

Trustees' Report and Financial Statements
for the year ended 30 June 2008

Registered number: 5841312

Charity number: 1116556

Hepatitis B Foundation UK

(Limited by Guarantee)



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REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY AND ITS TRUSTEES

for the year ended 30 June 2008

Trustees

Jangu Banatvala CBE
Elizabeth Boxall
Jo Cooper
John Eyre
David Mutimer
Nicholas Tatman
Howard Thomas
Andrew Wilson
Arie Zuckerman (Chair)

Company registered number

5841312

Charity registered number

1116556

Registered office

The Great Barn
Godmersham Park
Canterbury
Kent CT4 7DT

Company secretary

Penny Wilson-Webb

Accountants

Reeves+Neylan LLP
Chartered Accountants
Montague Place
Quayside
Chatham Maritime
Chatham ME4 4QU

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY AND ITS TRUSTEES (continued)

Bankers

NatWest
Letchworth Garden City Branch
Station Place
Letchworth Garden City
Herts SG6 3AL

Solicitors

Martin Collings & Co Solicitors,
10 Church Street (St Paul's),
Canterbury,
Kent,
CT1 1NH.
Tel: 01227 763399

CHAIRMAN'S STATEMENT

for the year ended 30 June 2008

The chairman presents his statement for the period.

Viral hepatitis remains a major public health problem throughout the world, an infection which is caused by several types of viruses - hepatitis A, B, C, D and E, of which hepatitis B is of particular importance. Some two billion people (over a third of the world's population) have been infected with hepatitis B; and four million cases of acute hepatitis B occur every year.

At least 350 million people are infected persistently with hepatitis B virus, known as the "carrier state", with marked geographical differences. Progression to chronic liver disease occurs in up to 25% of carriers, and many progress to cirrhosis and liver cancer. Liver cancer is the seventh most common cancer in males and the ninth in females, and is caused by hepatitis B virus in about 80% of cases. Hepatitis B virus is therefore a potent carcinogen, second only to tobacco. The annual number of deaths world-wide from liver cancer is 500,000, and most cases can be prevented by immunisation.

A highly effective and safe vaccine against hepatitis B has been available for some 25 years, and the World Health Organisation has recommended universal infant and/or adolescent immunisation since 1991. This policy has been implemented effectively in 168 countries, but the UK is one of the few countries using targeted immunisation of "high risk" groups only, a programme which is known to be ineffective in reducing the levels of hepatitis B in the general community, although effective in occupational settings.

Over 1000 cases of symptomatic acute hepatitis B are notified each year in the UK, but notification is unreliable, and many infections are, in any case, not recognised because the proportion of silent infections and infections without jaundice range from 3 to 10 for each case of hepatitis with jaundice.

The Department of Health estimates that 180,000 people, or 0.3% of the UK population, are infected chronically with hepatitis B, with an estimated 7,700 new cases of chronic hepatitis B each year. It is likely that these figures are underestimated, particularly with a paucity of adequate epidemiological studies in the general and migrant population and lack of public awareness of the importance of this infection, among other factors.

Against this background, the Hepatitis B Foundation UK was established in 2006. Considerable early progress is being made, and I am grateful to my fellow trustees,

advisors and contributors to the work of the Foundation and particularly to Mrs Penny Wilson-Webb, the Foundation's Co-ordinator, who has worked tirelessly to organise and promote the Foundation. Much remains to be done and, in particular, the Foundation will continue to promote universal immunisation against hepatitis B, seek additional epidemiological research and support specific antiviral treatment of patients with hepatitis B and chronic liver disease.

Arie J. Zuckerman, MD, DSc, FRCP, FRCPath, FMedSci
Chairman

Date: June 2008

TRUSTEES' REPORT

for the year ended 30 June 2008

The Trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the financial statements of Hepatitis B Foundation UK (the company) for the year ended 30 June 2008. The Trustees confirm that the annual report and financial statements of the company comply with current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in March 2005.

Structure, governance and management

Constitution

The Hepatitis B Foundation UK is a charitable company limited by guarantee.
Registered Company Number 5841312 - 08 June 2006
Registered Charity Number 1116556 - 31 October 2006
Registered with the Data Protection Act Number PZ9586049

It therefore abides by a Memorandum of Association and Articles of Association. There are currently 10 company directors who are also known as trustees in the Charity Commission documents.

