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charity no. 1060656



## DATES FOR YOUR DIARY

**Harefield Transplant Club  
'Celebration Weekend'  
(formerly the Annual  
Reunion, including AGM)  
Riviera Hotel,  
Bournemouth**

22–24 October, 2021

## Vaccinations

For those of you who have been vaccinated against COVID-19, please let Harefield know by accessing the link below. It is vital to gather as much information as possible about the efficacy of vaccinations.

Thank you!

<https://tinyurl.com/RBHTCovid-19survey>

## Join Us!

If you're reading this and are not yet a member of our fantastic Club, please join! It's never been easier! Just go to [www.membermojo.co.uk/htx-club](http://www.membermojo.co.uk/htx-club) and sign up!

# HAREFIELD TRANSPLANT CLUB NEWSLETTER

Edition 30, May 2021



## Word from the Chair

Welcome to our first Newsletter of 2021!

I hope you had a good start to the year despite the restrictions – at least with the vaccine roll out there is now a light at the end of the tunnel.

I got my vaccines now (Oxford Astra Zeneca) and felt utterly grateful in spite of side effects for a few days – but still a much better option than suffering from Covid19. I know some of you have had the virus and some of you are still fighting it at home or in hospital. I send my love, stay strong you will get through this.

I am really looking forward to seeing real people again other than my partner (he is lovely, but it's been a looong year) and I can't wait to hug my friends! Having said that, this freedom will also come with anxiety, being around many people indoors or outdoors, potential pressure of returning to work (some of you may have already done this?), kids going back to school... let us know how it is for you. If you need support, the psychologist at Harefield, Melissa Sanchez, may be able to support you.

This year, the Transplant Garden is taking shape, but sadly the British Transplant Games have been cancelled.

Thank you to the many of you who expressed an interest in taking part. Our new Team Manager, Caroline Rutherford, was doing a fantastic job keeping #TeamHarefield in the loop and up-to-date with the BTG plans. The Games will return in 2022 – so if you would like to be added to the list, please email Caroline directly to [caroline\\_r@hotmail.co.uk](mailto:caroline_r@hotmail.co.uk).

I am thrilled to introduce two fabulous new committee members, Sophie Ford and Tracey Baker. Their introductions are in this newsletter and I know the Club will benefit greatly from their input, experience, and passion.

Together, the committee is already planning the 2021 Club Celebration which I am sure will be amazing, full of fun for both old and new Club members, families and friends!

I hope you enjoy this Newsletter, thank you for your support and Mary Forbes, our Newsletter editor for the hard work you put into creating these wonderful letters. To contribute, please send your write ups (max. 250 words) to [editor@harefieldhamsters.org](mailto:editor@harefieldhamsters.org).

Take care and stay safe,

*Janka x*

## Your Club donates towards COVID-19 immunology research

One of the problems faced by all Harefield transplant patients is that we do not know how well the vaccination will work with immunosuppression. There is currently no data on the full immune responses of fully vaccinated heart and lung transplant patients.

Harefield want to change this, and your Club is contributing.

We are donating towards a study of how immunosuppressed patients respond to vaccination in the production of T cells – a crucial part of immune defence, but one that requires specialist testing. At least 50 patients are needed to produce any meaningful data. Each test costs £100 and your Club have chosen to donate £5000 towards the first tests.

Your Club have donated to research the most immunosuppressed (mostly lung transplant) patients. We are also driving fundraising elsewhere, so that the research might expand into different patient groups, on a variety of immunosuppression combinations (as mentioned below). To find out more about fundraising efforts, please contact Club Secretary Doug Forbes ([HarefieldTxClubSecretary@gmail.com](mailto:HarefieldTxClubSecretary@gmail.com)).

