

Blood Cancer Alliance

Charity number 1202693

Annual Report and Financial Statements
for the year ended 30 April 2025



Blood Cancer Alliance

Annual Report and Financial Statements for the year ended 30 April 2025

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Blood Cancer Alliance

Trustees' report (continued) for the year ended 30 April 2025

About the Blood Cancer Alliance

Our Constitution

The Blood Cancer Alliance (BCA) is a Charitable Incorporated Organisation (CIO) - Charity Commission Registration Number 1202693. Our constitution is available to view here: [Our Constitution — Blood Cancer Alliance](#).

Public benefit statement

In setting our objectives and planning our activities our trustees have given serious consideration to the Charity Commission's general guidance on public benefit.

Our objects

The Objects of our charity are to advance health and save lives in relation to blood cancer, in particular by:

- raising awareness about blood cancer,
- formulating and promoting improved treatment mechanisms and strategies that more effectively address the needs of people affected by blood cancer; and,
- promoting collaboration between organisations working in the field of blood cancer, in order to maximise the value and benefits of blood cancer work for the benefit of the public.

Our ambitions

The BCA is an alliance of UK blood cancer charities. Our vision is to see all people with blood cancer live longer, better lives. Together, we are going to change the conversation around blood cancer to improve diagnosis, treatment and care.

We believe that effective engagement with policy makers is vital if we are to achieve that goal. To this end, we have adopted five strategic goals - three which represent the changes we want to see for patients, and two representing the changes we would like to see in policymaking that will facilitate improvements in diagnosis, treatment and care.

Our goals for blood cancer patients:

- 1 Diagnosis is improved for all blood cancer patients.
- 2 All blood cancer patients have access to kinder, better treatments, trials and care across the UK.
- 3 Health inequalities do not influence access to diagnosis, treatment and support.

Our goals for UK cancer policymaking:

- 4 Blood cancer is recognised as a common cancer.
- 5 Blood cancer is addressed in national cancer strategies, plans and policies.

Our contact details and people

BCA Trustees

The trustees during the financial year and up to and including the date the report was approved were:

Charlotte Crowley - Chair
Samantha Braithwaite
Monica Izmajlowicz
Dawn Farrar - appointed 1 October 2024
Amanda Grist - appointed 1 October 2024
David Wells - appointed 1 October 2024

Changes to Trusteeship:

Samantha Braithwaite served as a trustee throughout the financial year ending 30 April 2025. She gave formal notice of her intention to step down on 4th April 2025, with her resignation due to take effect at the Annual General Meeting on 14th October 2025.

Blood Cancer Alliance

Trustees' report (continued) for the year ended 30 April 2025

Steering Committee

Fiona Hazell – Co-Chair
Sophie Castell – Co-Chair
Helen Rowntree – Vice-Chair
Ropinder Gill – Vice-Chair

Policy Group

Georgia Papacleovoulou – Co-Chair
Amy Capper – Co-Chair
Charlotte Crowley – Member
Tracey Loftis – Member
Yasmin Sheikh – Member
Anna Grint – Member

Team

Katie Begg – Policy and Development Manager
Sebina Zisa-Davies – Finance and Administration Officer

Our Members

ACLT, Anthony Nolan, Blood Cancer UK, CLL Support, CML Support Group, Cure Leukaemia, DKMS, Leukaemia Care, Leukaemia and Lymphoma NI, Leukaemia Cancer Society, Leukaemia UK, Lymphoma Action, MDS UK Patient Support Group, Myeloma UK, Race Against Blood Cancer and WMUK.

Registered and principal address

Blood Cancer Alliance
c/o Withers LLP
3rd Floor, 20 Old Bailey
London
EC4 7AN

[Email: info@bloodcanceralliance.org](mailto:info@bloodcanceralliance.org)

Bankers

CAF Bank
25 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4JQ

Independent examiner

Katy Sargeant ACA
Chartered Accountant

40 Severus Avenue
York
YO24 4LY

Blood Cancer Alliance

Trustees' report (continued) for the year ended 30 April 2025

Message from the Chair of Trustees

As Chair of Trustees for the Blood Cancer Alliance, I'm thrilled to share our Annual Report for 2024-25. What a year it's been – one of real progress, strategic growth, and some genuinely exciting developments for our membership and community.