The Hepatitis B Foundation UK has developed an equality and diversity policy.
The Hepatitis B Foundation UK has developed ethical guidance.

Method of appointment of trustees

The method of appointing and recruiting new trustees is laid down in the Articles of Association. The existing trustees appoint new trustees by a vote. The number of trustees shall be not fewer than three but (unless otherwise determined by ordinary resolution) shall not be subject to any maximum. Trustees are asked to resign or stand for re-election after three years. The trustees vote the Chair, again for three years.

New trustees and advisors are offered a training session to enable them to become knowledgeable regarding their legal duties as trustees and to look at the role and function of the charity.

TRUSTEES' REPORT (continued)

Organisational structure and decision making

The current trustees are as follows:

- Jangu Banatvala CBE, Emeritus Professor of Clinical Virology, Guy's, King's and St Thomas' School of Medicine, London.
- Elizabeth Boxall, Consultant Clinical Scientist, Health Protection Agency, West Midlands Public Health Laboratory.
- Jo Cooper, Hepatology Nurse Specialist, Southampton General Hospital.
- John Eyre, Formerly Principal Lecturer, School of Information Studies, London Metropolitan University.
- David Mutimer, Reader in Medicine (Birmingham University), and Honorary Consultant Hepatologist (Liver and Hepatobiliary Unit, Queen Elizabeth Hospital, Birmingham).
- Nicholas Tatman, Specialist Hepatology Nurse, University College London.
- Howard Thomas, Professor of Medicine, Head of Department of Hepatology and Gastroenterology, Division of Medicine, Imperial College London, St Mary's Hospital Campus, London.
- Andrew Wilson, Financial Director.
- Arie Zuckerman (Chair), Emeritus Professor of Medical Microbiology, University College London; Consultant on Hepatitis (WHO) since 1970; formerly Principal and Dean, Royal Free and University College Medical School, University College London.

The charity is grateful for the support of its advisors.

Medical advisors

- Geoffrey Dusheiko, Professor of Medicine and Honorary Consultant, Centre for Hepatology, Royal Free and University College School of Medicine, Royal Free Hospital, London.
- Graham Foster, Professor of Hepatology, Queen Mary University, London.
- Brian Gazzard, Professor of HIV Medicine, Chelsea and Westminster NHS Foundation Trust.
- Mark Thursz, Professor of Hepatology, Faculty of Medicine, Imperial College St Mary's Campus, London.
- Roger Williams, Professor of Hepatology and Director, Foundation for Liver Research, Institute of Hepatology, Royal Free and University College School of Medicine, London.

TRUSTEES' REPORT (continued)

- Jane Zuckerman, Head of Academic Centre for Travel Medicine and Vaccines, Royal Free and University College Medical School, London, and Director of the WHO Collaborating Centre for Reference, Research and Training in Travel Medicine.

Nurse advisors

Pramen Maulayah, Clinical Specialist Nurse Hepatitis, Kings College London.

Stella Pendleton, Website Manager, Hepatitis B Foundation UK.

Patients' advisory group

James, Jo, Marc and Simon.

Public relations consultant

Geoffrey Bowden, Nexus

Co-ordinator, Company Secretary and Treasurer

Penny Wilson-Webb

Members

We are grateful to our trustees and advisors for their support and encouragement and for their active involvement in the production of the Foundation's major report *Rising Curve: Chronic Hepatitis B Infection in the UK* (November 2007).

Risk management

The trustees have assessed the major risks to which the company/charity is exposed and are satisfied that systems are in place to minimise that risk exposure.

TRUSTEES' REPORT (continued)

Objectives and activities

Policy and objectives

The objectives of the Hepatitis B Foundation UK are to:

- promote interventions designed to prevent hepatitis B infection, including universal immunisation;
- promote the welfare of people with hepatitis B infection and its related complications by educating
 - people with hepatitis B infection
 - health professionals and others who care for them
 - the general public;
- facilitate supportive networking between patients, their families and friends;
- research into all aspects of hepatitis B.

