



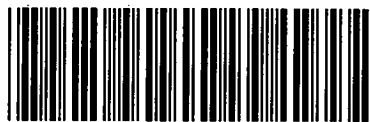
Registered in England and Wales Charity Number: 1104279

Registered in Scotland Charity Number: SCO39914

Registered Company Number: 5069924

FINANCIAL STATEMENTS
FOR THE YEAR ENDED
31ST MARCH 2014

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Trustees' Report For the year ended 31st March 2014

The trustees present their report and financial statements for the year ended 31st March 2014. 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 March 2005.

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 SC039914).

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 – Chairman
Sir Adrian Baillie, Bt. – elected 25.02.2014
Ms Francesca Cadbury – retired 03.12.2013
Mr David Enthoven
Professor Graham Foster
Dr Magdalena Harris
Prof Noreena Hertz
Mr Peter Holt – elected 25.02.2014
Mr Ed 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

Principal Office:

27 Crosby Row
London
SE1 3YD

Auditors:

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

Bankers:

CAF Bank Limited
West Malling
Kent ME19 4TA

Trustees' Report For the year ended 31st March 2014

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 are:

- 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. There is plenty of information available but too much of it is either hard to access or is inaccurate or contradictory.
- To offer support to all those affected by hepatitis C. This is often particularly needed by people when they are first diagnosed and when they go through anti-viral treatment. Our experience has been that people find it easier to ask for information, when what in fact they want is support.
- To provide individual representation for people with hepatitis C who are experiencing difficulties or discrimination in a range of settings, such as employment, benefits and healthcare.
- To provide collective representation for people with hepatitis C who historically have not found a strong, coherent voice with which to address policy-makers at either local or national level.
- To raise awareness amongst all those living with hepatitis C who have not yet been diagnosed in order to encourage them to get tested. These people are at risk not only of being diagnosed too late when they have already developed fatal liver disease but also of unwittingly infecting others.
- 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, particularly in those areas not directly connected with treatment.

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 2011 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 2013/14

Our overall strategic objective has now become the elimination of hepatitis C in the UK. Given the ever-increasing movement of populations through travel and migration, no communicable disease can ever be completely eradicated in a single country with open borders. However, based on our own modelling and similar work done by the US Center for Disease Analysis and Public Health England, we believe that by 2030 prevalence could be so low as to be no longer a public health issue and there could be no more than a handful of new cases each year, which would be treated and cured very promptly, so that crucially there would be no deaths from hepatitis C.

Trustees' Report For the year ended 31st March 2014

This would mean that there would 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 our goal.

In order to make this possible 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 from the modelling 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. Ever more effective drugs are becoming available but we need to treat more people and make sure they complete treatment successfully.

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.

In 2013/14 our policy work centred on ensuring strong cross-party support for tackling hepatitis C in Scotland and Wales and in England we supported the All-Party Parliamentary Hepatology Group in their Liver Inquiry, writing the subsequent report. The report highlighted the failings in tackling hepatitis C in particular and resulted in a lot of media coverage and the promise of meetings with both Public Health England (PHE) and NHS England (NHSE). We are delighted that we seem to have very strong champions in both these organisations. We were also extremely pleased that after two years of relentless advocacy on our part, PHE, NHSE and the National Offender Management Service signed a tri-partite agreement to introduce universal testing for hepatitis C in prisons in England.

In prevention, with grants from the Mary Kinross Charitable Foundation and the Rayne Foundation, we are greatly expanding our training of peer educators to ensure that over the course of the next three years the key prevention messages are delivered in drug and alcohol services throughout the country. This service also stresses to people who use drugs that they have a right to treatment and encourages them at least to go for assessment for treatment. It is clear that aside from the individual benefit, treatment in this community will help prevent ongoing transmission.

To increase testing but primarily diagnosis, we have continued with our Department of Health-sponsored partnership with Addaction to train workers in drug services to ensure that people at risk are tested and then referred to secondary care for treatment. We have begun the process of expanding this to other providers. We are also offering training to prison staff to support the new universal testing programme. Our outreach van continues to offer testing to people who inject drugs, the homeless and migrant communities who find it hard to access traditional services.

The numbers receiving treatment each year, already unacceptably low at about 3% of those living with hepatitis C, has fallen further this last year, but at least for the good reason that many are waiting for new, far more tolerable and effective treatments to become available. We have been providing the patient view to NICE on these new treatments.

In the international arena our Chief Executive was re-elected President of the World Hepatitis Alliance which this year has led efforts to draft, and then achieve consensus from countries around the world on, a new World Health Organization (WHO) resolution on viral hepatitis. This will be considered at the 2014 World Health Assembly and will lead to a significantly increased global profile for hepatitis C. Our Chief Executive was also asked to be one of 20 international experts to sit for the next three years on the WHO Director-General's Strategic and Technical Advisory Committee on Viral Hepatitis.

Trustees' Report For the year ended 31st March 2014

Full report of objectives and achievements during 2013/14

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 – celebrity engagement

Agreed objective 2013/14: To continue engaging our 'celebrity' supporters, in particular those in the music industry, in an effort to destigmatise and normalise hepatitis C, thereby encouraging testing.

We continued our relationship with the International Music Summit in Ibiza at the beginning of the Ibiza summer season with a fundraising auction at a dinner in honour of Fat Boy Slim. One of the Cuban Brothers acted as our auctioneer. Later that week we held a raffle at Pikes Hotel's famous Sunday Roast. Later in the summer we held a fundraising dinner at Pikes Hotel's Ibiza Rocks House, hosted by Boy George, at which we screened *Lance Loud: a Death in an American Family*.

We had another screening of *Lance Loud: a Death in An American Family* for HIV charities, healthcare workers and drug companies at Somerset House in London. The idea of this was to highlight the issue of hepatitis C in men who have sex with men and who are also HIV+. The film provoked a very lively discussion and the Trust then embarked on a project with 56 Dean Street and Roche Pharmaceuticals which comprised a focus group of Gay HIV+ and recently diagnosed HCV+ men to ascertain the kind of messaging they will respond to from healthcare workers. The project will culminate in an appropriate and hopefully effective leaflet for use by healthcare workers.

We produced a series of awareness-raising films covering the testing van roadshow and other World Hepatitis Day activities. Gemma Peppe also began filming a sequel to her widely viewed and cited film *Louie, Me and Hepatitis C* which followed her first, unsuccessful attempt at anti-viral treatment. The sequel covers her trial on some of the brand new 'direct acting anti-virals' which have cured her of the virus in just twelve weeks with almost no side-effects. A teaser to the sequel has been viewed thousands of times on the Trust website.

