the GiST

News from Guy's and St Thomas' Issue 49 | 2026

Spotting cancer sooner

Transforming diagnosis with AI technology

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Welcome

As we emerge from another busy and challenging winter, I would like to thank everyone at the Trust for working so hard to provide the best possible care for our patients.

Looking ahead to the rest of 2026, we have many opportunities to innovate and further improve the quality of our care.

The Government's recent National Cancer Plan for England sets out its ambitions for improving outcomes and reducing waiting times. We already deliver fantastic cancer care here at the Trust but must do more to reduce the length of time patients wait for their treatment once they have been referred to us. Every day matters in a patient's cancer journey and helping them start treatment sooner will be a collective endeavour across our organisation.

Our magazine cover star is thoracic surgeon Stephanie Fraser, who is showcasing a brilliant example of how innovation is already improving our cancer care. Stephanie and colleagues are leading an AI-assisted robotic bronchoscopy pilot at Guy's Hospital, speeding up diagnosis for patients with suspected lung cancer. You can read more on pages 12-13.

On page 6, we explore a new treatment transforming patients' lives by using their own blood plasma to treat voice disorders. We also learn more on page 10 about a dedicated service at Royal Brompton Hospital supporting patients with the lung disease silicosis, while on page 21, we celebrate 60 years since the UK's first intensive care unit opened at St Thomas' Hospital.

I hope you enjoy this issue of the GiST.

Amanda Pritchard

Dame Amanda Pritchard, Chief Executive Officer
Guy's and St Thomas' NHS Foundation Trust

Meet the team

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Front cover: Thoracic surgeon Stephanie Fraser is leading an AI-assisted robotic bronchoscopy pilot at Guy's Hospital

TELL US WHAT YOU THINK

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Supporting end of life care conversations

Guy's and St Thomas' has launched 2 new films as part of its 'Let's talk' campaign, encouraging people from all backgrounds to have conversations about end of life care.

The 2 films are aimed at patients and staff. The patient film encourages all of us to think about and share what's important to us if we become seriously unwell or approach the end of our life. The film for staff aims to help healthcare professionals have culturally sensitive conversations with patients and families about end of life care.

The films feature real-life experiences and are available in a range of languages and accessible formats. They build on existing films for patients, website information and easy-read resources.

Thanks to funding from Guy's & St Thomas' Charity, the palliative and end of life care team has also introduced video-playing devices and support packs across the Trust's hospitals, and in GP practices and care homes in Lambeth and Southwark. Collectively, these materials can guide meaningful end of life care conversations.

Kelsie Reading and Joanna Bate from the palliative and end of life care team with one of the new video devices

Joanna Bate, matron for palliative and end of life care, said: "We're thrilled to be able to offer these resources to patients and staff, to support compassionate, clear and timely conversations about end of life care. We hope they help everyone start the conversation."

To learn more, visit **www.guysandstthomas.nhs.uk/letstalk**

Creative approaches to pain management

Photo by Gavin Joynt, Balbir Singh Dance Company

Mansi, who lives with chronic pain, delivers a dance session

Patients living with persistent pain are being introduced to new creative activities, including dance and clay work, as part of the Trust's residential pain management programmes.

The INPUT Pain Management Programme, delivered by a specialist team, supports people living with persistent pain to reduce its impact on daily life and focus on what matters to them. As part of this work, INPUT has partnered with the Balbir Singh Dance Company to offer creative taster sessions within the programme.

Through activities such as dance, visual arts, music, photography and clay work, participants are encouraged to shift focus away from pain, stay present, and explore new ways of expressing their experiences.

Balbir Singh Dance Company draws on the expressive elements of Classical Indian dance, supporting participants to explore emotion through movement, hand gestures and imagination.

Specialist physiotherapist Rosie Cruickshank, who is involved in the collaboration, said: "Exploring creative activities has given participants an alternative way of shifting their perspective on pain, and has opened up creative options they can continue to engage with when they leave the programme."

IN THE NEWS

A round-up of media coverage featuring Guy's and St Thomas'.

Daily Mirror
The Daily Mirror and Daily Express covered the story of James Hoddinott, 11, who has become the first UK patient to have a dissolvable device used to fix a hole in his heart. Specialist heart teams at Royal Brompton and Evelina London used a new biodegradable closure device called MemoSorb. It heals the hole immediately, and then slowly dissolves over a year, while the body's own tissue grows over the repair.

BBC London
The Trust's warning about fake videos circulating on social media, falsely claiming Guy's and St Thomas' clinicians are endorsing weight loss patches, was covered by BBC London and several national media. The BBC interviewed the Trust's deputy chief medical officer, Dr Daghni Rajasingam, who urged the public to seek weight loss advice from trusted NHS sources.

One Show
The BBC's One Show covered the story of Professor Sir Magdi Yacoub and his lifetime achievement award, presented by the British Heart Foundation. Sir Magdi carried out Europe's first ever combined heart and lung transplant at Harefield Hospital 42 years ago and established the world's largest heart and lung transplantation programme.

Honouring our colleagues

Dame Amanda Pritchard and Lorenzo Garagnani

Congratulations to Guy's and St Thomas' staff who were recognised in the King's New Year Honours 2026.

Amanda Pritchard, Trust Chief Executive, was made Dame Commander of the Order of the British Empire (DBE) in recognition of her service to the NHS.

Dame Amanda was the first woman to be Chief Executive of the NHS. She was appointed to the position in August 2021 and led the health service until March 2025, subsequently becoming Guy's and St Thomas' Chief Executive that September.

Lorenzo Garagnani, consultant orthopaedic hand and wrist surgeon, was made Member of the Order of the British Empire (MBE). This is for his service to children with hand and upper limb differences.

Major Neeraj Shah, consultant in the Lane Fox Unit at St Thomas' Hospital, was awarded the King's Volunteer Reserve Medal. Major Shah has served with the Army Reserves for a number of years supporting delivery of healthcare for the armed forces, as well as contributing to strategic planning for major events training.

Simon Friend, a Non-Executive Director on the Trust Board, was also appointed a Member of the Order of the British Empire (MBE) in recognition of his years of service to charity.

Television presenter, author, actor and singer, Tom Read Wilson, gave a special reading of *The Bear and the Piano* when he met young patients and their families at Royal Brompton Hospital. He visited the hospital with the Royal Voluntary Society to highlight the importance of volunteering.

Your voice

We love to hear from our patients, staff and supporters so join the conversation by following us on Facebook, X (previously known as Twitter), LinkedIn and Instagram.

@acorbettn (from X)
Astonishingly good service today at St Thomas' Hospital blood test centre in and out in literally a minute. Their digital system for appointments etc makes it all so easy. Results with the GP next week.