Our mission is to:

- draw together people with hepatitis B, thereby giving them a bigger collective voice to exact better services, and enabling them to support one another;
- make all health professionals aware of issues related to hepatitis B such as the often slow diagnosis and the need for successful treatment and symptom control pathways to be shared;
- work to ensure that people with hepatitis B have access to the best possible services across the United Kingdom.

Hepatitis B virus infection

Hepatitis B is a global public health problem, regarded by the World Health Organization (WHO) as one of the major diseases affecting human beings and the most serious type of viral hepatitis. It is estimated that more than two billion people worldwide have been infected by the hepatitis B virus (HBV). Of these, approximately 360 million have lifelong (chronic) infections (WHO). Many chronic carriers are unaware that they are infected, but will remain infectious and capable of transmitting the virus to others.

People who have chronic HBV infection are at risk of serious illness and death from cirrhosis of the liver and liver cancer. Each year, about 500,000 to 700,000 people die of these diseases worldwide (WHO).

TRUSTEES' REPORT (continued)

In areas of the world where HBV infection is highly endemic, the virus is mostly spread from mother to baby at birth or from person to person (via skin grazes etc) in early childhood. In countries with low HBV endemicity, sex and the use of contaminated needles (especially among injecting drug users) are the major transmission routes.

If the hepatitis B virus persists for more than six months after an acute infection, these individuals have chronic HBV infection. Ninety per cent of babies infected around the time of birth will develop chronic (lifelong) HBV infection.

Chronic HBV infection is a vaccine preventable disease. The vaccine is safe and 95% effective in preventing the development of chronic infection. Since 1991, the WHO has called for all countries to include the hepatitis B vaccine in their national immunisation programmes. By 2006, 85% of countries had complied with this recommendation.

The United Kingdom has not so far integrated the hepatitis B vaccine in the national immunisation programme. Instead, the policy is to encourage vaccination of individuals at high risk of exposure to the virus or complications of the disease.

Getting Ahead of the Curve was published by the Department of Health in January 2002. At that time, it was estimated that there were 180,000 people with chronic HBV infection in the UK. However, in the Foundation's Rising Curve report we estimate that there are now more than 325,000 people in the UK with chronic HBV infection. Allowing for factors such as under-reporting, the figure may be even higher. It is essential that measures are taken to ensure adequate services and treatment for people with chronic HBV infection and to protect those who have no immunity.

The work of the Hepatitis B Foundation UK focuses on education and understanding to stop the spread of the virus and to persuade Government to provide services to help those with the virus and to help control its spread.

TRUSTEES' REPORT (continued)

Strategies for achieving objectives

- Ensuring that funding for hepatitis B treatments is justly and fairly administered bearing in mind the problem many patients have with the development of drug resistance. The Foundation strongly objects to postcode prescribing.
- Improving the diagnosis of the disease at primary health care level and the offering of free testing and vaccination for those at risk and their partners, families or other household contacts.
- Ensuring that there are targets for treatment from general practice to consultant and that the NICE guidelines are adhered to.
- Increasing the numbers of the liver transplants for this group of patients.
- Ensuring all those in the Green Book entitled to free vaccination receive it.
- Working towards the ideal of universal vaccination to protect the nation against hepatitis B-related liver disease.

TRUSTEES' REPORT (continued)

Achievements and performance

Review of activities

Website

The website is one of the main sources of communication for the charity. In November 2007 we added two information sections to the website. The first entitled: 'What is hepatitis B?' provides a broad overview of HBV infection. The second section provides information about serological tests related to HBV infection. We also made available for free downloading an educational resource about HBV infection for health professionals. This resource had been developed with the help of David Mutimer.

The charity facilitates supportive networking between patients and their families and there are often feelings of enormous relief when a person can communicate with someone else with the same infection who is experiencing the same feelings of isolation and experiencing stigma.

From January 1st 2008 to June 30th 2008, there were 6,520 visits to the website. Referring websites included the NHS (281 referrals), the Department of Health (195 referrals) and Patient UK (344 referrals). The average number of visits per month was around 1000.