The Trust has put more emphasis on social media and has grown its online audience with over 2,000 people now accessing the Facebook page and over 1,500 people following the Trust on Twitter. These channels are regularly updated with a variety of information about our activities, the latest drug news and information about other services.

The Trust has placed considerable emphasis on finding new case studies to support a variety of work, whether this is responding to the approval of a new treatment, supplying patient stories to form part of a research report or simply reacting to media requests. For example, this has enabled the Trust to be part of an edition of Radio 4's Today Programme following the licensing of a new drug and highlight the importance of a new mouth swab test to help diagnose South Asians with hepatitis C in Berkshire on the BBC Asian Network.

Awareness raising – World Hepatitis Day

Agreed objective 2013/4: To continue to use World Hepatitis Day as a central campaign in our awareness-raising activities, particularly to promote testing.

World Hepatitis Day this year did not coincide with any major event as it had with the London Olympics last year so getting media coverage was easier. We based our campaign around our 'Talk, Test, Treat Roadshow', which involved the Trust's testing van touring the country and visiting Cambridge, Bournemouth, Swindon, Sheffield, Cardiff, Weston-Super-Mare, Blackpool and Lincoln.

Trustees' Report For the year ended 31st March 2014

The roadshow achieved excellent media reach with 155 pieces of coverage giving a total audience of 11 million people. This included:

- Six television broadcast features across the ITV regional news network.
- 32 radio broadcast features including BBC Solent and Real Radio
- 117 regional print/online pieces
- The regional press association newswire

The roadshow used a range of methods to raise awareness in high prevalence areas within the UK on the importance of getting tested for hepatitis C. To this end, 2,500 Hepatitis C Trust leaflets were distributed to passers-by. Over 1,100 bottles of water were also handed out with The Hepatitis C Trust helpline number on them. As well as support from local Councillors, MPs Julian Huppert from Cambridge and Robert Buckland from South Swindon also took part in the roadshow.

Using a diverse range of approaches, the Trust was able to provide a comprehensive 'package' to local media including an event, local statistics on hepatitis C prevalence, case studies and spokespeople. As a result, the campaign was shortlisted at the 'Communiqué Awards' which recognises excellence in healthcare communications.

We supported the World Hepatitis Alliance/WHO 3 wise monkeys campaign and took part in another successful Guinness World Record attempt in London and Scotland with twice as many people participating as in 2012. In Scotland we supported Hepatitis Scotland's World Hepatitis Day campaign to put large aluminium Cs in major cities.

We provided interviews and other material to prison radio for a series of programmes in the run up to World Hepatitis Day to promote awareness and testing in prison and also to launch our new free prison helpline. We helped organise, and significantly contributed to, a supplement on hepatitis in The Independent that appeared on World Hepatitis Day.

Our CEO supported the World Health Organization by taking part in their World Hepatitis Day press event in Geneva. He also participated in a World Hepatitis Day event at the White House in Washington, DC.

Representation and policy

Representation and policy – parliamentary and public affairs work

Agreed objective 2013/14: To continue to keep hepatitis C as a political priority.

After considerable long-term parliamentary and policy work by the Trust advocating for increased hepatitis C testing in the highly at-risk prison setting, we convened an expert roundtable in February 2013. Following that in May 2013 we produced and published a policy report on 'Addressing hepatitis C in prisons and other places of detention'. This led to a meeting in July 2013 to discuss our policy suggestions with the National Offender Management Service (NOMS), NHS England (NHSE) and Public Health England (PHE). As a result of this campaign, in October 2013 a tripartite National Partnership Agreement was announced between the NOMS, NHSE and PHE to introduce universal opt-out testing for blood-borne viruses (hepatitis C, hepatitis B and HIV) in prison. We are now part of a Task and Finish group to see through the implementation stage of the policy, which reports directly to the Minister of State for Care and Support and the Public Health Minister. Our role in securing opt-out hepatitis C testing for all prisons in England was recognised by a nomination for the Communique Award for 'Excellence in Communications – Payers / Policymakers', results of which will be announced in 2014.

As part of our work running the secretariat for the All-Party Parliamentary Hepatology Group (APPHG), in July 2013 we began coordinating a major inquiry into liver disease, its causes and the actions required to tackle it. The inquiry was launched out of concern at the alarming rise in liver disease and out of frustration at four years of broken promises that there would be an English national strategy to tackle liver disease. We held and analysed oral evidence sessions alongside the APPHG members, as well as receiving written evidence from Royal Colleges, clinicians, patients, charities, relevant industry figures, the NHS, Public Health England and the Department of Health. The results of this inquiry were published in March 2014 in a report written and produced by us in our role as the APPHG's secretariat, entitled 'Liver Disease: Today's Complacency,

Trustees' Report For the year ended 31st March 2014

Tomorrow's Catastrophe'. The report draws on the evidence we received to outline a number of recommendations for tackling liver disease and its causes. On the report's release in March, it received excellent coverage by the media (including the BBC, Guardian, Daily Mail and Telegraph), and led to crucial policy meetings with NHS England and Public Health England after we wrote to key figures highlighting the report's findings and recommendations.

In February 2014, we developed a website for the APPHG, highlighting the issues addressed by the group; providing a platform for all the reports produced by the APPHG; creating a specific page for the liver inquiry and detailing the APPHG's meetings and events. This was aimed at increasing the public profile of the APPHG and encouraging new parliamentary engagement.

In July 2013, we worked alongside the London Drug and Alcohol Policy Forum to publish an extremely well-received briefing for London councillors, on 'Reducing health inequalities in London by addressing hepatitis C: how you can protect investments, reduce health inequalities and save lives in your borough'. This was aimed at raising the profile of hepatitis C with key decision-makers in high prevalence areas. As part of these efforts, in October 2013 we also met with the Director of Public Health for Manchester City Council to discuss the significant problem of hepatitis C in the area and to run through plans to raise awareness and increase testing among local at-risk groups.

In October 2013, we published a key report, 'The Uncomfortable Truth: Hepatitis C in England, The State of the Nation'. This report highlighted the growing and long-overlooked problem of hepatitis C in England, and included crucial new research highlighting hepatitis C as a significant health inequalities issue, with almost half of those admitted to hospital for hepatitis C coming from the poorest fifth of society. The report served to tie these findings in with the current Government's policy priorities. To accompany the report's launch, we held a Parliamentary reception hosted jointly by the APPGs on Hepatology and Poverty. Many MPs, Peers and senior officials from Public Health England, NHS England and the Department of Health attended the launch, and the report was covered extensively in the medical media and through an excellent article in the Guardian. In addition, the report was presented to delegates of Govtoday's National Public Health Conference held in October 2013.