Nefertiti Athena (from Facebook)
Best hospital!! I had my 3 children there and everything and everyone were amazing. Very complicated pregnancies and 2 emergency C-sections.

Are you following our new Trust Instagram channel yet? It is another way for us to highlight some of the amazing things happening at Guy's and St Thomas', and for us to connect with our patients, staff and supporters.

@SaraTurle (from X)
Nearly 16 years through breast, mouth & now lung cancer, we're still here, grateful for the care from the staff of @BHRUT_NHS_@GSTTnhs_@EKHUFT_ Thank you! I continue to work together with our NHS to better experience for patients, families & staff. #WorldCancerDay #StrongerTogether

facebook.com/gsttnhs X/Twitter @GSTTnhs @RBandH @EvelinaLondon @gstt.nhs LinkedIn

Coffee shop renamed to honour manager

Jose 'Joe' Paculan

The coffee shop at Royal Brompton Hospital has been renamed as Joe's Café, to honour its long-serving manager, Jose 'Joe' Paculan, who has dedicated over 30 years of service to the Trust.

Always ensuring a welcoming and spotless space, Joe's warm and vibrant personality has become part of the experience. The café offers a moment of comfort, familiarity and human connection for patients, families and staff.

Catering manager Nuno Matias said: "Joe's Café represents more than coffee. It represents people who care, who go the extra mile, and who make a real difference. Renaming it is our way of saying thank you – to Joe, and the whole café team. They support our community and brighten the days of people who walk through our doors."

Joe said: "It is an honour to have this coffee shop in my name. Behind it is a good team, who provide the best service we can for staff, patients and their relatives."

NHS Rainbow Badge joins museum collection

The original NHS Rainbow Badge, first developed at Evelina London, has been added to the national collection of the Science Museum Group.

Created by Dr Mike Farquhar, a paediatric sleep consultant, and driven forward by Jessica Law, Evelina London's head of communications, the badge was introduced in 2018 as a way for staff to signal that they are inclusive, open and non-judgemental.

What began as a small initiative quickly gained support from staff and patients, expanding across Guy's and St Thomas' and later the wider NHS.

Dr Mike Farquhar holds the original NHS Rainbow Badge

Dr Farquhar said: "The NHS Rainbow Badge is about saying to LGBT+ people and their families: 'I'm someone you can talk to, I will listen and take what you say seriously.'"

The badge has since become a national NHS programme, with most trusts adopting the scheme.

Its addition to the Science Museum Group Collection recognises how a simple idea, developed at the Trust, helped shape a more inclusive culture across the NHS.

Complete our survey to win a getaway

What do you think of our award-winning magazine, the GiST?

We want to know what you like and how we can improve it.

By having your say and completing our short survey, you could win a Park Plaza getaway for 2 with breakfast, donated by Guy's & St Thomas' Charity.

As one of the UK's largest and most successful NHS Foundation Trusts, we are keen to tell you more about what we do and how you can get involved in our work.

In the GiST you can read about everything from our high-quality care and exceptional staff to leading-edge research and innovation across our 5 hospitals and in our community services.

The survey will only take a few minutes to complete and if you do so by **Wednesday 8 July**, you'll be entered into a prize draw for a chance to discover the best of the capital with an unforgettable getaway at your choice of Park Plaza hotels.

Visit https://eu.surveymonkey.com/r/gist

Kelly Cook learns about a new treatment transforming the lives of patients with voice disorders.

Finding your voice

David Metherell, pictured with his family, was one of the first patients in the country to receive this new treatment on the NHS

Guy's and St Thomas' has become the first NHS trust in the UK to offer a "life-changing" treatment for people with chronic voice disorders.

These disorders cause voice change or dysphonia, making the voice sound hoarse, strained, breathy, weak, or fluctuate in pitch and loudness.

The new treatment uses platelet-rich plasma (PRP) injections, which involves taking a small sample of the patient's blood and spinning it in a centrifuge machine to concentrate and separate the platelet-rich plasma.

This concentrated solution is then injected into the patient's vocal cords – also known as vocal folds – to boost the natural healing process, shorten recovery time and promote tissue regeneration.

The treatment is already used for people with a variety of conditions including injuries to their tendons, ligaments, muscles and joints, as well as for osteoarthritis, and cosmetic purposes such as hair loss.

David Metherell was one of the first patients to benefit from the new voice treatment at Guy's Hospital.

He developed recurrent respiratory papillomatosis as a baby, a rare disease causing wart-like growths on his voice box.

He had surgery to remove them but between the ages of 9 months and 6 years old it recurred 21 times, making it difficult for him to speak and leaving him with a croaky voice.

David, a critical care charge nurse, said: "The biggest frustration for me is I can't meet anyone new without people asking if I have a sore throat. You feel like you have to explain yourself over and over again which is exhausting."

> "It's been really impressive, the treatment is life changing."

He was referred to the ENT voice clinic at Guy's Hospital where he was given exercises by speech and language therapists. Although conventional treatments helped improve his voice, it didn't last long.

The father-of-one had the PRP injection under local anaesthetic and was then under voice rest for the next 48 hours. He had the treatment 3 times in total, 4 weeks apart.

David said: "I noticed a difference in my voice after the first 4 weeks. For me it wasn't about the quality of my voice as I've had a husky voice my entire life. It was about the effort it takes to talk. For anyone with a normal voice box, speaking is really easy. But if your vocal cords don't meet when speaking, the effort to get a voice out is really tiring.

"After the second treatment it felt brilliant and I could speak with hardly any effort – it's been really impressive, the treatment is life changing."

Shiying Hey, a consultant ENT surgeon and laryngologist, set up the trial at the Trust. She said: "Not having a good voice can have a huge impact on someone's life, as they can feel like they're losing their identity. It is incredibly exciting to be able to offer this treatment at our centre and to broaden the options available for people living with chronic voice disorders."

Fast Facts

- So far **12 patients** have been treated at Guy's Hospital, with all reporting an **improvement in their voice**
- The ENT laryngology clinic is **only accepting referrals for the treatment from GPs and health professionals for patients with vocal cord scar, sulcus, or atrophy** (most commonly age-related thinning)

Sarah Clark and **Kelly Cook** find out how Guy's and St Thomas' is helping patients to return home when they no longer need care.

Let's get you home

Nursing assistants Claudette Reid and Valdrin Hoxha help patients home in St Thomas' discharge unit

Staff across Guy's and St Thomas' are working hard to ensure that patients go home as soon as it is safe to do so.

Staying in hospital longer than necessary doesn't help patients recover – in fact, it can slow their recovery down.

Too much time in bed can lead to muscle weakness and a decline in independence, making it harder to manage at home. Studies have shown that just 10 days of bed rest in hospital can have the same effect on muscle strength as 10 years of ageing in people over 80.

