

WINTER 2025

# RBH CHARITY FOCUS

NEWSLETTER

Featuring

**UPCOMING  
EVENTS,  
PATIENT  
STORIES  
AND MORE!**

**CARDIO-ONCOLOGY  
CENTRE OF  
EXCELLENCE**

Interview with Dr Alexander Lyon

**"THE POPULATION OF  
PATIENTS THAT END UP  
ON ECMO ARE PROBABLY  
THE SICKEST PATIENTS  
IN THE COUNTRY"**

ROYAL  
BROMPTON  
& HAREFIELD  
HOSPITALS  
CHARITY

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## Cardio-Oncology Centre of Excellence

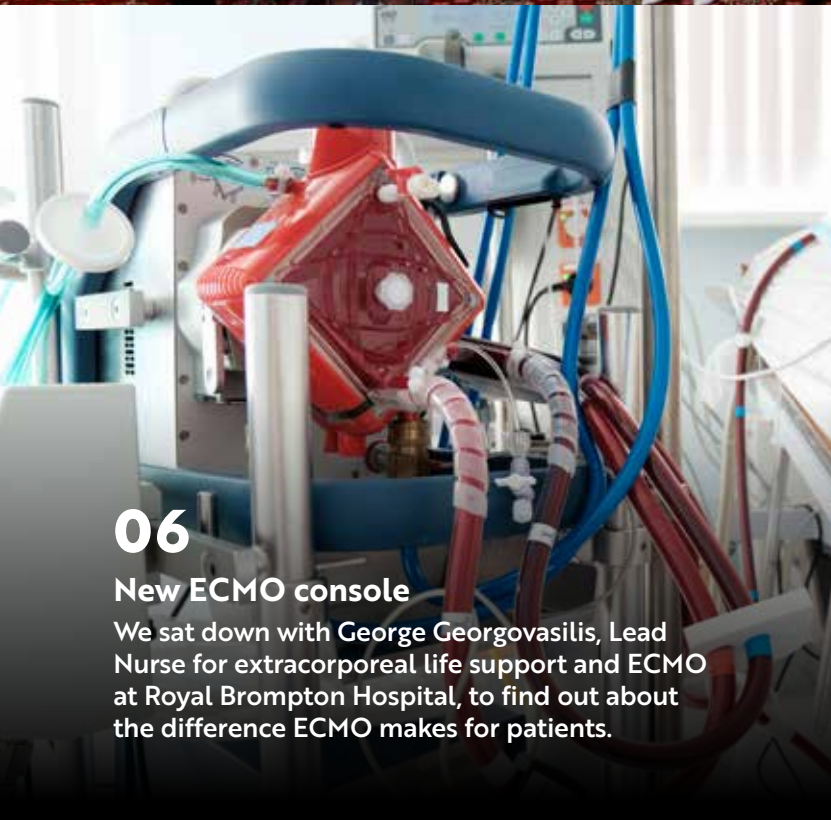
RBH recently received a £1m grant from the Big Heart Foundation to support the centre's work with cancer patients who develop heart conditions.



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# CARDIO-ONCOLOGY CENTRE OF EXCELLENCE: “OUR MISSION IS TO ENSURE PATIENTS HAVE THEIR CANCER TREATMENT SAFELY.”



Dr Alexander Lyon is a senior lecturer and honorary consultant cardiologist, based at Royal Brompton Hospital. He leads the Cardio-Oncology Centre of Excellence, which recently received a £1m grant from the Big Heart Foundation to support the centre's work with cancer patients who develop heart conditions. We sat down with Dr Lyon to find out more about the grant and his work.

## WHAT IS CARDIO-ONCOLOGY?

Our mission is to ensure patients have their cancer treatment safely. We work to prevent heart disease, so the cancer patient of today does not become the cardiac patient of tomorrow.

Many modern cancer treatments, which have revolutionised cancer care, can cause heart problems. It's not in everybody, and the risks vary according to the cancer and drug type. If we understand what contributes to that risk before treatment starts, then we can put appropriate monitoring, and even consider heart medicine for the high-risk patients. It's personalising the approach to treatment.

There are risks we can monitor so that we can pick up problems early and nip them in the bud before they develop into a more serious heart disease, that can, A, be dangerous for the person from a heart health perspective, and B, may lead to an interruption of their cancer therapy.