The Lung team is coordinating the study, and the following explanation is from Consultant Vicky Gerovasili:

*Our immune system is very complex, but a response to an antigen (e.g., a virus) is eventually tackled by a collaboration of 2 types of Lymphocytes – B cells and T cells. B cells produce antibodies specific to the antigen (in this case, COVID). T cells have a coordinating role but also produce substances that directly 'kill' the virus.*

*In Transplant recipients, immunosuppressant medications target those two types of cells (amongst others), to prevent the lymphocytes from attacking the transplanted organ. A side effect is a reduced reaction to other antigens (hence susceptibility to infections) and vaccination. In particular, lung transplant recipients are amongst the most heavily immunosuppressed solid organ transplant recipients. For example, many kidney and heart recipients can weaned off steroids successfully – but that is not the case for lung transplant recipients.*

*Solid organ transplant recipients' response to the flu jab is lower than that of the general population. But is it the same for COVID-19?*

*Early studies in kidney and liver transplant recipients showed that there was a greatly reduced antibody production (from B cells) after two doses of COVID-19 vaccination. However, no studies (so*

*far) have reported whether transplant patients' T cells have responded to COVID-19 vaccination. This is because T cell response is more difficult to measure, as these cells don't produce a measurable protein (i.e., antibodies – which is the job of the B cells).*

*Understanding whether our patients **a.** produce antibodies, and **b.** have a measurable T cell response will give us more confidence in answering questions about your protection and return to a normal life. It is unlikely that one study will answer all questions, but it can provide a platform for generalising the results to patients not tested (and help the rest of the transplant community anywhere in the world) and shape policies (for example, around booster vaccinations).*

*We will look at antibody and T cell responses in vaccinated transplant recipients. Patients would need to be on triple immunosuppression.*

*The study requires around 20ml of blood for each patient, and we need to pay for the T cell kit at a cost of £100 per patient.*

*If we manage to get more funds, we will be able to expand the study to **a.** patients on Sirolimus **b.** patients on dual (rather than triple) immunosuppression **c.** different groups of patients (hearts as well as lungs).*

## RBHT merger with Guys and St Thomas's

*The letter below was sent from Bob Bell, Chief Executive, to all Trust staff, which we would like to share with our members:*

Twelve months ago, nobody predicted the extraordinary chain of events that was about to unfold across the globe. At the beginning of January 2020, the World Health Organisation (WHO) announced that 44 patients with 'pneumonia of unknown etiology [or, origin]' have been reported by the national authorities in China. It is fascinating to reflect on those early days. To quote from the WHO news release: "Based on the preliminary information from the Chinese investigation team, no evidence of significant human-to-human transmission and no health care worker infections have been reported."

Of course, we now know just how destructive this new virus would be, devastating whole countries and taking the lives of one and-a-half million people in just a few months.

The first phase of the pandemic saw our organisation cope with unprecedented levels of activity, in extremely challenging circumstances. I remain deeply proud of the way our teams responded to such an immensely difficult situation, putting patients before themselves, working long hours in unfamiliar environments, and supporting each other in ways that I

had never seen before. We achieved things that were truly remarkable, while at the same time furthering knowledge about, and understanding of, Covid-19, on a national and international stage.

During the summer months, as the number of Covid-19 patients decreased, I was equally proud of the way things did not return to 'normal'.

Digital outpatient clinics, home testing, impressive new cross-site collaboration, closer alliances with other hospitals, and remote working, are just some of the things that have transformed our landscape over the past six months. The expertise, diligence and sheer hard work that has been necessary to make these things happen has not gone unnoticed.

Our colleagues at Guy's and St Thomas' were a source of support on many levels during the first phase of the pandemic, as we were for them. Many relationships were strengthened and as we assessed new and better ways of delivering our services, it became clearer than ever to me that the collaboration between our two trusts would provide significant opportunities to excel in patient care.

It will not surprise you, therefore, to learn that I was truly delighted when both

the Board and Council of Governors had the foresight and ambition to approve our application to merge with Guy's and St Thomas' Foundation Trust. Many of you will have heard me recount that after joining the Trust over 15 years ago, when the Paddington Basin project was in its final throes, I have had to defend the organisation against a series of assaults – the most notable being the plan to de-commission our children's congenital heart surgery, which wound up in the high court.

Regretfully, as the years have passed, the environment has become less welcoming for stand-alone specialist trusts such as ours. Healthcare is changing and it was imperative for us to find a long-term solution.

When we began our discussions with Guy's and St Thomas' back in 2016, I sensed that there was a real opportunity to benefit from the scale of a larger Trust and its associated security, while also retaining the identity of our two famous hospitals. This was something on which there could be no compromise – and happily none was required at any stage. The Board of Guy's and St Thomas' recognises the importance of our valuable international brands and understands the great reputational benefits that both names carry.

## RBHT merger, cont'd.

I firmly believe that being part of an integrated hospital system will provide immense benefits; together we will be stronger.

