

Challenging and appealing a benefit decision



**KNOW YOUR RIGHTS
TOOLKIT**



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Introduction

This toolkit has been written for people who have blood cancer and have received a benefit decision you're not happy with and wish to appeal.

Reading this will help you to understand how to dispute a decision and will provide an overview on the ten steps, you need to take before being able to appeal. It also provides information on what you can expect in going to the appeal hearing and what action you can take to give yourself the best possible chance of winning your appeal, including tips to help you prepare. This process of appealing applies to many benefits, including Personal Independence Payment, Attendance Allowance, Disability Living Allowance and Employment and Support Allowance.

We have made this guide to help you step-by-step through the

whole process of challenging a benefit decision. You can read the steps in order, or just go the step required if you are later in the process.

Version 1

Printed: 06/2021

Summary of key points

Can I get support to challenge a benefit decision?

It is possible to get help with appealing a decision, whichever stage in the process you are. If you need some help and guidance with your appeal, we would encourage you to contact the welfare benefit officer by emailing advocacy@leukaemiacare.org.uk or calling **07903 219525**. We are best able to help if you contact us at the start of the process, but we can still help regardless of the stage. Do not hesitate to get in touch with us.

Is there a risk to challenging a decision about benefits?

There can be risks involved when challenging a decision. When a decision has been challenged, your whole award will be looked at again by DWP so this could result in the benefit being reduced or removed altogether.

Understanding the process of challenging a benefit decision – step by step

This guide will be helpful if you think the DWP have made a negative decision about your application for PIP. When challenging a decision it is useful to understand where you are in the process. We have compiled a 10-step guide to help you understand the process, and explain what you need to do in each step. You will find information on the following:

- **Step one** – decide whether to request a mandatory reconsideration
- **Step two** – write the mandatory reconsideration
- **Step three** – receiving the decision notice and considering a formal appeal
- **Step four** – start the appeal process
- **Step five** – Receiving the appeal bundle from DWP

- **Step six** – Preparing your case for the tribunal hearing
- **Step seven** – You will receive your appeal date hearing letter
- **Step eight** – Attending your appeal hearing
- **Step nine** – The tribunal decision
- **Step ten** – After the hearing

Further information and useful contacts

You will find information and links that will take you to the online form for asking for an appeal or the form if you are printing it off, and completing the form by hand and sending it by post.

It will also provide details of how to find an advisor or representative to help you with your appeal, and further information on appealing a benefit decision.

Challenging a benefit decision - a case study

We asked Megan (not their real name), to tell us about their experience of challenging a benefit decision. Megan recounts her experiences of applying for PIP for her father and gives advice on how to navigate the process for challenging a benefit decision after the Department for Work and Pensions declined their PIP application.

Why did you want to apply for PIP?

We applied for PIP because my dad was a patient with a diagnosis of the chronic condition essential thrombocythaemia (ET). He was also diagnosed with diabetes, arthritis, anxiety and depression. These health issues were affecting his life and he was experiencing symptoms and side effects from his illnesses and treatment. It was stopping him from doing everyday tasks and even the simplest task was leaving him in so much pain. He was struggling with tasks such

as dressing, washing, following a balanced diet and getting out. The difficulties were having an impact on his social life and he was not able to work.

Did you understand the process of applying for PIP and challenging a decision?

As my dad was on other forms of benefits, the process did seem somewhat similar to applying/being reviewed for other benefits like Employment Support Allowance (ESA).

The thing that stands out about PIP is it is as if there is a change in stance from the point of view of the assessor. Almost as if they are trying to catch you out somehow so they do not have to then award you the benefit, which drastically contrasts to his review of ESA, which was just a comforting and reassuring 20 minute phone call with a nurse.

Although the process was labour intensive, the letters you receive throughout the process

do help to lay out exactly what you have to do each step of the way. You can also get access to supportive documents that help offer you a little more detail about how to go about everything.

How did you feel before you started the process of challenging a decision?

Although the application form and assessment process were difficult and felt overwhelming, I did feel confident that my dad was eligible for PIP. After all, the doctors could see how ill he was and how his health conditions were affecting him on a daily basis. His family and friends could all see too.