In February 2014 we met and engaged with a range of MPs, including Luciana Berger (Shadow Public Health) and Andrew Gwynne (Shadow Health) on the Opposition health team, with the aim of gaining new parliamentary champions.

Representation and policy – HCV Action

Agreed Objective 2013/14: To develop HCV Action (the voice of professionals and the pharmaceutical industry working in hepatitis C), increase its membership base, build its profile among health professionals in particular, and spread good practice in the prevention, diagnosis and treatment of hepatitis C.

A major project for HCV Action in 2013/14 was the production of a report analysing the Joint Strategic Needs Assessments produced by Health and Wellbeing Boards (HWBs) across the country, examining the extent to which local areas are prioritising hepatitis C and cross-referencing this against local prevalence data for the virus. This project was aimed at using local data to help local authorities understand the burden of hepatitis C in their area in the context of shifting public health responsibilities to local authorities. Our analysis found that 52% of HWBs made no mention of hepatitis C, with low prioritisation given to the virus even in high prevalence areas. Our analysis also identified those areas with especially poor performance in terms of hepatitis C prioritisation, as well as highlighting areas of better practice. The results of this analysis were later published in a report entitled 'Health and Wellbeing Boards & Hepatitis C'. It has become a crucial platform for our parliamentary engagement work going forward, allowing us to engage new MPs in the issue of tackling hepatitis C, and will form the basis of a programme of road shows now being organised jointly between HCV Action and Public Health England for 2015. HCV Action has since contacted the HWB Chairs in the top 10 high prevalence and low prioritisation areas, sharing the results of our analysis and encouraging better practice.

In 2013 HCV Action continued promoting and disseminating our Commissioning Toolkit. This included a poster on the toolkit at Public Health England's first annual conference in September 2013. In November 2013, HCV Action won a 'Highly Commended' PMEA Health Communications Award for Excellence in

Trustees' Report For the year ended 31st March 2014

Healthcare Collaboration and Partnerships, which recognised the group as a unique partnership of hepatitis C healthcare professionals.

In early 2014, the HCV Action team undertook a complete redesign of the HCV Action website. The website now has a range of new features designed to ensure that HCV Action becomes the one-stop-shop for advice, documents, news and research for hepatitis C professionals. In particular, a comprehensive 'resource library' has been developed with reports, tools and strategic templates available, and options have been added for users to browse according to their profession. A 'case study map' also enables professionals to browse good practice by area. More media content has also been added, with a range of useful videos.

Our work with HCV Action really took off last year, with our membership increasing to over 1,000 nurses, clinicians, drug service staff and other professionals. We launched monthly e-updates to keep our membership engaged.

Representation and policy – Scotland

Agreed objective 2013/14: To take 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.

For World Hepatitis Day 2013 we collaborated with Waverley Care, Addaction and Hepatitis Scotland on the planning, organisation and execution of the national Heptathlon event staged at Scotstoun Leisure Centre, Glasgow. In addition, in support of the World Hepatitis Alliance international awareness campaign, we worked with the C Clear project in Fife to stage the successful Guinness World Record (GWR) attempt at Letham Glen in Fife. We also assisted a patient volunteer to organise a GWR event at Montrose Football Club. Our Scottish Officer attended the Rewind Festival in Perth and with help from Perth and Kinross Action on Alcohol and NHS Tayside completed the challenge with 81 participants to secure Scotland's place in setting the new world record. The three wise monkeys were also photographed with a number of the performers at Rewind: Tony Hadley, Level 42, Cutting Crew and Earth Wind and Fire. A short interview was also recorded for on-line station Perth TV.

We carried out a variety of work in Scotland over the year. This included taking part in the project reference group for the Scottish Government's HCV support scoping exercise for people who acquired their infection through NHS contaminated blood and blood products. We have secured a collaborative working relationship with Haemophilia Scotland and will work towards a joint Scottish Parliament event to coincide with the publication of the Penrose Enquiry towards the end of 2014. We continued working with Hepatitis Scotland co-ordinating and chairing the National Involvement Forum for people with viral hepatitis. As a result of this collaboration we jointly organised a very successful patient conference in Stirling. The conference was opened by Michael Matheson MSP, Minister for Public Health and was attended by over 100 people, the majority of whom were patients.

Representation and policy – Wales

Agreed objective 2013/14: To support the implementation of the Welsh blood-borne viral hepatitis action plan.

We have continued to take part in the departmental working groups to monitor progress and developments in the implementation of the Welsh blood borne viral hepatitis action plan. We also spoke at the annual end-of-year meeting of the Welsh Health Boards and for the first time were pleased to note that there has been a significant increase in the numbers being treated.

During the year we opened a small office in Wales, staffed by one person, as an experiment. However, we decided at the end of 2013 we would abandon the experiment as it was not producing the impact we had hoped.

Representation and policy – international advocacy

Agreed objective 2013/14: To continue to provide leadership through the World Hepatitis Alliance, founded in 2007 by the Trust to promote the cause of viral hepatitis at a global level.

Trustees' Report For the year ended 31st March 2014

The Trust's CEO has continued to work closely with World Health Organization (WHO), sitting on the development group for their Guidelines for the screening, care and treatment of people with hepatitis C and similar Guidelines for people with hepatitis B. He was also asked to be a member of the WHO Director-General's Strategic and Technical Advisory Committee on viral hepatitis.

In May 2013 at the WHO World Health Assembly the World Hepatitis Alliance organised a side meeting with ministers or top officials from Brazil, Indonesia, Mongolia, Egypt and Scotland speaking on the need for more global action to tackle viral hepatitis. Our CEO spoke to highlight the patient perspective. Following the meeting it was decided that a new WHO resolution was needed. During the year our CEO worked very closely with the Brazilian Ministry of Health to draft and then consult on this new resolution, which was presented to the WHO Executive Board in January and was then forwarded to the 2014 World Health Assembly for consideration.

For some time our CEO has believed that a World Hepatitis Summit is needed that would bring together all the patient groups from around the world as well as national policy-makers, industry, global funders and the media in the way that has been done at the international AIDS conferences. Finally this year he received agreement that Scotland will host the first one in September 2015, in partnership with the Alliance and WHO.

