

# THE HEPATITIS TRUST

**Registered in England and Wales Charity Number: 1104279**

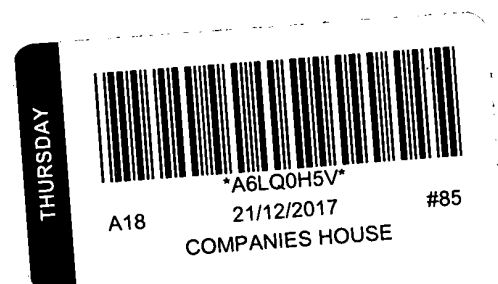
**Registered in Scotland Charity Number: SCO39914**

**Registered Company Number: 5069924**

## **FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED**

**31ST MARCH 2017**



## Trustees' Report For the year ended 31st March 2017

The Trustees present their report and financial statements for the year ended 31st March 2017. The financial statements have been prepared in accordance with the accounting policies set out in the notes to the accounts and comply with the Memorandum and Articles of Association, applicable law and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued in January 2015.

### Constitution

The Trust was incorporated in England and Wales on 10th March 2004 (registration number 05069924) and gained charitable status on 10th June 2004 (charity number 1104279). On 1st September 2004 all the charitable activities, assets and liabilities from the original unincorporated charity, The Hepatitis C Trust (charity number 1083097), were transferred to this incorporated charity. On 1<sup>st</sup> October 2008 the charity registered in Scotland (charity number SCO39914). The current charity is governed by its Memorandum and Articles of Association.

### Board of Trustees

The Trustees who served during the year and/or were responsible for the annual report are:

Sir Adrian Baillie, Bt  
Mr David Enthoven – died 11<sup>th</sup> August 2016  
Professor Graham Foster  
Dr Magdalena Harris  
Professor Noreena Hertz – stood down 5<sup>th</sup> December 2016  
Mr Peter Holt  
The Hon David Macmillan  
Mr Edward Mead  
The Hon Mary Parkinson – stood down 5<sup>th</sup> December 2016  
Mr Charles Walsh

### Chief Executive

Mr Charles Gore

### Patrons

The Marchioness of Bute  
Ms Emilia Fox  
Ms Sadie Frost  
Boy George  
Mr Andrew Loog Oldham  
The Lord Mancroft  
Mr Alan McGee  
Ms Justine Roddick  
Mr Robbie Williams  
Mr Tim Westwood

### Principal Office

27 Crosby Row  
London  
SE1 3YD

### Auditors

Kingston Smith LLP  
Devonshire House  
60 Goswell Road  
London  
EC1M 7AD

### Bankers

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

## Trustees' Report For the year ended 31st March 2017

### Objects and aims for public benefit

The Trust was established because so many people in the UK are living with hepatitis C – at least 250,000 have the antibodies that indicate infection, past or present – and yet there was no single national charity devoted to helping them.

The objects of The Trust, as set out in the Memorandum and Articles of Association are:

1. The relief of persons suffering from hepatitis C and the provision of support to such persons and their families;
2. The advancement of education concerning hepatitis C; and
3. Research into all aspects of hepatitis C including (but not limited to) the causes, detection, transmission, prevention and treatment of hepatitis C and the publication and dissemination of the useful results of all such research.

In practical terms the aims of the charity have been:

- To provide the full range of information about hepatitis C from a trusted source in a variety of formats – online, in print, by telephone and in person – for anyone who needs it, whether that is someone living with the virus, their friends and family, healthcare professionals, politicians, the media or the public generally.
- To offer support to all those affected by hepatitis C. This is often particularly needed by people when they are first diagnosed and when they go through anti-viral treatment. Our experience has been that people find it easier to ask for information, when what in fact they want is support.
- To provide individual representation for people with hepatitis C who are experiencing difficulties or discrimination in a range of settings, such as employment, benefits and healthcare.
- To provide collective representation for people with hepatitis C who historically have not found a strong, coherent voice with which to address policy-makers at either local or national level.
- To raise awareness amongst all those living with hepatitis C who have not yet been diagnosed in order to encourage them to get tested. These people are at risk of being diagnosed too late when they have already developed fatal liver disease.
- To change the perception of hepatitis C, which is often labelled as a drug users' disease. This is both misinformed and dangerous, tending to discourage people from getting tested, even though they may have been at risk in other ways.
- To encourage research into any aspect of hepatitis C. Hepatitis C is a relatively newly discovered virus and there remains much that is not yet understood.

As we set out last year, the advent of new, highly effective drugs that can cure almost everyone who takes them means that we can now aim to eliminate hepatitis C as a public health concern in the UK by 2030. This would mean that the overall number of people living with this virus was low and falling, there were just a handful of new cases each year, for example as a result of people being infected abroad, and deaths were vanishingly rare. There would then be no demand for our services, no need for information or support or representation, no need for pilot projects, no need for advocacy. We could then close the charity. That is now our goal.

We review our aims, objectives and activities each year. This report looks at what we achieved and the outcomes of our work in the previous 12 months. It looks at the success of each key activity and the benefits they have brought to those groups of people we are set up to help. The report also helps us ensure our aims, objectives and activities remain focused on our stated purposes. We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives they have set. The Trustees confirm that they have complied with the duty in section 4 of the Charities Act 2006 to have due regard to the Charity Commission's general guidance on public benefit. The Trust is committed to ensuring, in as far as is possible, that there is equal access to our services.

## Trustees' Report For the year ended 31st March 2017

### Summary of 2016/17

In terms of The Trust's impact one of the key things that happened this year was that the hepatitis C reports from the four UK constituent countries, put together as the annual *Hepatitis C in the UK* report, was framed in terms of progress towards the goal of elimination of hepatitis C as a public health concern by 2030. This was the result of 10 years' work by our Chief Executive Officer (CEO) in the international arena that culminated in the adoption by 194 countries, including the UK, of resolution WHA69.22 at the World Health Assembly in May 2016 and the Global Health Sector Strategy on viral hepatitis with its goal of the elimination of hepatitis B and C by 2030. This work created World Hepatitis Day in 2008, put viral hepatitis on the global agenda for the first time in 2010 and put elimination of viral hepatitis on the agenda in 2014.

In order to make possible the elimination of hepatitis C as a public health concern by 2030 in the UK we need to do three things:

1. Prevent new infections. These are running at an estimated 5,000-6,000 each year with the great majority occurring in people who inject drugs.
2. Increase diagnosis. Overall in the UK less than half of those living with hepatitis C have been diagnosed. It is likely that many of these have been infected for more than 20 years and are therefore at high risk of cirrhosis and liver cancer.
3. Increase the numbers being cured. We now have extremely effective new drugs that have few side-effects and treatment courses of just 8 to 12 weeks.

To achieve this The Trust has two main strands of work - policy and advocacy work to ensure that there is adequate priority and commitment by government and the NHS to support elimination, and a series of projects and services designed to deliver improvements in prevention, diagnosis and treatment, as well as to provide information and support for people living with, or affected by, hepatitis C.

We are now beginning to see the impact of that work in *Hepatitis C in the UK*. The report is still struggling with data sources but this is improving. The latest report says that mortality from hepatitis C is finally beginning to reverse, showing a 3% decline in 2015 and a further 7% decline in 2016 as the new drugs started to come into use. Furthermore, treatment numbers have almost doubled to close to 12,000 with about 9,400 in England, 1,600 in Scotland, 600 in Wales and 100 in Northern Ireland. Cure rates are now above 90%. Only diagnosis is showing no sign of improvement with about 9,000 diagnoses in the period.

The treatment rate would have been significantly higher if NHS England had not decided to ration access to the new drugs. Although NICE said they were cost-effective and recommended their use, NHS England decided to allow only 10,011 people to be treated in 2016/17, claiming that to allow unrestricted access could cost the NHS £2 billion, a claim even NICE said was unrealistic. This was unprecedented and we believe it was done because NHS England considered people with hepatitis C an 'unsympathetic' patient group. These drugs offer a 90%+ cure of a cancer-causing virus and we remain convinced that this would never have been attempted if this had been a breast cancer drug.

We considered this both illegal and a specific assault on the rights of the people we are dedicated to support. With great reluctance, since we are strong supporters of the NHS, we decided to ask permission to take NHS England to Judicial Review of their decision to ration. We found a firm of solicitors and a barristers' chambers who believed in our cause and were prepared to do it on a pro bono basis. There were nonetheless costs involved and we could expect further costs if we lost. We therefore crowd-funded the money to move forward. We were very clear that we received no industry money for this.

Nonetheless a media campaign was instigated against us. Various newspaper articles claimed we were just puppets of the pharmaceutical industry or that they were bankrolling us or both. Then the Charities Commission were told something similar and sent us a letter questioning the ethics of our action. We sent the Commission a reply detailing the robust process we had undertaken to come to our decision, the reasons for that decision and our belief that it would have been unethical not to try to prevent our patient group being uniquely disadvantaged. We are pleased that the Commission

## Trustees' Report For the year ended 31st March 2017

accepted our position and indeed are very pleased that later, when we were further attacked in the media, the Commission came to our defence.

Unfortunately, a judge decided, for reasons that we have been unable to comprehend, to refuse us permission to proceed to Judicial Review. We could have challenged that decision but he had already awarded £20,000 in costs against us and we decided the risk was too great to continue.

Despite this defeat we have no regrets about the action. Regardless of the outcome, it was the right decision at the time. Patients and doctors were extremely supportive and it has cemented our position as the champion of people with hepatitis C. Interestingly, NHS England renewed their working relationship with us as soon as the action ended. This was partly because, although there were waiting lists for treatment especially in London, the tsunami of patients demanding the new drugs did not materialise and by the end of the year some parts of the country were running out of people to treat. NHS England has committed to treating 12,500 next year rising to 15,000 in 2020/21. It is likely we will be helping NHS England over the next year to look at ways of finding the undiagnosed or re-finding those diagnosed but lost to services, and linking them into treatment.