To support patients to return home safely, the discharge unit at St Thomas' Hospital was redesigned and relaunched a year ago.

It can take a few hours to prepare for a patient to leave, so the discharge unit is a space for them to wait comfortably for the things they need, for example medicines, medical equipment, a discharge letter and transport home.

Between January and December 2025, the nurse-led unit helped to discharge 5,159 patients – 2,338 more patients compared to the same period in 2024.

Charmaine Pasifull stayed at St Thomas' Hospital for 7 days after injuring her leg in a fall. She spent some time in the discharge unit while she waited for hospital transport to take her home, enjoying a sandwich and a cup of tea during the wait.

Charmaine said: "Everyone in the discharge unit has been brilliant and such lovely, friendly people – the staff are so dedicated."

> "Everyone in the discharge unit has been brilliant and such lovely, friendly people – the staff are so dedicated."

The discharge unit team plays a vital role in preparing patients to leave hospital and importantly helps to free up beds sooner, improving patient flow across the hospital.

Chief Nurse Avey Bhatia said: "Helping our patients leave hospital as soon as their treatment is complete is really important. It's not only better for patients' recovery, it also means we can use the bed to care for other people who urgently need our services.

"At any one time we have more than 100 patients who are medically fit to leave hospital but are still in our beds. This affects our ability to admit people from our emergency department or after planned procedures."

The discharge unit is part of a wider programme at Guy's and St Thomas' to improve patient care and ensure that resources are used in the best way possible to support all those who need hospital care.

Patients, families and carers will see new 'Let's get you home' posters on hospital wards, encouraging them to help start their discharge planning as soon as possible.

Patients are also being encouraged to visit the updated 'Staying in hospital' section on the Trust website, which includes helpful information about what happens, before, during and after their stay – including information about the discharge unit and going home.

Help us plan effectively

Guy's and St Thomas' is asking patients and their families to think ahead about the support they may need when they leave hospital to prevent delays in their discharge. For example, ask yourself:

- who will pick me up from the hospital?
- will I need help with everyday tasks like cooking, cleaning, or shopping?
- is there someone who can help me at home as I recover?

Anja McLoughlin and **Maisie Clarke** look back at 15 years of The Autism Project at Guy's and St Thomas', and the lasting impact of inclusive employment across the Trust.

Chandan Rao now has a permanent job as a home delivery administrator

Changing lives through work

For the last 15 years Guy's and St Thomas' has partnered with CareTrade to support young autistic people into meaningful, long-term employment.

What began as a small collaboration with the Trust's equality, diversity and inclusion team, has grown into a programme supporting dozens of departments and helping participants build confidence, independence and lasting NHS careers.

The Autism Project – known as TAP – offers structured, personalised work placements for 18 to 25-year-olds across Guy's, St Thomas' and Royal Brompton hospitals.

The bespoke programme runs for up to 3 years and includes classroom learning. Students receive support with job searches, applications and interview preparation. They also take part in activities, social groups and travel training, which helps them to build everyday life skills, feel part of their community and stay healthy.

> "We want to keep building workplaces where autistic and neurodivergent people feel supported, valued and able to succeed."

Many go on to paid roles, apprenticeships or further training, either within the Trust or with other employers. These roles can be in a range of areas including portering, administration, workforce intelligence, catering and ward food services, dental records, housekeeping, project support, medical records and waste management.

Jo Young, widening participation development manager at the Trust, said: "The Autism Project has become an important part of how we support people into work at Guy's and St Thomas'. It gives young autistic people the confidence, skills and sense of belonging they need to thrive, while helping our teams better understand and value neurodiversity."

She added: "We're incredibly proud of what this partnership has achieved, but we know there's more to do. We want to keep building workplaces where autistic and neurodivergent people feel supported, valued and able to succeed."

For TAP participants now working at Guy's and St Thomas', the impact of the project has been life-changing.

Nashir Miah joined the Trust in August 2024 after being made redundant, and works as a porter at Royal Brompton Hospital, helping patients move safely between wards.

Nashir says the support provided by The Autism Project helped him find a role that really suited him.

Nashir Miah has been shortlisted in the National Porters' Awards

George Byford enjoys being a porter at St Thomas' Hospital

"Being a porter is perfect for me because I love walking," he said.

"Even when I'm on a break, I'm ready to get back up and take on the next job."

With support from his manager and job coach, Nashir gained confidence working independently around the hospital. His progress has been recognised nationally, and he has recently been shortlisted for the National Porters' Awards, in the Newcomer of the Year category.

George Byford has worked as a porter at St Thomas' Hospital since 2016. His role includes helping patients get to where they need to be, delivering equipment and medication, and supporting teams across the hospital.

George said: "Getting a permanent contract gave me security and helped me feel confident in my job. Having a routine that I'm comfortable with makes a big difference. I enjoy what I do, and I try to be as cheery as possible, even on the early shifts."

> "Having a routine that I'm comfortable with makes a big difference."

Chandan Rao, a home delivery administrator for the Centre for Haemostasis and Thrombosis at St Thomas', shares a similar experience.

After joining the Trust through The Autism Project, he has worked across several departments and is now in a permanent role.

Chandan said: "Getting a permanent job has made a big change to my whole life. I feel really happy and proud, because I don't have to worry about when my job will end anymore."

Together, their experiences show how the right support can help people grow in confidence, find stability and succeed in roles that suit their strengths – benefiting individuals, teams and patients across the Trust.

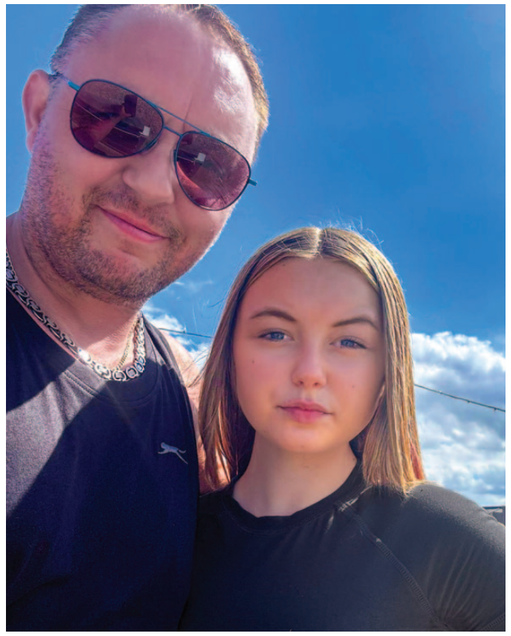
For more information about the initiative, visit **care-trade.org/gstt**

Fast Facts

- More than **30 departments across the Trust have been involved with The Autism Project**
- **24 students from The Autism Project have been employed** at Guy's and St Thomas' since 2013
- **CareTrade also supports neurodivergent staff in the workplace** and provides staff training

Lesley Walker finds out how we are caring for people with artificial stone silicosis.