The launch of our new five-year strategy has been a game-changer. Developed through extensive conversations with our members and the wider blood cancer community, it's given us clear direction and renewed energy. We now have a roadmap to guide our work to improve diagnosis, treatment, and care for people affected by blood cancer, ensure everyone has fair access to the best treatments and clinical trials, and tackle the inequalities that still exist in care.

The people making it happen

I have to talk about the incredible volunteers who are the heart and soul of this Alliance.

If you're reading this and you're one of them – thank you. Whether that be the Chairs and Vice Chairs of the organisation, juggling their Chief Executive roles of our member charities; the members who offer their insight; the policy working group giving time and expertise to make us more impactful, to my fellow Trustees, thank you. Thank you also to our hard working and dedicated staff, who keep us all on track and make the Alliance as effective as it possibly can be and to our funders for their continued support.

Everything we've achieved this year has been driven by passionate, committed people who give their time, expertise, and energy because they believe we can make things better for people with blood cancer.

What's next

Looking ahead to 2025-26, we've got an ambitious programme ahead of us. From developing our Earlier Diagnosis Strategic Forum to updating our treatment access research, every single project will depend on the continued commitment, expertise and insight and collaboration of our members. It enables us to be stronger together and drive progress for all those affected.

Yes, the challenges facing people with blood cancer remain significant, but I'm genuinely optimistic about what we can achieve together.

We're building a future where all people with blood cancer can live longer, better lives. That future is within reach because of the community we're building together.

Charlotte Crowley
Chair
Blood Cancer Alliance

Blood Cancer Alliance
Trustees' report (continued) for the year ended 30 April 2025

 New Strategy Launch

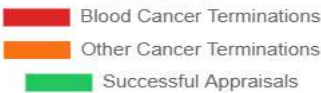


Strategic Transformation Complete

Launched comprehensive new strategy following extensive consultation with members and stakeholders, establishing clear core aims to improve diagnosis, treatment, and care while elevating blood cancer as a national public health priority.

 Treatment Access Analysis

NICE Appraisal Termination Rates



Commissioned Costello Medical research revealed significant disparities

 Parliamentary Engagement



1

Parliamentary Roundtable

Multiple

MP Meetings

Intensified engagement following General Election with Labour and Liberal Democrat benches

 Data & Diagnosis Initiative



UK-Wide Data Project

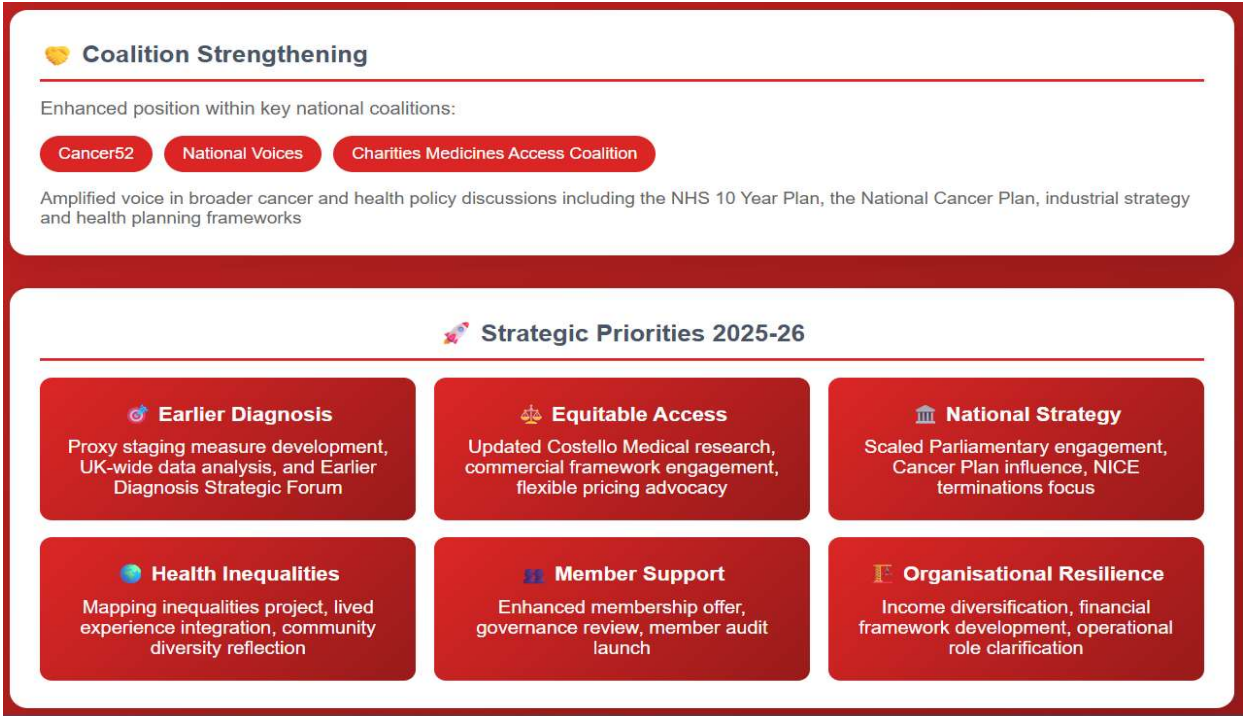
Commissioned health economist Leela Barham to assess blood cancer data availability across four nations