There is increasing realisation that our peer-to-peer services have a critical role to play in linking the diagnosed into care. A three year evaluation of our programme in the South West of England, in which 3,462 people who inject drugs attended our peer education workshops, showed how well we can raise awareness amongst people who use drugs as well as how it can be used to increase testing and we are now looking to use it to help people directly into treatment through a new programme called 'Follow Me' (details below). What is particularly exciting is that NHS Health and Justice at the end of the year commissioned us to introduce our model into the 8 inner London prisons next year and The Mary Kinross Charitable Trust have offered us funding, if we can match it, to introduce it into women's prisons, the London prisons all being for men. About a quarter of all women in prison have hepatitis C, double the rate in men's prisons.

Partly as a result of the rationing of treatment and the confusion it created for patients, our helpline had the busiest year ever, receiving 5,128 calls during the year. This was an almost 65% increase on the year before and shows what an important resource it is.

This has again been a hugely challenging year for fundraising with many funders having introduced much longer application processes. We are still working our way through the three-year plan to diversify our funding sources but the growing appreciation of peer services indicates that statutory agencies will be a new and important funding source for us.

### **Full report of objectives and achievements during 2016/17**

In line with the charity's overall aims, The Trustees agreed for this financial year to concentrate on the key components of the strategy to eliminate the hepatitis C virus (HCV) in the UK by 2030 – improving prevention and increasing diagnosis and treatment – together with various projects to achieve them. These projects are set out below under the headings of awareness-raising, representation and policy, prevention, diagnosis, treatment, information and support (very often about treatment) and research, together with the objectives and our success in achieving them:

### **Awareness-raising**

#### ***Awareness-raising – general***

Agreed objective 2016/17: To increase our awareness-raising activities.

With a full-time new media and campaign manager we were able to significantly increase our awareness-raising activity. However, in the event much of our media work ended up fighting NHS England's unprecedented rationing of drugs for people with hepatitis C, even though they had been approved by NICE, and the accompanying messaging from NHS England attempting to justify their action. Our messaging had to be nuanced to underline our support for the NHS and our continuing work to support the institution while highlighting that the particular decision to ration NICE-approved

## Trustees' Report For the year ended 31st March 2017

drugs unfairly singled people with hepatitis C and was based on completely erroneous assumptions about the number of people likely to come forward for treatment.

When we decided to challenge NHS England's decision through the courts by asking for permission for judicial review, we were suddenly subjected to significant media attacks suggesting we were simply puppets acting on behalf of the pharmaceutical industry. We therefore had to counter this continuously by emphasizing the truth – namely that we are a patient-led and patient-run charity only interested in seeing that people with hepatitis C have access to the drugs NICE ruled should be available.

Unfortunately, we were unable to extend our funding for the media and communications post, which meant that from December 2016 we have had no-one in this role.

### **Awareness raising – World Hepatitis Day**

Agreed objective 2016/17: To continue to use World Hepatitis Day as a central element in our awareness-raising activities and to engage the patient community.

The theme for this year's global campaign was *Elimination*. At the World Health Assembly in May, WHO Member States, including the UK, adopted the first ever Global Strategy for Viral Hepatitis, with ambitious targets and a goal to eliminate hepatitis as a public health threat by 2030. This was the first time national governments committed to the goal of eliminating viral hepatitis.

With a view to raising awareness and creating maximum impact the aim of our World Hepatitis Day campaign in 2016 was to keep hepatitis C firmly in the minds of the UK governments, the public and healthcare providers. Using outdoor digital media in the form of state-of-the-art digital screens we concentrated our efforts on reaching a wide audience in London and Manchester. Unmissable structures situated along key arterial routes in and out of London and Manchester put our messages centre stage with commuters and shoppers. Messages were displayed every day for four weeks. Each 24 hour day we had 25% of the screen time, 50% of which was within peak hours.

The Department of Transport estimates that over 700,000 cars a day enter Manchester and about twice that enter the London congestion charging zone. We transmitted eight sets of messages over four weeks with the aim of provoking interest, raising awareness and promoting conversation amongst the viewing public. Eight sets of three slides rotated messages on the digital screens. For example, one set of messages was:

- The longer you have hepatitis C the more damage it will do.
- 100,000 people in the UK have hepatitis C and don't know it.
- Get tested. Get treated. There is a cure.

On World Hepatitis Day itself, July 28<sup>th</sup>, our staff, together with people living with hepatitis C, took part in an awareness-raising demonstration at Piccadilly Circus. This 'die-in' was led by the World Hepatitis Alliance in partnership with The Hepatitis C Trust to symbolise the huge numbers of people dying from viral hepatitis each year, which globally is now more than die from HIV/AIDS. The event also launched the global NOhep elimination movement against the backdrop of a giant NOhep digital billboard on the famous Piccadilly Circus site.

### **Awareness-raising – South Asian community**

Agreed objective 2016/17: To continue to raise awareness amongst the South Asian community, with its disproportionately high prevalence.

Over the course of our three-year South Asian project, which ended this year, our South Asian Projects Officer built up a reputation as a spokesperson for hepatitis C in the South Asian community, doing more than 50 media interviews, including 26 radio interviews among them the BBC Asian network which has a reach of over 100,000 people. She also did 17 South Asian television interviews as well as newspaper interviews.

## Trustees' Report For the year ended 31st March 2017

### ***Representation and policy – England***

Agreed Objective 2016/17: To ensure there is political will for The Trust's goal of eliminating hepatitis C in the UK.

Throughout the year we continued our tireless advocacy for access to the new generation of hepatitis C treatments in England, with an additional focus on improving the national strategic approach to testing and diagnosis. Following NHS England's unprecedented decision to ration the new drugs for hepatitis C, despite NICE's ruling that they are cost-effective, we felt we had no alternative but to ask for a Judicial Review of that decision. At the same time, The Trust undertook extensive engagement with MPs and Peers to increase political support for wider access to treatment. Unfortunately the request for a Judicial Review was refused, the judge ruling that he would decide what NICE meant by the wording of its Technology Appraisal and not NICE.

In March 2017, we launched two new reports, titled *Patient Perspectives* and *Nurses' Perspectives*. The former was based on a series of interviews undertaken with patients, and looked at the personal impact of living with hepatitis C. The latter was based on an online survey undertaken by liver nurses, which focused on the impact (on nurses and their patients) of the restrictions on hepatitis C treatment. The reports were launched at an event in Parliament that brought together patients, professionals and parliamentarians to discuss the reports and the steps required to properly address the virus in England.

We have also stepped up the extent to which we involve patients directly in campaigning, with the aim of raising attention of these issues and amplifying the patient voice in relation to policy development. We produced a *Patient Activist Toolkit* to support patients in their campaigning efforts.

The Hepatitis C Trust continues to provide secretariat support for the All Party Parliamentary Group (APPG) on Liver Health, composed of MPs and Peers who act as Parliamentary Champions for hepatitis C and the other major causes of liver disease. The Trust, as secretariat of the group, has co-ordinated visits by members of the group to hepatitis C services, and has also drafted letters to Ministers on behalf of the group on issues of shared concern.

### ***Representation and policy – Scotland***

Agreed objective 2016/17: To take a strategic role in the concerted action to tackle hepatitis C in Scotland via policy and parliamentary work, participation in the co-ordination of World Hepatitis Day, and patient representation.

The focus of our work in Scotland has been ensuring that the Scottish Government follows up on its commitment to eliminate hepatitis C by drafting and publishing an elimination strategy. A significant proportion of our work in this area involved building parliamentary support for the development of this strategy. We engaged extensively with MSPs from all parties and encouraged them to submit parliamentary questions and write to the relevant Ministers regarding the issue. We arranged visits for MSPs to hepatitis C treatment services to highlight to them the need for increased action, and arranged an event in the Scottish Parliament in December 2016 that focused on bringing patients together with health professionals and MSPs to discuss the steps required to eliminate hepatitis C. At that event it was acknowledged that Scotland is no longer the world leader it had been in its approach to hepatitis C. Much of its data gathering remains peerless but in terms of action, particularly the numbers treated, it is slipping backwards, even in relation to England.

Following the Scottish Parliament elections in May 2016, we embarked upon an extensive round of parliamentary engagement to obtain new Hepatitis C Parliamentary Champions. These Champions were announced on World Hepatitis Day, with there now being at least one Parliamentary Champion from each political party in the Scottish Parliament. On World Hepatitis Day, we also obtained statements of support from the First Minister, Nicola Sturgeon, as well as from all the main opposition leaders.

We are also members of the Scottish Government's Hepatitis C Treatment and Therapies group, which advises the Scottish Government on the treatment strategy in Scotland. During the year we met and recommended an increase in the numbers treated to at least 2,000 for 2017/18 from 1,500 in

## Trustees' Report For the year ended 31st March 2017

2016/17. However, the Scottish Government decided, in view of the financial pressures on health boards, to limit the increase to 1,800.

In 2017, with the support of our Parliamentary Champions, we will be co-ordinating an inquiry into the elimination of hepatitis C in Scotland. The intention is to provide a blueprint for a more aggressive approach to elimination than has been apparent so far.

### **Representation and policy – Wales**

Agreed objective 2016/17: To advocate for an elimination plan for Wales and to increase our engagement with Welsh patients and policy-makers.

We have continued to increase our engagement with Welsh Assembly Members this year and have co-ordinated a series of parliamentary questions. Our Assembly engagement also resulted in the staging of an Assembly debate on hepatitis C, which was successful in highlighting The Trust's key policy asks.

