



Registered in England and Wales Charity Number: 1104279

Registered in Scotland Charity Number: SCO39914

Registered Company Number: 05069924

FINANCIAL STATEMENTS

FOR THE YEAR ENDED

31ST MARCH 2016



Trustees' Report For the year ended 31st March 2016

The Trustees present their report and financial statements for the year ended 31st March 2016. 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 1st 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:

Dr Iain Murray-Lyon – Chair (stood down as Chair 15th February 2016)
Sir Adrian Baillie, Bt
Mr David Enthoven
Professor Graham Foster
Dr Magdalena Harris
Professor Noreena Hertz
Mr Peter Holt
The Hon David MacMillan (elected 15th February 2016)
Mr Edward Mead
The Hon Mary Parkinson
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

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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.

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- 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 shut down. 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.

Summary of 2015/16

In order to make possible the elimination of hepatitis C as a public health concern by 2030 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 support for people living with, or affected by, hepatitis C.

Much of our advocacy work in the previous year was to persuade the devolved nations (England, Scotland, Wales and Northern Ireland) to accept the elimination of hepatitis C as a goal. In this case, elimination means effective elimination as a public health concern, since no single country can stop all transmission. This continued in 2015/16 but our only success so far has been in Scotland where the new Sexual Health and Blood-Borne Virus Framework 2015-2020 has elimination as a goal, albeit with no date. However, through our CEO's presidency of the World Hepatitis Alliance, we persuaded the world as a whole, meaning the 194 countries belonging to the UN including the UK, to agree to the global goal of elimination of both hepatitis B and hepatitis C by 2030. This will put pressure on the devolved nations to accept this goal at a national level and we feel confident they will.

This means that we will be able to close the Trust no later than 2030 because we have accomplished what we set out to do in 2000 and we are no longer needed.

We have expanded our prevention work with drug service providers and the men who have sex with men (MSM) community, thanks to funding from the Monument Trust in addition to ongoing funding from the Mary Kinross Charitable Trust and the Rayne Foundation. We are also continuing to offer testing through our outreach testing van to people who inject drugs, the homeless and thanks to a Department of Health grant to the South Asian community.

We have continued to lobby for more screening but governments are very resistant because of their concerns about the cost of treatment. We did support during the year a pilot scheme to test people in Accident and Emergency departments in 10 hospitals in England and Wales, which found a prevalence of 2-3%.

Our biggest challenge yet again has been to make sure the new drugs are available to everyone for whom they are cost-effective. This has been challenging, especially in England where in March the NHS decided to place a cap on the numbers they would fund for treatment. This cap of 10,011 was then divided into monthly numbers across the 22 Operation Delivery Networks set up in August by NHS England (NHSE) to control treatment numbers. We believe this to be an illegal approach (the NHS is bound to make cost-effective treatments available without a limit) and so, after failing to convince NHSE to change its mind, with great reluctance we have now been forced to seek a judicial review of the decision. We believe that NHSE is picking on people with hepatitis C since this is the only rationing of National Institute for Clinical and Care Excellence (NICE) approved drugs. Although NHSE is bitterly opposed to our action (and, interestingly, the Association of British Pharmaceutical Industry is also against it), doctors and patients are unanimously supportive. In Scotland the Government has given Health Boards a target

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but sadly, although this was intended as a minimum, most boards have interpreted it as a maximum. We are working through the Scottish Government's hepatitis C treatment advisory group to change this.

UK-wide data to measure our impact is still lacking. However, Public Health England has agreed that from 2016 its annual *Hepatitis C in the UK* report will be structured to measure progress towards elimination.

Full report of objectives and achievements during 2015/16

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 2015/16: To better utilise social media in our awareness-raising activities.

With our new media and campaigns manager in post from October 2015, we have been able to make a step change in our use of social media. In the last five months we have seen a substantial growth in the numbers of followers and fans on Twitter and Facebook respectively. Overall Facebook saw just under a 12% growth in this period and Twitter has seen more than 20% growth. Around individual events the levels of engagement and audience have rocketed: we reached over five thousand people in one day on Facebook for the first time in February 2016.

We have gained positive media coverage in some potentially hostile spaces, including an article in *The Sun* about NICE approval of new treatments entitled 'Hep hep Hooray'. We have also been very successful in engaging with the South Asian media, with numerous television and radio interviews conducted with specialist media (including Punjabi TV, Noor TV, Asian World newspaper and BBC Asian network).

We were unable to raise the funding to carry out a pilot scheme to see if we could encourage testing by raising awareness of symptoms together with risk factors in GP surgeries. This remains something we want to do but there is significant resistance to increasing diagnosis at a time when treatments are being rationed.

Awareness raising – World Hepatitis Day

Agreed objective 2015/16: To continue to use World Hepatitis Day as a central element in our awareness-raising activities and to engage the patient community.

The Hepatitis C Trust held a very successful patient conference on 3rd August 2015 to mark World Hepatitis Day with over 120 patients attending. The topic of the conference was the introduction of revolutionary new cures for hepatitis C and the growing concern that only a few patients would be eligible to receive the medication. During the day we heard from professionals about the current treatment landscape including technical appraisals of treatments, access to new treatments and ways to raise awareness. The core focus of the second part of the day was raising the patient voice and we heard from established HIV activists on how other groups have come together successfully to campaign, lobby Governments and achieve change.

A key outcome from the conference was a new partnership for The Hepatitis C Trust with Reshape. Reshape is a think tank that brings together people who are affected by HIV, hepatitis C and mental health to discuss gaps, issues and possible responses. The new relationship with Reshape came directly from the feedback received from patients attending the conference who had a desire to identify and raise the voice of hepatitis C.

Following several meetings attended by The Hepatitis C Trust and others affected by hepatitis C, including people who are co-infected with HIV and hepatitis C, a Reshape 'HCV lab' was set up. The purpose of the lab is multi layered, a key aim being to promote a community-based approach through supporting and encouraging people living with HIV and/or hepatitis C to participate in the decisions and the implementation of responses to the epidemic. There are several plans in place for the future including a one day strategic event which will focus on uniting voices towards elimination of hepatitis C.

Representation and policy and policy – parliamentary and public affairs work

Agreed Objective 2015/16: To ensure there is political will for the Trust's goal of eliminating hepatitis C in the UK.

In 2015-16, campaigning for access to the new generation of hepatitis C treatments in England has taken centre stage. The Trust has tirelessly advocated for patient access throughout the year, firstly for NICE to approve new treatments despite NHS England's unprecedented interference in the process, and subsequently to fight against NHSE's decision to place a national cap on treatment in contravention of NICE's cost-effectiveness ruling in November 2015. Our policy and parliamentary team has increased the extent to which it involves patients directly in its campaigning, with the aim of bringing attention to these issues and amplifying the patient voice in relation to policy development.

In June 2015, after delays to the promised interim policy to treat all patients with cirrhosis, we put out a national call for patients to contact their MP on the issue, resulting in over 50 patients writing to their elected representative using a template developed by the Trust. To add to this momentum we brought together 13 other charities and hepatologists, including the National Aids Trust, the Haemophilia Society, and a number of liver disease and drug treatment charities, to write to the Secretary of State for Health calling for urgent intervention by the Government to ensure that NHS England did not continue in its attempts to severely limit access to hepatitis C treatments. This call was heeded by NHS England, who responded by agreeing to implement the policy in June 2016, and the letter received coverage in news outlets including *The Independent* and the *Health Service Journal*.