Proxy Staging Measure Development

Addressing the challenge of non-stageable blood cancers

Blood Cancer Alliance

Trustees' report (continued) for the year ended 30 April 2025



Launching a new strategy

In 2024, the BCA launched a new strategy following an extensive consultative process with members and stakeholders. This strategy outlines our core aims as an Alliance and in our policy influencing work: to improve diagnosis, treatment, and care for people affected by blood cancer; ensure equitable access to effective treatments and clinical trials; and address systemic inequalities in care. To facilitate this, we have adopted an ambition to elevate blood cancer as a national public health priority and embed it within wider cancer policy. The clarity and direction this provides will increase our impact as an alliance going forward.

Improving access to blood cancer treatments

We commissioned Costello Medical to undertake a detailed analysis of blood cancer medicine access specifically relating to the outcomes of the National Institute for Clinical Excellence (NICE) appraisal process. The research revealed that 39% of NICE appraisals of new blood cancer treatments are terminated, compared with just 14% in other cancers. These findings were presented at a parliamentary roundtable event chaired by Clive Betts MP and attended by over 60 representatives from patient groups, the NHS, pharmaceutical industry and from within Parliament. The event included presentations from NICE, NHS England and Association of British Pharmaceutical Industry. Following the roundtable, we disseminated the report widely to Government and Parliamentary stakeholders, leading to meetings with NICE, the Office for Life Sciences, and MPs. We will continue discussing this evidence with these stakeholders to press for a reduction in blood cancer treatment appraisal terminations. A refresh of this data will form the basis of our access advocacy in 2025-26. We also began scoping the inclusion of non-filed submissions and treatment gaps in this evidence base.

We also continued to proactively engage on other issues that create barriers to access to new medicines, joining meetings and workshops on issues such as the NICE severity modifier and indications-specific pricing, as well as responding to a consultation on the NHS England Commercial Framework and supporting the Charities Medicines Access Coalition to draft a position on the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) review and the absence of patient engagement. We hope that each issue that is addressed will increase the chances of blood cancer medicines reaching patients.

Blood Cancer Alliance

Trustees' report (continued) for the year ended 30 April 2025

Policy and access advocacy

The BCA played an active role in responding to Government consultations throughout the year, including a formal response to NHS England's commercial framework and the NHS 10-Year Health Plan, as well as advocating for and engaging with the development of the forthcoming National Cancer Plan. Following the General Election, we intensified our political engagement to raise awareness of blood cancer and the issues faced by patients among new MPs and peers, especially in the Labour and Liberal Democrat benches. This resulted in nine face-to-face meetings with newly elected MPs, many of whom subsequently wrote to the Health Secretary to raise the importance of tackling challenges in blood cancer care provision or tabled Parliamentary Questions on relevant issues. Two MPs also asked Parliamentary Questions after written correspondence with the BCA. These activities increase the likelihood that the needs of blood cancer patients be taken into account as the UK Government continues its tenure.

Diagnosis and data

Our work on early diagnosis gained momentum this year. We initiated a UK-wide project to assess the availability and quality of blood cancer data across the four nations, commissioning health economist Leela Barham to undertake analysis of the differing levels of availability and granularity of blood cancer data in each region. Consistency of data is key to being able to address geographic inequalities in the care of patients. We used this data in our engagement with Government, meeting with the Department of Health and Social Care's data improvement team, as well as with representatives of the Welsh and Scottish health administrations. We will continue to use this data to engage policy stakeholders across the four nations in the need to improve blood cancer data, including a wide dissemination of the short version of this report. Our member charities have also expressed that they are using the findings of the report in their own advocacy work.