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## WE WORK TO PREVENT HEART DISEASE, SO THE CANCER PATIENT OF TODAY DOES NOT BECOME THE CARDIAC PATIENT OF TOMORROW.

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Delegates from the Big Heart Foundation with Charity and hospital staff at the House of Lords

## WHAT HEART PROBLEMS DO CANCER PATIENTS FACE?

The most common is a direct effect on heart muscle health. The heart becomes weaker. If that becomes a serious problem, it can lead to heart failure.

I focus on heart failure, because 50% of the problems are this condition, but the other 50% is lots of other things, which include arrhythmias that can lead to stroke or sudden death. Some people can get acceleration of blood vessel diseases, which, if it's in your coronary arteries, can cause heart attacks or angina, and in neck arteries can cause strokes. Other people can develop diseases of the heart valves.

We provide guidance that after you've completed treatment, patients should have a follow up heart scan one year later, as for some it's more of a legacy effect.

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# IN COUNTRIES LIKE THE UK...PROBABLY ONE IN TWO OF US ARE GOING TO BE TOLD WE HAVE A CANCER AT SOME POINT IN OUR LIVES.

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## HAS THIS FIELD EMERGED BECAUSE OF IMPROVEMENTS IN CANCER TREATMENTS?

Exactly. I was at medical school in the 1990s, and when I did oncology, unfortunately, the state of cancer therapy in that era was you were either cured by the surgeon, or if it came back, you then had palliative chemotherapy, and it was usually incurable, and the chemotherapy rarely made a difference. In the last 30 years we've had a revolution in effective cancer therapies.

One way that we understand this is asking: how many people are alive 10 years after a diagnosis of cancer? Compare the 1970s to the first decade of this century, and the data shows that the number of people doubled from 25% to 55%. This is a success story, modern cancer therapies are so much better, but a third of them have the potential to cause a heart or circulatory disease.

If you look at developed countries like the UK, probably one in two of us are going to be told we have a cancer at some point in our lives. So, it's a relatively common disease, and now the treatments mean we pick it up early. More and more people are cured or live with it.

## WHAT INNOVATIVE NEW TREATMENTS ARE YOU WORKING ON?

The first part of our work is: can we develop better ways of picking up the problem early? Such as diagnostic tests, which includes new types of blood tests or different ways of monitoring. Can we do more home monitoring of blood tests? Like how diabetes patients wear a blood sugar monitor? We're also doing research on new types of heart scans, to make them even better at picking up early problems.

We are using new technologies, including artificial intelligence, to read ECGs, which can help us either predict better or detect earlier. There's a lot of other information that we can collect, including data from wearable technologies.

With all this data, we've developed new software that can bring it all together and help the doctor looking after the patient analyse and assimilate all the data.

## WHAT DOES IT MEAN FOR ROYAL BROMPTON TO HOST THIS UK FIRST CENTRE?

We're very proud to be named a gold standard centre of excellence by the International Cardio-Oncology Society. We are one of only two centres in Europe to be gold class, which I think is a barometer of the quality of what we're doing. That reflects our research and the education of our trainees in cardiology and in oncology. It's also about educating nurses and other allied healthcare professionals, because we need a team to be able to understand this area and lead it forwards.

I think it's important that we're advocates for the patients in terms of what they need, but listen to them as well, so as part of our centre, we've been able to bring together a patient advisory committee.

We want to drive the best clinical service for the patients we're looking after today, while the research will help us look after the patients of tomorrow.

## WHAT DIFFERENCE DID THE GRANT FROM THE BIG HEART FOUNDATION MAKE?

We were delighted to get this grant. It's helped us recruit research fellows and research nurses, supported the team to do educational events and help the team go to conferences to present their work, which help share and disseminate our findings and the best practices.

It helped with the creation of the patient advisory committee and the development of our software. We've got a range of different research studies running as well. We had research strategies, and the grant made it happen, which is amazing.