Our CEO visited a range of countries meeting the Ministers of Health of Brazil, Egypt, Indonesia, Myanmar, Senegal and Pakistan and spoke at a range of international conferences, including giving a state of the art lecture at the Asia Pacific Association for the Study of the Liver conference in Brisbane.

The Alliance has continued to grow and now has over 170 members in more than 70 countries.

Prevention

Prevention – peer to peer education

Agreed objective 2013/14: To continue and further develop our peer to peer education project, which delivers key prevention messages directly to people who use drugs, and begin training new educators to increase our reach and impact.

Throughout the year we delivered our prevention, testing and treatment messages directly to 472 peers and 55 staff in 44 drug services around the country.

Of the 325 people who answered our post talk knowledge questionnaire between 88% and 98% of questions were answered correctly. This means the majority of people came away from a talk with correct information and that we are dispelling the myths and misconceptions that surround hepatitis C amongst people who use drugs and in particular are ensuring this key population understand how to avoid infection and prevent transmission.

In addition, we started to monitor our outcomes by assessing the flow through to testing and treatment for those people who had participated in a talk. Results for 2013/14 are promising. Of those who responded 88% of services reported a better knowledge of hepatitis C amongst participants, 63% reported an increase in testing as a result of the talk and 63% reported an increase in people accessing further care and treatment for their hepatitis C.

We also undertook peer to peer programme expansion training within both the Wirral and Hampshire, training 12 peers to deliver talks across their local areas. This was the start of a wider programme of work that will see new peer educators in a minimum of four new areas per year being recruited and trained across the country.

Prevention – training.

Agreed objective 2013/14: To expand our training programme to increase awareness and knowledge of hepatitis C in order to disseminate key prevention messages through appropriate services.

Trustees' Report For the year ended 31st March 2014

We continued to offer a range of training courses to support people in drug and addiction services, prisons, charities, healthcare settings, community pharmacies and mental health and homelessness services. Unfortunately this year there was a marked decrease in requests for training, attributable to NHS restructuring and the funding squeeze so we only delivered twelve training courses.

Diagnosis

Diagnosis – partnership with Addaction

Agreed objective 2013/14: To further develop our relationship with one of the biggest drug service providers in the UK in order to help them increase testing and also linkage into care.

Addaction currently has approximately 40,000 service users actively engaged in their services and has recently been appointed to deliver all drug services in Devon and Cornwall. Since the partnership began we have identified 3,000 people who have hepatitis C and this number will undoubtedly double as better data reporting and testing is implemented.

The partnership was formed initially with a view to train all members of staff so that they can enter into confident discussions regarding hepatitis C with their clients. The two year project comes to an end at the end of this financial year and during the period almost every single one of the Addaction frontline staff have received the training. As a consequence Addaction has seen a dramatic increase in testing and referrals and this places them as one of the best providers of blood-borne virus services within their field.

Addaction have been as pleased as we have with the project. We have therefore decided to look for funding to continue it and have so far secured enough to sustain the partnership work for at least another two years to develop the training alongside further interventions such as peer-to-peer education and 'buddying' initiatives.

Diagnosis – South Asian community

Agreed objective 2013/14: To hold a series of testing and awareness events within the South Asian community and create new links and partnerships with other health agencies. The high prevalence of hepatitis C in the South Asian community makes this a target population for us for testing and awareness.

Throughout the year we held several events at different venues focusing on raising awareness and testing in mosques, community centres and attended five national melas, in Bradford, Glasgow, South Glasgow, Middlesbrough and Bolton. We tested over 350 people but reached thousands with awareness materials.

As part of the Hepfree Research project our South Asian officer, who herself contracted hepatitis C in Pakistan but has successfully cleared it after treatment, organised and delivered focus groups in Bradford and also was asked to be an independent South Asian advisor to the Ethics Committee

We worked with Association of Pakistani Physicians and Surgeons of the UK to orchestrate medical professionals in the '3 wise monkeys global' Guinness World Record attempt for World Hepatitis Day, which was well covered in the local and national Urdu press.

Trustees' Report For the year ended 31st March 2014

We continue to hold much smaller scale events in community settings.

Finally we worked with Maslaha to help produce educational materials for South Asian medical professionals for the www.understandhepbandc.org website.

Diagnosis – mobile outreach van

Agreed objective 2013/14: 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.

We achieved well above our agreed objective of delivering a mobile outreach testing service at 50 sites. We visited 78 sites, nearly half of which were homeless hostels or day centres. We directly approached 1,800 people, and after conversations, 870 agreed to a point of care test. 80 of these were HCV antibody positive and over 75% were followed up on the day with an RNA test. We also encouraged 100 people who were known positives, but had dropped out of contact with healthcare, to reengage. The van also supported the work of our South Asian awareness project at the Middlesbrough mela over two days and also the Asian Centre in Wood Green. The van was the star attraction in two “roadshows” which generated high media coverage across 18 sites in the UK.

Based on our work in previous years we streamlined the van paperwork and protocols for testing. We also improved our choice of sites. Last year the emphasis was on drug users at drug services, whereas this year we focused more on hidden injectors within the homeless cohort who are not accessing drug services, as they find services much harder to access. We have also been focussing as much on ensuring that proper pathways exist from testing into treatment as on the testing itself, because a pathway is a legacy of our work and translates into much greater impact. In August the van started partnership working with an NHS research project known as the HALT study, which is assessing the impact of peer support in helping people move from a positive test into care and treatment. This entailed having two blood-borne virus nurses from University College Hospital, London on board the van and two peer supporters from Groundswell, the homeless charity; the study has so far tested 180 people over 22 sites with 22 new positives found. All the positives are being followed up by the study with intensive support.

The testing van Outreach Officer has been a speaker at three conferences, publicising the service, and we have had magazine articles describing our work in Drink & Drug News and similar publications. Overall this last year has seen a huge gain in publicity and awareness of the testing van service which has enhanced the work of everyone at the Trust.

Treatment

Treatment – commissioning

We represent patients on two NHS Specialised Commissioning Clinical Reference Groups, for Infectious Diseases and for Hepato-Pancreato-Biliary Diseases, together with a subgroup specially for hepatitis C. This has involved participating in the development of a hepatitis C service specification for the delivery of the new drugs and an early access programme for those who cannot wait for NICE's appraisal.

Treatment – consulting

Agreed objective 2013/14: To provide the patient perspective as widely and to as many organisations as possible, much of it around treatment.