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In early 2016, following NICE approval of a range of new hepatitis C treatments the previous winter, The Hepatitis C Trust has stepped up its campaigning against the national cap on treatment access implemented by NHS England, reluctantly deciding to commence court proceedings against it. Running alongside our development of key policy messages for the judicial review, we have developed a number of campaign briefings outlining our concerns, and arranged meetings with MPs and Peers across the political spectrum to highlight its impact. This has resulted in a stream of Parliamentary Questions from MPs and Peers who are as concerned as we are about the restrictions.

The Hepatitis C Trust continues to provide secretariat support for an active All-Party Parliamentary Group (APPG) of MPs and Peers, who act as parliamentary champions for hepatitis C and the other major causes of liver disease. With the aim of ensuring more clarity and raising public awareness, the APPG on Hepatology has now been renamed the APPG on Liver Health, and a number of APPG events have been held throughout the year featuring guest speakers including Professor Roger Williams of the Foundation for Liver Research, who discussed their campaign with the Lancet Commission on Liver Disease.

A national strategy to address hepatitis C in England, in order to improve testing, diagnosis, linkage to care and treatment rates and facilitate more joined-up working, remains an urgent need and a focus of our campaigning work. In the first half of the year, this work centred on calling for the release of a national improvement framework that The Hepatitis C Trust had developed in collaboration with NHS England and Public Health England (PHE). In November 2015 we hosted a parliamentary reception on hepatitis C and associated diseases, in partnership with the APPG on Liver Health and the Hepatitis C Coalition. The event, which was co-hosted by Liz McInnes, Labour MP and Vice-Chair of the APPG, and Conservative MP Gary Streeter, sought to raise awareness of the benefits of a national strategy through a number of talks, and attendees - who included parliamentarians, patients, clinicians and policymakers - were photographed in parliament with our pledge card advocating for the framework's release. Unfortunately NHS England told us that they did not want more people diagnosed and put on the pathway to treatment (because of the cost) and have effectively killed the improvement framework for the moment. We will not stop advocating for this but have decided to turn our attention to local authority commissioners, who through the drug and alcohol commissioning process can greatly improve diagnosis and linkage to care.

Building on The Hepatitis C Trust's campaigning success in 2013, when our advocacy work secured the introduction of opt-out blood-borne virus (BBV) testing in English prisons, we have continued to work closely with PHE, NHSE and the National Offender Management Service (NOMS) to implement the policy, representing patients at regular meetings of the Task and Finish Group alongside these three agencies. In 2015-16 we also pushed forward with an ambitious prisons policy project focused on improving awareness across England of the BBV opt-out testing policy and of the need for accompanying improvements in care pathways and treatment rates.

As part of this project, in July and August 2015, we conducted interviews with a number of prison healthcare managers, which gave an extremely useful insight into the key barriers that many prisons were facing and some of their solutions. These interviews were synthesised into a report released in March 2016, 'The blood borne virus opt-out testing policy for prisons in England: An analysis of need towards full implementation', which is downloadable here [Prisons BBV opt out testing report](#). The report made a number of recommendations, in particular highlighting the need for clarity around funding of testing and treatment pathways; details on what constitutes a good hepatitis C care pathway and a requirement for additional staff training around BBVs.

Based on the findings of our report, in September 2015 the Trust convened a group of prison healthcare experts to develop hepatitis C pathway guidance for prisons and to clarify who pays for what along the pathway. In March 2016, we launched the guidance developed as a result of this expert group, entitled 'hepatitis C prevention, diagnosis and treatment in prisons in England'. The guidance was published alongside an impactful infographic, with the news story and guidance receiving over 3,000 social media views and re-tweets by Her Majesty's Inspectorate of Prisons, the Prison Governors Association, Inside Time, Prison Watch, the Howard League for Penal Reform and Penal Reform International. Our policy team has gone on to present on the guidance at a number of events and has presented findings from the report to the APPG on Liver Health during a meeting in February 2016, with members subsequently tabling PQs on its findings, co-signing a letter highlighting the report to Minister, and writing to every Prison Governor in England flagging its content.

Representation and policy – HCV Action

Agreed Objective 2015/16: 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 1,360 hepatitis C professionals (mainly specialist nurses, drugs service workers, prison healthcare staff, commissioners and consultants), and continues to grow in both member numbers and scope of work.

Over the year, we delivered 4 hepatitis C good practice roadshows in partnership with Public Health England. The roadshows were staged in London, Birmingham, Brighton and Newcastle, with over 100 people (including health professionals, drug service professionals, commissioners, public health specialists and councillors) 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.

The most recent roadshow, in Newcastle, formed part of an 'action week' in the region, with a range of other events and activities we organised to increase impact. As well as the HCV Action and PHE roadshow itself, we held an awareness and testing event in a local Asian women's community centre, an awareness and testing event at Newcastle Central Mosque, a testing event at CGL Gateshead drug services, as well as a patient activism training session in Newcastle. This 'action week' model will be used again in 2016/17 for our next roadshows in Bristol and Manchester.

During the year, we also began establishing an HCV Action Ambassador Network. The Network is initially being established in the 4 areas where we delivered roadshows during calendar 2015 (Liverpool, London, Birmingham and Brighton), with a named 'HCV Action Ambassador' in each area being tasked with co-ordinating follow-up to the events and with providing a focal point for our work in that area. The aim is to grow the Network year-on-year so that HCV Action is truly embedded in all regions as a platform for highlighting and promoting good practice.

Over the year we have continued to build our online HCV Action resource library, and it now contains 210 separate resources, including relevant guidance, reports, and strategy documents as well as new good practice case studies. We also continued to promote the film made alongside the Royal College of General Practitioners (RCGP), titled 'Detecting and Managing Hepatitis C in Primary Care'.

Representation and policy – Scotland

Agreed objective 2015/16: 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 for the first part of the year was ensuring that the Scottish Government adopted a truly ambitious approach within its new Sexual Health and Blood Borne Virus Framework 2015-2020, the document which guides hepatitis C strategy in Scotland. A significant proportion of our work in this area involved building parliamentary support for an ambitious Framework which, importantly, included a commitment to the elimination of hepatitis C as a serious public health concern. 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 in order to highlight to them the need for increased action, and arranged an event in the Scottish Parliament at which hepatitis C patients told their powerful stories to MSPs (which included the Minister for Public Health and the Cabinet Secretary for Health and Wellbeing). We also met with the Minister for Public Health, Maureen Watt MSP, prior to the publication of the Framework, and pressed her to commit to the elimination of hepatitis C in the revised Framework.

In September, the Framework was published and contained not only an over-arching commitment to the elimination of hepatitis C as a public health concern, but also contained commitments to increase the numbers of people accessing treatment each year by at least 20% and introduce BBV opt-out testing to Scottish prisons, two other issues that we had been focusing on in our policy and parliamentary campaigning. Since the Framework's publication, we have been working to ensure that the commitments within it are implemented. We are members of the Scottish Government's Hepatitis C Treatment and Therapies Group that advises the minister on the treatment strategy.