TRUSTEES' REPORT (continued)

Advice and information

Apart from the networking via the website, using the message boards to discuss the issues they have about hepatitis B, related services and treatment, or sending email enquiries via the website, many patients and/or members of their family contact the charity by phone. They ask for and are provided with bespoke, personally-tailored information which gives them as far as possible the details they need to make decisions about treatment, to clarify issues about their diagnosis, to understand their disease and to decide if they would like to request a second opinion and where they might like to be referred.

Talking with patients on the helpline shows that more public education is required to improve knowledge of HBV infection. Patients may ring up and say "I've been told I've got hepatitis B but I don't really know much about it". People ask for general information about HBV infection and its management. They also ask for more specific information e.g.

- viral transmission
- risk behaviours
- vaccination
- serological testing
- employment
- pregnancy
- access to specialist care

Educational materials for patients and professionals

The Hepatitis B Foundation UK has developed education materials for patients and professionals to use:

- The Hepatitis B Foundation UK 'business card' for professionals to give to patients so that they have our information to hand in discreet and easy format.
- An information pack, 'Hepatitis B: Access to Best Care', lays out the rights of patients with hepatitis B virus infection and points them in the direction of help and advice. It is our experience that many patients do not have access to computers and search engines, or are not competent in their use. This pack gives information into the hands of patients and their families.

TRUSTEES' REPORT (continued)

- A hepatitis B test 'wheel' which gives a simple explanation of the test results a patient may be given and what they mean. It also provides basic information about acute and chronic hepatitis B virus infection.

Work with patients and professionals

- We have been working to educate health professionals about the issues that concern people with chronic hepatitis B virus infection.
- We have been working to educate the media about hepatitis B virus infection.

Liaison with other organisations

- The Hepatitis B Foundation UK has worked to ensure that the voice of patients is heard when policy is made. Many patients quite justifiably feel that services for patients with hepatitis B virus infection are often inadequate and frequently non-existent.
- We have approached the All-Party Parliamentary Group for Hepatology to ensure that the issues concerning hepatitis B virus infection are included in their agenda. The All-Party Parliamentary Group (APPG) brings together MPs and Peers from across the political spectrum to debate key issues and campaign together to improve hepatology services.
- We are members of the Blood Borne Virus Group. This is a group of charities concerned with the needs of people with a blood borne virus.
- We are members of the Health Coalition Initiative, a network of voluntary health organisations and pharmaceutical companies who model partnership working in the way it is organised.
- We are members of the Long-term Medical Conditions Alliance (LMCA). This is the umbrella body for national voluntary organisations in the UK working to meet the needs of people with long-term health conditions.

TRUSTEES' REPORT (continued)

- We are members of Specialised Healthcare Alliance (SHCA), a broad coalition of patient groups supported by a smaller number of corporate members. It has been set up to campaign on behalf of people with conditions that require specialised medical care.
- We have attended NICE scoping and appraisal meetings to ensure the voice of the patient is heard.

Hepatitis B Foundation UK prevalence study

In November 2007 we launched our major prevalence study: Rising Curve: Chronic Hepatitis B Infection in the UK. Key findings were as follows:

- In recent years there has been a massive surge in migration, including from countries of intermediate or high HBV prevalence.
- Hepatitis B Foundation UK estimates that there are now more than 325,000 people in the UK with chronic HBV infection. Allowing for factors such as under-reporting, the figure may be even higher.
- Efforts must be made to identify those migrants who are already chronically infected when they enter the UK so that measures can be taken to prevent onward transmission of the virus and they can be treated for their own well-being. Antiviral therapy markedly reduces mortality as well as infectivity.

The report highlighted the need for policy review and practice improvement. Suggestions included regular appraisal by Government of the effectiveness of its vaccination policy taking into account the changing prevalence of chronic HBV infection, occurring as a result of the changing composition of our population due to migration and other aspects of society.

The report concluded by calling for a hepatitis B strategy and action plan to drive forward sustained improvements in the provision of HBV-related services to the whole population

The report was launched at a Parliamentary dinner on November 20th 2007. The dinner debate was hosted by David Amess MP, Chair of the All-Party Parliamentary Group (APPG) on Hepatology. Speakers/ attendees included some of the Foundation's trustees and advisors.

There was good coverage of the report in the Times and Guardian on November 21st 2007.