In October 2016, we launched a report titled *Hepatitis C in Wales: Perspectives, Issues and Challenges* which was based on discussions at two focus groups held with Welsh patients and health professionals. The discussions focused on the impact of living with hepatitis C, as well as some of the current barriers to elimination. The report was launched at a Welsh Assembly event that brought together patients, professionals and Assembly Members (AMs).

Following the report launch, The Trust wrote to the Welsh Public Health Minister, Rebecca Evans, regarding the findings of the report and to request a meeting. A meeting was secured and held in January 2017, with The Trust's key ask being for the Minister to request the development of a formal elimination strategy. This was accepted by the Minister and an elimination strategy is now under development.

We have continued to take part in the Welsh Government's Viral Hepatitis Group, which monitors progress and developments in the Welsh Government's response to hepatitis C. This group's terms of reference were changed following The Trust's meeting with the Minister to include an explicit focus on the elimination of hepatitis C.

### **Representation and policy – HCV Action**

Agreed Objective 2016/17: To develop HCV Action (the voice of hepatitis C health professionals), increase its membership base, build its profile among health professionals and spread good practice in the prevention, diagnosis and treatment of hepatitis C.

HCV Action is now a well-established network of over 1,500 hepatitis C professionals (mainly specialist nurses, drugs service workers, prison healthcare staff, commissioners and consultants), and continues to grow in both members and scope of work.

Over the year, we delivered 3 further hepatitis C good practice roadshows, in partnership with Public Health England. The roadshows were staged in Newcastle, Manchester and Bristol, with over 100 people (including health professionals, drug service professionals, commissioners, public health specialists, councillors and others) attending each event. With talks and workshops from a range of local and national figures, the over-arching aim was to act as a catalyst for the improvement of hepatitis C services and strategy in each area. By providing a forum for discussion of local issues affecting hepatitis C services and strategy, as well as highlighting examples of local good practice, the events have had a significant impact in each of the regions visited.

During 2016 we decided to broaden the roadshows so that they formed part of an 'action week' in that specific region, with a range of other events and activities being organised to ensure a heightened impact. So coinciding with the HCV Action and PHE roadshows, we organised an awareness and testing event at mosques in Bristol and Manchester, peer support talks, MP visits to local services, and awareness initiatives in drug services. This 'action week' model will be utilised again next year in Cambridge, Leeds and Cardiff.



## Trustees' Report For the year ended 31st March 2017

This year we have also begun to deliver workshops for Operational Delivery Networks (ODNs) in England. In February, we staged an ODN workshop that brought together the 4 ODNs from across the Midlands and East region, and provided a forum for sharing good practice and developing solutions to common challenges.

Over the year we have continued to build our online HCV Action resource library and it now contains 252 separate resources, including relevant guidance, reports, and strategy documents. The resource library also contains five new good practice case studies that have been produced in the past year by HCV Action, which detail the work of services and projects across the UK which are displaying good and innovative practice.

During the year we continued to promote the film we made with the Royal College of General Practitioners, titled 'Detecting and Managing Hepatitis C in Primary Care'. The film is 40 minutes long, and is aimed at improving awareness and knowledge of hepatitis C among primary care professionals. It is also available in 4 'bite-sized' sections, each of which focuses on a different area, for example 'overcoming barriers to testing and treatment'.

We have also revised and relaunched the HCV Action Commissioning Toolkit, which seeks to support commissioners in commissioning hepatitis C services that embed good practice. The new toolkit is more practical in its focus, with a range of different case studies included to exemplify the type of services that commissioners could and should be commissioning.

### **Representation – Patient Council**

Agreed Objective 2016/17: To establish a mechanism whereby the patient perspective can be integrated into the Operational Delivery Network (ODN) structure in England.

We believe that people living with and affected by hepatitis C have an expertise that is of equal importance to that of professionals, and that they should be involved in every decision made that affects them 'No decision about us, without us'. With the introduction of the new oral treatments and a new way of delivering hepatitis C treatment through ODNs, a structured forum to facilitate involvement became more important than it has ever been.

In April 2016 we set up the first National Hepatitis C Patient Council. This is a network of groups of people living with and affected by hepatitis C in the 22 ODN areas, who come together locally and nationally to have a say in decisions that affect them. The goal of the council is to ensure that within each ODN governance structure there is patient representation, feeding in the real life experience of what is happening in their area and advocating for change where needed.

The aim of the National Hepatitis C Patient Council is to:

- Give a voice to people living in England who have been diagnosed with hepatitis C.
- Help keep The Trust informed of what is happening throughout England at local level, particularly with regard to barriers to accessing services.
- Influence the planning of services for people diagnosed with hepatitis C by providing the patient perspective.
- Develop effective communication both with people living with hepatitis C and with working groups across England.

In April 2016 we had 55 patients registered to be patient council members. During this month we also facilitated a two-day Patient Council training in London attended by 23 patients from 15 ODN areas across England. In preparation for the training event a Patient Training manual was produced. This is a comprehensive training aid that all participants received and were able to take away to support them in their further work. The manual was also sent out to those unable to attend.

An essential part of being a patient representative is being able to gather feedback from other patients in their ODN areas. To address this and ensure support was available for all those affected by hepatitis C across England we built a module on 'setting up support groups' into the two-day training program. Following feedback from the attendees it became apparent that additional training and

## Trustees' Report For the year ended 31st March 2017

support was required around support groups. A one-day training package on setting up support groups was developed. Over the course of 2016, ten-one day training packages were delivered across England in Bournemouth, Bury, Gloucester, Sunderland, Manchester, Blackpool, Northampton, Liverpool, Birmingham and Cornwall. The total number of attendees at the training days was 64, the number of attendees at each of the sessions ranging from 16 to one person. We have had some outstanding successes, in particular Sunderland and Blackpool where there were high numbers of attendees. Support groups have been successfully set up in those areas and maintained with regular attendance for over six months.

The Patient Council is steadily growing and we are pleased to say that at the end of this reporting period we have reached 55 members. We now have 10 patient representatives sitting on their local ODN meetings ensuring that the patient perspective and experience within their local areas is heard and taken into consideration. All representatives have found their experience of attending the meetings positive, many have been surprised at how included they have felt and all have enjoyed attending.

### ***Representation and policy – international advocacy***

Agreed objective 2016/17: To continue to provide global leadership through the World Hepatitis Alliance, founded by The Trust in 2007, and in particular to ensure the global acceptance of the goal of the elimination of hepatitis C.

Ahead of the World Health Assembly in May 2016 The Trust's CEO, in his role as President of the World Hepatitis Alliance, wrote to all the Member States of the World Health Organization (WHO) asking them to adopt the seminal Global Health Sector Strategy (GHSS) on viral hepatitis with its goal of the elimination of hepatitis B and C as a major public health concern by 2030. At the Assembly itself he addressed them personally in plenary session with the same message and indeed the strategy was duly adopted by all countries. This is the culmination of almost 10 years' work by The Trust in the international arena. It means that the four governments of the UK have adopted both the goal and specific targets for 2020 and 2030. As a result the 2016 report *Hepatitis C in the UK*, prepared by the public health bodies of the four countries, was set out in terms of progress towards elimination. This is how hepatitis C will be measured from now on.

Our CEO will be standing down as President of the World Hepatitis Alliance at the end of 2017 to concentrate on ensuring that the elimination of hepatitis C is achieved in the UK, much earlier than 2030 if possible.

## **Prevention**

### ***Prevention – peer to peer education***

Agreed objective 2016/17: To continue and further develop our peer-to-peer education project, which delivers key prevention messages directly to people who use drugs, and continue to train volunteer peer educators and 'buddies' to increase our reach and impact.

Throughout the year we delivered our prevention (and testing and treatment) messages directly to 1,167 drug service clients (versus 952 in 2015/16) mainly in drug services via 170 peer to peer talks across the UK. In addition 143 staff attended these talks (versus 112 in 2015/16), improving both their knowledge and their understanding of the key issues through the medium of personal stories.

We have also been working to expand the number of drug service providers whose volunteers we can train for this project and in the year ahead we look forward to working with Change Grow Live (CGL) at sites across the UK as well as Westminster Drug Project in Hackney as they have committed to adopting peer to peer into their delivery program across a number of London boroughs.

## Trustees' Report For the year ended 31st March 2017

Area	Sessions	Service users Attended	Staff attended	Service users spoken to afterwards
Birmingham	15	123	8	32
Bournemouth	9	38	9	2
Devon	6	33	5	19
Cornwall	46	354	36	30
Liverpool	19	87	13	0
St Helens	6	22	1	0
London Various	22	171	17	15
Weston-S-M	20	190	19	28
Camden	22	88	29	2
Manchester	5	61	6	0
Totals	170	1167	143	128

### **Prevention – training**

Agreed objective 2016/17: To continue to offer our training programme to increase awareness and knowledge of hepatitis C in order to disseminate key prevention messages through appropriate services.

We expanded our training of frontline drug service staff so they have the necessary information on the key facts about prevention to impart to their clients. This year we trained 516 staff in our one-day training programme, compared to 436 in 2015/16.

### **Peer-to-Peer 3 evaluation**

In September 2016 we completed an external evaluation of our peer-to-peer project in the South West of England. This was a three-year project with the aim to raise awareness of hepatitis C, lower incidence, improve access to care and treatment and improve health outcomes amongst a hard to reach and often socially excluded group – people accessing drug and health services who are

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*"It's definitely changed my behaviour – I do still use drugs but I'd never share a fiver with someone now. It's made me very aware of the possibility of transmission so I am more cautious. I've never shared works but I definitely wouldn't in future because of this"*

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currently injecting or have recently injected drugs.