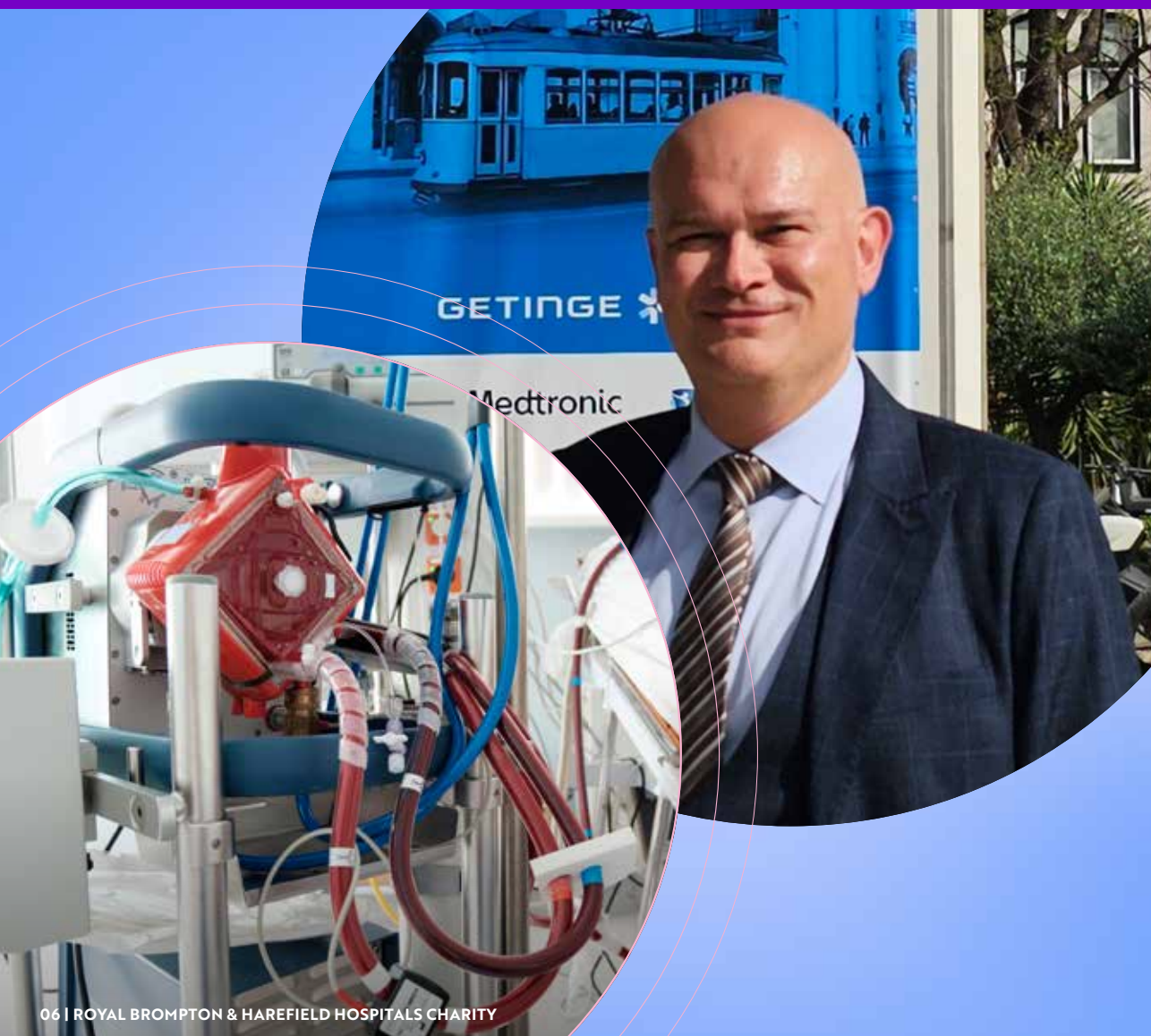
We've been very grateful to the Charity as well, because you've helped support us both in bringing together the finance for the centre and liaising with funders, including the Big Heart Foundation.

The Charity has been fantastic. One big example of that is our special event at the House of Lords, which was an opportunity to share what we've done and say thank you. It was a thank you to the Big Heart Foundation, and it was a thank you to all the doctors and consultants in the hospital who've helped us.



# "THE POPULATION OF PATIENTS THAT END UP ON ECMO REPRESENT THE MOST CRITICALLY ILL PATIENTS IN THE COUNTRY"

Recently, the Charity provided funding to purchase a new ECMO console for Royal Brompton Hospital. We sat down with George Georgovasilis, Lead Nurse for extracorporeal life support and ECMO at Royal Brompton Hospital, to find out about the difference ECMO makes for patients.