As ever, during the year we continued to provide the patient perspective to a whole range of institutions and organisations. 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.

Trustees' Report For the year ended 31st March 2014

We acted as official consultees and provided 'patient experts' to the National Institute for Health and Care Excellence (NICE) for a number of scoping workshops looking at the many new drugs becoming available and our CEO is acting as 'patient expert' for the first of these drugs, Sofosbuvir, to have started its appraisal. We expect to be very busy during 2014/15 taking part in the formal appraisals of at least two more new drugs and at least two combinations.

Throughout the year we continued to give talks to a variety of pharmaceutical companies involved in producing drugs to treat hepatitis C to give them a better understanding of what it means to live with this disease. We also organised patients to talk about their experiences to market researchers, mostly employed by pharmaceutical companies.

We were regularly invited to give talks, generally entitled 'the patient perspective', at a variety of events and conferences. These included the Royal College of GPs' annual conference, the annual Public Health England (PHE) conference and a joint PHE/WHO conference on prison health.

Information and Support

Information and support – helpline

Agreed objective 2013/14: To increase contacts to our helpline by 15% and 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 handled 3164 calls, a rise of 7% from the previous year. Of these 482 were about benefits, somewhat less than last year (526), 63 calls required advocacy on behalf of patients and 75 were from callers coinfecting with HIV. An increasing amount of calls were direct referrals from GPs and hospitals and other organisations, although most people still find us through the website or word of mouth. A growing number accessed us via social media.

Recent helpline feedback:

"Extremely helpful and sensitive to my questions. Full of knowledge and positiveness. As a result of the helpline I came to my first group meeting, it was such a relief to find I wasn't alone. I couldn't have managed without the helpline."

"Thank you so much for providing this service. I found it amazingly helpful, especially all the information that was sent through within 48 hours of having phoned. I wanted to hold off telling my family because I didn't want to make a drama out of my diagnosis – but phoning the helpline has enabled me to do that."

"I just wanted to put in writing how grateful I am that the helpline was there when I really needed to speak to someone about my anxieties and all the things that come with hep C. It truly was a lifeline and I can't imagine how I could have got through without you guys being there."

We launched a free helpline for prisoners in July, the result of a considerable amount of work to overcome some of the barriers. This is in addition to our letter service for prisoners. In the financial year we had 80 calls/enquiries. We will be expanding this service over the next year because there is a clear need, which will increase exponentially, we believe, when universal opt-out testing is introduced – in the last year only 9% of new prison receptions received a test and we are hoping that over the next two years that will approach 100%.

Trustees' Report For the year ended 31st March 2014

Prison helpline/letter service feedback:

"I am writing to thank you for taking the time to write to me and answer my questions, it was very kind of you."

"It felt good to speak to someone who I knew was a stranger, but it felt as if I knew her. It was good that she knew what I was talking about and we connected."

Information and support – website

Agreed objective 2013/14: To continue to provide a high standard in quality of information to patients

In 2012/13 we had 125,524 visits and 92,000 unique visitors to our website. This financial year 2013/14 saw these figures more than double to 251,104 and 196,689 respectively.

We are very pleased with these numbers, which show a 100% increase in traffic to the site, particularly because we operate in a much more competitive landscape as far as search engines are concerned. Other hepatitis websites that are funded by pharmaceutical companies use paid advertisements and therefore rank higher than us in Google results, but we still remain the highest ranked in organic searches. 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 2013/14: To continue to provide a patient newsletter and more regular, briefer e-newsletters to increase our reach into the community

We have continued to develop our bi-annual newsletter. It has been redesigned and its content broadened and we are delighted that demand for it continues to grow. 4,253 are now signed up to receive it, an increase of some 3% on the year before. We continue to send out regular, monthly e-newsletters that go out to some 3,000 recipients. These allow us to update our members on the rapidly changing treatment landscape and Trust news. We ask health professionals to contribute and also use it as forum for fundraising.

'I'd just like you to know what a wonderful e-newsletter I think this is. Well done to all the team at the Trust for the great work that you continue to do.'

'We enjoyed reading your e-update. We found it very informative and effective'

Information and support – support groups

Agreed objective 2013/14: To continue to provide relevant, face to face, support groups

Throughout the year we continued to run three groups each month – a mixed group, a women's only group and a 'living with the virus' group aimed at people who are not currently on treatment, such as relapsers, non-responders and those who choose not to embark on, or are contra-indicated for, treatment. In total we ran 36 groups throughout the year with 179 people attending. We have not yet made any changes to the format.

We also co-hosted and co-facilitated two coinfection support courses for gay men alongside the Terence Higgins Trust this year, both very well attended, showing there continues to be demand for support.

Trustees' Report For the year ended 31st March 2014

Information and support – health day workshops

Agreed objective 2013/14: To continue to adapt the programme to changing demand and expand the workshop from a single day to two.

From April to December 2013 we ran seven health days in London aimed at people whose treatment has failed or who choose not to do treatment. This is a target group for us as our experience shows they are often overlooked in mainstream services. We are also seeing increasing numbers of patients presenting with cirrhosis. Equally we have been seeing more HIV/HCV co-infected people at the workshops and in response held a co-infection workshop in Brighton. The number of people attending health day events this year was 112.

In addition to the health days we ran two events which were a mix of workshop and social time, one to celebrate World Hepatitis Day and one at Christmas. Stigma and feelings of isolation are huge factors affecting the wellbeing of people with hepatitis C and meetings which incorporate more social interaction are a great support and much appreciated

“Very positive and informative. Really good to meet other Hep C people and share experiences. Good energy and very supportive”

The workshops continue to assist people to adopt practical health and wellbeing techniques, such as improving diet, coping with fatigue, stress management and taking control of their health, all of which can alleviate the symptoms of hepatitis C and potentially slow progression of liver disease.

“It was a really well organised and presented event, full of good information, time to interact with attendees and leaders, and a wonderful set of information bound for us to take home”

With the fast pace of development in new treatments we feel it important to keep participants up to date with the latest news. The remit of the workshop has thus been expanded to include a section on new drugs. This added to the impetus to stop running the one days workshops and focus on developing and delivering a new Wellness Course consisting of two one-day workshops plus four weeks of follow-up support and the creation of a secure forum on our website for the sole use of participants. The new course was developed and trialled during January and February 2014 and rolled out in March.