How did you feel after receiving the decision?

I felt so angry, disappointed and let down. I could not understand how they could not see the difficulties my dad had. It felt like they thought we had lied on

the application.

To go through all of this and then be receive the decision in the post that my dad was not entitled to PIP was a complete shock; it did feel like we had been told that we had not been telling the truth. How dare that say that my dad was not eligible when it was plain to see that he was. The struggle was not over.

I felt like I had another mountain to climb and did not really know where to start. I felt angry that I had to justify my dad's situation when he was so poorly. It felt like a massive task when we were already dealing with a very personal and upsetting time in my dad's life.

What did you do to challenge the decision?

We then had to immediately challenge the decision and ask for a "Mandatory Reconsideration" (MR). This is where the DWP looked over our application again.

The next part of the process

Challenging a benefit decision - a case study

felt exhausting, as we had to go through the report of the assessment and wrote everything down that we disagreed with. Reading the report was upsetting because they had either not included things that were discussed or had not written what was said. I can completely understand why some people would not have the energy to fight it and just accept the original decision. However, we could not let them win.

It was upsetting to have to explain it all again, but that is what we had to do. We wrote a long ten-page letter, which was a drawn-out process and took hours to write. We had to spell it out in simple terms how my dad's physical and mental health affects his life and how it was stopping him from doing everyday tasks. How much pain it left him in, how he could not dress himself or keep up with his personal hygiene.

What was the outcome?

Unfortunately, in our case, they

stuck with the original decision, and so the hard work had to continue. At this stage, I felt angry and was determined to take this to the next level in the hope that the independent board would actually listen with a kind and caring ear

What did you do next?

We then had to appeal it to the tribunal. We had to go through all of the paperwork again, which was horrendous and such a mammoth task. Going through every detail all over again was exhausting and upsetting and it took up all of our energy to continue fighting as well as time consuming. However, it had to be done, and the fight continued.

I felt it was so important to make them understand what it was really like for my dad. They needed to know that they had made the wrong decision.

We included statements from friends and family who knew about dad's situation. This proved to be invaluable for written evidence to support my

dad's claim. It was imperative to collect all the evidence I could to show how his daily needs are impacted.

Did you get support to challenge the decision and to complete the mandatory reconsideration (MR) or tribunal hearing?

I went through the entire process without getting support or advice from anyone. I felt like my dad had a strong case and I was passionate about wanting to fight it for him by myself. It was risky but, other than my dad himself, I knew what impact his illnesses have on him better than anyone.

I have now been formally recognised by the DWP as his appointee for all his benefits. (However, this was put in place since the MR and tribunal took place).

How did you find the hearing?

For the hearing, there was an option that meant we did not have to attend the hearing (it would have been too psychologically distressing for my Dad to attend) and that the tribunal would just look at the information provided, so that is what we did

For me, I wanted the paperwork to speak for itself and I thought that illustrated and I did not want either my or my dad's emotions to impact on the proceedings (particularly as my dad has anxiety and can be quite short-tempered in stressful situations). He does not cope well in unusual situations, or when speaking to people he has never met before, so I thought it would be more damaging than beneficial to him if we attended the hearing.

By the time the appeal had reached the tribunal stage, I was worried that they would agree with the decision and say that

Challenging a benefit decision - a case study

my dad was not entitled to PIP. However, I knew – deep down – that reading all the paperwork that went along with my dad's application, there was no way that they could have made that decision. I wasn't going to stop until they awarded my dad with PIP.

What was the outcome?

This is where our luck changed. Based on the evidence provided, they were able to see clearly that my dad has significant physical/mental health issues and is eligible for PIP. It had taken over six months of hard work but was worth it. We had been waiting for this letter.

How was the process overall?

Although I understand that they do need as much information as possible, you are being asked to provide this information at a time when you are very vulnerable, unwell and worried.

I felt that the process overall, seems to dehumanise a person

who up until their illness had been a proud, hardworking person who has never wanted to ask for any help or benefits. You have never experienced completing these forms before so cannot be sure you are giving the correct information and many people, (my dad included) can find it difficult to ask for help. They may not feel comfortable stating how difficult their situation actually is.