Specialist clinics for new lung disease



Stonemason John Davies with daughter Brooke

John Davies worked as a stonemason, creating bespoke quartz worktops for domestic kitchens.

However, his exposure to the very fine dust from polishing these artificial stone counters led to him developing the lung disease silicosis.

While there is no cure for silicosis, a team at Royal Brompton Hospital has been leading the way in identifying and treating patients for this fast-emerging disease, and raising awareness of the condition.

There are now more than 55 people in the UK with a confirmed diagnosis of silicosis from artificial stone, although clinicians believe the true number is likely to be higher.

The average age of a person diagnosed with silicosis is 43 years old, with the youngest patient aged just 23. The majority of these patients are seen in the specialist clinic at Royal Brompton.

Artificial stone or quartz is a manmade product, made up of a mixture of crushed rock, metals, resins and including very high amounts of silica.

> "Finding out early is a good thing for health. We can give people advice and support on how to work safely."

It has been increasingly popular to use for kitchen worktops, and while it does not cause any harm to the people who have it in their homes, cutting and polishing the stone creates large amounts of the silica dust.

Workers without proper protection can breathe in the silica dust and may develop silicosis.

When the dust is inhaled, it can create scarring of the lungs which causes extreme breathlessness, persistent cough, weakness and tiredness. There is no good treatment for the disease and in some cases it can progress quickly.

Stonemason John worked with artificial stone for 20 years before he developed breathlessness and fatigue. The 45-year-old was referred to Royal Brompton Hospital for specialist tests, where he was diagnosed with silicosis from artificial stone.

Father-of-two John said: "I tell people to ask for the best health and safety equipment possible – to get fully-fitted masks, and to wear these all day every day; to make sure they're fitted to their face, and do not take it off to chat. If you can taste the dust, you're inhaling it. You also need full body protective suits.

"I'm very pleased with the care I've received. I feel really supported by the team at Royal Brompton Hospital."

Dr Johanna Feary, a consultant in occupational lung disease at Royal Brompton Hospital, is part of a team which runs a specialist clinic for silicosis.

Dr Feary said: "A diagnosis of silicosis can be devastating but knowing you have the disease early gives you the best chance of making changes to reduce the likelihood of it progressing. You can take time to think about your work options and stop working with stone dust.

"We can give people advice and support on how to work safely, provide regular check-ups to see if they develop any other health conditions associated with silicosis, and help patients manage their symptoms and their general wellbeing."

A UK Silicosis Registry will launch later this year, with support from Royal Brompton & Harefield Hospitals Charity.

Caroline Watson looks at ways to reduce the risk of falling as we age.

Staying strong and steady

The Trust's falls reduction team provides free community strength and balance classes

As we get older, we all want to stay independent and in our own homes as long as possible.

However, to remain safe during daily activities, it's vital that we stay steady on our feet and avoid falls.

Controlling our balance and maintaining our strength are important parts of how we all move and manage independently – but as we age, everyday activities such as walking, bending down, and getting in and out of chairs, beds and baths can become more challenging.

A number of factors can affect our balance and increase our risk of falling, such as low blood pressure, some medicines, poor posture or eyesight, a recent change of glasses, or inner ear infections. If you suspect any of these are affecting you, it's important to see your GP.

However, one of the most effective ways to avoid falls is to remain active and regularly take part in the right kinds of exercise, according to Trust experts in fall reduction Judith Hall and Kate Bradfield.

Judith, who is head of the community rehab and falls service, said: "We all know regular exercise is good for us, but if you're aiming to reduce your risk of falls, you need to focus on specific things.

> "Exercises need to challenge your balance and also strengthen your muscles."

"You need to challenge your balance and also strengthen your muscles – because both of these factors will dictate how steady you remain on your feet as you age."

Judith and Kate co-ordinate free 'strength and balance' community exercise classes in 9 locations around Lambeth and Southwark, aimed at people who want to learn practical ways to reduce their risk of falling.

Kate, a clinical specialist within the falls service, said: "Our classes are tailored for different abilities and focus on a mixture of resisted strength exercises, using resistance bands to strengthen muscles, and balance exercises, progressing from standing still, then walking, then stepping over objects.

"We also do some endurance training to improve overall fitness, stretching and modified tai-chi exercises, and teach participants to get on and off the floor safely."

The community strength and balance classes are always in high demand, but Judith said anyone can make positive improvements by following some basic guidelines.

"We should all aim for 150 minutes of moderate intensity exercise each week," she said. "That could be a mix of walking, taking the stairs, swimming, and other activities.

"On top of that, we should try to incorporate strength and balance exercises twice a week. This could include using weights, or exercises such as squats and push-ups, as well as balance exercises that can be done at home."

Other tips to prevent falls

- **Talk to your GP** if you have fallen recently or you feel weak or dizzy
- **Remove hazards in your home** like loose rugs or electric cables lying on the floor
- **Consider getting a personal alarm** that can call for emergency help if you fall
- **Get regular eye and hearing tests** to check for conditions that can increase your risk of falling
- **Take care of your feet** – trim your toenails and wear shoes with good support
- **Eat well and stay hydrated** to improve your bone and muscle strength
- **Ask for help with urinary incontinence** so you do not need to rush to the toilet
- **Try to overcome your fear** and keep doing the things you enjoy

Maxine Hoeksma learns about new technology that could help early diagnosis of lung cancer.

Improving care for patients with lung cancer

David Lindsay has been successfully treated for early lung cancer

David Lindsay never expected that a referral to Guy's Hospital for a suspected blood clot in his left leg last September would lead to the early diagnosis of lung cancer.

Imaging tests prompted further investigation, including a new diagnostic procedure that combines artificial intelligence (AI) with robotic technology, enabling an early diagnosis and subsequent lung-sparing surgery.

David, an IT contractor from Streatham, said: "The efficient staff scheduled me in for the bronchoscopy in the morning and I went home in the evening. It was quick and painless. I wasn't worried because all the staff made me feel comfortable and assured.

"The deep vein thrombosis was a blessing in disguise because if it hadn't occurred, I wouldn't have had the scan, and various tests, and they wouldn't have seen the cancer. I'm very grateful and appreciate the work that the NHS and wonderful staff do every day."

Many more patients are set to benefit from this new approach through an NHS pilot led by Guy's and St Thomas'. The pilot aims to help clinicians identify hard-to-detect lung cancers sooner, potentially reducing the need for repeat scans and procedures.

> "I'm very grateful and appreciate the work that the NHS and wonderful staff do every day."

For some patients, this could mean moving directly to a single 30-minute biopsy, reducing weeks of uncertainty and avoiding more invasive surgery.