In an unwanted twist of fate, I have had cause to experience the care of both trusts, as a patient, during the past few weeks. For anyone who needs reassurance, take it from me, the levels of expertise and the compassion I have experienced have been equally inspiring.

Nobody invites ill-health, but for patients now and in the future, the combined forces of our teams will provide an unparalleled defence against heart and lung disease.

I am mindful that as I write this message the situation with Covid-19 is concerning. I know that behind the scenes the leadership team is working day and night to make sure the impact on staff and patients

is manageable. They have the full support of the Board as do you all. We are all aware that those patients who are unlucky enough to experience the worst of Covid-19, will experience the very best of the NHS, if you are caring for them.

## Thanks from Members

### Henry Smith (30-year pin):

Just received my 30-year Heart pin today, thank you so much. I'm the longest heart & kidney serving transplant that took place at Harefield as a double. My heart operation was done by Professor Yacoub, and the late Mr Digard from Portsmouth did my kidney. I thank my donor family every day, who at a very sad time donated their teenage son's organs. That family have allowed me to see my daughters marry, and to enjoy my grandchildren. Margaret and I have enjoyed supporting the Club over the many years and look forward to meeting you all at the next reunion.



Henry Smith

### Don Wooton (5-year pin):

It has been a wonderful 5 years and I am ever grateful to my donor and the team at the Harefield. I was 70-years and 7-months-old when I had the transplant, and many would have written me off – but the Harefield consultants thought that I was a viable case because of my otherwise good health. And here I am, 5 years later, living a very full life, seeing my family and grandchildren grow up, playing golf three times a week, and gardening.

## Interview with Adrian Garratt, Harefield Violinist

by Neil Henson



Many of you may recognize Adrian from your time at Harefield

### What does a Musician in Residence mean?

I am employed by the Royal Brompton and Harefield Hospital Charity to regularly engage with and play music to the patients, visitors, and staff.

### What is your musical background?

I started playing at school, then with local music groups, and then with the County Orchestra.

I went to City University where I joined their Orchestra.

I qualified in 1995 with a Degree in Economics and did a number of jobs after leaving, but none were to do with music.

### How did music become your career?

I joined the Sigma String Quartet, busking in Covent Garden and in cities such as Oxford and Cambridge.

Through busking, we were booked to play at all manner of events both in the UK and abroad, the most exciting of which was a corporate event in Hong Kong.

### What did you enjoy most about that time?

I loved interacting with the audiences – the spontaneity of engaging with them and responding to their reactions.

This live quality adds a completely new layer to performance and is so different to most classical playing.

### Then what happened?

In 2002, I formed a string trio theatre company called Pluck to develop this interactive comedy element of my playing. Over eight years we devised three theatre shows which we toured in the UK and around the world.

The blend of classical music and comedy was a big success – all starting from our first gig at Ronnie Scott's in London!



### How did playing at Harefield Hospital come about?

The founder of Royal Brompton and Harefield Arts, Victoria Hume (now Director of the



Busking at Covent Garden

Culture, Health and Wellbeing Alliance), saw that first Pluck gig at Ronnie Scott's.

Victoria saw Pluck's ridiculously silly act that night and invited us to play at Harefield Hospital. The rest is history!

### What did you do before Covid in the Hospital?

I played each week on 3 wards: the Intensive Care Unit, the High Dependency Unit and Rowan Ward.

### Could you describe how you interact with each patient?

I try to make the interaction as 'normal' as possible – if a patient is at ease it can lead to a much richer interaction. This can be a challenge, given it's the first time that they find someone in tails and white bow tie standing next to them holding a violin!

### Then what do you do?

To make patients feel comfortable, I explain that they can request pieces of music just for them. Having the violin and a clear purpose provides

## Adrian Garratt, cont'd.

me with a license to engage with patients, and people react very positively to this.

### How does that work out?

Requests are hit and miss – some people know exactly what they want but many find the choice overwhelming! What do you talk about with patients?

I'm naturally curious – I steer the conversation to discover more about their interests and from their replies I usually manage to find some musical common ground – a piece or song they like that I know!

Most people have an interest that leads to music in some way; I play a lot of sports TV themes for example! It's these insights into people's interests which make the interactions so rewarding.