Any tips for other patients, when challenging a benefit decision?

The benefit system is very complicated. The process can be confusing, stressful and feels at times like you are not telling the truth.

Making an appeal and having the decision reconsidered by a tribunal, gives you a little hope. It is independent of the government and the private companies they work with and

ensures that both sides of the argument are heard.

I would encourage anyone to just keep going. Do not stop. The cynic in me thinks that they make the process so difficult to make people want to give up, so do not let them have the satisfaction. The system is in place to help support those with needs that impact on their day-to-day life and it should not be allowed to make you feel like you do not deserve the financial support. Everyone who does not get PIP the first time should challenge it.

In addition, if you struggle with any part of the process, and find yourself in a similar position it is important to seek help and support where you can. If needed, have someone registered as your appointee. Help is available to help you through this process and you do not have to go it alone. Receiving help from an advice agency could prove invaluable because they can help you through the whole process providing you

with the strength and support at a vulnerable time taking the pressure off a bit. They can help you read all of the paperwork and help you write the MR letter.

Can I get support to challenge a benefit decision?

Appealing a benefit decision can be complicated, emotionally draining and a challenging process. Help is available and you do not have to go it alone. It can take a long time to get to the hearing, but the success rate at appeal is over 75% so it can be worth persevering. In order to give yourself a better chance of getting a successful result, we would encourage you to seek some professional help to stop it from feeling too stressful. Contact our welfare officer by emailing advocacy@leukaemiacare.org.uk or calling **07903 219525**. Support can be given with the following:

- Talk you through the process at each stage from mandatory reconsideration to full appeal.
- Help you to understand the basis of the decision that has been made
- Advise you of what additional evidence is required to help

with your case

- Help you with more technical aspects of the appeal process, such as researching the law where relevant
- Assist you with completing your forms, written statements and submissions
- Help you meet deadlines
- Provide representation or help you to find a representative for the hearing
- Talk you through how to present yourself at the hearing. Although speaking at the hearing may seem overwhelming, the tribunal are interested in how your condition affects you every day, and it is best explained by you.

Is there a risk to challenging a decision about benefits?

There can be risks to challenging benefit decisions. If you have been awarded some of the benefit but feel that the amount is too low, bear in mind that by challenging the decision, the Department of Work and Pensions will look at the whole award again, which could result in the whole benefit being reduced or removed altogether. It will be easier for you to make your decision, the more you understand your case and the rules for the benefit in question. It is also important to remember that opinions can be different on whether there is a strong basis of entitlement because some decisions are based on judgement and interpretation.

You should not be put off by worry about losing what you have been awarded if you are well informed and clear about why the decision is wrong. It is always worth getting some advice about this before acting

and our Welfare Officer can help with this.

Understanding the process of challenging a benefit decision – step by step

Step one – decide whether to request a mandatory reconsideration

After your assessment, you should have received a decision letter informing you of the result of your claim. You will have been told the reason for the negative decision, either that you do not qualify at all, or you have been given an amount different to what you felt you were eligible for. You have one month from the date on the letter to request a mandatory reconsideration as the first step. This month includes the time to gather extra evidence, so try to make the decision as soon as you can, so you leave time to collect the evidence and write your letter. This deadline can be extended by two weeks if you ask DWP for a copy of your assessor's report and written statement

of reasons, we recommend you do this so you can better understand the reasons why your application was refused or reduced. If you have missed the deadline, it may still be worth requesting a mandatory reconsideration, if it is within 13 months of the decision. If the time limit has elapsed due to special circumstances, contact our welfare officer as soon as possible who can help you explain the reasons for it being late.

Step two – write the mandatory reconsideration

The process of mandatory reconsideration will not always change the decision but does mean that someone different will look again at the original claim, assessment and evidence.

There are different ways you can apply for a 'mandatory reconsideration'. We recommend that you ask for the reconsideration in writing, as this gives you more time and space to explain yourself. When you make the request, you need to explain why you disagree with the decision and keep copies of all the paperwork you send.