## CAN YOU START BY GIVING A QUICK INTRO INTO WHAT ECMO IS?

ECMO stands for extracorporeal membrane oxygenator and it's a device that pumps blood out of the body. It's flexible, meaning that it can provide support for the lungs and the heart as well. ECMO is an evolution of the bypass machines we use for cardiac surgery in theatres, so as the technology evolved and the pumps became smaller and more efficient, we got it out of theatres and into intensive care.

ECMO on its own does not treat the condition, so it will not help you get better, but what it does is buy you time for our treatments to work and your body to heal.

## WE HAVE A BIG VARIETY OF RESPIRATORY CONDITIONS, SUCH AS ACUTE RESPIRATORY DISTRESS SYNDROME, WHICH IS AN UMBRELLA TERM THAT COVERS BACTERIA PNEUMONIA.

### WHAT CONDITIONS ARE PATIENTS SUFFERING FROM WHEN THEY'RE GIVEN ECMO?

Our biggest category of patients at Royal Brompton is respiratory patients but we treat many cardiac patients on ECMO every year as well. We have a wide variety of respiratory conditions, such as acute respiratory distress syndrome, which is an umbrella term that covers bacteria pneumonia, viral pneumonias and COVID.

We can use it for people that have complex problems with their lungs. They can have pneumothoraxes, which means that there's a hole in the lung, or obstructive pulmonary disease, so when they have an infection on top of that they cannot breathe. We'll put them on ECMO until they get better. They're people who need a lung transplant and have

quickly deteriorated before they find a new set of lungs.

We use it for asthmatic people, it's a very effective therapy. Some people have life threatening asthma and if they end up not responding to any other therapy, they can go onto ECMO.

We also have people with pulmonary embolisms, or people that have a structural problem in the heart. Then there's people that suffer a cardiac arrest, so you can put them on ECMO, especially if it's the first few minutes, and save their life.

For most of those people, ECMO is the last option.

### WHAT EQUIPMENT HAS BEEN PURCHASED BY THE CHARITY?

The Charity purchased a set of two consoles and pumps. The idea is that every time you use ECMO on a patient, you should have a backup console. If your console fails, the patient will die. So, what we need is a second set, a full controller and a full pump. Then if one console fails, we have an emergency procedure where we can swap the pump from one console to the other. It takes a few seconds and then the patient can go on being supported by the second console.

Having two more consoles gives us more versatility. We're more resilient and we can treat more patients at the same time.

### WHAT DIFFERENCE HAS THE CHARITY'S FUNDS MADE?

We were unable to purchase the new console without the Charity's help. Nowadays money in the NHS is scarce and we feel that this is needed for the population of patients we serve. ECMO is a highly specialised service, which isn't accessible at every hospital. This is a therapy that is extremely expensive. The population of patients that end up on ECMO represent the most critically ill in the country. It's a very intense procedure. It's a very costly and demanding procedure.

Once a year we organise a patients' day, and we can see the difference that we made to our patients. We can see how grateful the families are, because they get back their loved ones. So, for us it's very rewarding.

# INTERVIEW WITH TOM WILKINSON



Tom Wilkinson is a professor of respiratory medicine at the University of Southampton. He runs a program of respiratory and infection research, and the national respiratory audit program, ensuring quality of care for patients. He is interested in research and its implementation across the full range of breathing conditions.

He is also the chair of the Charity's new grants committee, certifying that the research we fund will have the biggest impact for patients. We sat down with Professor Wilkinson to find out more about his work and the future of care for respiratory patients.

## 01 CAN YOU TELL US ABOUT YOUR JOURNEY INTO RESPIRATORY MEDICINE AND WHAT INSPIRED YOU TO SPECIALISE IN THIS FIELD?

Good question. I did a medical rotation in London, covering most of the main hospital specialities. Toward the end of my rotation as a senior house officer, I worked in a respiratory ward in East London. One winter, the whole ward filled with patients experiencing COPD exacerbations. I asked my consultant, a renowned researcher, "Why is this?", and she told me that research was needed to understand it. My interest in respiratory medicine came from an interest in the area, but also a want to answer questions around it.