“Thank you so much for the Wellness Course, it provided a huge amount of positive information and made the world of difference both practically and psychologically. I cannot thank you enough”

Information and support – NHS Counselling

Agreed objective 2013/14: To continue to co-ordinate the counselling services offered by the Government to those infected with hepatitis C and/or HIV through the NHS.

As part of the increased payments to people who were infected with hepatitis C through the NHS, the Government decided to earmark £100,000 a year for three years to provide free counselling in England but also widened it to those infected with HIV. The Welsh Assembly Government followed suit with a smaller scheme. The Trust was asked to co-ordinate the scheme in England and then later in Wales. We offer a triaging service so that those accessing the scheme can receive the most appropriate form of counselling for them. Despite our continued efforts to advertise this service, take-up has been disappointing. As this is the last official year of the service in England we have been in discussions with the Department of Health about what should happen next year. The demand is likely to continue, albeit at a low level and we have suggested we continue offering it for at least one more year. In Wales the service is not due to end until October 2014 and we are just beginning discussions about the future.

Trustees' Report For the year ended 31st March 2014

Research

Research – Hepfree: Chronic viral hepatitis in ethnic minorities. Strategies to prevent the predicted increase in mortality.

We are on the steering committee of this National Institute for Health Research (NIHR) funded project to determine whether screening in primary care is an effective and cost-effective way of finding people from ethnic minorities who have hepatitis C (or B) and whether offering them treatment in primary care could encourage them to access treatment. This is the project mentioned above in which our South Asian officer is engaged, in particular in helping to organise focus groups.

Research - EU Hep Screen

We are partners in this large collaborative project led by Erasmus University Medical Center, Rotterdam. Funded by the European Commission, its general objective is to assess, describe and communicate to public health professionals the tools and conditions necessary for implementing successful and cost-effective screening programmes for hepatitis B and C among migrants in the European Union. Our part of the project involved locating and assessing all the available leaflets. Disappointingly, this just highlighted how little good information is available for migrant communities. We have therefore written a new leaflet which, after lengthy testing, will be translated into 40 languages. It will be available online to download as a leaflet in any two of the languages so that, for example, a screening programme of the Turkish community in Germany could print off leaflets in German and Turkish and we could print off leaflets in English and any of the 40 languages we might need, for example on our outreach testing van.

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.

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.

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 - Reducing prevalence in People Who Inject Drugs (PWID)

We are also partners in a very similar project led by the University of Bristol and funded by NIHR. This too will examine whether treating people who are actively injecting drugs is a way to lower hepatitis C prevalence in this group, but this time in England rather than Scotland.

Research – HALT

This project, discussed above under outreach testing, is being done in collaboration with University College London and the Find and Treat TB programme and is evaluating the effectiveness of peer support to help people into services once they have been diagnosed with hepatitis C on our testing van. Find and Treat's outreach testing work was evaluated in the same way and that showed significant benefits from peer support.

Trustees' Report

For the year ended 31st March 2014

Funding

Our income for the year was £903,149, up 37% on 2012/13 and back to the level seen in 2011/12. Our expenditure was £833,138, a reduction of 3% on 2012/13, as we began to rebuild reserves. Our funding sources have remained diverse but for the second year running we had an unusually large percentage contribution from the pharmaceutical industry as more companies are gearing up to enter the market with new hepatitis C drugs and a much smaller contribution from government: 12% came from central government (vs 29% in 2012/13), 33% from various pharmaceutical companies (vs 37% in 2012/13) and 55% from grant-making trusts, individual donations and fundraising activities (vs 32% in 2012/13).

Community Fundraising - the Trust launched a comprehensive guide to fundraising activities this year to help with ideas on how to raise money and awareness for hepatitis C. We were delighted to secure a place for Jenna Wooding, a liver specialist nurse at the Royal Bournemouth Hospital, to run the Virgin London Marathon in aid of the Trust. She raised over £2,000. Among our many supporters participating in events across the UK this year were Kate Wise who raised £900 in 2 events, Martin Still, post treatment, amazed himself by completing the Brighton Marathon, Elizabeth Bicher raised £666 running the Hackney Half Marathon and Helen Thompson Jones who raised £429 running and cycling and describes herself as 'slightly bonkers'. Elaine Radford made it a family marathon with her husband and 2 sons and raised £694.

Afshan Mirza raised £520 on Jog Scotland 5K in memory of her mother, Rubina Mirza, and Liz Hicks £452, in memory of her father Andy Hicks. And finally Jennifer Palmer whose one woman, non-stop fundraising and awareness-raising on behalf of her father who died suddenly after a very late diagnosis was extremely moving and raised £1,000 over several private events.

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. Despite significantly improved finances this year, we are only just beginning to build up reserves, following the extremely difficult previous year. The trustees accept that it is imperative to continue to rebuild reserves. In particular the trustees are focused on increasing unrestricted funding. The Trustees have also asked the chief executive to discuss with funders the possible reassignment of restricted funds. The Department of Health have already indicated a willingness to consider this.

Trustees' Report For the year ended 31st March 2014

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.

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.

Trustees' Report
For the year ended 31st March 2014

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 (SORP 2005) issued in March 2005.

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



Dr. Iain Murray-Lyon

Date:

18/11/2014

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 2014 which comprise of the Statement of Financial Activities, the Balance Sheet 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).

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 2014 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.

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

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


Nicholas Brooks

for and on behalf of Kingston Smith LLP, Statutory Auditor

24/11/14

Devonshire House
60 Goswell Road
London EC1M 7AD

Statement of Financial Activities
Incorporating an Income and Expenditure Account
For the year ended 31st March 2014

	Note	Unrestricted Funds £	Restricted Funds £	Total 2014 £	Total 2013 £
INCOME AND EXPENDITURE					
Incoming Resources					
Incoming resources from generated funds					
Voluntary income	2	208,087	-	208,087	128,846
Bank interest		91	-	91	270
Incoming resources from charitable activities					
Grants	3	214,480	433,917	648,397	447,029
Income from awareness		18,874	27,700	46,574	81,427
Total Incoming Resources		<u>441,532</u>	<u>461,617</u>	<u>903,149</u>	<u>657,572</u>
Resources Expended					
Costs of generating funds					
Costs of generating voluntary income		69,812	-	69,812	64,838
Charitable activities		256,053	476,304	732,357	765,952
Governance costs		30,969	-	30,969	25,737
Total Resources Expended	4	<u>356,834</u>	<u>476,304</u>	<u>833,138</u>	<u>856,527</u>
Net Movement in Funds for the Year	7	84,698	(14,687)	70,011	(198,955)
Balance brought forward at 1st April 2013		<u>(98,398)</u>	<u>103,735</u>	<u>5,337</u>	<u>204,292</u>
Total Funds at 31st March 2014		<u>(13,700)</u>	<u>89,048</u> (note 12)	<u>75,348</u>	<u>5,337</u>

All gains and losses for the period are included in the Statement of Financial Activities and arise from continuing operations.