### Is your street performing work helpful in this?

Definitely. Watching and listening to people in an audience, quickly developing a rapport and delivering something appropriate are all relevant skills.

The approach is similar, but of course with a smaller audience, and without the overt 'entertainment' element.

### Is it just about playing music?

Music is important, but music doesn't create the rich interactions between me and the patients by itself. Patients often share something very



personal about their lives and the music they've chosen.

It's in these moments when there is real emotional contact between us.

### What about patients who are unable to converse using speech?

Patients who have devices around their face and mouth which prevent them from speaking are sometimes able to communicate by some other means such as writing or blinking.

I may try to ask yes or no questions to discover a genre or interest, which often works surprisingly well. Patients are able to convey their pleasure using the smallest of movements. A raised thumb can speak volumes.

Nurses help to put my interactions with patients into context too, perhaps telling

me that a patient's reaction was unusually positive, or that their smile was the first for a long time.



### Does the environment impact the way you play your music?

It does. I'm constantly reacting to the physical environment, and also how the patient is responding, even when playing.

The situation dictates everything – if the piece of Vivaldi I'm playing is four minutes long but it's clear that 30 seconds would be more appropriate, then Vivaldi gets abridged. It's taken me a while to get some of my classical training out of my system!

## Adrian Garratt, cont'd.

### What type of music are you asked for?

The full range – classical favourites such as The Blue Danube Waltz to hits such as Bohemian Rhapsody. And the obscure too!

### Has playing requests changed your own musical tastes?

Yes, it definitely broadens mine. I often attempt to learn requests from long term patients so I can play them on subsequent visits.

I spend the time travelling to and from Harefield listening to patients' requests on my headphones!

### What has changed for you since Covid?

In March 2020, all my sessions at Harefield, Royal Brompton and the other hospitals were cancelled.

### What did you do?

Outside hospitals, I started offering mini Doorstep Concerts (@doorstepconcerts) in April last year, after the incredible response and encouragement from friends and neighbours to my playing some tunes for a friend's birthday, standing outside his house on the road. These are still happening – I've done over 300 Doorstep Concerts now, and counting!

### What has happened at Harefield?

We experimented to see how I could continue to engage

with in-patients, especially as they were no longer getting visitors. It's extremely difficult, for various logistical reasons. Currently we run a zoom session each Wednesday afternoon from 4–5pm, which all patients across both Brompton and Harefield hospitals are welcome to join.

### How's that going?

We're getting some patients logging in, but would love more to join. The Zoom link is publicised on the Facebook group rb&hArts Online, which was started by the RB&H Arts team at the start of the first lockdown. I'm also delighted to learn that the nursing staff are also joining the Zoom.

### Are you doing anything else with Harefield?

Yes! The Arts Team and I were very concerned about the outpatients who were isolating, especially who those on their own.

As a result, I started playing via Facebook Live on a Thursday evening between 6.30pm and 7.30pm, again on the group rb&hArts Online.

### How's that working out?

It's been one of the most positive outcomes I've experienced in the Arts in Health scene throughout the crisis. People make requests though chat and a friendly banter has developed between us all. It's led to a real feeling of community. Also, people joining for the first time are

made welcome by everyone.

### I heard that at one point it was going to end?

Yes, our funding was due to end in October 2020. People in the group made donations and (keen group member) John Woods now prints t-shirts to raise money for the charity. <https://www.rbhcharity.org/pages/shop/department/clothing> (search for Adrian Garratt Fan Club T-Shirt!)

When the Harefield Transplant Charity found out they stepped in and saved the day!

### I notice that you dress up?

You're right - I did it once for Halloween and the group loved it. So, I've dressed up again for sessions like Christmas. Who knows when the next time might be...

If you have your own stories involving Adrian and are happy to have them included in a later article could you please send them to [neil.henson@btopenworld.com](mailto:neil.henson@btopenworld.com).



## New Committee Member: Tracey Baker

Hi, my name is Tracey. Many of you will remember me from Harefield Hospital, where I worked as a nurse from 1998 onwards, in a number of roles as the years went on. My interest in transplantation started much earlier in my career at The Brompton, whilst working on York Ward (cardiology). At one point, I was caring for two patients who were both waiting for a heart transplant, both deteriorating by the day with same blood group, tissue type and all very similar other matches – it was going to be a tough call for the surgeons. One morning, I arrived for work and both rooms were empty. One had received a heart transplant overnight and, sadly, the other had sadly died a few hours later. It made me realise how precious life is and, sometimes, there are no right answers.