We also developed a patient activist toolkit for supporters to use during the Scottish Parliament election campaign in order to help them engage with parliamentary candidates on the issue of hepatitis C. Alongside this, we engaged with parliamentary candidates and asked them to take the 'Hepatitis C Elimination Pledge', which committed them to doing what they could, if elected, to ensure the elimination of hepatitis C as a serious public health concern. Candidates of all parties 'took the pledge' and publicised their support over social media.

Representation and policy – Wales

Agreed objective 2015/16: To ensure progress made in Liver Disease Delivery Plan for Wales, and to increase our engagement with Welsh patients and policy-makers.

We have continued to take part in the departmental working groups to monitor progress and developments in the Welsh Government's response to hepatitis C. We have also recently established a Welsh 'hepatitis C working group', involving patients, health professionals, and other third sector organisations, which aims to provide a focal point for hepatitis C campaigning in Wales. In May, we held two focus groups in Cardiff for patients, health professionals and others in order to identify the key issues affecting hepatitis C services and strategy in Wales, as well as the key issues affecting people with hepatitis C in Wales, such as stigma. We will be staging further focus groups in the coming months, and will produce a 'hepatitis C manifesto' based on these discussions, which we aim to launch at a Welsh Assembly event later in the year.

We increased our engagement with Welsh Assembly Members this year, and arranged visits for two Assembly Members (AMs) to hepatitis C treatment services in Cardiff and Wrexham. These visits provided an excellent opportunity for the AMs to learn more about hepatitis C and the impact that it has on people in Wales. We also developed a patient activist toolkit for supporters to use during the Welsh Assembly election campaign in order to help them engage with parliamentary candidates on the issue of hepatitis C.

Representation and policy – international advocacy

Agreed objective 2015/16: 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.

The Trust's CEO has continued to work closely with World Health Organization (WHO) on the creation of, and subsequent consultation on, the first ever Global Health Sector Strategy (GHSS) on viral hepatitis. This strategy, resulting from the 2014 World Health Assembly Resolution 67.6, which our CEO was instrumental in drafting, has ambitious targets and a goal of the elimination of hepatitis B and C as a major public health concern by 2030.

As well as attending and providing input for the consultations with WHO Member States in the Western Pacific, Eastern Mediterranean and European regions, he also attended the Western Pacific Regional Committee Meeting at which a Regional Action Plan based on the GHSS was proposed. He argued strongly for the retention of the GHSS targets in the Action Plan, when they were in danger of being dropped. As a result, the Action Plan with the targets intact was adopted by the countries of the region.

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Our CEO was part of the development group for the WHO guidelines for hepatitis B and C testing and for an update to the guidelines for the screening, care and treatment of hepatitis C. He also sits as an advisor on a range of WHO committees: these include the WHO Director-General's Central Strategic and Technical Advisory Group on hepatitis, the WHO Western Pacific Strategic and Technical Advisory Group on hepatitis and the WHO Community Reference Group on hepatitis.

In January 2016 our CEO addressed the 100+ governments attending the WHO Executive Board meeting to ask for their support for the proposed Global Health Sector Strategy and in particular not to shy away from the ambitious targets. The GHSS was duly endorsed by the Executive Board and sent to the World Health Assembly for ratification.

In September 2015 in Glasgow the World Hepatitis Alliance organised, with WHO and the Scottish Government, the first ever World Hepatitis Summit. This unique forum, bringing together the Alliance's patient group members from across the world, including of course The Hepatitis C Trust, ministers and policy-makers from almost 50 countries, WHO, public health specialists and global funders, is the brainchild of our CEO. Its success led to the Brazilian Government offering to host the next Summit in 2017. One of the highpoints of the event was the presence of the Trust's testing van positioned in the middle of the conference hall. More details can be found online – [World Hepatitis Summit](#).

Our CEO also took part in the 2016 meeting in Vienna of the Commission on Narcotic Drugs, preparatory to the upcoming UN General Assembly Special Session (UNGASS) on global drug policy. His mission was to push for an approach to drug policy that is focussed more on public health and less on criminalisation, as well as to ensure that every time HIV was mentioned, then so was viral hepatitis, since hepatitis C in particular is at least as much of an issue for people who use drugs as HIV, arguably more so. By the end of the meeting it looked as though these goals were likely to be met in the UNGASS Outcome Document later in the year.

Prevention

Prevention – peer to peer education

Agreed objective 2015/16: 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 952 drug service clients (versus 518 in 2014/15) mainly in drug services via 132 peer to peer talks across the UK. In addition 112 staff sat in on these talks (versus 101 in 2014/15), improving both their knowledge and their understanding of the key issues through the medium of personal stories.

Our peer-to-peer training of volunteers continued to progress with 13 peer educators and 20 buddies trained throughout the year. Of the 33 volunteers trained 100% underwent, and achieved, accreditation via the Royal Society of Public Health with a Level 2 Qualification in Understanding Health Improvement. We believe this is of great value to volunteers as they continue along their recovery journeys and increases their chances of employment.

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.

Prevention – training

Agreed objective 2015/16: 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.

This year we held training events at drug services in Liverpool, Lincoln, Walsall, Devon, Weston-super-Mare, Sheffield, London, Hampshire, St Helens & Bournemouth training 436 staff in total.

Diagnosis

Diagnosis – partnership with major drug service providers

Agreed Objective 2015/16: 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.

In 2015 the Trust formed a team tasked specifically to work with UK drug services. This comprises four members of staff, all of whom have experience of working in the substance misuse field. It has meant the Trust is now able to offer targeted training aimed at local and national drug service providers and commissioners who wish to up-skill staff working with people who inject drugs (PWID).

Partnership with drug services is a major focus of the work and our initial partnership with Addaction has been successful and seen interventions such as peer-to-peer education and 'buddying' initiatives becoming part of their core volunteer structure nationwide. We have also supported the development of three community based hepatitis C treatment programs whereby hepatitis C clinics are held within the drug service setting, enabling those people who have otherwise been unable to engage in care to do so.

Contributions from both trusts and substance misuse providers has enabled us to employ a Pathways Coordinator to look at the hepatitis C care pathways within drug service settings. We have worked with over 20 separate services nationwide, audited over

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30 drug services and have documented 7 care pathways to date. This means, within these services, there is far more clarity about people's hepatitis C journeys from testing right through to treatment. It allows us to help workers find solutions to any barriers their service users may be facing when trying to deal with hepatitis C. It has also enabled us to forge a new partnership with CGL, one of the UK's leading drug service providers. As a result we have been able to deliver training to an increasing number of workers nationwide, leading to a greater number of service users being tested and linking into care. One of our biggest issues here 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.

Diagnosis – South Asian community

Agreed objective 2015/16: To continue our Department of Health funded project and hold a series of testing and awareness events within the South Asian community, which is disproportionately affected by hepatitis C.

