant or having CAPD or APD treatment can also use the Centre.

A brochure about the recently modernised Holiday Centre is available. The advantage of the Centre is that Haemodialysis is available with a resident qualified nurse.

The running costs of the Centre are raised by the Trust so no charge is made for patients, partners and their children under 18. A nominal charge is made for extended family members. However, a donation is encouraged for those who wish to make one.

Remember before booking a holiday you must talk to your renal consultant and get their permission. It is worth considering purchasing Holiday Travel Insurance. Contact Bev Nicol, the Renal Dialysis Co-ordinator (020 8383 8149), for insurance companies who offer cover for Renal patients.

A leaflet on St Anne's can be obtained from the editor. Further information about using St.

Anne's can be obtained from:

Mrs E Faber

St. Anne's

34 Havant Road

Emsworth

Hants PO10 7JG

Tel: 01243 374497

E-Mail: efaber@emsworth44.freemove.co.uk

www.communiGate.co.uk/London/cxhdt

THIS YEARS NKF CONFERENCE By Don Taylor

Members of Hammersmith KPA are encouraged to consider participating in the Silver Anniversary Conference of the National Kidney Federation. It will be held at the Hilton Hotel in Blackpool between 26th and 28th September 2003. This important event provides the opportunity to meet kidney patients from around the country and receive up to date information about development, research and treatment of kidney failure.

Members who took part in last years Conference felt it was an interesting and valuable experience. A report of this Conference is included on page 4.

It is anticipated that some financial help will be available from the HHKPA for those members who wish to attend.

Conference details will be published in *Kidney Life*, the magazine of the National Kidney Federation, which you should receive direct from them.

CHANNEL 4 TELEVISION

Channel 4 is to make documentaries about people living with serious illness. They will give a personal insight into implications of illness on the individual and their family.

If you are currently making decisions about your treatment and would be willing to record your feelings you are invited to contact Lynda Regnier (0207 908 1270) for a confidential chat. She can also be contacted by Email

Lynda.Regnier@rdfmedia.com

The Editor

Nimrit Foody

47 Snowden Avenue, Hillingdon, Middlesex,
UB10 0SD

Phone: 01895 273187

e-mail: Nimrit.Foody@virgin.net

The Chair

Don Taylor

Phone: 01895 445198

e-mail: dands.taylor@talk21.com

The Secretary

Eileen Parker

Phone: 020 8575 9797

e-mail: efparker1@aol.com

CONTACTS

www.hammersmithkpa.org.uk