TRUSTEES' REPORT (continued)

On January 16th 2008, David Amess MP submitted the following Early Day Motion which was supported by 58 MPs:

"That this House is alarmed by the figures exposed in the Rising Curve report published by the Hepatitis B Foundation UK, revealing that chronic hepatitis B in the UK has doubled since 2002, rising from 180,000 people to 325,000; calls on the Department of Health to revise figures on chronic hepatitis B to ensure trusts receive the full funding necessary for hepatitis B prevention and treatment; further calls upon the Government to implement urgently a hepatitis B strategy and preventative public health measures on hepatitis B, including a reappraisal of the current vaccination policy; and further calls upon Government to introduce an effective GP and public education plan on hepatitis B in the UK".

Financial review

Principal funding

None of the activities would be possible if were not for our funders and sponsors.

The following have funded projects and services for the Hepatitis B Foundation UK:

BMS Pharmaceuticals

Pfizer Limited

Novartis Limited

The Hepatitis B Foundation UK has produced its own trolley key rings in order to raise funds and raise awareness of the charity.

TRUSTEES' REPORT (continued)

Plans for the future

Future developments

We intend to maintain a dialogue with Government via questions in House, meetings with Ministers and MPs as well ensuring the views of the Foundation are put to the opposition.

We shall work to secure policy change so that the Department of Health revises its estimation of the prevalence of Hepatitis B and as a result issues a Hepatitis B Strategy and Action Plan in line with that proposed by the Hepatitis B Foundation UK

We intend to produce a follow-up report to Rising Curve.

We intend to undertake a small audit concerning services for those with hepatitis B in England. This should then be published so that patients, clinicians and MPs understand the paucity of services that are available.

We would like to develop media materials, which demonstrate the links between hepatitis and liver cancer.

We would like to engage more with the Health Protection Agency in order to ascertain why there is reluctance to recognise hepatitis B and its consequences.

We intend to help patients set up their own Hepatitis B Support Group in the London area.

We will continue to be involved in the appraisal of new drugs by the National Institute for Health and Clinical Excellence (NICE).

We will pursue actively the strategies we have laid out in order to help procure the best possible services for those with hepatitis B.

We will be engaged in fundraising activities and intend to double our income in the coming year.

TRUSTEES' REPORT (continued)

Trustees' responsibilities

The Trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice applicable to smaller charities.

Company and charity law applicable to charities in England and Wales requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the company and of the surplus or deficit of the company for that period. In preparing those financial statements the Trustees have:

- selected suitable accounting policies and applied them consistently;
- made judgements and estimates that are reasonable and prudent;
- prepared the financial statements on the going concern basis (unless it is inappropriate to presume that the company will continue in operation).

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 1985. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the detection and prevention of fraud and other irregularities.

This report was approved by the Trustees on 12 March 2009

and signed on their behalf by:

John Eyre (Trustee)

Andrew Wilson (Trustee)

AUDIT EXEMPTION REPORT

for the year ended 30 June 2008

Accountant's report to the members on the unaudited accounts of Hepatitis B Foundation UK

We report on the accounts for the year ended 30 June 2008 set out on pages 21 to 27.

Respective responsibilities of trustees and reporting Accountants

As described on page 19 the trustees, who are also directors of the charity for the purposes of the Companies Act, are responsible for the preparation of the accounts, and they consider that the company is exempt from an audit. It is our responsibility to carry out procedures designed to enable us to report our opinion.

Basis of opinion

Our work was conducted in accordance with the Statement of Standards for Reporting Accountants, and so our procedures consisted of comparing the accounts with the accounting records kept by the company, and making such limited enquiries of the officers of the company as we considered necessary for the purposes of this report. These procedures provide only the assurances expressed in our opinion.

Opinion

In our opinion:

- a) the accounts are in agreement with the accounting records kept by the company under section 221 of the Companies Act 1985, as amended;
- b) having regard only to, and on the basis of, the information contained in those accounting records:
 - i) the accounts have been drawn up in a manner consistent with the accounting requirements specified in the Statement of Recommended Practice, Accounting and Reporting by Charities, and in section 249C(6) of the Act; and
 - ii) the company satisfied the conditions for exemption from an audit of the accounts for the year specified in section 249A(4) of the Act and did not, at any time within that year, fall within any of the categories of companies not entitled to the exemption specified in section 249B(1).