We delivered 12 awareness and testing events throughout the year, 9 during melas, 1 at a local community centre and 2 in mosques. At these events we engaged with 879 South Asian people, tested 446 and identified 10 positive tests, which equates to a little over 2% of people tested (slightly less than the previous year). We also undertook 10 media interviews with an estimated reach of up to 100,000 listeners/readers, building on the message that it is important to be tested and engage with your health. We have worked closely with Public Health England and NHS staff in four areas of the UK which have high prevalence of hepatitis C within the South Asian community (Manchester, Birmingham, Kirklees and Blackburn). Most importantly we have supported the development and implementation of local HCV strategies within these areas and worked towards ensuring that hepatitis C is considered within the public health planning processes undertaken by Local Authorities. We have also reached professionals through HCV Action roadshows and have maintained and further 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](#).

Diagnosis – mobile outreach van

Agreed objective 2015/16: To deliver a mobile outreach testing service at up to 50 sites throughout the UK focusing on hard to reach communities, drug services, homeless shelters and the South Asian community.

Yet again we have achieved well above our objective of delivering mobile outreach testing at 50 sites. In fact we visited a record 104 sites this year. We directly approached 1,120 people, and after conversations, 491 agreed to a point of care test, with 45 of these being antibody positive. This equates to 9% testing positive and reflects the targeted nature of the work.

We completed the screening section of the joint working project with the NHS research HALT study in April 2015, with ongoing analysis and follow up being done by University College London Hospital (UCLH) and completion likely in Autumn 2016. As a result of this collaborative work with UCLH, in Spring 2015 we embarked on joint working with their Find and Treat mobile TB X-ray service, their unit parked alongside our mobile outreach van.

In addition to screening there has been a new emphasis on informing and engaging with hostel staff and clients to reinforce the message that they have no reason to stigmatise people with hepatitis C. Access to ongoing medical help for people testing positive has been improved by our Outreach Officer signing an honorary contract with NHS/UCLH as a Health Outreach Specialist. This allows access to NHSmail which enables confidential client details to be freely exchanged and pathways speeded up. The mobile outreach van has been reregistered as an NHS vehicle simplifying parking dispensations, although it is still owned and operated by The Trust.

Ongoing funding of the outreach service remains uncertain without new funding streams. Current plans are in place for 60% funding from a new European Initiative which involves a collaboration between UCLH, Groundswell and the Trust in London, and other organisations in Spain, Ireland and Eastern Europe. Contracts have been agreed and signed but we are still awaiting release of funds. This initiative involves operating a fibroscan to assess liver damage on the van, taking bloods and so having clients ready for presentation to the Multi-Disciplinary Team panel at local Operational Delivery Networks.

Treatment

Treatment – commissioning

Agreed objective 2015/16: To ensure access to the best new drugs.

We represented patients on two NHS Specialised Commissioning Clinical Reference Groups, for Infectious Diseases and for Hepato-Pancreato-Biliary Diseases, together with a subgroup especially for hepatitis C. This meant that we were involved in the development of a hepatitis C service specification for the delivery of the new drugs through 22 Operational Delivery Networks (ODNs) across England. These ODNs were designed to make one centre of excellence responsible for all hepatitis C treatment in their geographic area through multi-disciplinary team meetings for every single patient and also for ensuring that treatment is delivered closer to patients through a series of 'spokes', which might be district general hospitals, drug and alcohol clinics or GP surgeries. We carried out a survey on behalf of NHS England to gauge the views of patients on this new structure and it was generally welcomed because patients saw the benefits of everyone being under the care of a specialist centre while still being able to access treatment more locally. What patients did not appreciate was that this new structure would allow NHS England to control costs in an unexpected way. Hospitals bid to be one of the 22 ODN centres and we were part of the panels that ensured these bids met the criteria set out in the Service Specification.

The ODNs began operating in August 2015 and in March NHS England, following NICE approval of a number of new drugs, introduced a system of restricting access to these drugs. Each ODN was given a monthly 'run rate' which was the maximum number of people they could start on treatment that month with very significant financial penalties for exceeding that rate. Each ODN was then required to divide its 'run rate' between the various treating services in its area. Though the overall 'run rate' at 10,011 is about twice the number treated per year until now, nonetheless at a local level the restrictions are meaning that some

Trustees' Report For the year ended 31st March 2016

people are facing very long waits for treatment. Since most areas are prioritising people with more advanced liver disease (fibrosis stage 3 or 4), people with milder disease are having to wait, either until they have advanced disease or until the local area runs out of people with more advanced disease which could be years because there is a steady stream of new diagnoses.

NHS England justified its restriction on cost and on a section of the NICE guidance that discusses prioritisation. Capacity constraints and the cost of the drugs is not exceptional, approximately £20,000 per treatment and continuing to fall, which of course will cure the disease completely in most people. We therefore believe that NHS England's decision is wrong in both law and in principle since it appears to single out an already disadvantaged group to deny them what all other patient groups can have – access to NICE-approved treatments. We also wonder whether people with hepatitis C have been singled out because they are in general not a vocal group and because it is such a stigmatised disease. The Trust's job is to stand up for our patients so after asking NHS England to reconsider and having received an uncompromising refusal, we have with great reluctance asked the courts to undertake a judicial review of NHSE's decision.

We have found a firm of solicitors and a barristers chambers that will do this for us on a conditional fee arrangement but we are still exposed to NHSE's costs if we lose. We have asked for, and believe we will obtain, a Protective Costs Order from the court, significantly decreasing our risk. However much or little the financial risk turns out to be, this is a very time-consuming action and it has made working with NHSE almost impossible since they will not communicate with us. Nonetheless, because of who we are and the principles underlying the charity, we have no option but to challenge NHSE on this. If they can randomly decide to treat 10,011 people this year, they can decide to treat 5,000 or less next year. An arbitrary approach to treatment is not the way to eliminate hepatitis C.

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 we are doing what we can to support the group of clinicians who have been negotiating with the Welsh Assembly Government for the funds to treat about 900 people a year. We are very hopeful of a positive outcome.

Treatment – consulting

Agreed objective 2015/16: To provide the patient perspective as widely and to as many organisations as possible, much of it around treatment.

NHS England's imposition of rationing outlined above came about because they lost the argument at NICE. They had asked NICE to restrict access to the new drugs and asked that, instead of issuing a normal technology assessment appraisal, NICE allow them to 'commission by evaluation', a process more akin to research where NHSE could decide who and when to treat ostensibly with the idea of obtaining more information. Throughout the year at NICE meetings and in written submissions we resisted this idea strongly and were delighted that NICE agreed with us. What we found particularly objectionable was the vastly inflated figures NHSE used to justify their argument, that they could not afford unrestricted access to the new drugs and an especially unpleasant table they submitted to NICE purporting to show the number of people who would die in each disease area if NICE allowed people with hepatitis C access to clearly cost-effective drugs.

As ever, during the year we continued to provide the patient perspective to a whole range of institutions and organisations in consultations, talks and meetings. This is one of the most important areas of our work because there is a great deal more talk about 'patient-centred' medicine than there is real action. This also applies to research, as set out in the *Research* section below.

Information and Support

Information and support – helpline

Agreed objective 2015/16: To continue to provide a peer-led information and support service to people with hepatitis C, their families, carers and professionals in the field.

This year our helpline received 3,305 calls up from 3,129 last year. Of these 123 were benefit enquiries, 57 for general advocacy and 66 from people who were co-infected with HIV.