Simultaneously, we began supporting the development of a proxy staging measure to address the challenge of blood cancers being largely non-stageable, with the goal of enabling the measurement of progress in earlier diagnosis of blood cancers against national targets, as well as underpinning the creation of innovation to improve time-to-diagnosis.

Coalitions and cross-sector influence

We strengthened our position within national coalitions such as Cancer52, National Voices and the Charities Medicines Access Coalition. These alliances have amplified our voice in broader cancer and health policy discussions, including shared input into the 10 Year Health Plan, The Cancer Plan, Modern Industrial Strategy and health planning frameworks.

Parliamentary and public engagement

The BCA placed renewed emphasis on public and parliamentary engagement, including preparations for Blood Cancer Awareness Month in September 2024. While the BCA chose not to lead a standalone campaign, we actively amplified member organisations' initiatives via social media and comms to support their work. Work began on a long-term Parliamentary engagement strategy to consolidate blood cancer representation across all political parties. Parliament remains our key stakeholder for influencing on the majority of issues listed above.

Member support and organisational development

Internally, we continued to evolve our offer to members, introducing webinars and collaborative learning opportunities. This is in addition to amplifying member comms as mentioned above. Work also progressed to improve our governance systems, while initial steps were taken to explore potential avenues for income diversification. These efforts are laying the groundwork for sustaining the BCA's work and responding more effectively to future challenges.

Blood Cancer Alliance

Trustees' report (continued) for the year ended 30 April 2025

Our plans for 2025-26

Building on the progress made over the past year, the BCA will take forward a focused programme of work aligned to our strategic goals. Our priorities for 2025–26 reflect both the evolving external policy landscape and the needs identified by our members.

Driving earlier diagnosis

The BCA will continue supporting the development of a proxy staging measure for blood cancers. Alongside this, we will build on the UK-wide data project to identify and address regional inconsistencies in data collection and reporting, strengthening the evidence base for policy and clinical interventions aimed at earlier diagnosis. Finally, we will lead a project to create a new Earlier Diagnosis Strategic Forum, drawing on expertise across the clinical, patient, policy and academic community to develop new solutions to the late-diagnosis challenge. We believe blood cancer diagnosis requires this additional focus on investment over and above the current policies of NHS England to see true progress.

Championing equitable access

Access to treatment remains a core focus. We will update the findings from the Costello Medical research to influence Government that there is a case for reforming the medicines access pathway, particularly highlighting the high rate of terminated appraisals for blood cancer medicines. We will continue our engagement around the commercial framework and post-VPAG policy environment, advocating for more flexible approaches to combination pricing and non-submitted treatments. Implementation of Government policies over the next year provides an excellent opportunity to influence here.

Influencing national strategy

We will scale up our engagement across Parliament, including a second phase of MP outreach focused on highlighting the impact of NICE terminations on blood cancer patients' access to treatment and pressing for further action. We will also engage with the Cancer Plan as it is published to ensure that blood cancer is provided for within its framework and implementation.

Tackling health inequalities

The BCA will take forward work to map out the inequalities affecting access, diagnosis, and outcomes in blood cancer, using this intelligence to shape our future campaigns. We will also explore new mechanisms to ensure that our influencing work is underpinned by lived experience and reflects the full diversity of the blood cancer community.

Strengthening member support

We will work to enhance our membership offer and governance structure to ensure they remain fit for purpose and support effective collaboration. This will include launching a member audit and reviewing our governance relating to our funding model.

Building organisational resilience

To secure long-term impact, we will explore diversifying our income streams and formalising internal systems. This includes developing a full annual budget and financial framework, exploring new funding opportunities, and clarifying operational roles to ensure sustainability as we grow.

Blood Cancer Alliance

Trustees' report (continued) for the year ended 30 April 2025

Financial review

Total income for the year was £120,988 and total expenditure was £99,889, giving net income of £21,099 - all of which was unrestricted. This compares to £175,862, £81,113 and £94,749 respectively in the previous year, which was an extraordinary year in which we incorporated.

Reserves policy

The charity's free reserves at the year end were £115,848.