### **Final outcomes**

Over three years, the following key outcomes were attained:

- 3,462 people who inject drugs (PWIDs) accessed peer education workshops.
- We delivered and oversaw training to 104 organisations
- 904 staff attended Hepatitis C Awareness training
- 64 peers were trained to deliver peer education workshops
- 42 Understanding Health Improvement accreditations were attained by peers
- 399 peer education sessions were delivered by peers
- 19 peers went on to secure paid employment

Post-session questionnaires showed that the workshops led to substantially increased levels of knowledge and awareness among participants. 70% of those who completed the questionnaire indicated that their knowledge had increased 'a lot or 'massively' as a result of the workshop, with 89% of respondents correctly answering all five questions to ascertain their understanding of hepatitis C.

## Trustees' Report For the year ended 31st March 2017

Additionally, and significantly, many of those interviewed indicated that they had shared the information with their partners, friends and peers.

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*"I speak about it quite a bit with people I see in the service. I've also seen other service users who've been to the sessions telling others about it outside the main building – it's just quite an interesting topic, it's like one of those subjects at school where you want to come home and go 'Did you know...?'"*

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The Hepatitis C Trust has welcomed the opportunity to be able to reach so many potential patients through good partnership working with drug service providers. To date our peer program has been attended by 8,822 clients and 1,483 drug service staff; 776 workshops have been delivered.

### Diagnosis

#### **Diagnosis and linkage to care in drug services**

Agreed Objective 2016/17: To sustain existing, and pursue new, relationships with drug service providers in the UK, to increase testing and ensure those diagnosed are linked into care.

Feedback from people attending peer educator workshops indicated that people would be more willing to be tested if the test was available at the close of the workshop they attended. We therefore introduced a 'Talk and Test' model where talks by peer educators are immediately followed by testing. This 'Talk and Test' model was piloted in Birmingham through the period April 2016 to October 2016. Overall, 25 workshops were delivered in Birmingham with 195 attendees. 18 of these workshops adopted the 'Talk and Test' model whereby 72 clients received a HCV test within the workshop.

Delivery Date	Number attending session	Tests completed on day	
April	8	6	75%
May	18	10	55%
June	21	10	47%
July	18	8	44%
August	28	16	57%
September	25	9	36%
October	26	13	50%
Total	144	72	50%

Our drug services team also presented at 27 roundtable events and conference workshops. These events served to educate professionals about the importance of efficient care pathways between drug services and secondary care, the role of peer programs within these pathways and the need for hepatitis C workforce development programs to all frontline staff at drug services. Events were typically attended by healthcare professionals, commissioners of drug services and representatives from drug service provider teams.

An additional stream of work within the drug services team was commenced in January. The Trust will now be working directly with commissioners of drug services to ensure that hepatitis C is considered when new substance misuse service contracts are developed by local authorities. Building upon the development of the hepatitis C commissioning toolkit from 2016, The Trust proactively makes contact with commissioners in areas where current contracts are up for renewal to ensure that the toolkit has been considered and that people using these services continue to be able to access testing and

## Trustees' Report For the year ended 31st March 2017

appropriate care where necessary for their hepatitis C. Nine commissioners from different local authorities had engaged with The Trust in the initial three months of the work.

One of our biggest issues in our work with drug services is monitoring our impact because we are reliant on the drug service providers for data collection and this is an area that needs significant improvement. To help this we have employed a full-time staff member with responsibility for data collection and liaison with drug services.

### ***Diagnosis – South Asian community***

Agreed objective 2016/17: To complete the third and final year of our Department of Health funded South Asian project and hold a series of testing and awareness events within the South Asian community, which is disproportionately affected by hepatitis C.

Over the last three years we have worked in partnership with community leaders and local health authorities across England to deliver targeted hepatitis C awareness and testing events aimed at the South Asian community in mosques and community centres. Our aim has been to raise awareness of hepatitis C and encourage South Asian people to come forward for testing, reducing the incidence of liver disease and health inequality in access to services in the South Asian community. The entire project has been aimed at this ethnic minority community that for a variety of reasons (cultural, linguistic etc.) had been excluded from receiving the information they needed to make potentially life-saving health choices, in this case getting tested and/or treated for hepatitis C infection. With a prevalence of 2- 4% of hepatitis C, 4 to 8 times that of the rest of the population, the need to reach out to the South Asian community is urgent.

Led by a South Asian Projects Officer with direct experience of the virus, the project surpassed expectations in terms of both strategic and operational work, keeping the patient, always, at the centre. Over three years we engaged on a one to one basis with 4,504 South Asian people at 36 South Asian events across England providing them with information, including transmission routes and prevention messages. 1,717 of them were tested using an oral swab and 48 new diagnoses were made. Throughout the life of the project we utilised culturally and socially appropriate promotional tools and social media including South Asian television and radio. To ensure longevity the project engaged with 8 Local Authorities and supported them to develop long term hepatitis C strategies and robust patient pathways. We also reached professionals through five HCV Action roadshows and developed the South Asian section on the HCV Action website, which is a central point of information for anyone wishing to work with the community, providing access to the most up-to-date research and useful resources - [HCV Action South Asian](#).

## **Treatment**

### ***Treatment – commissioning***

Agreed objective 2016/17: To ensure access to the best new drugs..

The Trust was refused permission to take NHS England to Judicial Review for its unprecedented imposition of rationing on drugs that NICE said are cost-effective. NICE gave a clear statement when it said that 'treatment should be prioritised according to clinical need' it meant if prioritisation was needed, for example because of capacity constraints. It did not mean that NHS England could ration treatment. However, a judge declared that it was up to him to decide what NICE meant, not anyone else, including NICE. He gave a clear indication that he would support NHS England's interpretation, which also included a belief that the numbers in NICE's costing template should be the minimum treated, even though the costing template has a completely different purpose. NHS England therefore committed to treating 10,011 people in 2016/17, 10,000 being the number in the costing template.

This figure of 10,011 was divided into 'run-rates' for each of the 22 Operational Delivery Networks (ODNs) which geographically cover England, 7 of them in the North, 4 in the Midlands and East, 4 in London and 7 in the South. Since the ODNs were financially penalised for overshooting their 'run-rate' or for failing to reach 90% of the 'run-rate', they inevitably ended up within the 90-100% range and

## Trustees' Report For the year ended 31st March 2017

treated 9,400 people in 2016/17. Initially this meant waiting lists for treatment all over the country but as the year progressed it became clear that some parts were running out of patients to treat. NHS England announced that they would continue to follow NICE's costing template and increase the number to be treated to 12,500 in 2017/18, helped by substantial falls in the price of the treatment.

This raised the prospect that all ODNs might start to run out of patients to treat within a year because the number of patients who have been diagnosed and are in touch with services is a small proportion of the total number of people living with hepatitis C. Our concern is that, while NHS England appear committed to treating increasing numbers for the moment, that commitment might vanish as cost-cutting becomes ever more desirable. We therefore began working to persuade NHS England to do a 3-5 year deal with the pharmaceutical industry that would allow unlimited treatment for a fixed price, therefore incentivising the whole system to diagnose and treat as many as possible. The complexities of doing such a deal within the NHS's current legal framework are such that progress is very slow and a deal, if it happens, will not take place until the beginning of 2018.

The NHS Specialised Commissioning Clinical Reference Groups, for Infectious Diseases and for Hepato-Pancreato-Biliary Diseases, together with a subgroup especially for hepatitis C, were reconstituted and we were asked to join again. However, our disgust at the way that people with hepatitis C were singled out for rationing led us to refuse. The clinicians involved advocated very strongly for our involvement so we reluctantly agreed to take part in the Infectious Diseases CRG and its hepatitis C sub-group.

In Scotland the perceived cost of the drugs has also impacted on the numbers being treated. Since funding no longer comes from central government, treatment is up to the individual health boards. Although the Scottish Government can and does impose targets, these have been interpreted differently. Four health boards set a budget to meet their targets and then, when the cost of the drugs fell, they used the surplus to treat more people. The other 10 health boards treated their target number, then simply took any savings from lower costs and used it elsewhere in the system. We are working with the ministerial treatment advisory group to try to ensure that treatment numbers are increased.

In Wales funding was secured to treat 900 patients in the year but the problem there was already that not enough patients came forward for treatment, so we are working with a group of clinicians and the public health service to come up with ways to diagnose the undiagnosed or re find those already diagnosed but lost to services.

### ***Treatment – access to new drugs***

Agreed objective 2016/17: To continue to provide the patient perspective to NICE to ensure access to the best new drugs.

We continued to work with NICE on Technology Assessments for Elbasvir with Grazoprevir and Sofosbuvir with Velpatasvir, the latter being the first truly pan-genotypic regimen. However, NHS England's disregard for NICE means that we were unable to ensure access to the best drugs. Decisions are based entirely on what is cheapest irrespective of our view or indeed that of the treating clinicians.

### **Information and Support**

#### ***Information and support – helpline***

Agreed objective 2016/17: To continue to provide a peer-led information and support service to people with hepatitis C, their families, carers and professionals in the field and act as a resource for the general public.

This year our national helpline received 5,128 calls, a huge increase from 3,305 last year. Of these 196 were benefit enquiries, 78 for general advocacy and 188 from people who were also coinfected with HIV.

## Trustees' Report For the year ended 31st March 2017

In the main these calls tended to be from people with hepatitis C who may or may not have been recently diagnosed, aged 50 to 80 and who have had the illness for a long time, often for more than 30 years. This cohort is often greatly affected by their illness as cirrhosis (1,155), liver cancer (37) or extra hepatic problems are more likely and the impact on their health and quality of life is therefore considerable.

We are getting more enquiries through our social media channels also (74).