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 30 or more years. This cohort is often greatly affected by their illness as cirrhosis (837), liver cancer (57) or extra hepatic problems are more likely and the impact on their health and quality of life is therefore considerable.

With the advent of new, tolerable and highly effective treatments and yet delays and rationing imposed by the NHS restricting access to them, it was not surprising that treatment was the main reason for people calling (1153). The nature of calls changed considerably during the year as people became increasingly angry and devastated that they would have to wait for potentially lifesaving treatment.

Aside from that, enquiries continued to be on a wide range of issues – people feeling stigmatised and/or being discriminated by their employers in the workplace (47), difficulties accessing the Skipton Fund (86) and practical issues like insurance (11). Members of the general public also make contact to enquire whether they should consider getting tested (186).

Trustees' Report For the year ended 31st March 2016

We continue to hear from a wide range of health care professionals using us as a resource (38) including nurses, GPs, consultants or other medics, drug services as well as other organisations and professionals (87).

"I was very impressed by the understanding I received... I think you provide a very caring and efficient service"

"I just wanted to let you know what a difference you made and I will recommend you to anyone who needs to know anything about hep C"

"Thank you so much for your care, compassion and experience. You have helped me enormously and I feel clearer about my choices and future"

Information and support – prisons helpline

Agreed objective 2015/16: To increase our reach into the prison estate and ensure inmates are supported to access treatment.

This service is taking off very slowly with 31 calls from prisoners across the UK increasing from 21 in 2014/15. Many of these calls related to prisoners wanting access to both testing and treatment. Some of the calls were from prisoners receiving treatment who needed both support and encouragement to keep going. We are engaging more and more with prison staff, healthcare workers and drug teams within the prison estate who are key to making sure prisoners are aware of this service. Prison bureaucracy unfortunately often makes it difficult to promote the helpline in a way that we can embed it as an ongoing resource for prisoners who are tested and/or treated for hepatitis C, but we will continue to reach out to this highly affected and otherwise greatly unsupported group.

"Thank you for your help and information on the phone line, I will use it in my work as a mentor as well as benefiting from using it myself"

"Thank you so much, I'm pleased to tell you that you really helped me out"

"People like me don't realise how great organisations like yourselves are until something like this happens to them"

Information and support – specialist advocacy

Agreed objective 2015/16 – To develop our new specialist advocacy service, ensuring that anyone with hepatitis C can access anti-viral treatment if they wish to.

Over this reporting period we had 1,477 requests for specialist, individual advocacy. 183 of these were in-depth and complex cases. During the planning of the project a decision was made to split the advocacy role into two posts with an advocate focusing on people who inject drugs (PWID) and another on men who have sex with men (MSM), ensuring that the most robust service could be provided at all times.

Men who have sex with men

We have taken 71 advocacy calls from MSM in 2015/16. Our advocacy work has also included advocating on a strategic level with NHS England and local NHS meetings for treatment of those who are re-infected. Over the course of this year we have worked on broadening our reach and furthering our work with MSM patients individually and as a group. To do this we have developed partnerships with other MSM support services such as the Dean Street Clinic and Mortimer Market. Unlike HIV, there is a significant increase in the prevalence of hepatitis C amongst gay men, and a great stigma towards the disease. We have supported Mortimer Market with hepatitis C awareness raising events by delivering presentations.

People who inject drugs

We took 1,406 advocacy calls from PWIDs during this reporting period. The most common issue raised has been access to treatment and hospitals, a direct reflection of the change of treatment options and particularly the introduction of the new drugs.

Much of the employment advocacy provided during this year has involved individual counselling and support to engage with specialist organisations such as ACAS. Employment for PWID is often part of a long recovery journey, and issues with employers regarding hepatitis C are frustrating and can, particularly for this group, be very challenging both emotionally and psychologically.

Information and support - Abbviecare helpline service

Agreed objective 2015/16: To pilot a patient support service offering emotional and befriending support to people undergoing the Abbvie treatment.

As part of a pilot project towards the end of 2015, we worked alongside a medical/nurse-led helpline which was set up by Abbvie to offer an extra layer of support to patients embarking on their new treatment regime. We 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.

The voluntary pilot was a great success and we are currently in negotiations with Abbvie to have a paid part time worker specifically for this project. In the period 1st November 2015 when the pilot started to March 31st we took 47 calls. During this time period relatively few people were on this treatment as the NHS have only been able to start prescribing it to patients since the beginning of March 2016. We expect the demand on this service to continue to rise considerably as more and more people start on Abbvie's treatment (Viekirax/Exviera) over the coming year.

Trustees' Report For the year ended 31st March 2016

"Several patients have commented that they can be open and honest with someone who understands how they feel and that often they have never spoken to anyone else with hep C. Please can you pass this on to the team, with our thanks and appreciation for all the great work they are doing"
(Sarah Beck, Senior Patient Relations and Brand Communications Manager, Abbvie)

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.

Information and support – information resources

Agreed objective 2015/16: To increase the circulation of our e-newsletter and improve our reach into the community.

Financial constraints forced the Trust to cease publication of its biannual printed newsletter in 2014/15. Its replacement, the e-newsletter, has rapidly increased in circulation and now has around 4,000 recipients. The format has been redesigned to make it more accessible and easier to read, which is more reflective of the needs of the people living with hepatitis C. Feedback via the helpline and email indicates that many find this contact from the Trust supportive and useful.

We also send information (leaflets, posters, postcards, factsheets etc) to a variety of different settings to raise awareness of hepatitis C.

Information and support – support groups

Agreed objective 2015/16: To introduce a new support group format that encourages a positive and active patient voice.

In this period we have run 29 support and information groups with 110 people attending and have seen a big increase in attendance since our re-launch of the group last February. The new format allows patients time to meet each other first and have a chat over refreshments. This has facilitated a very upbeat, friendly and positive atmosphere before the group starts. As a result people are far more confident to speak in the group and actively support one another and we have had excellent feedback from those attending. We also now vary facilitators so group attendees receive a different experience and perspective each time but still use the familiar formal framework of support groups.

"Everybody was in the same boat and it was so good talking to people who understand"

"So good to have a space to discuss my concerns with others – thank you"

"Everyone was so friendly and welcoming, I'd felt nervous about coming but left feeling positive about the future for the first time in ages"

In 2015/16 we also worked alongside Central & North West London NHS Trust, NHS staff and the healthcare team at HMP Holloway to launch a monthly support group for women who had been diagnosed with hepatitis C. Although we put a huge amount of work into this, due to many internal prison issues, we were unable to hold any groups, and HMP Holloway has subsequently closed.

Information and support – NHS Counselling

Agreed objective 2015/16: To close this service.

Without further funding from the Department of Health we have not been able to continue this much appreciated service and closed it.

Research

As the number of research projects we are involved in increases year on year this is becoming an ever more demanding area of our work. As representatives of the affected communities we are pleased to be involved and provide meaningful engagement with any research that is intended to improve the lives of people with hepatitis C, however managing the resource implications continues to be a challenge.