The notes on pages 22 to 28 form part of the financial statements.

Balance Sheet as at 31st March 2014

	Note	2014 £	2014 £	2013 £	2013 £
Fixed Assets					
Tangible fixed assets	9		12,952		23,262
Current Assets					
Debtors	10	77,862		31,183	
Cash at bank and in hand		<u>60,556</u>		<u>55,238</u>	
		138,418		86,421	
Creditors: Amounts falling due within one year	11	<u>(76,022)</u>		<u>(104,346)</u>	
Net Current Assets/ (Liabilities)			<u>62,396</u>		<u>(17,925)</u>
Total Net Assets			<u><u>75,348</u></u>		<u><u>5,337</u></u>
Funds					
Unrestricted funds			(13,700)		(98,398)
Restricted funds	12		<u>89,048</u>		<u>103,735</u>
			<u><u>75,348</u></u>		<u><u>5,337</u></u>

These financial statements have been prepared in accordance with the special provisions within Part 15 of the Companies Act 2006 relating to small companies and with the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP 2005) issued in March 2005.

The notes on pages 22 to 28 form part of the financial statements.

The financial statements were approved by the Board of Trustees and authorised for issue on 18 November 2014 and signed on their behalf by:


Dr. Iain Murray-Lyon

Registered Company Number: 5069924

Notes to the Financial Statements For the year ended 31st March 2014

1 Accounting Policies

Accounting Convention

The financial statements have been prepared under the historical cost convention and in accordance with the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP 2005) issued in March 2005, applicable accounting standards and the Companies Act 2006.

The following principal accounting policies have been consistently applied in preparing 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.

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

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

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 12.

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.

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 £8,715 (2013: £7,955).

Notes to the Financial Statements (continued)
For the year ended 31st March 2014

2 Voluntary income	Unrestricted 2014 £	Restricted 2014 £	Total 2014 £	Total 2013 £
Donations:				
Anita Roddick Foundation	-	-	-	-
Other donations	208,087	-	208,087	128,846
	<u>208,087</u>	<u>-</u>	<u>208,087</u>	<u>128,846</u>

3 Grants	Unrestricted 2014 £	Restricted 2014 £	Total 2014 £	Total 2013 £
Department of Health	-	58,200	58,200	77,200
Roche Products Limited	60,000	22,000	82,000	150,000
Addaction	41,210	-	41,210	37,056
Queen Mary	-	1,520	1,520	-
MSD	-	31,900	31,900	55,505
Boehringer Ingelheim	-	22,000	22,000	9,000
The Welsh Government	-	8,000	8,000	8,000
J C General Services	-	48,000	48,000	-
The Joint Research Management Office	-	3,797	3,797	1,073
The Cadogan	-	6,000	6,000	-
Henry Smith Charity	-	45,000	45,000	-
AbbVie Ltd	-	50,500	50,500	-
Gilead Sciences	10,000	30,000	40,000	-
Mary Kinross Trust	-	30,000	30,000	-
Rayne Foundation	-	10,000	10,000	-
Hans K Rausing Trust	-	45,000	45,000	-
Eranda Foundation	50,000	-	50,000	-
The Roddick Foundation	50,000	-	50,000	-
The Leigh Trust	5,000	-	5,000	-
Erasmus MC	6,505	-	6,505	-
Myers	-	22,000	22,000	-
Lambeth PTC	-	-	-	12,000
Janssen-Cilag	-	-	-	29,000
Scottish Executive	-	-	-	68,195
	<u>222,715</u>	<u>433,917</u>	<u>656,632</u>	<u>447,029</u>
Movement in deferred income:				
Lambeth PTC	(8,235)	-	(8,235)	-
Roche Products Limited	-	-	-	(12,000)
	<u>214,480</u>	<u>433,917</u>	<u>648,397</u>	<u>435,029</u>

Notes to the Financial Statements (continued)
For the year ended 31st March 2014

4 Total Resources Expended	Staff costs	Direct costs	Support costs	Total 2014	Total 2013
	£	£	£	£	£
Costs of generating funds					
Fundraising costs	31,822	33,744	4,246	69,812	64,838
	<u>31,822</u>	<u>33,744</u>	<u>4,246</u>	<u>69,812</u>	<u>64,838</u>
Charitable activities					
Website project management	-	-	-	-	6,861
Helpline	55,931	4,183	6,287	66,401	67,138
Health day workshops	26,263	1,488	4,068	31,819	33,162
Patient association	-	-	-	-	7,120
Parliamentary work	13,086	30,631	3,652	47,368	64,147
African Prevalence	-	-	3,618	3,618	7,532
Consulting	-	551	3,756	4,307	6,962
Awareness	-	29,744	12,367	42,111	16,782
Addaction	38,680	115	3,618	42,414	39,381
Pharmacy Testing	-	97	252	349	22,081
Support Groups	-	1,871	3,618	5,490	1,779
Activities in Scotland	20,276	4,778	15,975	41,029	79,628
Peer to peer awareness	33,181	5,156	4,988	43,324	52,143
GP Awareness Project	-	-	3,618	3,618	4,630
Get Tested	29,121	9,870	5,846	44,837	30,702
Training	-	30,050	4,601	34,651	30,263
HCV Action	38,410	64,225	30,301	132,936	60,694
Coventry	-	27,700	-	27,700	29,288
South Asian Awareness	4,824	2,643	-	7,467	17,548
ELPA	-	-	82	82	171
APPGH	-	-	-	-	90
Information	-	930	-	930	4,301
Communications	32,027	696	4,326	37,050	66,736
Counselling	-	9,163	8,758	17,921	10,290
Mobile Outreach Bus Project	45,621	14,909	14,160	74,690	101,473
Research	-	-	3,692	3,692	5,052
State of the nation	-	1,000	-	1,000	-
Focus group - newly diagnosed	8,607	995	3,618	13,221	-
Activities in Wales	-	4,247	87	4,334	-
	<u>346,027</u>	<u>245,042</u>	<u>141,288</u>	<u>732,357</u>	<u>765,952</u>
Governance					
Staff Costs	-	9,647	-	9,647	-
Auditors' remuneration	-	8,180	-	8,180	8,496
Accountancy and book keeping	-	2,826	-	2,826	2,773
Trustees meetings	-	2,866	-	2,866	2,063
Support costs	-	7,450	-	7,450	12,405
	<u>-</u>	<u>30,969</u>	<u>-</u>	<u>30,969</u>	<u>25,737</u>
2014 Resources Expended	<u>377,849</u>	<u>309,755</u>	<u>145,534</u>	<u>833,138</u>	<u>856,527</u>
2013 Resources Expended	<u>439,608</u>	<u>266,480</u>	<u>150,439</u>	<u>856,527</u>	
			(note 5)		