Treatment continues to be the main reason for people with hepatitis C to call (3,192). Aside from trying to access new treatment on the NHS they also enquire about generics, drug trials and many patients still call us about ongoing health problems from older treatments and for support whilst currently on new treatments.

Aside from that, enquiries continued to be on a wide range of issues – those that were just diagnosed and seeking support and information (155), difficulties accessing the Skipton Fund (151) and practical issues like difficulties at work or financial queries around insurance (103). Members of the general public also make contact to enquire whether they should consider getting tested (286).

We continue to hear from a wide range of health care professionals using us as a resource (97) including nurses, GPs, consultants or other medics, drug services as well as other organisations and professionals (184).

*"You do a great job and got me through some really rough times, thank you"*  
Helpline user

*"Thank you very much for your advice over the phone and for your first class friendly support"*  
Helpline user

*"I want to thank you all at the Hep C Trust helpline from the bottom of my heart. I shudder to think of the course I could have taken if you were not there to carry me through and take my hand"*  
Helpline user

### **Information and support – Prison helpline**

Agreed objective 2016/17: To increase our reach into the prison estate and ensure inmates are supported to have access to testing and treatment.

This service still has a low uptake with just 23 calls from prisoners across the UK, a decrease from 31 in 2015/16. The calls are usually prisoners wanting access to both testing and treatment. We are now running a Prison Peer Project, with staff and peers actively going into prisons across London which we hope to expand in due course. This will enable us to engage directly with prison staff, healthcare workers and drug teams within the prison estate who are key to making sure prisoners are aware of this service so we anticipate a large increase in calls in the latter part of 2017 as awareness of our Freephone service is raised. We are also developing specific leaflets and posters for prisons to display and circulate with specific information on accessing the helpline.

*"It's good to know there's someone I can talk to about this"...*  
Prison helpline user

*"Thanks for answering my questions and the information you sent through"*  
Prison helpline user

### **Information and support – AbbVie Care helpline service**

Agreed objective 2016/17: To provide a patient support service offering emotional and befriending support to people undergoing the AbbVie treatment.

A pilot that started at the end of 2015 continued successfully until the end of 2016. In the time period (April 1<sup>st</sup> 2016 – December 31<sup>st</sup> 2016) we had 84 cases involving 1,120 calls. We have been working

## Trustees' Report For the year ended 31st March 2017

alongside a medical/nurse-led helpline to continue to provide an extra layer of support to patients embarking on their treatment regime. We can offer emotional/befriending support to those patients with our peer-led service and complement the purely medical side (which was primarily for the reporting of adverse events and ensuring that patients kept strictly to the regime) offered by the nurses. Many of these patients by nature of their referral to us were socially isolated and had multiple other problems aside from their hepatitis C and we were able to support and signpost them to other relevant sources of help.

*"I would like to thank you all for your tremendous support during my treatment period. You provided continuous weekly/biweekly calls full of advice, tips, moral support and hope. Your support made a huge difference in keeping me going during this difficult time especially since the advice is usually a personal one from someone who been through the same experience"*  
AbbVie Care service user

*"Thank you so much for your continuous support during the highs and lows of my treatment. The most important part for me was the fact that I was talking to people who had had similar experiences"*  
AbbVie Care service user

*"May I take this opportunity to thank you and your team for your support and dedication to our patients; we have received so much excellent feedback about your service"*  
Lucinda Smart, AbbVie Care HCV Patient Support Advisor

### **Information and support – information resources**

Agreed objective 2016/17: To increase the circulation of our e-newsletter and improve our reach into the community.

The circulation of our newsletter has fallen from around 4,000 to 3,250 but this is reflective of the very large numbers of people being cured (over 8,000 in this year) who now want to forget about hepatitis C and move on with their lives. This is one indicator that we have begun the march towards elimination.

We also continue to send information (leaflets, posters, postcards and factsheets) around the UK to a variety of different settings, such as prisons, drug services, employers, hospitals and other organisations working in the field to raise awareness of hepatitis C.

*"Keep them coming!"*  
Newsletter reader

*"Thank you for this, I will circulate to my colleagues as they will find it really useful"*  
Newsletter reader

*"Thanks, it helps me feel connected, there's nothing where I live"*  
Newsletter reader

### **Information and support – support groups**

Agreed objective 2016/17: To maintain and develop our support group format that encourages a positive and active patient voice.

In this period we have run 24 support and information groups with 95 people attending, a slight downturn from last year. Again, this is due to more people being cured. The feedback we received encouraged us to keep to the same format as last year which allows patients to have some time together before the groups start to meet each other and have a chat over refreshments. This continues to enable a friendly and positive atmosphere before the group starts and we can hit the ground running when it does and make the most use of the time as people have relaxed. We still vary facilitators on occasion so group attendees receive a different experience and perspective each time within the familiar formal framework of support groups. Many patients have decided to get involved



## Trustees' Report For the year ended 31st March 2017

with us on other levels as a result of coming to the group, for example volunteering, supporting our campaigns and offering to be case-studies for the media.

*"A diverse experience of backgrounds, really informative"*...

Support group participant

*"Thank you for being there. The group was very well run. I needed to 'get out of myself' and see other ways of thinking"...*

Support group participant

*"I am really glad I came by, thank you for your advice, and for helping me reassess things and get my priorities straight"...*

Support group participant

### **Information and support – website**

Agreed objective 2015/16: To continue to provide a high standard in quality of information to patients.

The website traffic has recovered strongly from the challenges posed by the previous hosting provider. Absolute numbers of hits per month have doubled during the year, with consistent month on month growth. The website's page ranking on Google has fully recovered and the website is usually second only to NHS Choices on most search terms central to The Trust's work.

The website continues to be read in depth with a bounce rate (the number of people who simply look at one page) at 54.62%, an excellent figure in comparison to other information provision websites. Visitors read an average of 2.6 pages per visit.

All of this is very much reflective of the quality of the information that The Trust provides, despite increased competition due to much more hepatitis C information now available online. We are still the leading provider of hepatitis C information for patients and professionals, and this continues to be backed by our Information Standard accreditation which is annually reviewed.

### **Research**

As representatives of the affected communities we are pleased to be involved with, and provide meaningful input into, any research that is intended to improve the lives of people with hepatitis C. However, it does have significant resource implications for us because increasingly we are being involved at the research grant application stage, which is something we welcome because we do not want to be included as an afterthought, but it means we are providing input into many projects that never even get funded. Below are the major funded projects in which we are involved.

#### **Research - HCV Research UK**

We are on the steering committee of this very important project funded by the Medical Research Council (MRC) and led by the University of Glasgow's Centre for Virus Research and Nottingham University. It established a clinical database of samples from over 10,000 patients infected with hepatitis C. This provides a research tool that is unique in the world. We are also on the tissue committee, approving (or not) applications for the samples for individual research projects. This project is now near the end of its funding and there is much discussion about what to do with the samples as there is a significant ongoing cost to keeping them. We believe it is extremely important to keep such a unique resource.

#### **Research - HepCATT**

This has been the final year of the HepCATT study and its findings are being used by NHS England to inform its decision on whether to enter into a multi-year deal with the pharmaceutical industry, which requires a degree of certainty about the ability to test and link into care enough people with hepatitis C.

## Trustees' Report For the year ended 31st March 2017

### **Research - Reducing prevalence in People Who Inject Drugs (PWIDs)**

We are advisors in this 5-year Scottish Government-funded project in Tayside to see whether the prevalence of hepatitis C in PWIDs can be reduced by actively diagnosing them and then treating them. Modelling done by the University of Bristol has shown that this is theoretically possible. This project aims to show whether it can be done in practice. This will then be extended into England.

### **Research – Stop HCV**

We are also on the steering committee for this MRC-funded project which is using samples from HCV Research UK and has been examining in particular what genetic factors might explain why some people respond better to treatment than others and why some have more aggressive liver disease. Some of the research findings are starting to be published. One of the worrying things to emerge from this work is that there are some rare (at least in the UK) sub-types of the hepatitis C virus that appear resistant to the new drugs. The few samples there are all came from people of African origin. This will need more research and we are in talks about a project to test more people of African origin in the UK.

### **Funding**

Our income for the year was £836,331 as against £946,131 in 2015/16 as fundraising continued to be extremely challenging. Our expenditure was £869,811 a small rise on the 2015/16 figure of £831,283. Even so our free reserves increased to £65,016 but still way below our target of three month's core costs.

### **Recruitment and Appointment of Trustees**

The charity's Trustees are also the company directors for the purposes of company law and are listed on page 1 of this report. Subsequent Trustees may be appointed by ordinary resolution. When vacancies occur on the Board, new Trustees are recruited through a variety of means including advertising, stating skills that are needed on the Board. The Trust wishes to have patients as a majority of its Board, which increases the challenge of finding suitable and willing Trustees.

Potential Trustees have an initial meeting with the chief executive who gives them a copy of the governing document, the latest accounts and a description of all The Trust's projects and explains The Trust's philosophy and how it works in practice. They are then asked to attend a Board meeting to get a better understanding of the role of a trustee at The Hepatitis C Trust.

Newly appointed Trustees are sent briefing information about The Trust and their role as trustee, including the Charity Commission's booklets *The Essential Trustee: what you need to know* (CC3) and *The Hallmarks of an Effective Charity* (CC60). They are then asked to spend a day at The Trust's London offices, meeting the staff and learning more about each project and in particular financial oversight.