Research – HALT

This project, discussed above under the mobile outreach van is a collaborative study with University College London Hospital (UCLH) and the Find and Treat TB programme which is evaluating the effectiveness of peer support in helping people into services once they have been diagnosed with hepatitis C on our testing van. The screening section of this work was completed in April 2015, with ongoing analysis and follow up being done by UCLH and completion likely in Autumn 2016.

Trustees' Report For the year ended 31st March 2016

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 aims to establish a clinical database of samples from 10,000 patients infected with hepatitis C. This will provide 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 year has seen a great many research requests for samples.

Research - HepCATT

The HepCATT study will examine whether treating people who are actively injecting drugs is a way to lower hepatitis C prevalence in this group and we are partners in the study led by the University of Bristol and funded by The National Institute for Health Research (NIHR). As part of our work we have delivered training in three sites – Liverpool, Lincoln and Walsall and continue to develop our peer to peer education programme with partners in drug services. We have experienced some issues in rolling this out all sites underwent re-tendering processes during the study period and this had an adverse effect on volunteer recruitment, management and retention.

Research – PROTECT

We are on the committee of the PROTECT research study led by Dr Gail Gilchrist at the National Addictions Unit at Kings College London. This is a multi-phase study examining the effectiveness of psychosocial interventions in reducing BBV risk behaviours amongst people who inject drugs. In 2015-16 we have attended national committee meetings and reviewed the materials that will be developed into brief interventions and trialled in sites across the UK.

Research - Reducing prevalence in People Who Inject Drugs (PWID)

We are advisors in this 5-year Scottish Government-funded project in Tayside to see whether the prevalence of hepatitis C in PWID 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.

Research – Stop HCV

We are also on the steering committee for this MRC-funded project which is using samples from HCV Research UK and will examine in particular what genetic factors might explain why some people respond better to treatment than others and why some have more aggressive liver disease. This could help patients decide better on when to do treatment. However, this project is part of a MRC research stream called 'stratified medicine' and we have been extremely concerned that findings from this project could be used, in this era of extreme cost pressure in the NHS, not to improve treatment for patients but to exclude those who might do less well (for example because of genetic factors). Our input has therefore been critical to the way the research has been shaped.

Funding

Our income for the year was £946,131, a rise of 27% on 2014/15. Our expenditure was £831,283, a small rise of 2% over 2014/15, reflecting our cost-cutting, which meant we were able to do significantly more with almost the same resources. Our free reserves are increasing but are still very low at £36,812, 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 £152,000. Our total unrestricted reserves are £36,821, 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.

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

Trustees' Report For the year ended 31st March 2016

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
Risks to staff from lone working	Efficient dissemination of lone working policy
Inability to recruit/retain key Trustees/staff/volunteers	Foster good environment with clear mission
Loss of IT functionality/data	New IT company employed

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.

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 accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and with the Statement of Recommended Practice, Accounting and Reporting by Charities effective January 2015.

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

Dr Iain Murray-Lyon

Date:

27/9/2016

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 2016 which comprise of the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows 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 charity'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 company's members those matters 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 charitable company's 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 as auditor under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and the Companies Act 2006 and report to you in accordance with regulations made under 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 (APB'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. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

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 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005, regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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:

- adequate accounting records have not been kept 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' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit

Kingston Smith LLP

28/09/16

Luke Holt
for and on behalf of Kingston Smith LLP, Statutory Auditor

Devonshire House
60 Goswell Road
London EC1M 7AD

The Hepatitis C Trust
Statement of Financial Activities
Incorporating an Income and Expenditure Account
For the year ended 31st March 2016

	Note	Unrestricted Funds £	Restricted Funds £	Total 2016 £	Total 2015 £
Income from:					
Donations	2	159,628	-	159,628	101,992
Investments	3	35	-	35	8
Charitable activities	4	123,741	662,727	786,468	643,442
Total Income		<u>283,404</u>	<u>662,727</u>	<u>946,131</u>	<u>745,442</u>
Expenditure on:					
Raising funds	5	146,108	-	146,108	129,785
Charitable activities	6	66,329	618,846	685,175	683,367
Total Expenditure		<u>212,437</u>	<u>618,846</u>	<u>831,283</u>	<u>813,152</u>
Net income/(expenditure) for the year		70,967	43,881	114,848	(67,710)
Transfers	14	(75,554)	75,554	-	-
Net income/(expenditure) for the year		<u>(4,587)</u>	<u>119,435</u>	<u>114,848</u>	<u>(67,710)</u>
Fund balances at 1st April 2015	14	<u>41,408</u>	<u>(33,770)</u>	<u>7,638</u>	<u>75,348</u>
Fund balances at 31st March 2016	14	<u><u>36,821</u></u>	<u><u>85,665</u></u>	<u><u>122,486</u></u>	<u><u>7,638</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 17 to 26 form part of the financial statements.

The Hepatitis C Trust
Balance Sheet
as at 31st March 2016

	Note	2016 £	2016 £	2015 £	2015 £
Fixed Assets					
Tangible assets	11		2,485		2,111
Current Assets					
Debtors	12	63,403		130,782	
Cash at bank and in hand		<u>99,299</u>		<u>21,631</u>	
		162,702		152,413	
Creditors: Amounts falling due within one year	13	<u>(42,701)</u>		<u>(146,886)</u>	-
Net Current Assets			<u>120,001</u>		<u>5,527</u>
Total Net Assets			<u>122,486</u>		<u>7,638</u>
Funds					
Unrestricted funds	14		36,821		41,408
Restricted funds	14		<u>85,665</u>		<u>(33,770)</u>
			<u>122,486</u>		<u>7,638</u>

The accounts have been prepared in accordance with FRS 102.

The notes on pages 17 to 26 form part of the financial statements.

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

27/9/16

.....
Dr. Iain Murray-Lyon

Registered Company Number: 5069924

The Hepatitis C Trust
Statement of Cash Flows
For the year ended 31st March 2016

	Notes	2016 £	2015 £
Cash generated from operating activities:			
Net cash provided by/(used in) operating activities	see below	79,360	(37,521)
Cash flows from investing activities:			
Interest income	3	35	8
Purchase of property, plant and equipment	11	(1,727)	(1,412)
Net cash provided by/(used in) investing activities		<u>77,668</u>	<u>(38,925)</u>
Change in cash and cash equivalents in the reporting period		21,631	60,556
Cash and cash equivalents at the beginning of the reporting period		<u>99,299</u>	<u>21,631</u>
Cash and cash equivalents at the end of the reporting period		<u>99,299</u>	<u>21,631</u>

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

		2016 £	2015 £
Net income/ (expenditure) (as per the statement of financial activities)	SOFA	114,848	(67,710)
Adjustments for:			
Depreciation charges	11	1,353	12,253
Investment income	3	(35)	(8)
(Increase)/decrease in debtors	12	67,379	(52,920)
Increase/(decrease) in creditors	13	(104,185)	70,864
Net cash provided by/(used in) operating activities		<u>79,360</u>	<u>(37,521)</u>

Analysis of cash and cash equivalents

	2016 £	2015 £
Cash in hand	99,299	21,631
Total cash and cash equivalents	<u>99,299</u>	<u>21,631</u>

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31st March 2016

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 entity 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.