## 02 HOW HAS YOUR CLINICAL EXPERIENCE INFLUENCED YOUR APPROACH TO RESPIRATORY RESEARCH?

In many ways. Medical research can be judged by its impact on patients and health systems. As a doctor seeing patients frequently, I'm aware of the real burden the NHS faces. My clinical work drives my research ambitions, helping me focus on problems that need immediate solutions. I use research ideas and methods as a clinician, so the way I appraise problems, handle data and work out complex solutions, can be informed by the way that research makes us think. The two are very synergistic, and I wouldn't want to do one and not the other.



The grants committee reviewing applications for research funding



## **YOUR WORK HAS FOCUSED ON AIRWAYS DISEASES AND INFECTION, WHAT MOTIVATED YOU TO PURSUE THIS LINE OF RESEARCH?**

Respiratory infections affect all of us. Covid-19 demonstrated the vulnerability to respiratory pathogens, but every day, older adults and people with chronic lung disease face similar risks. Scientifically, the interaction between evolving infections and the human immune system is fascinating. The field is evolving rapidly.

## **WHAT RECENT ADVANCEMENTS IN YOUR RESEARCH ARE YOU MOST EXCITED ABOUT?**

One major project is Universal, a national study on acute respiratory infections in hospitalised patients, working in around 15 hospitals to understand why some individuals are susceptible to infections like flu and rhinovirus. We aim to apply existing and new treatments, much like we did with Covid-19, to patients who may benefit from them. The opportunity for making a change in terms of treatment is fairly near time, so it's an exciting project.

## **CAN YOU SHARE YOUR THOUGHTS ON THE FUTURE OF RESPIRATORY CARE?**

Respiratory medicine is entering an interesting time. We now have better tools for studying the lung, such as improved imaging, sampling methods, and understanding complex data sets. What we are understanding is that the older titles for conditions, like asthma and COPD, mask the fact that these represent lots of different types of inflammation and mechanisms of disease. So, now we need to pull those apart and understand which medicines are going to work for which patient. That personalised approach is key to taking this forward, and that's where the advances are being made.

## **WHAT ATTRACTED YOU TO THE ROLE OF CHAIR OF THE GRANTS COMMITTEE AT ROYAL BROMPTON AND HAREFIELD HOSPITALS CHARITY?**

Respiratory and cardiovascular health don't receive their fair share of research funding considering the burden of disease. Working with a charity which is focused on delivering research funding and improving outcomes to these areas is really aligned to my everyday work and something I feel is really important.



## **WHAT DO YOU SEE AS THE MOST IMPORTANT PRIORITIES FOR THE GRANTS COMMITTEE?**

Ensuring the best research receives the support it needs. That may be through initial funding for higher risk ideas, which are difficult to get off the ground. Often, when you have a bright idea, the initial stage of funding can be very difficult to achieve, if it's quite innovative, and then once it's shown to be worthwhile achieving that can leverage later funding at much greater scale. Also, ensuring that the research ultimately delivers impact and working with early career researchers to help them develop and become the next generation of leaders in their field.

## **FINALLY, WHAT EXCITES YOU MOST ABOUT YOUR NEW ROLE AND THE FUTURE OF RESPIRATORY MEDICINE?**

I'm excited to hear from the next generation of researchers. We have to take on the modern challenges of the NHS and of the diseases that it manages and to harness the wonderful new technologies, ideas and innovations, which are coming out of every area of technological advance. So, working with that next generation of researchers to really harness those ideas for patient benefit sits at the heart of what we want to do. That is a really exciting opportunity.

# THE PATIENTS' FUND

## MAKING A SMALL BUT SIGNIFICANT DIFFERENCE TO A VISIT TO HOSPITAL

The Patients' Fund is just one way that the Charity impacts a visit to the hospitals. Through the Patients' Fund, staff members use their insight and creativity to submit ideas for small but transformative projects that will improve the patient experience.

One of the highlights of the most recent round of funding was the complete transformation of the Paul Wood Day Room for young patients with congenital heart disease at Royal Brompton Hospital. The day room is more than just a space, it's a retreat during challenging hospital stays. With £6,346 from the Patients' Fund, staff re-imagined this area into a warm, inviting environment by purchasing new, comfortable furniture. Now, the room feels less like a hospital and more like a home, offering young patients and their families a cosy space to relax and recharge.