Our welfare officer can help you to write the letter to the DWP to request the mandatory reconsideration. Before making contact, please ensure that you have the following to hand:

- You full name, contact details, address and national insurance number
- Your decision letter, and the date of the decision
- Extra supporting evidence, such as a letter from your consultant, GP, nurse or carer outlining how your condition affects you in terms of meeting the criteria for the benefit.

The welfare officer will help you go through the descriptors one by one and give a focused explanation of why you think the decision is wrong. They help you to find information or evidence on the ones you disagree with. This should tell the DWP:

- What you think they did not consider about how your blood cancer affects you the first time
- Give examples of the things they should consider this time
- Tell them how many points you think you should have scored for each activity.

Here are some examples of what you can add

Example based on problems with washing and bathing

"The report from my medical assessment states I don't need any aids to help me wash and bathe. This is untrue. I use a grab rail to help me balance in the shower. I also use a stool in the shower

Understanding the process of challenging a benefit decision – step by step (cont.)

because I can't stand for long periods."

Example based on mobility problems

"I don't think you have assessed the full extent of my mobility problems. You say I can walk 50 meters unaided. Walking 50 metres would cause me significant pain, breathlessness and fatigue. I would need to have a rest and would not be able to repeat this activity for the rest of the day. I have enclosed a letter from my consultant, which explains this in more detail."

Submit your mandatory reconsideration with any extra evidence to support your claim to the address on your decision letter. Examples of supporting evidence include:

- A diary that you have kept for over a week that reflects the issues you face regarding your health or disability.
- A care of support plan from social services.
- A report or letter from our consultant, GP, occupational therapist or social worker, indicating how your condition affects you every day.
- A written statement from someone who knows you well, such as a carer, family member or friend. It should be someone who know how you are impacted every day due to your illness or disability.

If you do not have the supporting evidence before sending off your mandatory reconsideration request, it can be submitted at a later date.

Once you have written the mandatory consideration letter, with the help of our Welfare Officer, send it off as recorded delivery, as this way you can evidence that the request has been sent within the one-month

time limit.

Step three – receiving the decision notice and considering a formal appeal

You will next receive two copies of your decision notice, which is the result of your mandatory reconsideration. Once you have received your decision notice, if you still disagree with the decision, the next step would be to appeal it. This will involve asking an independent tribunal to look at the decision, called the first-tier tribunal. A tribunal is a formal process and can be highly technical, so we highly recommend you receive support from our Welfare Officer at this stage, if you have not already.

You would normally have to start an appeal to tribunal within one month of the date on Mandatory Reconsideration Notice letter. In limited circumstances, the deadline can

be extended by a further twelve months with a good reason, such as if you are seriously ill, have been in hospital, or been given poor advice from a benefits advisor.

Step four – start the appeal process

You can start your appeal to the tribunal service by filling in an appeal form. This is called a 'direct lodgement'. In England, Wales and Scotland you can use the SSC1 appeal form, which can be posted to HM courts and Tribunal Service (HMTS) or you can complete it using the online form. In Northern Ireland, use the NOA1(SS) appeal form. You can find links to all the appeal forms at the end of the toolkit.

If you miss the one-month deadline, we can support you to explain why your appeal is late, for example, if it is because of special circumstances, such as serious illness, postal problems,

Understanding the process of challenging a benefit decision – step by step (cont.)

bereavement or if you have been given poor advice from an adviser. The tribunal board will decide if they will let you appeal. An appeal will not be accepted if it is more than 13 months after the decision notice.

Contact the welfare officer, by emailing advocacy@leukaemiacare.org.uk or calling **07903 219525**, who can help you complete the form. Please have your contact details, national insurance number and your mandatory reconsideration notice to hand.

We can help you to complete all parts of the form, including the grounds of appeal; this is the most important part, setting out the reason why you are appealing the decision. Using the decision letter, statement of reasons and medical assessment report, we will support you to explain

your grounds for appeal in full detail. You may have already provided further evidence and examples for your mandatory reconsideration; you can use the same examples, especially if you feel they were not fully considered.