FRS 102 has been adopted for the first time when preparing these financial statements. The transition date to FRS 102 was 1 April 2014 and the last financial statements prepared under the previous financial reporting framework were prepared for the year ended 31 March 2015.

The following adjustments have also been made in order to comply with the new SORP/ FRS 102 which have had no effect on total funds or the income and account but which have affected the presentation of certain items in the statement of on the balance sheet. The main items were:

Governance costs are no longer presented as a separate category of expenditure in the Statement of Financial Activities as they are not regarded as part of support costs which are allocated to the cost of activities undertaken by the Charity.

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 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 entity 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 entity'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 entity has adequate resources to continue in operational existence for the foreseeable future. The charitable entity therefore continues to adopt the going concern basis in preparing its financial statements. There are no material uncertainties regarding going concern at the date of these financial statements.

Income

Income is recognised in the period to which it relates.

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.

Expenditure

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.

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31st March 2016

1 Accounting Policies (continued)

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 expensed 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.

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 £8,625 (2015: £8,355).

Critical accounting estimates and areas of judgement

In preparing financial statements it is necessary to make certain judgements, estimates and assumptions that affect the amounts recognised in the financial statements. The following judgements and estimates are considered by the Trustees to have the most significant effect on amounts recognised in the financial statements:

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.

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31st March 2016

2 Donations

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>

Year to 31 March 2015

	Unrestricted funds 2015 £	Restricted funds 2015 £	Total 2015 £
Donations	101,992	-	101,992
	<u>101,992</u>	<u>-</u>	<u>101,992</u>

3 Investment Income

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>

Year to 31 March 2015

	Unrestricted funds 2015 £	Restricted funds 2015 £	Total 2015 £
Bank interest	8	-	8
	<u>8</u>	<u>-</u>	<u>8</u>

4 Income from Charitable Activities

Year to 31 March 2016

	Unrestricted 2016 £	Restricted 2016 £	Total 2016 £
Grants	115,904	662,727	778,631
Income from awareness	7,837	-	7,837
	<u>123,741</u>	<u>662,727</u>	<u>786,468</u>

Year to 31 March 2015

	Unrestricted 2015 £	Restricted 2015 £	Total 2015 £
Grants	264,905	360,496	625,401
Income from awareness	18,041	-	18,041
	<u>282,946</u>	<u>360,496</u>	<u>643,442</u>

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31st March 2016

4a Grants

	Unrestricted 2016 £	Restricted 2016 £	Total 2016 £
Year to 31 March 2016			
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	-	34,221	34,221
AbbVie Ltd	-	124,050	124,050
Gilead Sciences	50,000	57,825	107,825
Mary Kinross Trust	-	10,000	10,000
Rayne Foundation	-	2,500	2,500
The Roddick Foundation	-	40,000	40,000
The Leigh Trust	5,000	-	5,000
Erasmus MC	-	-	-
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>560,498</u>	<u>676,402</u>

4a Grants (continued)

	Unrestricted 2015 £	Restricted 2015 £	Total 2015 £
Year to 31 March 2015			
Department of Health	-	29,016	29,016
Roche Products Limited	-	20,000	20,000
MSD	-	55,000	55,000
J C General Services	-	81,850	81,850
The Joint Research Management Office	-	5,630	5,630
The Cadogan	-	12,000	12,000
Henry Smith Charity	-	45,000	45,000
AbbVie Ltd	-	42,000	42,000
Gilead Sciences	50,000	-	50,000
Mary Kinross Trust	-	30,000	30,000
Rayne Foundation	-	10,000	10,000
The Roddick Foundation	75,000	-	75,000
The Leigh Trust	5,000	-	5,000
Lambeth PTC	8,235	-	8,235
The Monument Trust	-	30,000	30,000
David Badcock	46,870	-	46,870
The Gawaine Stamp Fund	60,000	-	60,000
University of Bristol	19,800	-	19,800
	<u>264,905</u>	<u>360,496</u>	<u>625,401</u>

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31st March 2016

5 Raising funds

		Unrestricted 2016 £	Restricted 2016 £	Total 2016 £
Year to 31 March 2016				
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>
Year to 31 March 2015				
		Unrestricted 2015 £	Restricted 2015 £	Total 2015 £
Staff Costs	8	57,807	-	57,807
Direct Costs		56,944	-	56,944
Support Costs	7	34,997	-	34,997
		<u>149,748</u>	<u>-</u>	<u>149,748</u>

6 Analysis of Charitable Expenditure by type

	Staff costs 2016 £	Direct costs 2016 £	Support costs 2016 £	Total 2016 £
Year to 31 March 2016				
Helpline	31,156	2,406	12,729	46,291
Patient Council	37,371	109	9,830	47,310
Health day workshops	-	490	-	490
Patient association (Newsletter)	-	-	-	-
Parliamentary work	-	-	-	-
Advocacy and Drug Services	177,160	12,550	12,553	202,263
African Prevalence	-	-	-	-
Consulting	-	3,263	9,836	13,099
Awareness	-	-	-	-
Wales	-	1,800	-	1,800
Prison Awareness	-	12,691	9,864	22,555
Addaction Training	-	-	-	-
Pharmacy Testing	-	-	-	-
Support Groups	-	-	-	-
Patient Conference (2015)	-	7,671	9,955	17,626
Activities in Scotland	-	-	-	-
Peer to peer awareness	-	-	-	-
GP Awareness Project	-	-	-	-
Get Tested	-	-	-	-
Training	-	698	-	698
HCV Action and Parliamentary Work	65,163	99,607	16,980	181,750
Coventry	-	-	-	-
South Asian Awareness	21,761	11,528	282	33,571
ELPA	-	-	-	-
Scotland	11,995	19,978	13,035	45,008
Information	-	-	-	-
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
Research	-	-	-	-
HEPCATT Research	-	3,525	10,025	13,550
State of the nation	-	-	-	-
Focus group - newly diagnosed	-	-	-	-
Activities in Wales	-	-	-	-
	<u>378,727</u>	<u>184,986</u>	<u>121,462</u>	<u>685,175</u>

Expenditure in total was £831,283 (2015: £813,152), of which £212,437 was unrestricted (2015: £332,338) and 618,846 was restricted (2015: £480,814).