### **Reserves Policy**

The policy of The Trustees is to hold a reserve of three months' core costs. This amounts to £150,000. Our total unrestricted reserves are £65,016, up from last year but still well short of the level required. The Trustees are committed to building reserves through a new fundraising strategy involving:

- Broadening our base of possible trust funders by demonstrating that addressing hepatitis C has broader social benefits, not just positive health outcomes
- Engaging with corporate donors
- Expanding Art on a Postcard
- Setting up a social enterprise

The Trustees accept, however, that this will take time to bring results and that reserves are not likely to be at an acceptable level for at least two years. In the interim this year we have found new sources of statutory funding for our peer-to-peer work, notably NHS Health & Justice.

### **Risk Assessment**

The Trustees have prepared a risk assessment, examining the major risks which the charity faces and have set out the necessary steps that need to be taken to lessen any risks. This register is updated

## Trustees' Report For the year ended 31st March 2017

on a regular basis. The key risks and the actions to taken to mitigate them in the latest risk assessment are set out in the table below:

Key risks	Mitigating action
Insufficient reserves	New fundraising strategy to broaden funding base
More competition for fewer funds	New fundraising strategy to broaden funding base
Failures/errors in planning	More resources devoted to planning/forecasting
Adverse publicity	Media crisis planning
Inability to recruit/retain key Trustees/staff/volunteers	Foster good environment with clear mission
Owner sells property/need to find new premises	Contingency move planning

### Key Management Personnel

The Trustees have determined that the Chief Executive and the Deputy Chief Executive, together with the Trustees themselves, are the key management personnel. The Trustees are not remunerated and the pay of the chief executive and deputy chief executive has been set according to bands suggested by an independent consultant and by benchmarking against market rates.

### Statement of Trustees' Responsibilities

The Trustees (who are also directors of The Hepatitis C Trust for the purposes of company law) are responsible for preparing The Trustees' Report and the Financial Statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law required Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

**Trustees' Report**  
**For the year ended 31st March 2017**

**Auditors**

Kingston Smith LLP have indicated their willingness to continue in office. A resolution proposing their re-appointment will be submitted at the Annual General Meeting.

**Small company rules**

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

This report was approved by the Board of Trustees  
and signed on its behalf by:

  
The Hon David Macmillan

13/12/17

Date:

## **Independent Auditors' Report to the Members of The Hepatitis C Trust**

We have audited the financial statements of The Hepatitis C Trust for the year ended 31 March 2017 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including FRS 102 'The Financial Reporting Standard Applicable in the UK and Ireland'.

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company's trustees, as a body, in accordance with section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members and trustees those matters which we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and the charitable company's trustees and members as a body, for our audit work, for this report, or for the opinions we have formed.

### **Respective Responsibilities of Trustees and Auditors**

As explained more fully in the Trustees' Responsibilities Statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed auditors under section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report to you in accordance with those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

### **Scope of the audit of the financial statements**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition we read all the financial and non-financial information in the Trustees Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or

### **Opinion on financial statements**

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2017 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended; and
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 (as amended) and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

### **Opinion on other matter prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

## Independent Auditors' Report to the Members of The Hepatitis C Trust


- the information given in trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' annual report has been prepared in accordance with applicable legal requirements.

### Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- the charitable company has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remunerations specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the trustee's annual report and from preparing a strategic report.

  
Luke Holt

for and on behalf of Kingston Smith LLP, Statutory Auditor

14/12/17.

Devonshire House  
60 Goswell Road  
London EC1M 7AD

Kingston Smith LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

**The Hepatitis C Trust**  
**Statement of Financial Activities**  
**Incorporating an Income and Expenditure Account**  
**For the year ended 31st March 2017**

	Note	Unrestricted Funds £	Restricted Funds £	Total 2017 £	Total 2016 £
<b>Income from:</b>					
Donations	2	176,492	-	176,492	159,628
Investments	3	2	-	2	35
Charitable activities	4	40,166	619,671	659,837	786,468
<b>Total</b>		<u>216,660</u>	<u>619,671</u>	<u>836,331</u>	<u>946,131</u>
<b>Expenditure on:</b>					
Raising funds	5	145,601	-	145,601	146,108
Charitable activities	6	4,483	719,727	724,210	685,175
<b>Total</b>		<u>150,084</u>	<u>719,727</u>	<u>869,811</u>	<u>831,283</u>
<b>Net (expenditure)/income for the year before transfers</b>		66,576	(100,056)	(33,480)	114,848
Transfers	14	(38,381)	38,381	-	-
<b>Net (expenditure)/income</b>		<u>28,195</u>	<u>(61,675)</u>	<u>(33,480)</u>	<u>114,848</u>
Fund balances at 1st April 2016	14	<u>36,821</u>	<u>85,665</u>	<u>122,486</u>	<u>7,638</u>
<b>Fund balances at 31st March 2017</b>	<b>14</b>	<u><u>65,016</u></u>	<u><u>23,990</u></u>	<u><u>89,006</u></u>	<u><u>122,486</u></u>

All gains and losses arising in the year have been included in the Statement of Financial Activities and arise from continuing operations.

The notes on pages 25 to 35 form part of the financial statements.

**The Hepatitis C Trust**  
**Balance Sheet**  
**as at 31st March 2017**

	Note	2017 £	2017 £	2016 £	2016 £
<b>Fixed Assets</b>					
Tangible assets	11		2,922		2,485
<b>Current Assets</b>					
Debtors	12	85,835		63,403	
Cash at bank and in hand		<u>107,627</u>		<u>99,299</u>	
		193,462		162,702	
<b>Creditors: Amounts falling due within one year</b>	13	<u>(107,378)</u>		<u>(42,701)</u>	
<b>Net Current Assets</b>			<u>86,084</u>		<u>120,001</u>
<b>Total Net Assets</b>			<u>89,006</u>		<u>122,486</u>
<b>Funds</b>					
Unrestricted funds	14		65,016		36,821
Restricted funds	14		<u>23,990</u>		<u>85,665</u>
			<u>89,006</u>		<u>122,486</u>

The accounts have been prepared in accordance with FRS 102.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

The notes on pages 25 to 35 form part of the financial statements.

The financial statements were approved by the Board of Trustees and authorised for issue on 13/12/17 and signed on their behalf by:

  
 Hon David Macmillan

Registered Company Number: 5069924



**The Hepatitis C Trust**  
**Statement of Cash Flows**  
**For the year ended 31st March 2017**

	Notes	2017 £	2016 £
<b>Cash generated from operating activities:</b>			
Net cash provided by operating activities	see below	10,602	79,360
<b>Cash flows from investing activities:</b>			
Interest income	3	2	35
Purchase of property, plant and equipment	11	(2,276)	(1,727)
<b>Net cash provided by investing and operating activities</b>		<u>8,328</u>	<u>77,668</u>
Change in cash and cash equivalents in the reporting period			
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<u>99,299</u>	<u>21,631</u>
<b>Cash and cash equivalents at the end of the reporting period</b>		<u>107,627</u>	<u>99,299</u>

**Reconciliation of net (expenditure)/income to net cash flow from operating activities**

		2017 £	2016 £
<b>Net (expenditure)/income (as per the statement of financial activities)</b>	SOFA	(33,480)	114,848
<b>Adjustments for:</b>			
Depreciation charges	11	1,839	1,353
Investment income	3	(2)	(35)
(Increase)/decrease in debtors	12	(22,432)	67,379
Increase/(decrease) in creditors	13	64,677	(104,185)
<b>Net cash provided by operating activities</b>		<u>10,602</u>	<u>79,360</u>

**Analysis of cash and cash equivalents**

	2017 £	2016 £
Cash in hand	107,627	99,299
<b>Total cash and cash equivalents</b>	<u>107,627</u>	<u>99,299</u>

# **The Hepatitis C Trust**

## **Notes to the Financial Statements**

### **For the year ended 31st March 2017**

#### **1 Accounting Policies**

##### **Basis of Preparation**

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), published on 16 July 2014. The Charitable Company is a public benefit group for the purposes of FRS 102 and therefore the charity also prepared its financial statements in accordance with the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (The FRS 102 Charities SORP), the Companies Act 2006 and the Charities Act 2011.

The financial statements are prepared in sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest pound.

The company is a Public Benefit Entity as defined by FRS 102.

The principle accounting policies adopted in the preparation of the financial statements are set out below.

##### **Going Concern Basis**

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charitable group to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charitable group's forecasts and projections and have taken account of pressures on donation and investment income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charitable group has adequate resources to continue in operational existence for the foreseeable future. The charitable group therefore continues to adopt the going concern basis in preparing its financial statements.

##### **Incoming Resources**

Income is recognised in the period to which it relates, when the criteria of entitlement, measurable and probable receipt are met.

Deferred income is income which is received in respect of a future accounting period and is deferred to that period.

Gifts in kind are valued and brought in as incoming resources and the appropriate resources expended, when the items are used/distributed. The values attributable to gifts in kind are an estimate of the gross value to the organisation, usually the market cost. Where this intangible income relates to project activities it is included as an activity in furtherance of the charity's objects.

##### **Resources expended**

Direct charitable expenditure comprises all expenditure relating to the activities carried out to achieve the objectives.

Governance costs include those costs incurred in the governance of the charity and are primarily associated with constitutional compliance and statutory requirements.

Expenditure is allocated directly to the expenditure headings as far as practically possible to reflect the activities of the charity. Support costs have been allocated to the activities based on employee time spent on that activity.

Liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure. All expenditure is accounted for on an accruals basis.

**The Hepatitis C Trust**  
**Notes to the Financial Statements**  
**For the year ended 31st March 2017**

**1 Accounting Policies (continued)**

**Fund accounting**

Restricted funds are subject to restrictions imposed by the donor. These are accounted for separately from unrestricted funds and full details are given in note 14.

Unrestricted funds are those which are not subject to restrictions, and any surpluses may be applied in furtherance of any of the organisation's objectives.