Much of the charity's expenditure is for one off projects such as research and data analysis, and therefore would only be committed to if funds were available. Funding is received at different points during the year, and therefore there may be a lag in commissioning projects, resulting in fluctuation in the level of free reserves held at any given point in time.

The Blood Cancer Alliance shall maintain reserves sufficient to cover:

1. At least three months of staffing costs and essential operational overheads.
2. Wind-down costs, based on the estimated cost of closing the charity, including any statutory notice and redundancy obligations.
3. Committed strategic projects, but only where funds are held in cash and are readily available for use.
4. No allowance is made for unbudgeted policy spend or future commitments that are not yet allocated in cash.

For 2024/25, the above equates to a reserves requirement of £15,000.

The Alliance operates on a cash basis, ensuring that income received is available to meet current expenditure. Trustees may review the reserves range periodically to ensure sufficient prudence is maintained, particularly in relation to strategic project commitments.

Approved by the board of trustees on 26/9/2025

Samantha Braithwaite (Trustee)

Blood Cancer Alliance

Independent examiner's report to the trustees of Blood Cancer Alliance

I report to the charity trustees on my examination of the accounts of the CIO for the year ended 30 April 2025, which are set out on pages 11 to 15.

Responsibilities and basis of report

As the charity trustees of the CIO you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the CIO's accounts as carried out under section 145 of the 2011 Act. In carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

- 1 accounting records were not kept in respect of the charity as required by section 130 of the Charities Act;
- 2 the accounts do not accord with those records; or
- 3 the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Katy Sargeant ACA

29/9/2025

Blood Cancer Alliance
Statement of Financial Activities
(including summary income and expenditure account)
for the year ended 30 April 2025

	Notes	2025 Total funds £	2024 Total funds £
Income from:			
Grants and donations	(2)	55,200	130,680
Corporate sponsorship		65,000	45,000
Bank interest		788	182
Total income		120,988	175,862
Expenditure on:			
Secretariat fees		750	41,538
Bank charges		60	25
Design and marketing		1,465	968
Freelance workers and secondment costs		50,104	13,958
Research costs		33,511	2,250
Strategy development		-	21,780
IT and website		2,009	144
Independent examination		650	450
Accountancy		326	-
Travel and subsistence		1,089	-
Insurance		497	-
Meeting costs		564	-
Subscriptions		207	-
Other business costs		284	-
Professional fees		8,373	-
Total expenditure		99,889	81,113
Net income / (expenditure)		21,099	94,749
Fund balances brought forward		94,749	-
Fund balances carried forward		115,848	94,749

All incoming resources and resources expended derive from continuing activities.

Blood Cancer Alliance
Balance sheet
as at 30 April 2025

		2025	2024
		Total	Total
		£	£
Current assets			
Debtors and prepayments	(3)	15,368	-
Cash at bank		102,638	100,303
Total current assets		<u>118,006</u>	<u>100,303</u>
Current liabilities:			
amounts falling due within one year			
Creditors and accruals	(4)	2,158	5,554
Total current liabilities		<u>2,158</u>	<u>5,554</u>
Net current assets / (liabilities)		<u>115,848</u>	<u>94,749</u>
Net assets		<u>115,848</u>	<u>94,749</u>
Funds			
Unrestricted funds		115,848	94,749
Total funds		<u>115,848</u>	<u>94,749</u>

The financial statements were approved by the board of trustees on 26/9/2025

Samantha Braithwaite (Trustee)

Blood Cancer Alliance

Notes to the accounts

for the year ended 30 April 2025

1 Accounting policies

Basis of accounting

These accounts have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these accounts. The financial statements have been prepared in accordance with the Statement of Recommended Practice:

Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) and with the Charities Act 2011.

The charity constitutes a public benefit entity as defined by FRS 102.

There has been no change to the accounting policies since last year.

No changes have been made to the accounts for previous years.

Going concern

The trustees are satisfied that there are no material uncertainties about the charity's ability to continue.

Incoming resources

All incoming resources are included in the Statement of Financial Activities (SOFA) when the charity becomes entitled to the resources, if it is more likely than not that the trustees will receive the resources and the monetary value can be measured with sufficient reliability.

Grants and donations

Grants and donations are only included in the SOFA when the charity has unconditional entitlement to the resources.