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31st March 2016

6 Analysis of Charitable Expenditure by type (continued)

Year to 31 March 2015	Staff costs 2015 £	Direct costs 2015 £	Support costs 2015 £	Total 2015 £
Website project management	-	-	-	-
Helpline	52,702	4,995	10,839	68,536
Health day workshops	25,936	2,783	7,945	36,664
Patient association	-	3,610	3,811	7,421
Parliamentary work	-	-	-	-
Patient Advocacy	22,400	142	7,864	30,406
African Prevalence	-	-	-	-
Consulting	-	7,596	4,097	11,693
Awareness	-	-	-	-
Wales Counselling	-	240	28	268
Prison Awareness	1,566	-	7,862	9,428
Addaction	48,029	777	7,872	56,678
Pharmacy Testing	-	-	160	160
Support Groups	-	1,484	20	1,504
Activities in Scotland	-	-	-	-
Peer to peer awareness	32,496	3,516	9,257	45,269
GP Awareness Project	-	-	-	-
Get Tested	-	-	-	-
Training	-	4,653	4,183	8,836
HCV Action	67,677	99,123	13,638	180,438
Coventry	-	-	-	-
South Asian Awareness	18,730	13,449	8,317	40,496
ELPA	-	-	73	73
Scotland	10,720	19,185	13,205	43,110
Information	-	-	-	-
Communications	-	396	403	799
Counselling	-	13,145	8,038	21,183
Mobile Outreach Bus Project	44,391	9,871	20,252	74,514
Research	-	-	-	-
HEPCATT Research	-	159	11,795	11,954
State of the nation	-	-	-	-
Focus group - newly diagnosed	-	5,989	7,983	13,972
Activities in Wales	-	-	-	-
	<u>324,647</u>	<u>191,113</u>	<u>147,644</u>	<u>663,404</u>

7 Support Costs

	Total 2016 £	Total 2015 £
Staff costs	10,028	33,425
Rent, rates, light and heat	63,121	57,738
Travel and subsistence	755	21,222
Insurance	2,437	4,273
Office supplies and maintenance	32,906	17,386
Telephone	11,020	11,394
Computer costs	11,342	12,478
Sundry costs	4,437	1,302
Promotional	1,415	881
Audit and accountancy	11,787	9,751
Depreciation	1,353	12,256
	<u>150,601</u>	<u>182,105</u>

Included in the above support costs are governance costs of £11,757 (2015: £19,963)

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31st March 2016

8 Staff costs	2016	2015
	£	£
Wages and salaries	372,625	373,979
Redundancy payments	9,208	-
Social security costs	35,639	33,567
Pension costs	8,625	8,355
	<u>426,097</u>	<u>415,901</u>
	Number	Number
Average number of employees during the year	<u>13</u>	<u>15</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 (2015: 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, of the charity's key management personnel were £81,577 (2015: £48,000).

9 Operating Surplus	2016	2015
	£	£
Operating surplus is stated after charging:		
Depreciation of tangible owned assets	1,353	12,253
Auditors' remuneration - current year	7,944	5,375
Auditors' remuneration - accountancy & prior year under provision	<u>3,843</u>	<u>3,817</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 £419 (2015: £3,339) within Other Debtors.

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

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

11 Fixed Assets

All fixed assets are held for use by the charity.

	Motor Vehicles	Computer and Office Equipment	Property Improvements	Total
Cost	£	£	£	£
At 1 April 2015	35,746	54,399	29,820	119,965
Additions	-	1,727	-	1,727
At 31 March 2016	<u>35,746</u>	<u>56,126</u>	<u>29,820</u>	<u>121,692</u>
Depreciation				
At 1 April 2015	35,746	52,288	29,820	117,854
Charge for the period	-	1,353	-	1,353
At 31 March 2016	<u>35,746</u>	<u>53,641</u>	<u>29,820</u>	<u>119,207</u>
Net Book Value				
At 31 March 2016	<u>-</u>	<u>2,485</u>	<u>-</u>	<u>2,485</u>
At 31 March 2015	<u>-</u>	<u>2,111</u>	<u>-</u>	<u>2,111</u>

12 Debtors	2016	2015
	£	£
Trade debtors	49,578	97,788
Other debtors	1,866	13,781
Prepayments	<u>11,959</u>	<u>19,212</u>
	<u>63,403</u>	<u>130,781</u>

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31st March 2016

13 Creditors: Amounts falling due within one year

	2016 £	2015 £
Trade Creditors	19,668	19,357
Tax and social security costs	11,480	9,509
Sundry creditors	4,518	104,480
Accruals	7,035	13,540
	<u>42,701</u>	<u>146,886</u>

14 Statement of Funds

	Funds at 31 Mar 2015 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 Mar 2016 £
Unrestricted funds	41,408	283,404	0	(75,554)	249,258
Restricted Funds					
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	-
Total restricted funds	<u>(33,770)</u>	<u>662,727</u>	<u>(618,846)</u>	<u>75,554</u>	<u>85,665</u>
Total Funds	<u><u>7,638</u></u>	<u><u>946,131</u></u>	<u><u>(618,846)</u></u>	<u><u>-</u></u>	<u><u>334,923</u></u>

A transfer of £75,554 has been made from unrestricted funds to cover the overspend on restricted projects during the year.

	Funds at 31 Mar 2014 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 Mar 2015 £
Unrestricted Funds	(13,700)	384,946	(332,338)	2,500	41,408
Restricted Funds					
Advocacy	-	30,000	(30,000)	-	-
Peer to peer awareness	-	40,000	(45,221)	-	(5,221)
Pharmacy	-	-	-	-	-
Activities in Scotland	-	20,000	(20,000)	-	-
HCV Action	-	175,350	(179,111)	-	(3,761)
Mobile Outreach Project	7,380	12,000	(69,544)	50,164	-
Counselling	67,638	-	(12,154)	(55,484)	-
South Asian Awareness	-	38,146	(40,316)	-	(2,170)
African Prevalence	851	-	-	-	851
Focus group	10,679	-	(10,679)	-	-
Communications	-	-	-	-	-
Helpline	-	45,000	(68,469)	-	(23,469)
Health days	-	-	(5,320)	5,320	-
Addaction	-	-	-	-	-
Other	2,500	-	-	(2,500)	-
	<u>89,048</u>	<u>360,496</u>	<u>(480,814)</u>	<u>(2,500)</u>	<u>(33,770)</u>
Total Funds	<u><u>75,348</u></u>	<u><u>745,442</u></u>	<u><u>(813,152)</u></u>	<u><u>0</u></u>	<u><u>7,638</u></u>

The Hepatitis C Trust **Notes to the Financial Statements** **For the year ended 31st March 2016**

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 £2,500 has been made between the restricted other fund and the general fund to reflect the funds that have been spent in previous years.

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

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

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.

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.

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31st March 2016

15 Analysis of Net Assets between Funds

Year to 31 March 2016

	Unrestricted funds 2016 £	Restricted funds 2016 £	Total 2016 £
Fixed assets	-	-	-
Current assets	77,037	85,665	162,702
Current liabilities	(42,701)	-	(42,701)
Total Funds	34,336	85,665	120,001

Year to 31 March 2015

	Unrestricted funds 2015 £	Restricted funds 2015 £	Total 2015 £
Fixed assets	2,111	-	2,111
Current assets	186,183	(33,770)	152,413
Current liabilities	(146,886)	-	(146,886)
Total Funds	41,408	(33,770)	7,638

16 Operating Lease Commitments

	Equipment		Land and buildings	
	2016 £	2015 £	2016 £	2015 £
Operating lease payable in:				
Less than 1 year	412	412	13,333	13,333
Within 1-2 years	824	824	-	-
Within 2-5 years	172	584	-	-
	<u>1,408</u>	<u>1,820</u>	<u>13,333</u>	<u>13,333</u>

17 Liability of Members

At 31 March 2016 the Trust had 11 members (2015: 10). 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:

	2016 £	2015 £
Financial assets measured at amortised cost (trade debtors and other debtors)	51,444	111,570
Financial liabilities measured at amortised cost (trade creditors, accruals and other creditors)	(40,529)	(137,377)