During my time at Harefield, my focus was to promote equitable and forward-thinking care for all; patients, relatives, carers and staff. In my last role, I was able to take this to a national level and fought hard to ensure Transplant Service was not merged and stayed open 24-7. I supported the staff so they could share ideas and learning internationally. I was fortunate to be in a number of national committees and supported in further studies, which, for me, drove innovation higher than we could have imagined. It was a privileged position in a great team, some big faces and a large number



of humble and very grounded personalities. I learnt very much from them all.

Whilst my two boys were at school, I served on the parent teacher committee for five years – leading and supporting a well-practiced and loved programme of annual events; fireworks, Christmas Fair, quiz nights and Summer Fair to mention a few. I really enjoyed it and loved the team of enthusiastic parents and teachers.

I took planned early retirement from the NHS in 2018 and, after patiently waiting for my young boys to complete A-levels, I have managed to achieve my 5-year exit plan to return to Brockenhurst, Hampshire, to be closer to my family. Our new home needs decorating and updating but I am very much looking forward to being able to get cracking,

as the weather and COVID-19 situation improves. Our three dogs have settled in extremely well and love being in the forest one day, and the next day running along the beach. Boys have begrudgingly let go of London and are embracing life here, too.

I am really looking forward being part of the Committee and to support its fundraising, events and continuing to see the zest for life that still continues to inspire so many of the transplant team during the darkest hours.

Thank you.

*Tracey*

## Wordsearch

P I O P  
 P E G D W D  
 D L I N J U L S I B G M T H G J  
 S L H W I K R L U U L S X N U Y V V B Q  
 X E E O A S C C O C Z O S Y I E T W G R U C  
 Z D N I P L S O A R F N C E O S N T H B E Z S K  
 O B I F E K O C P T Z Y K I Z D G I N G A A O F  
 O N C E I S R N T E G N D R L E J H B N N J E I  
 M H C R S L C A A L N O O E V K C W J I F O O D  
 R S A A X Q L H I I I R W V R S L S T K Q P Z Y  
 N G V H Z K A T N O T M N I C A D I N A X F S A  
 X J Q K L M T T T A A S L I M S R Z B A H S  
 F I G K B I A O E L L T E E E R H O M I K B  
 C L T S N M M I O P U D R H N C A E C A  
 A F W A S A M S E C U F T M Z L I N  
 G T O M G X I O R R T N O D W A  
 J E M E W M P I S U N I E N  
 U N E C D L A V A N O A  
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JOEWICKS  
 LOCKDOWN  
 FACEMASK  
 BANANABREAD  
 NHS  
 CAPTAIN TOM  
 WALKS  
 ZOOM  
 NETFLIX  
 FOOD  
 DELIVERIES  
 AMAZON  
 BAKING  
 VACCINES  
 NORMAL PEOPLE  
 THE MASKED SINGER  
 ANIMAL CROSSING  
 CHRIS WHITTY  
 MATTHAN COCK  
 TWO METRES  
 HAREFIELD  
 HAIRCUTS  
 SANITISER  
 TOILET ROLL  
 SHIELDING

## A Word from the Vice Chair

Well, not much has been going on recently with most things having been cancelled! But hopefully, soon, things will be happening again. We all need something to look forward to.

One recent, exciting development is that Harefield have introduced new digital lung function machines, which I think are brilliant compared to the old ones. I have gone through lots of the old machines in the past, as the fans get blocked. But, so far, the new machine has worked perfectly – and I have even found that mine gives higher readings than the older

machine. Maybe the fan is cleaner!

The new machines also make it easier to send readings to Harefield, for you to compare past results and see any trends that you may not otherwise pick up on. The spirometer links to your smartphone, and processes the results using the Spirobank app.

Since having my machine, I have tried to up my lung function by doing more exercise and have had the highest readings since my transplant seven and a half years ago. But there is always

room for improvement! You have to push yourself to improve, no pain no gain.

Hopefully, when the British Transplant Games and other events resume, it will give us all some goals – whether they are fitness-related or not!

Keep well everyone, and hopefully see some of you soon,

*James Doherty*

## Benefits, made simple (hopefully!!)

by Rob Longrigg

The benefits system can be complex, difficult to understand and navigate. We all, at some stage, may need to claim benefits, so here is an overview of what you could possibly claim depending on your personal circumstances either before or after your transplant.