Notes to the Financial Statements (continued)
For the year ended 31st March 2014

5 Support Costs	Total 2014 £	Total 2013 £
Staff costs	17,974	20,440
Rent, rates, light and heat	70,900	60,943
Insurance	2,074	4,507
Office supplies and maintenance	17,189	15,439
Telephone	14,958	13,729
Computer Costs	10,581	7,792
Sundry costs	11,857	27,588
	<u>145,534</u>	<u>150,438</u>
6 Staff costs	2014 £	2013 £
Wages and salaries	361,952	417,373
Social security costs	34,803	34,420
Pension costs	8,715	7,955
	<u>405,470</u>	<u>459,748</u>
	Number	Number
Average number of employees during the year	<u>14</u>	<u>16</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.		
7 Net Income/(Expenditure)	2014 £	2013 £
Net Income/(Expenditure) is stated after charging:		
Depreciation of tangible owned assets	12,251	16,885
Auditors' remuneration - current year	5,200	4,950
Auditors' remuneration - accountancy & prior year under provision	<u>5,806</u>	<u>3,546</u>

8 Trustees and related parties

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

During the year Mr Borzou Shiraz, a trustee of the charity donated £nil to the charity (2013: £5,000).

At the year end the charity was owed an amount from the World Hepatitis C Alliance of £2,802 (2013: £989) within Other Debtors.

During the year the charity received a donation of £100,000 (2013: £nil) from the Gawaine Stamp Fund, a charity in which Adrian Baillie and Iain Murray-Lyon are trustees.

Notes to the Financial Statements (continued)
For the year ended 31st March 2014

9 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 2013	35,746	51,046	29,820	116,612
Additions	-	1,941	-	1,941
At 31 March 2014	35,746	52,987	29,820	118,553
Depreciation				
At 1 April 2013	17,877	50,453	25,020	93,350
Charge for the period	8,937	914	2,400	12,251
At 31 March 2014	26,814	51,367	27,420	105,601
Net Book Value				
At 31 March 2014	8,932	1,620	2,400	12,952
At 31 March 2013	17,869	593	4,800	23,262

10 Debtors

	2014	2013
	£	£
Other debtors	64,970	21,540
Prepayments	12,892	9,643
	<u>77,862</u>	<u>31,183</u>

11 Creditors: Amounts falling due within one year

	2014	2013
	£	£
Trade Creditors	10,841	31,717
Tax and social security costs	8,546	9,942
Sundry creditors	36,142	53,197
Accruals	14,493	9,490
Deferred income	6,000	-
	<u>76,022</u>	<u>104,346</u>

12 Restricted Funds

	Funds at 31 Mar 2013	Income	Expenditure	Transfer of funds	Funds at 31 Mar 2014
	£	£	£	£	£
Peer to peer awareness	-	40,000	(40,000)	-	-
GP Awareness project	1,338	-	(1,338)	-	-
Parliamentary Work	-	40,500	(40,500)	-	-
HCV Action	-	132,000	(132,000)	-	-
Mobile Outreach Project	17,869	64,200	(74,689)	-	7,380
Counselling	77,559	8,000	(17,921)	-	67,638
Awareness	-	16,317	(16,317)	-	-
African Prevalence	4,469	-	(3,618)	-	851
Focus group	-	23,900	(13,221)	-	10,679
Coventry	-	27,700	(27,700)	-	-
Helpline	-	45,000	(45,000)	-	-
Health days	-	18,000	(18,000)	-	-
Fundraiser	-	45,000	(45,000)	-	-
Other	2,500	1,000	(1,000)	-	2,500
	<u>103,735</u>	<u>461,617</u>	<u>(476,304)</u>	<u>-</u>	<u>89,048</u>

Notes to the Financial Statements (continued) For the year ended 31st March 2014

12 Restricted Funds (Continued)

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.

GP awareness: to use volunteers to educate GPs about hepatitis C and in particular the need for testing.

Parliamentary Work: to run the Secretariat of the All-Party Parliamentary Hepatology Group and carry out other Parliamentary advocacy work on behalf of patients.

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

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

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

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

South Asian awareness - The Trust 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.

Coventry: To set up and develop a holistic testing and treatment support service for adult drugs users in Coventry.

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.

Health Day Workshops: delivering workshops in self-managing chronic hepatitis C. The balance remaining on this fund represents the net book value of the fixed assets purchased with the restricted income.

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.

Notes to the Financial Statements (continued)

For the year ended 31st March 2014

12 Restricted Funds (Continued)

State of the Nation - This report found that hepatitis C is grossly under-prioritised in England. Despite it being curable, only 3% of people receive treatment each year. The report highlights that the virus affects the poorest in society who account for almost half of all hepatitis C hospital admissions. In addition, deaths and hospital admissions for hepatitis C-related end stage liver disease and liver cancer have nearly quadrupled in the last 15 years.

13 Allocation of Net Assets between Funds

	Unrestricted funds	Restricted funds	Total
	£	£	£
Fixed assets	4,020	8,932	12,952
Current assets	52,302	86,116	138,418
Current liabilities	(70,022)	(6,000)	(76,022)
	<u>(13,700)</u>	<u>89,048</u>	<u>75,348</u>

14 Future Financial Commitments

At 31 March 2014 there were annual commitments in respect of operating leases as follows:

	Equipment		Land and buildings	
	2014	2013	2014	2013
	£	£	£	£
Expiring within 1 year	-	-	10,000	10,000
Expiring within 2 - 5 years	412	412	30,000	30,000
	<u>412</u>	<u>412</u>	<u>40,000</u>	<u>40,000</u>

15 Liability of Members

At 31 March 2014 the Trust had 8 members (2013: 8). The liability of each member to contribute to the assets of the Trust is limited to £1.