Another project brought together creativity and community collaboration through a mural co-designed with Chelsea Physic Garden. Located on the wall outside the Diagnostic Centre at Royal Brompton, this vibrant piece of art was realised with £7,292 from the Patient's Fund. The mural's creation involved patients, staff and local artists. It symbolises the healing power of nature and the importance of shared spaces. This once-ordinary wall has become a source of inspiration and joy for everyone who passes by, transforming a utilitarian space into one of beauty.



A patient relaxing in an adjustable chair purchased via the Patients' Fund

### THIS ONCE-ORDINARY WALL HAS BECOME A SOURCE OF INSPIRATION AND JOY FOR EVERYONE WHO PASSES BY.

In the Paediatric Physiotherapy ward at Royal Brompton, a new exercise bike, funded by £1,079 from the Patients' Fund, has revolutionised the way young inpatients engage in physical therapy. Designed to aid airway clearance and promote fitness, the bike is a tool that empowers patients to take an active role in their health. For young patients, who often face long hospital stays, the bike provides a sense of normalcy, making exercise an enjoyable and beneficial part of their day.



A trolley of goodies for patients on the transplant wards at Harefield funded through the Patients' Fund

At Harefield Hospital, a grant of £1,199 funded specialised vascular access device training for nursing staff in the Transplant Unit. This training equips nurses with the skills to fit vascular access devices (VADs) lines with confidence and precision. For transplant patients, who frequently require these devices, this training ensures they receive the highest standard of care, delivered by skilled professionals who understand their unique needs. This initiative not only improves patient comfort, but also fosters a sense of trust and reassurance.

These projects are just a few examples of how the Patients' Fund transforms staff members' ideas into tangible benefits for patients. By focusing on the small things that make a big difference, the Patients' Fund helps create an environment where patients feel cared for in every sense. Thanks to the dedication and ingenuity of the hospitals' staff, and the support of the Patients' Fund, we have been able to make difficult hospital stays that little bit easier.





# AASIM'S STORY

## HELPING PATIENTS WITH THEIR PSYCHOLOGICAL RECOVERY



Aasim had to learn how to walk and talk again after being in a coma. Even after his physical recovery, he still had mental scars. We sat down with Aasim to talk about how the Road to Recovery programme helped him get back to his old life

Aasim and his family tested positive for Covid-19 in December 2020. Aasim's family recovered from their illness after a week, while Aasim's symptoms continued to get worse. He was struggling to breathe and even after several doctor's appointments his condition did not improve. As his symptoms worsened, Aasim was placed in an induced coma for three and a half months.

Aasim woke up from his coma in complete shock. Thinking he had been asleep for no longer than a day, he was in disbelief. He said that "being told I'd been in a coma was hard to comprehend; it felt like just a day had gone by."

Aasim had to relearn how to walk, talk, and do basic functions as part of his recovery. Yet, the physical recovery was only half the battle. Grasping the reality of being in a coma for months took an emotional toll on Aasim's mental health. His inability to control his emotions led to him having frequent outbursts. These outbursts started to affect his relationships. He became isolated from his friends and his community, becoming a shell of the man he was before.

There seemed to be a glimmer of hope for Aasim when he was introduced to the Road to Recovery program through Royal Brompton Hospital. This program helps those who have suffered from severe and critical cases of Covid-19 with their psychological recovery. Dr Victoria Singh, a Consultant

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**BEING TOLD I'D BEEN IN A COMA WAS HARD TO COMPREHEND; IT FELT LIKE JUST A DAY HAD GONE BY.**

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A patient receiving critical care for Covid-19

Clinical Psychologist at Royal Brompton, led Aasim's recovery in the program. After just a few months of sessions with Dr Singh, Aasim was seeing a huge transformation in his confidence and mental health.

Before long, Aasim was able to control his emotions without fear of outbursts. This meant he was able to begin reconnecting with his friends and family. Through the Road to Recovery program, Aasim was able to process his emotions with the help of medical professionals. His friends and family acknowledged his progress while in the program, saying that there was immense positive change in him and that he was returning to his old self.

Road to Recovery brings treatment to patients struggling with difficult psychological conditions following being critically ill with Covid-19. Those in the program have access to one-on-one care with a specialist to help them process their emotions and begin taking steps towards recovery.

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**RECOVERY IS ABOUT MORE THAN GETTING PHYSICALLY BETTER, IT'S ALSO A PSYCHOLOGICAL PROCESS.**

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Through the program, participants can meet other patients who have had similar experiences to themselves, helping them to feel less isolated. Programs like Road to Recovery allow patients to return to their life and are essential to providing ongoing support for patients after they leave hospital.