Where grants are related to performance and specific deliverables, they are accounted for as the charity earns the right to consideration by its performance.

Expenditure and liabilities

Expenditure is recognised on an accrual basis as a liability is incurred. Liabilities are recognised where it is more likely than not that there is a legal or constructive obligation committing the charity to pay out the resources and the amount of the obligation can be measured with reasonable certainty.

Taxation

As a charity the organisation benefits from rates relief and is generally exempt from income tax and capital gains tax but not from VAT. Irrecoverable VAT is included in the cost of those items to which it relates.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity.

Restricted funds are subjected to restrictions on their expenditure imposed by the donor or through the terms of an appeal.

Further explanation of the nature and purpose of each fund is included in the notes to the accounts.

Blood Cancer Alliance
Notes to the accounts continued
for the year ended 30 April 2025

2 Grants and donations	2025	2025	2025	2024
	Unrestricted	Restricted	Total	Total
	funds	funds	funds	funds
	£	£	£	£
Bristol Myers Squibb	10,000	-	10,000	-
Sanofi	15,000	-	15,000	-
Takeda	15,000	-	15,000	-
Gilead Sciences Inc.	15,000	-	15,000	20,000
Roche Products Limited	-	-	-	15,000
Novartis Pharmaceuticals UK Ltd	-	-	-	15,000
AbbVie Ltd	-	-	-	15,000
Servier Laboratories Ltd	-	-	-	15,000
Other donations	200	-	200	50,680
	<u>55,200</u>	<u>-</u>	<u>55,200</u>	<u>130,680</u>

3 Debtors and prepayments	2025	2024
	£	£
Debtors	15,000	-
Prepayments	368	-
	<u>15,368</u>	<u>-</u>

4 Creditors and accruals	2025	2024
	£	£
Creditors	1,508	-
Accruals	650	5,554
	<u>2,158</u>	<u>5,554</u>

5 Related party transactions

Trustee expenses

During the year 1 trustee was paid a total of £314 in respect of travel (previous year: nil).

Trustee remuneration and benefits

No trustee received any remuneration or benefit during this or the previous year.

Other related party transactions

Sophie Castell is the Co-chair of the BCA, and also the CEO of Myeloma UK, which is one of the member charities of the BCA. During the year Myeloma UK employed a member of staff who has been seconded to BCA - the full costs of this employment of £17,104 have been recharged to BCA under a Memorandum of Understanding (2024: £4,658).

BCA member charities do not pay for membership and the BCA Chairs and Vice Chairs are not remunerated.

Blood Cancer Alliance

Statement of Financial Activities including comparatives for all funds (including summary income and expenditure account) for the year ended 30 April 2025

	2025 Unrestricted funds £	2024 Unrestricted funds £	2025 Restricted funds £	2024 Restricted funds £	2025 Total funds £	2024 Total funds £
Income						
Grants and donations	55,200	50,680	-	80,000	55,200	130,680
Corporate sponsorship	65,000	45,000	-	-	65,000	45,000
Bank interest	788	182	-	-	788	182
Total income	120,988	95,862	-	80,000	120,988	175,862
Expenditure						
Secretariat fees	750	15,638	-	25,900	750	41,538
Bank charges	60	25	-	-	60	25
Design and marketing	1,465	-	-	968	1,465	968
Freelance workers and secondment	50,104	-	-	13,958	50,104	13,958
Research costs	33,511	-	-	2,250	33,511	2,250
Strategy development	-	-	-	21,780	-	21,780
IT and website	2,009	-	-	144	2,009	144
Independent examination	650	450	-	-	650	450
Accountancy	326	-	-	-	326	-
Travel and subsistence	1,089	-	-	-	1,089	-
Insurance	497	-	-	-	497	-
Meeting costs	564	-	-	-	564	-
Subscriptions	207	-	-	-	207	-
Other business costs	284	-	-	-	284	-
Professional fees	8,373	-	-	-	8,373	-
Total expenditure	99,889	16,113	-	65,000	99,889	81,113
Net income / (expenditure)	21,099	79,749	-	15,000	21,099	94,749
Transfers between funds	-	15,000	-	(15,000)	-	-
Net movement in funds	21,099	94,749	-	-	21,099	94,749
Fund balances brought forward	94,749	-	-	-	94,749	-
Fund balances carried forward	115,848	94,749	-	-	115,848	94,749