Reeves+Neylan LLP,
Chartered Accountants
Chatham Maritime

2 April 2009

**Statement of financial activities
(incorporating income and expenditure account)
for the year ended 30 June 2008**

	Note	Restricted Funds 2008 £	Unrestric- ted Funds 2008 £	Total Funds 2008 £	Total Funds 2007 £
Incoming resources					
Incoming resources from generated funds:					
Voluntary income	2	40,542	32,020	72,562	23,290
Investment income	3	-	210	210	18
Total incoming resources		40,542	32,230	72,772	23,308
Resources expended					
Costs of generating funds:					
Costs of generating voluntary income					
	4	-	-	-	10,912
Charitable activities	5	33,468	26,311	59,779	16,221
Governance costs	7	-	5,957	5,957	1,209
Total resources expended		33,468	32,268	65,736	28,342
Movement in total funds for the year - Net income/(expenditure) for the year		7,074	(38)	7,036	(5,034)
Total funds at 1 July 2007		1,460	(6,494)	(5,034)	-
Total funds at 30 June 2008		8,534	(6,532)	2,002	(5,034)

The notes on pages 23 to 27 form part of these financial statements.

**Balance sheet
as at 30 June 2008**

	Note	£	2008 £	£	2007 £
Current assets					
Debtors	9	-		150	
Cash at bank		<u>2,496</u>		<u>-</u>	
		2,496		150	
Creditors: amounts falling due within one year	10	<u>(494)</u>		<u>(5,184)</u>	
Net current assets/(liabilities)			<u>2,002</u>		<u>(5,034)</u>
Total assets less current liabilities			<u>2,002</u>		<u>(5,034)</u>
Charity Funds					
Restricted funds	11		8,534		1,460
Unrestricted funds	11		<u>(6,532)</u>		<u>(6,494)</u>
			<u>2,002</u>		<u>(5,034)</u>

The Trustees consider that the company is entitled to exemption from the requirement to have an audit under the provisions of section 249A(1) of the Companies Act 1985 and members have not required the company to obtain an audit of its accounts for the year in question in accordance with section 249B(2) of the Act. The Trustees acknowledge their responsibilities for ensuring that the company keeps accounting records which comply with section 221 of the Act and for preparing financial statements which give a true and fair view of the state of affairs of the company as at 30 June 2008 and of its profit for the year then ended in accordance with the requirements of section 226 of the Act and which otherwise comply with the requirements of the Companies Act 1985 relating to the financial statements so far as applicable to the company.

The financial statements have been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 applicable to small companies, and in accordance with the Financial Reporting Standard for Smaller Entities (effective January 2007).

The financial statements were approved by the Trustees on 12 March 2009 and signed on their behalf, by:

John Eyre (Trustee)

Andrew Wilson (Trustee)

The notes on pages 23 to 27 form part of these financial statements

Notes to the financial statements for the year ended 30 June 2008

1. Accounting policies

1.1 Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention and in accordance with the Financial Reporting Standard for Smaller Entities (effective January 2007). The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP), "Accounting and Reporting by Charities" published in March 2005, applicable accounting standards and the Companies Act 1985.

1.2 Company status

The company is a company limited by guarantee. The members of the company are the Trustees named on page 1. In the event of the company being wound up, the liability in respect of the guarantee is limited to £1 per member of the company.

1.3 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the company and which have not been designated for other purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors which have been raised by the company for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

1.4 Incoming resources

All incoming resources are included in the statement of financial activities when the company is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Gifts in kind donated for distribution are included at valuation and recognised as income when they are distributed to the projects. Gifts donated for resale are included as income when they are sold. Donated facilities are included at the value to the company where this can be quantified and a third party is bearing the cost. No amounts are included in the financial statements for services donated by volunteers.

Donated services or facilities, which comprise donated services, are included in income at a valuation which is an estimate of the financial cost borne by the donor where such a cost is quantifiable and measurable. No income is recognised where there is no financial cost borne by a third party.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

**Notes to the financial statements
for the year ended 30 June 2008**

1.5 Resources expended

All expenditure is accounted for on an accruals basis and has been included under expense categories that aggregate all costs for allocation to activities. Where costs cannot be directly attributed to particular activities they have been allocated on a basis consistent with the use of the resources.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company and include project management carried out at Headquarters. Governance costs are those incurred in connection with administration of the company and compliance with constitutional and statutory requirements.