At Royal Brompton and Harefield Hospitals Charity we are very proud to fund Road to Recovery, and programmes like it, which help critically ill patients get back to their lives. It is only because of the generosity of our supporters that this is possible.



# FUNDRAISING SPOTLIGHT

Thank you to all the incredible fundraisers who go above and beyond to create new possibilities for heart and lung patients.



**SONSARE ZABADI**  
**£2,099 RAISED**

Sonsare's story is one of resilience and second chances. After a double lung transplant, Sonsare has dedicated himself to giving back to Harefield Hospital, which saved his life. His incredible efforts have raised Sonsare's story is one of resilience and second chances. After a double lung transplant, Sonsare has dedicated himself to giving back to Harefield Hospital, which saved his life. His incredible efforts have raised £2,099, helping to ensure that others can receive the same lifesaving care.

It all began with a sunrise hike in March 2018. Sonsare, not an avid hiker but an active tennis player, joined friends for an early morning adventure. Five minutes into the climb, he felt an overwhelming wave of pain and breathlessness. "I was gasping for air, feeling a pressure I'd never experienced before. It was as if I was having a heart attack," he said.

After tests and specialist consultations, Sonsare learned the shocking truth: his lungs were severely damaged. Diagnosed with interstitial lung disease and coexistent emphysema, his condition worsened over the years until he relied on oxygen daily. "I felt like I could die at any moment," he says. In March 2023, the birth of his son reignited his will to fight. "Suddenly, I knew I had to be here," Sonsare said.

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## I FELT LIKE I COULD DIE AT ANY MOMENT.

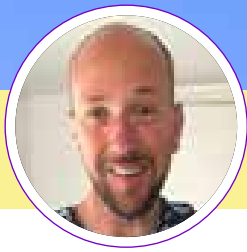
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In August 2023, Sonsare was placed on the transplant list. Amazingly, within hours, he received his first call. Though the initial attempt didn't proceed, a second call came the very next morning. The lungs were a match, and the surgery was a success. "For the first time, I could breathe deeply without oxygen. It was exhilarating," he said.

Sonsare's recovery has been remarkably smooth, and he's using his renewed strength to make a difference. On 7 September, he and his loved ones climbed Pen y Fan, South Wales's highest peak. The climb wasn't just a celebration of his recovery, but was also a heartfelt mission to raise vital funds for Harefield Hospital.

Royal Brompton and Harefield Hospitals Charity extends its deepest thanks to Sonsare for his incredible fundraising efforts, raising £2,099. His story is a testament to the life-changing impact of organ donation and the tireless work of Harefield's staff.





## CHAY DUNNING

£2,575 RAISED

Chay Dunning's life began with a battle. Born on 20 June 1980, at Hitchin Maternity Hospital, Chay was diagnosed just a day later with a complex congenital heart defect known as Transposition of the Great Arteries. By six months old, doctors had done all they could, and his prognosis looked bleak, but that's when Harefield Hospital stepped up.

Harefield's world-renowned surgeon, Sir Magdi Yacoub, took on Chay's case and performed a pioneering arterial switch operation. At the time, this procedure was still in its early stages, but it saved Chay's life and gave him a future.

Today, at 44, Chay is thriving. Despite being disabled due to a stroke he suffered as an infant, he leads an active life. He keeps fit through regular sessions at Leaner Life gym and boxing training at Stevenage Boxing Club. "I owe my life to Sir Magdi Yacoub and Harefield Hospital," Chay said.

To express his gratitude and support Harefield's lifesaving work, Chay raised £2,575 for Harefield Hospital at the 41st Fun Run this September. His fundraising efforts are a heartfelt tribute to the team that saved his life.

Runners  
at the 41st  
Fun Run

 **FINISH**   
Join us in treating and beating heart and lung disease



## PHOEBE FOX £32,071 RAISED

No expecting mother wants to hear that her unborn child has a life-threatening heart condition before his birth. Unfortunately, at 34 weeks pregnant, Phoebe Fox learned that her son Wilbur's heart was failing due to supraventricular tachycardia (SVT) – a rare condition causing his tiny heart to beat dangerously fast. Both Phoebe and her baby faced serious health complications

For two weeks, doctors at Chelsea and Westminster Hospital worked tirelessly to stabilise Wilbur, but he didn't respond to treatment. Phoebe underwent an emergency caesarean, and Wilbur was immediately transferred to Royal Brompton Hospital. There, the specialist team performed resuscitations and administered repeated treatments to regulate his heart rate.