When you appeal online, you can receive updates of your appeal via text message. If you are posting your appeal, it would be best to send all of the relevant documents by registered post so that you have a record of when you sent them.

After you have submitted your appeal, you will be sent an enquiry form by HMCTS. It will ask if you still wish to proceed with the appeal. You will also need to let the tribunal know whether you want an oral hearing or a paper hearing. We would recommend that you attend your hearing in person,

as you are more likely to win if you have chance speak to them in person. Although this may seem daunting, try not to worry, it is not as scary as you may think. It is an informal meeting and you can take someone with you for moral support. Around 50% of oral hearings are successful while 20% of paper hearings are less likely to succeed. You are entitled to at least 14 days' notice of your hearing date.

Let the tribunal know if you have any holidays booked or medical appointments to attend. You will also need to let them know whether you have any help with communication, translation, or accessibility requirements. You may be able to claim expenses to help you attend an oral hearing, such as, public transport, travel by taxi, meals, child minding or lost earnings.

Finally, this is the stage where you should let the tribunal know if you wish to have a

representative. This person will receive copies of all the paperwork and be allowed to speak at the hearing. This does not have to be a lawyer or solicitor but could instead be a benefits advisor or similar support worker.

Step five – Receiving the appeal bundle from DWP

Having registered your request for an appeal tribunal, you, and your representative if you have one should expect to receive an appeal bundle. This is a copy of all of the documents relating to your case, including decision letters, the evidence used to make the decision, any other evidence relevant and any additional information you have supplied. The decision-making body will also prepare a response to your appeal, which will be included in the appeal bundle. This is a big chunk of information so do not be put off. Take the time to read it through

Understanding the process of challenging a benefit decision – step by step (cont.)

with your representative.

Step six – Preparing your case for the tribunal hearing

You will need to prepare for your appeal and send in further supporting evidence about your difficulties in advance of the appeal meeting.

We would encourage you to get some professional advice to help you to prepare your case, although this does not need to be a lawyer or solicitor. Our welfare officer may be able to help do some of the preparation for you. You may feel that you do not need any help at all but talking it through may stop you from feeling overwhelmed. There are a number of things to prepare for over the coming months and it is always a good idea to have things ready in advance, giving you plenty of

time to prepare.

Review the documents

It is a good idea if you read the official response to your appeal. The most important part is the report from the medical assessment. Read this and look for anything that you do not agree with. Try not to take this personally, as it happens a lot. Look to see if the assessor asked the right questions, misunderstood something you said, didn't understand how your health condition or disability affects you on different days, or didn't give you enough time to answer the questions.

With assistance from our welfare officer, or if someone else is helping you, they can help you to check for:

- Mistakes in the facts
- Missing evidence
- Incorrect interpretation of the

law

Written submission

This would involve setting out your arguments, and giving a more detailed account for the tribunal. Although you do not have to do this, it can be helpful for everyone involved in your tribunal to focus on the matters that are most important to you. Your statement or submission should be sent to the HMCTS within one month of the date you are sent the decision makers response.

Our welfare officer can help you to:

- Explain in writing how you meet the criteria for the benefit, and explain what decision you disagree with and why.
- Explain what descriptors you meet and why you should get the points.
- Explain in detail your main symptoms or difficulties you have because of your

condition and how they affect you.

- Help you highlight any evidence supporting your case and help you to get further evidence.

If you wish to have support with this, please get in touch as soon as possible so the maximum amount of time is available to support you. We may not be able to help if you contact us too close to the deadline.

Get further supporting evidence

If you have any further evidence to support your case, send it in. Supporting evidence can be submitted any time up until the day of the hearing. Ensure to keep copies of all paperwork that you submit.

Make arrangements for the hearing

It is important to plan how to get to the tribunal hearing to ensure that you are arriving in plenty of

Understanding the process of challenging a benefit decision – step by step (cont.)

time otherwise the hearing may start without you. Make plans with friend or family member if they are going with you for support.

Step seven – You will receive your appeal date hearing letter

You will be informed of the date of the hearing. If you have any further evidence, please send this now, if you have not already done so. It may be helpful for you, to ask a friend or family member to with you to the hearing for emotional support.