AI software is being used to analyse imaging scans to pinpoint lung nodules (small lumps) that are at higher risk of being cancer. Where further investigation is needed, a separate robotic bronchoscopy procedure is used to take a tissue sample, confirm or rule out cancer, and guide next steps in care.

The Ion robotic-assisted bronchoscopy system can reach nodules as small as 6mm — around the size of a grain of rice. This allows clinicians to test nodules hidden deep within the lung that are often too risky or difficult to access using existing methods.

Patients are supported by advanced nurse practitioner in surgical diagnostics, Tanya Jackson, who works closely with referring hospitals to gather information in a timely way while avoiding unnecessary duplicate tests.

Tanya supports patients to better understand the diagnostic process, listens to their concerns, and encourages them to attend these crucial appointments.

Tanya said: "As the patient's advocate, I try to make their experience less scary and overwhelming. By coordinating each step in a seamless way, we can help make the pathway more manageable for patients and their loved ones. Knowledge is power and we want to empower patients to take their healthcare in their own hands."

Thoracic surgeon Stephanie Fraser, who leads the project at Guy's and St Thomas', said: "Everyone can be affected by lung cancer. We've seen an increase in the number of women and non-smokers presenting with lung cancer over the last decade, so it's very important that anyone who has concerning symptoms gets checked out and that people feel confident in taking up screening when it's offered.

"This new pilot is a fantastic opportunity to save lives, reduce suffering and set the UK apart as a leader in patient-centred innovation."

Thoracic surgeon Stephanie Fraser, left, and surgical diagnostics advanced nurse practitioner Tanya Jackson with the Ion robotic-assisted bronchoscopy system

Fast Facts

- People diagnosed with lung cancer at the earliest stage are nearly **20 times more likely to survive for 5 years or more** than those diagnosed at a later stage
- Lung cancer remains the most common cause of cancer death in the UK, with more than **43,000 people diagnosed each year**

Lesley Walker finds out how new heart valve clinics are closing the healthcare gap.

Pilot heart clinics speed up care

Professor Ronak Rajani, George Fisher and Leoni Bryan are helping to close the healthcare gap for people with heart valve disease

More than 300,000 people in the UK are living with heart valve disease, but many people don't know they have it.

National and regional research has found that diagnosis and treatment of heart valve disease is particularly low among people of Black and South Asian heritage, for those living in deprived areas and among women.

Two pilot clinics in south London are addressing these issues, by providing quicker diagnosis and treatment in the community.

The rapid access valve assessment clinics, held at GP surgeries in Lambeth and Lewisham, are a joint initiative between the South London Cardiovascular Network, Guy's and St Thomas' and King's College Hospital. They have been set up in areas in south London where treatment rates for valve disease were known to be low.

In the UK around 3.5% of people over the age of 75 have a severe narrowing of their heart valves, and up to 1 in 20 of the population have a leaking heart valve – both of which are examples of heart disease.

When this happens, people can experience breathlessness, chest pain, dizziness or blackouts. In these cases, they need urgent valve replacement or repair. Delays can create permanent damage to the heart, or can even be fatal.

> "We launched the community rapid access valve clinics to close the healthcare gap."

However, many patients may be unaware that they have heart valve disease until their condition becomes serious.

In areas of south London, up to 40% of the population are from a global majority background but research by Guy's and St Thomas' and King's College London found that only 10% of the patients treated for heart valve disease identified as Black.

The term global majority refers to people who are Black, Asian, Brown, Mixed Heritage, and Indigenous people, who make up 80% of the world's population.

Other studies have found that women diagnosed with heart valve disease are 11% less likely than men to get referred for hospital care, and 39% less likely to have their aortic valve replaced.

Professor Ronak Rajani, consultant cardiologist and professor of cardiovascular imaging at Guy's and St Thomas', said: "Despite significant advances in valve disease treatments over the last 20 years, a lot of heart valve disease still goes undetected."

> "By bringing these clinics into the community, we are seeing people who might otherwise not know they had heart valve disease."

The rapid access valve clinics were set up as a 1-year pilot, to offer a fast-track pathway to find people with heart valve disease and get them access to timely treatment.

In the first 6 months, advanced nurse practitioner, Leoni Bryan, and valve echo physiologist, George Fisher, have screened 168 patients in the 2 clinics, with more than half (55%) from global majority backgrounds. Of those screened, 57% had valve disease or other clinically significant findings, while more than a third (35%) were found to have at least moderate valve disease needing more treatment or monitoring.

Professor Rajani added: "We launched the community rapid access valve clinics to close the healthcare gap by putting the clinics in areas where treatment for valve disease is lower than expected.

"By bringing these clinics into the community, we are seeing people who might otherwise not know they had heart valve disease. We are diagnosing them more quickly and offering them treatment if needed. This reduces health complications and saves the NHS money."

Theresa Meli is currently waiting for surgery on her aortic valve, after she was diagnosed with severe aortic stenosis (narrowing of the aortic valve) through the pilot programme.

Theresa Meli with her daughters Victoria and Louise

In just 4 weeks, Theresa received scans and was seen by a cardiology consultant at St Thomas' Hospital, all of which would usually take 5 months.

Theresa, who is Tunisian-Maltese and lives in Waterloo, south London, only had mild symptoms of tiredness, but her heart condition was picked up after she had a gall bladder operation earlier this year.

The 78-year-old is now retired but was previously a cleaner in the House of Commons while caring for her family of 4 children, 9 grandchildren and 3 great-grandchildren.

She said: "I do get tired, but I'm hoping my operation will go well so I'm healthy enough to see all my great-grandchildren. I want to be around for another 20 years."

Theresa's daughter Louise Worley said: "Mum doesn't have English as a first language, but throughout the process, all the staff have taken their time to carefully explain what's happening in a way she can understand. Everyone has been patient, and it's been an amazing experience."

Tom Costerton finds out how Guy's Cancer Charity is supporting the future of cancer testing.

The future of cancer diagnosis

Charlie was one of the earliest patients with suspected cancer to receive the new blood test

For many people, a cancer diagnosis is one of the most difficult moments of their lives.

From the anxiety after having a test, to waiting for the results and discussing treatment, the process can be overwhelming.

That is what Persephone du Parcq wants to improve for both patients and researchers.

Persephone is a clinical scientist based in the cancer genomics laboratory run by Synnovis at Guy's Hospital.

She has recently explored how a simple blood test could have the potential to change the way clinicians diagnose, treat and monitor some cancers.

Most people need a biopsy to find out if they have cancer. A biopsy is where a small sample of skin, tissue or cells is taken from your body for testing.

Thanks to funding from Guy's Cancer Charity, Persephone launched a project looking into circulating tumour DNA (ctDNA) testing, often referred to as a 'liquid biopsy'.