### Means tested

All means tested benefits take into account your household income. If you have a certain level of savings or income, you won't be entitled to receive as much as if you had less.

### Universal Credit (UC)

UC replaces a lot of the older benefits. If you make a new claim for a means tested benefit, it will be UC. UC determines how much benefit you will receive based on your family situation, so everyone will get a slightly different amount.

UC includes housing costs (rent, not mortgage), childcare costs and a Limited Capability for Work element. You will have to explain how your health condition prevents you from working and you will have a medical assessment. You can claim online or over the phone. Payment is every 4 weeks.

### Statutory

Paid through your employer, most will be familiar with Statutory Sick Pay (SSP), paid for a maximum of 28 weeks.

There is no means test to be eligible, but you must have earned a sufficient amount.

You may have a more generous employer who pays Contractual Sick Pay (CSP), which is usually paid at a higher level but for a shorter amount of time. When your CSP finishes, you would then claim SSP. Check your employment contract to see if you are entitled to CSP. If you are going to be off work for longer than 28 weeks, talk to your employer. You may return to work, or you may not. If you are unable to work due to ill health and your SSP finishes, you may be able to claim new style Employment and Support Allowance (ESA), UC, or both.

### Contributory

You must be working or have usually worked in the past 2–3 years to be eligible for these benefits. Your National Insurance (NI) contribution determines whether or not you can claim. All contribution-based benefits are not means tested.

### New-style Employment and Support Allowance (ESA)

You can claim this online or over the phone, after 13 weeks you will have to explain how your health prevents you from working and will have to attend a medical assessment. New-style ESA can be awarded for 1 year or indefinitely, depending how you are

assessed by the Department for Work and Pensions (DWP). Non-Contributory These benefits are intended to be pay for the extra costs of having a disability.

### Personal Independence Payment (PIP)

Claim by phone, you are assessed on your ability to complete a series of Daily Living tasks, i.e., managing medication or mobility tasks (e.g., how far you can walk). You have a medical assessment to decide whether you are paid PIP. Awards can be made for 1, 3 or 5 years. PIP is paid every 4 weeks.

### Disability Living Allowance (DLA)

The predecessor to PIP, some people are still on DLA. All of those who are still receiving DLA will be invited to claim PIP. If a claim for PIP is not made, DLA will stop. They are different benefits with different criteria, so a DLA award is not a guarantee of a PIP award. DLA is paid every 4 weeks.

### Under 16

These are the only new claims allowed for DLA. DLA is paid if it can be demonstrated that a child has difficulties walking (Mobility) or needs much more looking after than a child of the same age who does not have a disability (Care). When a child turns 16, they will have to make a claim for PIP. DLA is paid every 4 weeks

## Benefits, cont'd...

### Attendance Allowance

For those over pension age with additional care needs either in the day or night or both. Application form with no medical assessment, paid every 4 weeks

With any health-related benefits, it is crucial to provide supporting medical evidence with your claim, so talk to your consultant or GP about obtaining such evidence.

If you are not awarded a benefit you have applied for, you have a right of appeal – initially, internally to the DWP and, if that is not successful, to an independent court. They are strict time limits for lodging appeals, usually around 1 month.

If your circumstances change, if you improve or deteriorate, it is important to contact the DWP so that they can review your award.

There are many other benefits that can be claimed, which you can find using a quick web search, visiting Citizens Advice or Turn2Us website.

There is a lot of support out there to help you make the initial claim, complete application forms and appeal if necessary. You can speak to the social work team at your hospital and there are many patient-specific support organisations such as the CF Trust or Age UK.

If you are struggling financially,

the benefits system is there to support you as safety net in the short, medium, or long term.

If you have any specific questions, get in contact with your local Citizens Advice Office. They supported me at my time of need, and now I work for them!

Keep well and safe.

Rob

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## Membership and Anniversary Badges

### Membership

I would like to thank all members on behalf of the committee for their renewals, new memberships and donations for this upcoming year. Annual membership runs from 1 January to 31 December, but you can join any time!

Your ongoing support for our club means that we can continue to meet the charitable objectives of the club:

“to provide for the relief of persons and their family and carer’s who have had or are hoping to have an organ transplant through the provision of support, recreational and sporting activities in order to

rehabilitate those persons and improve their condition of life.”