Step eight – Attending your appeal hearing

Your appeal will be heard by an independent panel where a new decision will be made.

The appeal tribunal are independent of DWP and HMRC. The first-tier tribunal hearing

is informal and user friendly. You will not be in a formal courtroom. The judge will not be wearing a gown or wig. They will be dressed normally, as will any other members of the first tier tribunal. It can however, still be a daunting experience. It is only natural for you to feel nervous; a lot can be at stake.

Do not worry if you have not been able to find representation for your hearing, as the Tribunal service has been designed to accommodate this. It is important to remember that they are only interested to know more about how your condition affects you to enable them to make the right decision, so try not to feel too anxious when you are being asked questions. Explain in your own words why you think the decision is wrong and how a typical day is for you. Try to explain the help you need, rather than how you

are managing. When making a decision, the tribunal panel must investigate the facts, look at what the law says and consider any evidence from both sides. You will not need to have a physical medical examination at the hearing. The tribunal can observe you and your actions during the hearing, including the way you look as well as how you walk into the room or move around.

In a tribunal panel relating to disability benefits such as PIP, the panel will include a legally qualified judge and will act as a chair of the hearing. There will be a doctor, and a third member who has experience of disability, such as a social worker, nurse or occupational therapist. Someone from the DWP might attend the hearing to present their case; they will not be involved in the final decision-making.

Most hearings last for up to around 45 minutes, but there

may be delays.

Below is a summary of what to expect at the hearing

1. On arrival, you will sign the register with security and be shown to the waiting room.
2. The tribunal clerk will come and take details of everyone going into the tribunal hearing and run through the function and procedure of the tribunal.
3. When the tribunal is ready, the clerk will come back and take you and anyone else going in to the hearing room.
4. The judge will introduce the tribunal and explain what it is for – any representative will be given the opportunity to add any further submissions not already put forward.
5. The tribunal will then ask you questions about your reasons for appealing and get you to describe things like what you can do on average day until they are satisfied that

Understanding the process of challenging a benefit decision – step by step (cont.)

they have gathered enough information to reach the decision.

If someone goes with you, they might also be asked if they want to add anything.

You will be given the opportunity to add anything that has not already been mentioned, which may be relevant to your case.

You will then be asked to leave the room and wait in the waiting room so they can consider all the evidence and make their decision.

Requesting an adjournment

You can ask for an adjournment if something unforeseen happens, such as if you asked for help with communication, translation or access and it's not available when you arrive, or if your representative or carer isn't there to support you. In some circumstances, the tribunal may

postpone or adjourn the hearing if they need extra evidence or clarification about the law.

If the tribunal say they are going to consider whether you should get a lower rate of PIP or no award at all, you should consider asking for an adjournment so that you can gather more evidence and have further time to prepare your case. This is where a representative will be particularly helpful.

Step nine – The tribunal decision

The tribunal will advise you of the outcome of your appeal. They will do this on the day at the appeal hearing or in writing, usually shortly after the appeal (no later than 1 month). You will also receive the decision notice, which will outline the decision of the appeal.

If your appeal is successful,

then the DWP will be expected to pay your extra benefit and any arrears owed to you. This will normally take between four and six weeks. If you lose your appeal, the tribunal will notify the DWP/HMRC of this.

Step ten – After the hearing

Further appeal stages

If you are not happy about the outcome of your appeal, you can write to HMCTS and ask the tribunal to provide details of the written statement of reasons to see how they reached their decision. You may be able to appeal to the upper tribunal, but would first need to get permission from the tribunal service to appeal. You can only appeal the decision if you believe the first-tier tribunal have made an error in law. An error of law is where the judge had all the information, they needed to make a decision but applied the law incorrectly. You

will have one month to submit your challenge. If you do want to pursue this action, we would encourage you to seek specialist advice.

Further information

You can find details about how to appeal, claim expenses, and other information about the appeal process here: <https://www.gov.uk/appeal-benefit-decision>

To appeal online to complete the form to post, please see the following link: <https://www.gov.uk/appeal-benefit-decision/submit-appeal>

To find an adviser or representative, please see:

We recommend you contact our Welfare Officer for advice. You can contact us on **07903 219525**, email us at advocacy@leukaemiacare.org.uk or fill in out online form here: <https://www.leukaemiacare.org.uk/support-for-you/advocacy-caseworker/>.