**Cash and Cash Equivalents**

Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.

**Financial Instruments**

**Debtors and creditors**

Debtors and creditors receivable or payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

**Tangible Fixed Assets and Depreciation**

Tangible fixed assets costing less than £500 are not capitalised and are written off in the year of purchase. Depreciation is provided so as to write off the cost of the fixed assets over their estimated useful lives at the following annual rates:

Computer and Office Equipment	Straight Line over 4 years
Property Improvements	Over the length of the lease - 3 years
Motor Vehicles	Straight Line over 4 years

**Pension**

The charity operates a defined contribution stakeholder pension scheme. The assets of the scheme are held separately from the charity. The pension cost in the year was £9,025 (2016: £8,625).

**Critical accounting estimates and areas of judgement**

The annual depreciation charge for property, plant and equipment is sensitive to change in useful economic life and residual values of assets. These are reassessed annually.

In the view of the trustees in applying the accounting policies adopted, no other judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

**The Hepatitis C Trust**  
**Notes to the Financial Statements**  
**For the year ended 31st March 2017**

**2 Donations**

**Year to 31 March 2017**

	Unrestricted funds 2017 £	Restricted funds 2017 £	Total 2017 £
Donations	176,492	-	176,492
	<u>176,492</u>	<u>-</u>	<u>176,492</u>

**Year to 31 March 2016**

	Unrestricted funds 2016 £	Restricted funds 2016 £	Total 2016 £
Donations	159,628	-	159,628
	<u>159,628</u>	<u>-</u>	<u>159,628</u>

**3 Investment Income**

**Year to 31 March 2017**

	Unrestricted funds 2017 £	Restricted funds 2017 £	Total 2017 £
Bank interest	2	-	2
	<u>2</u>	<u>-</u>	<u>2</u>

**Year to 31 March 2016**

	Unrestricted funds 2016 £	Restricted funds 2016 £	Total 2016 £
Bank interest	35	-	35
	<u>35</u>	<u>-</u>	<u>35</u>

**4 Income from Charitable Activities**

**Year to 31 March 2017**

	Unrestricted 2017 £	Restricted 2017 £	Total 2017 £
Grants	-	613,226	613,226
Income from awareness and training	40,166	6,445	46,611
	<u>40,166</u>	<u>619,671</u>	<u>659,837</u>

4a

**The Hepatitis C Trust**  
**Notes to the Financial Statements**  
**For the year ended 31st March 2017**

**4 Income from Charitable Activities (continued)**

	Unrestricted 2016 £	Restricted 2016 £	Total 2016 £
<b>Year to 31 March 2016</b>			
Grants 4a	115,904	662,727	778,631
Income from awareness and training	7,837	-	7,837
	<u>123,741</u>	<u>662,727</u>	<u>786,468</u>

**4a Grants**

	Unrestricted 2017 £	Restricted 2017 £	Total 2017 £
<b>Year to 31 March 2017</b>			
MSD	-	71,400	71,400
European Horizon 20:20	-	6,500	6,500
Henry Smith Charity	-	45,000	45,000
AbbVie Ltd	-	214,518	214,518
HEPCATT	-	31,608	31,608
Gilead Sciences	-	114,900	114,900
Mary Kinross Trust	-	250	250
The Monument Trust	-	30,000	30,000
NHS England Health & Justice	-	25,000	25,000
DH South Asia	-	32,050	32,050
Robertson Trust	-	9,000	9,000
Comic relief	-	33,000	33,000
	<u>-</u>	<u>613,226</u>	<u>613,226</u>

**4a Grants (continued)**

	Unrestricted 2016 £	Restricted 2016 £	Total 2016 £
<b>Year to 31 March 2016</b>			
Department of Health	-	32,050	32,050
University of Oxford	10,000	-	10,000
MSD	-	17,925	17,925
J C General Services	-	22,250	22,250
Henry Smith Charity	-	45,000	45,000
AbbVie Ltd	-	188,000	188,000
Gilead Sciences	50,000	57,825	107,825
Mary Kinross Trust	-	30,000	30,000
Rayne Foundation	-	10,000	10,000
The Roddick Foundation	-	40,000	40,000
The Leigh Trust	5,000	-	5,000
UCL	10,000	-	10,000
CRI Clinical Services	12,650	-	12,650
The Monument Trust	-	60,000	60,000
David Badcock	450	63,000	63,450
Addaction Quality & Clinical Governance	-	1,027	1,027
University of Bristol	27,804	-	27,804
Bristol-Myers	-	62,650	62,650
Comic relief	-	33,000	33,000
	<u>115,904</u>	<u>662,727</u>	<u>778,631</u>

**The Hepatitis C Trust**  
**Notes to the Financial Statements**  
**For the year ended 31st March 2017**

**5 Cost of Raising Funds**

		<b>Unrestricted 2017 £</b>	<b>Restricted 2017 £</b>	<b>Total 2017 £</b>
<b>Year to 31 March 2017</b>				
Staff Costs	8	90,734	-	90,734
Direct Costs		43,094	-	43,094
Support Costs	7	11,773	-	11,773
		<u>145,601</u>	<u>-</u>	<u>145,601</u>
<b>Year to 31 March 2016</b>				
Staff Costs	8	37,343	-	37,343
Direct Costs		79,626	-	79,626
Support Costs	7	29,139	-	29,139
		<u>146,108</u>	<u>-</u>	<u>146,108</u>

**6 Analysis of Charitable Expenditure by type**

	<b>Staff costs 2017 £</b>	<b>Direct costs 2017 £</b>	<b>Support costs 2017 £</b>	<b>Total 2017 £</b>
<b>Year to 31 March 2017</b>				
Helpline	58,406	4,783	29,435	92,624
Patient Council	3,516	14,776	-	18,292
Advocacy and Drug Services	149,095	6,645	52,982	208,723
African Prevalance	-	-	1,177	1,177
Consulting	2,238	287	-	2,525
Wales	-	8,671	-	8,671
Prison Awareness	18,467	448	5,887	24,802
Patient Conference - WHD	90	12,000	2,943	15,033
Training	240	19	-	259
HCV Action and Parliamentary Work	46,887	99,819	32,378	179,084
South Asian Awareness	26,453	12,655	4,710	43,818
Scotland	17,953	23,801	-	41,754
Communications	26,994	5,334	-	32,328
Mobile Outreach Bus Project	19,230	3,320	-	22,550
HEPCATT Research	20,070	725	11,773	32,569
	<u>389,639</u>	<u>193,285</u>	<u>141,286</u>	<u>724,210</u>

**The Hepatitis C Trust**  
**Notes to the Financial Statements**  
**For the year ended 31st March 2017**

**6 Analysis of Charitable Expenditure by type (continued)**

Year to 31 March 2016	Staff costs 2016 £	Direct costs 2016 £	Support costs 2016 £	Total 2016 £
Helpline	31,156	2,406	12,729	46,291
Patient Council	37,371	109	9,830	47,310
Health day workshops	-	490	-	490
Advocacy and Drug Services	177,160	12,550	12,553	202,263
Consulting	-	3,263	9,836	13,099
Wales	-	1,800	-	1,800
Prison Awareness	-	12,691	9,864	22,555
Patient Conference (2015)	-	7,671	9,955	17,626
Training	-	698	-	698
HCV Action and Parliamentary Work	65,163	99,607	16,980	181,750
South Asian Awareness	21,761	11,528	282	33,571
Scotland	11,995	19,978	13,035	45,008
Communications	19,399	1,231	10,989	31,619
England Counselling	-	1,040	-	1,040
Mobile Outreach Bus Project	14,722	6,399	5,384	26,505
HEPCATT Research	-	3,525	10,025	13,550
	<u>378,727</u>	<u>184,986</u>	<u>121,462</u>	<u>685,176</u>

**7 Support Costs**

	Total 2017 £	Total 2016 £
Staff costs	22,422	10,028
Rent, rates, light and heat	59,853	63,121
Travel and subsistence	1,121	755
Insurance	2,677	2,437
Office supplies and maintenance	11,148	32,906
Telephone	8,074	11,020
Computer costs	12,335	11,342
Sundry costs	(519)	4,437
Promotional	1,427	1,415
Legal and professional costs	20,000	-
Audit and accountancy	12,682	11,787
Depreciation	1,839	1,353
	<u>153,059</u>	<u>150,601</u>

# The Hepatitis C Trust

## Notes to the Financial Statements

### For the year ended 31st March 2017

8 Staff costs	2017 £	2016 £
Wages and salaries	435,063	372,625
Redundancy payments	-	9,208
Social security costs	36,317	35,639
Pension costs	9,025	8,625
	<u>480,405</u>	<u>426,097</u>
	Number	Number
Average number of employees during the year	<u>14</u>	<u>13</u>
Average number of volunteers during the year	<u>150</u>	<u>150</u>

No employee was paid at the rate of more than £60,000 in the year (2016: none):

#### Key Management Personnel

Key management personnel include the Trustees, Chief Executive (and senior management reporting directly to the Chief Executive). The total employee benefits, including pension costs and employers national insurance contributions of the charity's key management personnel were £107,656 (2016: £88,932). Two employee's (2016: two) were considered to be key management personnel during the year.

9 Operating deficit	2017 £	2016 £
Operating deficit/surplus is stated after charging:		
Depreciation of tangible owned assets	1,839	1,353
Auditors' remuneration - current year (VAT exclusive)	6,825	7,944
Auditors' remuneration - accountancy	1,212	3,817
& prior year under provision (VAT exclusive)	<u>          </u>	<u>          </u>

#### 10 Trustees and related parties

No remuneration was paid to any trustee for services as a trustee and no expenses were reimbursed.