"The care Wilbur and I received was world-class," Phoebe said.

### THE CARE WILBUR AND I RECEIVED WAS WORLD-CLASS.

Wilbur is now doing well, and Phoebe wanted to do something for the hospital that helped bring her son into the world. On 22 June, she embarked on an extraordinary challenge: a 370km walk from Norfolk to the Isle of Wight over seven days. Covering over a marathon's distance each day, Phoebe raised funds to support vital research into foetal cardiology, fund training for specialists and ensure that babies like Wilbur receive lifesaving care no matter where they're born.

"There are hospitals in other areas of the UK and the world, where doctors would not have known what to do to help a baby in Wilbur's condition," Phoebe said.

Walking 12 hours a day for a week was a daunting task, but Phoebe's passion and gratitude drove her forward. "The treatment Wilbur received changed the course of our lives, and seven days of sore feet will pale into insignificance compared to that," she said.

Phoebe raised an incredible £32,071. Everyone at the Charity extends our heartfelt gratitude to Phoebe for her extraordinary efforts to make sure everyone can get the same world-class care that her and her son did.



Fundraisers at  
the London  
Bridges Walk







## WHAT'S ON

Advance care for heart and lung patients  
by signing up to an event

### GOLF DAY 2025

The 12th Annual Shakin' Stevens Golf Day will take place on **Thursday, 19 June**. Reserve your spot today and take part in a star-studded day of golf, hosted by the one and only Shakin' Stevens, which supports innovative improvements in patient care.

Don't miss out on this fantastic event:  
[rbhcharity.org/golfday](https://rbhcharity.org/golfday)



### THE GREAT NORTH RUN

Join our team for this famous run from Newcastle to South Shields, known for its inclusive atmosphere and unbeatable route-side entertainment.

Challenge yourself to make a difference today:  
[rbhcharity.org/great-north-run](https://rbhcharity.org/great-north-run)



## SKYDIVE

Seize the opportunity to enjoy views from 10,000ft, while supporting heart and lung patients. Take the plunge on either the **25 May** or the **21 September 2025**.

Sign up today:  
[rbhcharity.org/skydive](https://rbhcharity.org/skydive)



## HACKNEY HALF MARATHON

Experience East London like never before by running London's biggest half marathon. On **Sunday 18 May**, see breathtaking views of Broadway Market, Hackney Empire and the London Stadium while you explore the beautiful green spaces of London.

Get your place now:  
[rbhcharity.org/hackney](https://rbhcharity.org/hackney)



## NATIONAL THREE PEAKS CHALLENGE

Get ready for an exhilarating and demanding adventure as you conquer the three tallest peaks in England, Scotland, and Wales. Regarded as one of the UK's most gruelling outdoor feats, the National Three Peaks Challenge involves scaling the breathtaking heights of Ben Nevis (1,344m), Scafell Pike (978m), and Snowdon (Yr Wyddfa) (1,085m).

Take on the challenge  
[rbhcharity.org/three-peaks](https://rbhcharity.org/three-peaks)



# CHALLENGES TO PUT YOUR *heart into*



**WALK  
RUN  
CYCLE  
CLIMB  
JUMP  
WALK  
RUN  
CYCLE  
CLIMB**



**LOOKING FOR YOUR NEXT CHALLENGE?  
TAKE ON AN EVENT IN 2025 AND JOIN OUR  
FIGHT AGAINST HEART AND LUNG DISEASE.**

Whether you're an experienced runner, adrenaline seeker or social walker, we have something for everyone, including places in Skydives, Marathons, Treks, Triathlons and Fun Runs to name a few!

Join our Purple Heart Army and know that you will be making a huge difference to our vital work.

**For more information and to view our events, visit**  
**[rbhcharity.org/events](https://rbhcharity.org/events)**

**Contact Rosie: [fundraising@rbhcharity.org](mailto:fundraising@rbhcharity.org) | 020 3988 5993**



**SCAN HERE  
TO SIGN UP**