> "The goal is to have a ctDNA blood test as an option for as many people as possible, giving patients less painful, more accurate and faster test results."

This blood test can detect tiny pieces of DNA in the bloodstream, which have been released by cancerous tumours. Clinicians can use this information to detect cancer early, monitor treatment to see if it's working, and check to see if a cancer has returned.

Persephone said: "Everyone knows that having cancer is horrible, but most don't realise how challenging the testing process can be. That's why I wanted to look at how a ctDNA blood test could provide more accurate, less invasive tests."

One of the earliest patients with suspected cancer to receive the ctDNA blood test was 44-year-old Charlie Maxwell.

She had a range of scans, a tissue sample was taken from her lung, and she had the ctDNA blood test.

The tests revealed that she had a specific type of lung cancer and she was given a personalised treatment plan.

Charlie, who is a non-smoker and has worked in the military, said: "Understanding the specific cancer is vital because it can change treatment options hugely.

"The tissue sample test was painful, whereas the ctDNA was just a blood test. It would be amazing if we could diagnose more people like me without needing a tissue sample."

Following the project's completion, the South East Genomic Medicine Service now provides a ctDNA blood test for NHS patients with suspected lung cancer and for some breast cancer patients.

Persephone said: "The goal is to have a ctDNA blood test as an option for as many people as possible, giving patients less painful, more accurate and faster test results."

Kelly Cook learns about new scanning technology that uses significantly less radiation than traditional X-rays.

Super scanner

Daisy has had 2 scans with the EOSedge machine

Evelina London Children's Hospital can now scan patients with less radiation and more quickly than ever before, thanks to state-of-the-art technology.

Evelina London was the first dedicated children's hospital in the UK to install the EOSedge machine, which is an ultra low-dose X-ray imaging system.

It is used to diagnose and plan treatment for patients with scoliosis and other spinal conditions, who often need regular X-rays, as well as children and young people with lower limb deformities.

The scan takes place while the patient is standing or sitting, and produces 2D and 3D images which are used to assess the spine, hips and legs.

The procedure and set up takes less than 4 minutes in total, with the whole-body scan itself taking less than 20 seconds.

> "The radiation dose of this scanner compared with a conventional X-ray is about 80% less."

Since February 2025, more than 1,850 patients, aged 3 to 17, have benefited from the cutting-edge technology.

Jonathan Lucas, consultant spinal surgeon at Evelina London, said: "The radiation dose of this scanner compared with a conventional X-ray is about 80% less, while maintaining the quality of the imaging.

"Then for the follow-up X-rays we can reduce that even further to about 90% less of the previous radiation dose. This means better long-term outcomes for our patients."

He added: "This new technology can also help us to create 3D models of the spine that we use when planning a patient's surgery."

Evelina London patient Daisy has had 2 scans of her spine using the EOSedge machine. The 12-year-old said: "It was quick, simple and straightforward. The people doing the X-rays were very friendly and showed me the scans, which were really clear."

In the UK there are currently 10 EOS and EOSedge systems, with 590 across the world.

Lucy Clough, superintendent radiographer at Evelina London, said: "This piece of equipment is the future of spinal imaging. It takes a fraction of the time to process images so we can see more patients, and it is easy for our radiographers to use."

Funding for the EOSedge machine came from generous supporters of Evelina London Children's Charity.

Rob Halkyard, Executive Director of Charities, said: "We're proud to help Evelina London invest in pioneering equipment like the EOSedge scanner. Together with our amazing supporters, we can create better experiences for young patients and improve long-term health outcomes – helping children to grow up healthy and happy."

George Ogleby explores the Trust's new Green Plan.

Vision for a greener future

An ambitious new Green Plan has been launched by the Trust, outlining plans to help protect the environment over the next 3 years.

Climate change poses a major risk to health and wellbeing, as well as a significant threat to the NHS, affecting both infrastructure and services for patients.

As one of the largest NHS trusts, Guy's and St Thomas' has a crucial role to play in improving the health of local communities and reducing its impact on the environment.

The Trust has committed to incorporate sustainability into everything it does and this will be made a reality by:

- **Using low or no-emission vehicles to reduce pollution caused by travel**
- **Helping staff and patients to walk and cycle, and to choose plant-based foods that reduce our environmental impact**
- **Improving the air that we breathe to help prevent and manage illnesses**
- **Installing solar panels at community sites to reduce the Trust's carbon footprint and cut energy bills**
- **Transporting urgent blood samples by electric drones, speeding up analysis while reducing carbon emissions and reducing traffic congestion**
- **Reducing the Trust's reliance on single-use items, and switching to reusable alternatives wherever possible.**

> "We have a unique opportunity to deliver meaningful change that benefits our patients, people and planet."

Tendai Wileman, Chief of Staff and Director of Organisational Change, said: "We have a unique opportunity at Guy's and St Thomas' to deliver meaningful change that benefits our patients, local people and the planet.

"I'm delighted to launch our Green Plan which outlines our vision for a greener future, as we work towards achieving Net Zero in our own operations by 2040.

"This will help us continue to build a Trust fit for the future – focused on world-leading, preventative and low-carbon healthcare."

The NHS is responsible for 4-5% of the UK's carbon emissions. This includes everything from the goods and services we buy, including medicines and equipment, through to our buildings and how our patients, staff and visitors travel.

In 2020, the NHS became the first healthcare system in the world to commit to reaching Net Zero and taking action to reduce the future impact of climate change.

Our Green Plan builds on existing action at Guy's and St Thomas' to provide environmentally sustainable healthcare.

Patients are already being supported in recovery through gardening sessions, while the Trust's patient transport fleet now includes electric hybrid taxis and electric bikes for neighbourhood nurses.

The Trust has moved away from using environmentally harmful anaesthetic gases in our services, shifting towards more low-carbon alternatives.

Patients are encouraged to return used inhalers so they don't end up in landfill, and the Trust has also installed bright blue collection bins at several of its sites where patients can easily drop off crutches and metal walking sticks when they have finished with them, so they can be reused.

Lesley Walker speaks to a kidney transplant recipient about his journey.

The gift of life

Garry received a kidney transplant from his brother-in-law

A father-of-three is raising awareness about kidney donation, after he was given the ultimate gift of life by his brother-in-law.

Garry Tanner, 39, had a kidney transplant at Guy's Hospital earlier this year, 3 decades after he was diagnosed as a child with chronic kidney disease. This is a long-term condition where the kidneys don't work as well as they should.

As a patient at Guy's, Garry's kidney disease was under control until recent years, when his kidney function declined to just 11% and he wasn't able to have dialysis.

He began to feel increasingly exhausted and unwell. He couldn't get through the day without sleeping, which was affecting his life with his wife, Charlotte, and his young family, as well as his job with a private bank.

At this time, Garry's clinical team advised he needed to consider a transplant.