At the year end the charity was owed an amount from the World Hepatitis C Alliance of £Nil (2016: £419) within Other Debtors.

During the year, the charity received a grant of £Nil (2016: £10,000) from UCL, an institution of which Dr Noreena Hertz is an honorary professor.

During the year, the charity made a payment of £Nil (2016: £3,150) to the London School of Tropical Hygiene and Medicine, an institution of which Magdalena Harris is a professor.

Charles Gore loaned Hepatitis C Trust £70,000 (2016: £Nil) during the year. This amount is included in creditors at the year end. Charles Gore is the Chief Executive of Hepatitis C Trust. No interest is charged on the loan.



**The Hepatitis C Trust**  
**Notes to the Financial Statements**  
**For the year ended 31st March 2017**

**11 Fixed Assets**

All fixed assets are held for use by the charity.

	<b>Motor Vehicles £</b>	<b>Computer and Office Equipment £</b>	<b>Property Improvements £</b>	<b>Total £</b>
<b>Cost</b>				
At 1 April 2016	35,746	56,126	29,820	121,692
Additions	-	2,276	-	2,276
At 31 March 2017	35,746	58,402	29,820	123,968
<b>Depreciation</b>				
At 1 April 2016	35,746	53,641	29,820	119,207
Charge for the period	-	1,839	-	1,839
At 31 March 2017	35,746	55,480	29,820	121,046
<b>Net Book Value</b>				
At 31 March 2017	-	2,922	-	2,922
At 31 March 2016	-	2,485	-	2,485

**12 Debtors**

	<b>2017 £</b>	<b>2016 £</b>
Trade debtors	65,308	49,578
Other debtors	599	1,866
Prepayments	19,928	11,959
	<u>85,835</u>	<u>63,403</u>

**13 Creditors: Amounts falling due within one year**

	<b>2017 £</b>	<b>2016 £</b>
Trade Creditors	10,546	19,668
Tax and social security costs	9,204	11,480
Sundry creditors	72,638	4,518
Accruals	14,990	7,035
	<u>107,378</u>	<u>42,701</u>

**The Hepatitis C Trust**  
**Notes to the Financial Statements**  
**For the year ended 31st March 2017**

<b>14 Statement of Funds</b>	<b>Funds at 31 Mar 2016 £</b>	<b>Income £</b>	<b>Expenditure £</b>	<b>Transfer of funds £</b>	<b>Funds at 31 Mar 2017 £</b>
<b>Unrestricted funds</b>	36,821	216,660	(150,084)	(38,381)	65,016
<b>Restricted Funds</b>					
Advocacy	74,772	148,591	(208,086)	-	15,277
Patient Council	-	22,000	(18,292)	-	3,708
Prison Awareness	-	25,000	(24,731)	-	269
Patient Conference WHD	-	13,500	(14,998)	1,498	-
Communications	-	30,000	(32,328)	2,328	-
Scotland	-	32,000	(41,754)	9,754	-
HCV Action and Parliamentary Work	10,042	171,922	(178,695)	-	3,269
Mobile Outreach Project	-	6,500	(22,550)	16,050	-
South Asian Awareness	-	37,100	(43,761)	6,661	-
African Prevalence	851	-	(1,163)	312	-
Helpline	-	90,933	(92,270)	1,337	-
HEPCATT	-	31,987	(32,428)	441	-
Wales	-	10,138	(8,671)	-	1,467
<b>Total Restricted Funds</b>	<b>85,665</b>	<b>619,671</b>	<b>(719,727)</b>	<b>38,381</b>	<b>23,990</b>
<b>Total Funds</b>	<b>122,486</b>	<b>836,331</b>	<b>(869,811)</b>	<b>-</b>	<b>89,006</b>
	<b>Funds at 31 Mar 2015 £</b>	<b>Income £</b>	<b>Expenditure £</b>	<b>Transfer of funds £</b>	<b>Funds at 31 Mar 2016 £</b>
<b>Unrestricted Funds</b>	41,408	283,404	(212,437)	(75,554)	36,821
<b>Restricted Funds</b>					
Advocacy	-	261,027	(186,255)	-	74,772
Patient Council	-	46,000	(46,000)	-	-
Prison Awareness	-	20,000	(20,000)	-	-
Patient Conference 2015	-	12,500	(12,500)	-	-
Peer to peer awareness	(5,221)	-	-	5,221	-
Communications	-	30,000	(31,520)	1,520	-
Scotland	-	20,750	(44,891)	24,141	-
HCV Action and Parliamentary Work	(3,761)	195,400	(181,597)	-	10,042
Mobile Outreach Project	-	-	(16,458)	16,458	-
South Asian Awareness	(2,170)	32,050	(33,569)	3,689	-
African Prevalence	851	-	-	-	851
Helpline	(23,469)	45,000	(45,566)	24,035	-
Health days	-	-	(490)	490	-
<b>Total Restricted Funds</b>	<b>(33,770)</b>	<b>662,727</b>	<b>(618,846)</b>	<b>75,554</b>	<b>85,665</b>
<b>Total Funds</b>	<b>7,638</b>	<b>946,131</b>	<b>(831,283)</b>	<b>-</b>	<b>122,486</b>

# **The Hepatitis C Trust**

## **Notes to the Financial Statements**

### **For the year ended 31st March 2017**

#### **14 Statement of Funds (continued)**

The department of Health gave permission for funds to be transferred to be used for other charitable purposes of the Hepatitis C Trust. These movements are shown as transfers to the Mobile Outreach Project and Health Days above.

A transfer of £38,381 (2016: £75,554) was made from the unrestricted fund to the restricted funds to cover overspends on restricted projects.

#### **Restricted Funds**

*The nature and purpose of each of the funds is as follows:*

*Peer-to peer awareness:* to educate current drug users in drug treatment facilities about prevention testing and treatment for hepatitis C.

*HCV Action:* a very useful vehicle for collecting and disseminating best practice and for supporting us as the patient voice.

*Mobile Outreach project:* to offer testing and raise awareness, especially amongst high prevalence communities and populations that are difficult to reach such as the homeless and South Asians.

*Counselling:* to organise counselling on behalf of the Department of Health and the Welsh Assembly Government for those infected with HIV or HCV through the NHS.

*Prison awareness - The Hepatitis C Trust engages in awareness activity across prisons in the UK in order to:* 1) Provide information about hepatitis C to this at risk and often hard to reach population 2) Increase use of The Hepatitis C Trust's new freephone prison helpline and support services 3) Encourage people in prisons to get tested and to access treatment and care.

*South Asian awareness - The Trust is funded by the Department of Health and employs a South Asian worker to communicate awareness messages to the South Asian population in the UK, where research indicates that prevalence rates are much higher than in the general population. We also attend Melas and community information events to conduct testing amongst people in the community.*

*African Prevalence:* to test, with the HPA (now Public Health England), African communities to determine the prevalence of HCV.

*Focus Group - The primary objectives to this research are to recruit up to 30 newly diagnosed patients who think they've had the virus for longer than 15 years (recruitment to be undertaken by The Hepatitis C Trust), build a profile of these patients with a focus on barriers to diagnosis and effective communication routes and publication of results in relevant journals. The secondary objectives of the research are to develop an awareness campaign based on research findings aimed specifically at this population.*

*Helpline - The helpline is an integral part of The Hepatitis C Trust's brand new initiative to eradicate hepatitis C in the UK over the next 15 years, providing direct support from patients to patients, allowing the Trust to meet patient needs and advocate on behalf of patients, accurately reflecting their chosen priorities.*

*Fundraiser - to support of the Trust's 15 Year Plan to effectively eradicate hepatitis C in this country, specifically by employing an additional fundraiser and support costs including travel, printing and design.*

*Advocacy: The project will provide an advocacy service to ensure that anyone with HCV who wants anti-viral treatment can access it. The project will work on an individual, local and national level with a focus on people who inject drugs and men who have sex with men.*

# The Hepatitis C Trust

## Notes to the Financial Statements

### For the year ended 31st March 2017

#### 14 Statement of Funds (continued)

*Activities in Scotland: taking a strategic role in the concerted action to tackle hepatitis C in Scotland via media and PR, coordination of World Hepatitis Day activities, parliamentary work and patient representation.*

#### 15 Analysis of Net Assets between Funds

##### Year to 31 March 2017

	Unrestricted funds 2017 £	Restricted funds 2017 £	Total 2017 £
Fixed assets	2,922	-	2,922
Current assets	169,472	23,990	193,462
Current liabilities	(107,378)	-	(107,378)
<b>Total Funds</b>	<b>65,016</b>	<b>23,990</b>	<b>89,006</b>

##### Year to 31 March 2016

	Unrestricted funds 2016 £	Restricted funds 2016 £	Total 2016 £
Fixed assets	2,485	-	2,485
Current assets	77,037	85,665	162,702
Current liabilities	(42,701)	-	(42,701)
<b>Total Funds</b>	<b>36,821</b>	<b>85,665</b>	<b>122,486</b>

#### 16 Operating Lease Commitments

	Equipment		Land and buildings	
	2017 £	2016 £	2017 £	2016 £
Operating lease which expire:				
Less than 1 year	969	969	10,000	10,000
Within 2-5 years	2,665	3,634	-	-
	<u>3,634</u>	<u>4,603</u>	<u>10,000</u>	<u>10,000</u>

#### 17 Liability of Members

At 31 March 2017 the Trust had 7 members (2016: 11). The liability of each member to contribute to the assets of the Trust is limited to £1.

#### 18 Financial Instruments

The financial statements include the following in respect of items held at amortised cost at 31 March:

	2017 £	2016 £
Financial assets measured at amortised cost	65,907	51,444
Financial liabilities measured at amortised cost	(107,378)	(42,701)