You can find other sources of advice here: <https://advicefinder.turn2us.org.uk/>

Citizens advice have some helpful information about benefits, how claims are assessed and how to appeal: <https://www.citizensadvice.org.uk/benefits/benefits-introduction/problems-with-benefits-and-tax-credits/challenging-a-benefit-decision>.

You can contact an adviser through their national phone service; for England, contact **0800 144 8848**, for Wales contact **0800 702 2020**. For advice from your nearest Citizens Advice branch, please see the following link: <https://www.citizensadvice.org.uk/about-us/contact-us/contact-us/contact-us/>

Maggie's is a charity providing free cancer support and information in centres across the UK and online, including benefits advice. To see if they have a center close to you, please see the following link; <http://www.maggies.org/>

About Leukaemia Care

Leukaemia Care is a national charity dedicated to ensuring that people affected by blood cancer have access to the right information, advice and support.

Our services

Helpline

Our helpline is available 9:00am – 5:00pm Monday - Friday and 7:00pm – 10:00pm on Thursdays and Fridays. If you need someone to talk to, call **08088 010 444**.

Alternatively, you can send a message via WhatsApp on **07500068065** on weekdays 9:00am – 5:00pm.

Nurse service

We have two trained nurses on hand to answer your questions and offer advice and support, whether it be through emailing support@leukaemiacare.org.uk or over the phone on **08088 010 444**.

Patient Information Booklets

We have a number of patient information booklets like this available to anyone who

has been affected by a blood cancer. A full list of titles – both disease specific and general information titles – can be found on our website at www.leukaemiacare.org.uk/support-and-information/help-and-resources/information-booklets/

Support Groups

Our nationwide support groups are a chance to meet and talk to other people who are going through a similar experience. For more information about a support group local to your area, go to www.leukaemiacare.org.uk/support-and-information/support-for-you/find-a-support-group/

Buddy Support

We offer one-to-one phone support with volunteers who have had blood cancer themselves or been affected by

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it in some way. You can speak to someone who knows what you are going through. For more information on how to get a buddy call **08088 010 444** or email support@leukaemiacare.org.uk

Online Forum

Our online forum, www.healthunlocked.com/leukaemia-care, is a place for people to ask questions anonymously or to join in the discussion with other people in a similar situation.

Webinars

Our webinars provide an opportunity to ask questions and listen to patient speakers and medical professionals who can provide valuable information and support. For information on upcoming webinars, go to www.leukaemiacare.org.uk/support-and-information/support-for-you/onlinewebinars/

Website

You can access up-to-date information on our website, www.leukaemiacare.org.uk.

Campaigning and Advocacy

Leukaemia Care is involved in campaigning for patient well-being, NHS funding and drug and treatment availability. If you would like an update on any of the work we are currently doing or want to know how to get involved, email advocacy@leukaemiacare.org.uk

Patient magazine

Our magazine includes inspirational patient and carer stories as well as informative articles by medical professionals: www.leukaemiacare.org.uk/communication-preferences/

Leukaemia Care is a national charity dedicated to providing information, advice and support to anyone affected by a blood cancer.

Around 34,000 new cases of blood cancer are diagnosed in the UK each year. We are here to support you, whether you're a patient, carer or family member.

Want to talk?

Helpline: 08088 010 444

(free from landlines and all major mobile networks)

Office Line: 01905 755977

www.leukaemiacare.org.uk

advocacy@leukaemiacare.org.uk

Leukaemia Care,
One Birch Court,
Blackpole East,
Worcester,
WR3 8SG

Leukaemia Care is registered as a charity in England and Wales (no.1183890) and Scotland (no. SCO49802).

Company number: 11911752 (England and Wales).

Registered office address: One Birch Court, Blackpole East, Worcester, WR3 8SG

Leukaemia Care

YOUR Blood Cancer Charity

Helpline freephone **08088 010 444**