Knowing this, Garry's brother-in-law, 51-year-old Tony, anonymously contacted Guy's Hospital, offering his own kidney.

> "Tony's selflessness has effectively given me another 20 years of life and saved me a lot of suffering."

The team at Guy's began compatibility tests for the transplant long before Garry even knew Tony had offered to be his donor.

The men have the same blood type, and their kidney tissue was compatible, which meant they were a perfect match for the transplant.

Ahead of the operation, Tony had to follow a strict fitness regime, losing 24kg to ensure he was in peak condition for surgery.

Garry said: "I've known for a long time that I would need a transplant. But I didn't expect it to come from someone I'd only known for a few years. Not many people would do what he's done for me. He's an incredible man.

"Tony's selflessness has effectively given me another 20 years of life and saved me a lot of suffering. I will see Tony as a real brother for the rest of my life."

Of the decision to donate his kidney, Tony said: "Garry texts me 4 or 5 times a day thanking me for what I've done. I tell him it will all be worth it when he's running around the garden playing with the kids."

Guy's Hospital is the regional centre for kidney care in south east London, Kent and beyond. It is also the largest kidney transplant centre in the UK.

Anita Copley, a clinical nurse specialist for living kidney donation at Guy's and St Thomas', said: "We are very grateful to people like Tony who give their kidney to help another person.

"We have a very thorough assessment process for someone considering donating their kidney, to minimise the risk involved. If a person is considered suitable and passes the tests and investigations, they will be able to live the rest of their life safely with a single kidney."

Transplants would not be possible without the generosity of organ donors and their families. To register your decision to be an organ donor, visit **www.organdonation.nhs.uk**

Behind the scenes

Jada Mohammed-Gayle, clinical scientist in the nuclear medicine department

Q What does your job involve?

A I trained at the Trust for 2 years and have worked in the nuclear medicine department since 2025. We use small amounts of radioactive material to help diagnose and treat various diseases.

I oversee diagnostic procedures and am directly involved with treating patients. Some of our work also happens behind the scenes.

I am responsible for training staff on regulations to create a safe working environment. I also test nuclear medicine equipment, such as imaging gamma cameras and radiation measuring devices.

Q How do you protect patient safety?

A I work on projects to improve patient care and outcomes. The aims are often to try to keep amounts (doses) of radiation as low as possible and to improve image quality.

I help to make sure that patients are treated safely and that we monitor their radiation levels after treatment.

Q What is your favourite part of the job?

A I enjoy interacting with patients. It is rewarding to be involved in their treatments and to have a positive impact on their lives.

Every day in the nuclear medicine department is different. I enjoy responding to new challenges and using quick problem-solving skills. I also value how the safety of patients, staff and members of the public is always our top priority.

Q What skills are needed in your job?

A You need to have a good understanding of physics principles. It is important to apply these

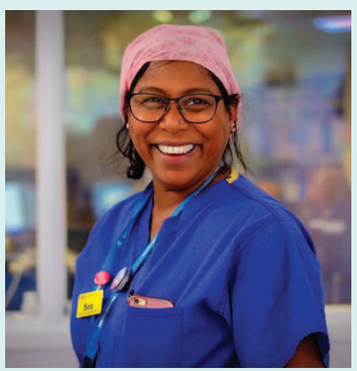
scientific principles practically to medical imaging, radiation safety and data analysis work.

I need to be able to communicate clearly with the rest of my department. Communication skills are also especially valuable when explaining complex topics like radiation risk to patients in an easily understandable way.

From the frontline

Soodevi Boolkah, sister in charge of the catheter labs at Evelina London Children's Hospital

My role as a cath lab sister involves being a hands-on clinical expert and a calm leader in a very busy and technical environment. The cath labs are where



we carry out tests and procedures on the heart using thin tubes called catheters.

A typical day starts with checking the procedure list and making sure all equipment and specialist items are ready. I join the team briefing, review staffing, and look at any high-risk patients. In more complex cases I scrub in to assist directly, and between cases I support and guide junior staff.

At the end of the day, I check stock levels, prepare for the next day and review upcoming cases.

What I love most about my job is the trust within our team and knowing that my expertise is valued and respected. Staying calm under pressure is essential, especially when patients rely on us during high-risk procedures.

Outside the hospital, I've spent over 15 years volunteering on medical missions in countries including Kenya, Uganda, Kosovo, Ethiopia, Jamaica and Mauritius. These trips have involved caring for patients, many of them children, who would otherwise have no access to lifesaving cardiac treatment. Beyond the technical work, it's about building trust, training local teams and helping to create sustainable cardiac services.

Being part of these missions has been one of the most meaningful aspects of my career. Seeing the immediate impact of intervention and knowing it offers patients and families hope where there was previously none, continues to shape my values as a leader and my clinical expertise.

Caroline Watson looks back at 60 years of intensive care at St Thomas' Hospital.

From iron lungs to intensive care

Professor Ronald Bradley and colleagues measure a patient's heart rate on Mead Ward, St Thomas' Hospital, in approximately 1973. Credit: *History of British Intensive Care, c.1950-c.2000*

In 1966, a quiet revolution took place on the banks of the Thames. Clinicians at St Thomas' Hospital opened the UK's first dedicated intensive care unit (ICU), transforming how the sickest patients were treated and laying the foundations for modern critical care.

The idea of concentrating the most unwell patients in one specialised area now feels obvious – but in the mid-20th century, it was not the norm. Critically ill patients were scattered across wards, with limited monitoring and little capacity for intervention if their condition suddenly deteriorated.

The catalyst for change came from Scandinavia in 1952, when Copenhagen was struck by a particularly severe outbreak of polio. Many patients were unable to breathe on their own, and hospitals filled rooms with iron lungs – large tank-like machines that forced air in and out of the patient's chest. But the death rate from polio remained frighteningly high.

An anaesthetist called Dr Bjørn Ibsen proposed a radical alternative. Large teams of medical students and nurses worked in shifts around the clock, delivering ventilation by hand at patients' bedsides.

Patients receiving this intensive support were also grouped together in one area, closely observed by skilled staff. The results were dramatic, with survival rates improving virtually overnight.

> "The results were dramatic, with survival rates improving virtually overnight."

The Danish experience rippled outward, and in the UK, St Thomas' Hospital was at the forefront of this emerging movement.

In the early 1960s, during the first significant rebuild of St Thomas' since the Second World War, a senior registrar called Geoffrey Spencer was tasked with planning a new purpose-built ICU in the East Wing.

When the unit opened in 1966, named Mead Ward, it was the first dedicated ICU in the UK. Dr Spencer was appointed as consultant anaesthetist and put in charge of running the 10-bed ICU, alongside a team of specialists including Professor Ronald Bradley and Dr Margaret Branthwaite.