We are now using an online platform to manage the membership database. There have been a few small issues with migrating data over the past 12 months, which are now all sorted. Using MemberMojo, should make it easier for membership renewals, and payment can be made via BACs or cheque.

Please visit [www.membermojo.co.uk/htxclub](http://www.membermojo.co.uk/htxclub) and join, if you’re not already a member of this fantastic Club!

### Anniversary badges

You have to have been a member of the club for 2

consecutive years to be eligible for a badge. Unfortunately, some anniversary badges were delayed over the last year, due to the transition to MemberMojo. Please contact me directly if you have not received your anniversary badge.

So far this year, club members have celebrated TX anniversaries ranging from 5 years to 35 years, a total of 8 badges have been posted to date.

If you have any questions regarding membership or anniversary badges, please get in contact with me via email or our Facebook page.

Rob

## Harefield Transplant Club Committee Members' Details 2020-2021

### CHAIRMAN Janka Penther



I was born with cystic fibrosis and received a double lung transplant at Harefield in April 2013. I joined the Club in 2015 and became a committee member after my first AGM in Witney (2015). I was appointed Chairperson at the AGM in Bournemouth (2016). I was also Team Manager for Harefield at the British Transplant Games in Scotland 2017 and will take on this role again for the BTG 2020 in Coventry.

[chairperson@harefieldhamsters.org](mailto:chairperson@harefieldhamsters.org)

### TREASURER David Walker



I have been a member and supporter of the Club for 30 years. My son Alex is the transplant (heart) patient. I have been on the committee a long time, and took over as Treasurer in 2012.

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[walkerdavid525@gmail.com](mailto:walkerdavid525@gmail.com)

### VICE CHAIR James Doherty



I had a double lung transplant in September 2013 due to cystic fibrosis. I have been on the committee since the AGM in Oxford in 2015 and took on the role of Vice Chair in 2019. I am also the hospital representative for the European Heart and Lung Transplant Championships.

### SECRETARY Douglas Forbes



I had a double lung transplant in August 2013, as a result of CF, and have been a member of the Club since 2015. I joined the committee at the Bournemouth AGM (2016) and took on the role of Secretary in 2018.

### NEWSLETTER EDITOR Mary Forbes



I joined the club in 2015 with my husband, Douglas Forbes, 2 years after this lung transplant. I am a keen supporter of Team Harefield at the British Transplant Games and have newly taken on the role of Newsletter Editor.

[editor@harefieldhamsters.org](mailto:editor@harefieldhamsters.org)

### MEMBERSHIP SECRETARY Rob Longrigg



I have been a member and supporter of the club since 2005. I had a double lung transplant in October 2003 due to CF. I joined the committee at the AGM in 2015.

### COMMITTEE MEMBER Caroline Rutherford



I'd had an LVAD for about 18 months when I received my last call for a heart in June 2018. I joined the committee after the 2019 Harefield reunion as I wanted to contribute, when possible, to the fantastic club. I love sport and am a keen member of the BTG team.

**COMMITTEE MEMBER  
Neil Henson**



I had a double lung transplant in August 2018, aged 54, due to having IPF. I joined the Committee in 2019.

**COMMITTEE MEMBER  
Maggie Williamson**



I joined the committee at the AGM in 2018. I had my lung transplant in November 2014, in the USA, and am now loving life in the UK. I have taken on the management of the HTC website and help out with events.

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**COMMITTEE MEMBER  
Alex Walker**



I had my heart transplant 30 years ago and I have been a member of the Club since day 1. I have been a member of the committee for many years, including as Chairman in 2016-17. I have competed in the British Transplant Games ever since my transplant.

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**COMMITTEE MEMBER  
Tracey Baker**



I worked at Harefield from 1998 to my early retirement in 2018, and have been an active member of the Club for many years. I joined the Committee in 2020.

Reminder that the Committee meeting minutes are freely available.

Email, phone or write to:

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GL53 7PJ

01242 462 226

[HarefieldTxClubSecretary@gmail.com](mailto:HarefieldTxClubSecretary@gmail.com)

Royal Brompton and Harefield website: [www.rbht.nhs.uk/about/news-events](http://www.rbht.nhs.uk/about/news-events)