Professor Bradley later recalled: "Geoffrey Spencer presented us with an ideal place in which to work. He built this wonderful intensive care unit that had very few walls. It was open plan where you had plenty of space to do almost anything you could think of.

"It was wonderful. It was a stroke of genius for which I have never thanked him enough."

Mead Ward brought together innovations that were still new to British medicine: continuous monitoring of patients, mechanical ventilation, and round-the-clock specialist staffing.

Anaesthetists, nurses and doctors worked side by side, developing new ways of managing trauma, severe infections and post-surgery complications. Care was no longer reactive but proactive, with early intervention preventing patients from deteriorating.

As St Thomas' ICU became more established, outcomes for patients were changing. Conditions once considered unsurvivable could now be treated, and patients who might previously have been lost were returning to the regular wards, and then home.

Over the following decades, intensive care expanded rapidly across the NHS. New specialties emerged, technology advanced, and survival continued to improve. However, the core principles established in those early years have remained: close observation, rapid response, teamwork and compassion under pressure.

Now, 60 years on, the ICU at St Thomas' serves as a reminder that innovation often grows from crisis – and that new ideas that emerge in one place can save lives around the world.

Meet the governor

Samuel Oloye wants to bring people together in his role as a governor.

Guy's and St Thomas' governors represent the views of our patients, public and staff members, ensuring our services meet the needs of the communities we serve.

Samuel Oloye became a governor in July 2025. He is one of 8 staff governors and works as a business support manager in the cardiovascular directorate.

Samuel wants to make the Trust a national leader in equality, diversity and inclusion. He would like to bring people, and especially staff members, together to see the importance of inclusivity.

He said: "I am very passionate about equality, diversity and inclusion and the Trust is big on this. It's one of the things that drew me towards working here. I've worked with and managed different teams and met people from all walks of life."

He added: "I love to talk, relate and listen to people. I also love to train people. Being a governor gives me the platform for people to come to me and then I can signpost them to help. It gives me the platform to speak on behalf of staff."

Samuel feels that whatever background you are from, what binds us together should be the Trust values – being caring, ambitious and inclusive. One of the things he loves about the job is when governors come together to plan and discuss the issues they want to take to the Trust board.

He said: "There is so much to learn so I try to make myself as available and present as I can."

Meet the member

Isaac Muyiwa-Ojo shares what being a member means to him.

Guy's and St Thomas' members can be anyone including staff, patients or members of the public.

Members enjoy a range of benefits, including the ability to give feedback on services, access to educational resources and regular updates on events at the Trust.

Isaac Muyiwa-Ojo has been a patient at the Trust for many years and treated for a range of conditions such as epilepsy and osteoarthritis.

He would frequently read the GiST magazine when waiting for appointments and decided to become a member in 2017 to deepen his involvement and understanding of the Trust.

The 80-year-old says the best thing about being a member is the access to learning and expertise from Trust clinicians and researchers.

Isaac said: "The seminars in particular are always delivered on interesting topics by experts, and the fact you can join in person or online means I can be involved regardless of my availability."

Isaac believes that giving members access to the Trust helps to improve its hospitals, community services and the wider NHS – from participating in annual inspections to asking questions at public forums and hearing from leadership about the latest activity.

Isaac said: "I would recommend becoming a member to anyone who cares about what happens at the Trust or just has an interest in the latest health research. It's really amazing being able to learn so much from such experienced people."

To become a member call **020 7188 7346**, email **gstt.members@nhs.net** or visit **www.guysandstthomas.nhs.uk/membership**

Get involved and make a difference

Sign up and help us shape your services

We involve patients, their families, carers and Foundation Trust members in planning, designing, improving and monitoring the services and care that we provide.

How to sign up

Complete this form – **https://bit.ly/PPInvolvement** – to tell us what interests you. We will get in touch when there are opportunities to get involved.

Current opportunities for children's services

We are looking for young people, parents and carers who are interested in improving services at Evelina London to join our Youth Forum and Involvement Register. To find out more and get involved, please email **gstt.elchengagement-pf@nhs.net**

Make a difference to maternity and neonatal care

We want to hear from parents who have used maternity or neonatal services to join the St Thomas' Maternity and Neonatal Voices Partnership (MNVP).
To find out more and get involved, please email **stthomasmnvp@gmail.com**

Other opportunities

You can also help us to improve our:

- heart and lung services
- cancer and surgery services
- local community health services

Events and activities

We involve people in different ways, such as workshops, interviews and advisory groups. Some events are held online and others face-to-face. We will adapt activities to help you take part wherever we can.

Find out more

If you have any questions, email **gstt.getinvolved@nhs.net** or call **020 7188 6808**.

Raise money for your hospitals and community services

For all the latest news about our amazing fundraisers and how you can support us, follow:

facebook.com/GSTTCharity
facebook.com/evelinalondonchildrenscharity
facebook.com/RBHCharity
facebook.com/guyscancerc

We have a pair of adult tickets for **Thames Rockets' Rocket Rebel Ultimate London Adventure**. To be in with a chance of winning, simply complete the wordsearch below.

A	R	U	A	L	E	M	D	W	N	G	S
Z	R	E	V	I	R	Q	P	H	I	N	L
W	I	L	D	L	I	F	E	C	A	I	E
I	A	J	D	F	F	Y	O	R	T	K	E
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Backpack, Boots, Camp, Campfire, Compass, Hiking, Lantern, Mountain, River, Sleepingbag, Summit, Tent, Torch, Trail, Wildlife

Name .....

Address .....

Telephone .....

Email .....

Send your entry by **Wednesday 8 July 2026** to the GiST competition, Communications Department, 4th floor, Staircase C, South Wing, St Thomas' Hospital, Westminster Bridge Road, SE1 7EH; or you can email **gstt.gist@nhs.net**.

The winners will be selected at random and notified within seven days of the draw. The result will be final and we will not enter into any correspondence regarding the competition winners. The prize is non-transferable. Your name and details will be collected solely for the purposes of this competition and in order to be able to contact the winner and send them the prize. By entering this competition, you give your consent for us to use the data you provide in this way.

Thames Rockets T&Cs: The prize winner will be able to redeem the prize using the code provided online or over the phone. Prize is valid 12 months from the date of issue. There are no age restrictions- however children under 14 must be accompanied by an adult on board. Please note those with past or current back or neck conditions are strongly advised not to travel with us. Without exception, expectant mothers are not permitted on-board at any stage of their pregnancy.

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St Thomas'
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St Thomas' Abseil

25-26 September 2026

Take the 160 feet plunge down St Thomas' Hospital and help raise vital money to support the exceptional care at Guy's and St Thomas'.

Scan the QR code or visit **gsttcharity.org.uk/abseil** to register your interest.

Care never stands still. And neither do we.

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