2. Voluntary income

	Restricted Funds 2008 £	Unrestric- ted Funds 2008 £	Total Funds 2008 £	Total Funds 2007 £
Donations	-	2,814	2,814	1,803
Grants	40,542	27,998	68,540	21,487
Similar incoming resources	-	1,208	1,208	-
	<hr/>	<hr/>	<hr/>	<hr/>
Voluntary income	40,542	32,020	72,562	23,290

3. Investment income

	Restricted Funds 2008 £	Unrestric- ted Funds 2008 £	Total Funds 2008 £	Total Funds 2007 £
Bank interest receivable	-	210	210	18

4. Costs of generating voluntary income

	Restricted Funds 2008 £	Unrestric- ted Funds 2008 £	Total Funds 2008 £	Total Funds 2007 £
Production of educational packs and other publicity costs	-	-	-	10,912

**Notes to the financial statements
for the year ended 30 June 2008**

5. Expenditure by charitable activity

Summary by fund type

	Restricted Funds 2008 £	Unrestric- ted Funds 2008 £	Total Funds 2008 £	Total Funds 2007 £
Support costs	899	15,290	16,189	16,221
Project costs	32,569	11,021	43,590	-
	33,468	26,311	59,779	16,221

6. Support costs

	Activities £	Total 2008 £	Total 2007 £
Website design	-	-	3,315
IT Costs	899	899	-
Consultancy fees	4,000	4,000	-
Sundry expenses	202	202	-
Office costs	11,088	11,088	-
	16,189	16,189	3,315

7. Governance costs

	Restricted Funds 2008 £	Unrestric- ted Funds 2008 £	Total Funds 2008 £	Total Funds 2007 £
Accountancy	-	494	494	493
Trustees' travel reimbursed	-	5,463	5,463	716
	-	5,957	5,957	1,209

**Notes to the financial statements
for the year ended 30 June 2008**

8. Net income / (Expenditure)

During the year, no Trustees received any remuneration (2007 - £NIL).

During the year, no Trustees received any benefits in kind (2007 - £NIL).

3 Trustees received reimbursement of travel expenses amounting to £5,463 in the current year, (2007 - 3 Trustees - £716).

9. Debtors

	2008	2007
	£	£
Other debtors	<u>-</u>	<u>150</u>

**10. Creditors:
Amounts falling due within one year**

	2008	2007
	£	£
Bank loans and overdrafts	-	4,691
Accruals and deferred income	494	493
	<u>494</u>	<u>5,184</u>

Notes to the financial statements
for the year ended 30 June 2008

11. Statement of funds

	Brought Forward £	Incoming resources £	Resources Expended £	Carried Forward £
Unrestricted funds				
General funds	<u>(6,494)</u>	<u>32,230</u>	<u>(32,268)</u>	<u>(6,532)</u>
Restricted funds				
Gilead Sciences	-	13,000	(13,000)	-
Bristol-Myers Squibb	1,460	13,000	(14,460)	-
Novartis Pharma	-	5,000	(5,000)	-
Department of Health	-	9,542	(1,008)	8,534
	<u>1,460</u>	<u>40,542</u>	<u>(33,468)</u>	<u>8,534</u>
Total of Funds	<u>(5,034)</u>	<u>72,772</u>	<u>(65,736)</u>	<u>2,002</u>

Summary of funds

	Brought Forward £	Incoming resources £	Resources Expended £	Carried Forward £
General funds	(6,494)	32,230	(32,268)	(6,532)
Restricted funds	1,460	40,542	(33,468)	8,534
	<u>(5,034)</u>	<u>72,772</u>	<u>(65,736)</u>	<u>2,002</u>

12. Analysis of net assets between funds

	Restricted Funds 2008 £	Unrestric- ted Funds 2008 £	Total Funds 2008 £	Total Funds 2007 £
Current assets	8,534	(6,038)	2,496	150
Creditors due within one year	-	(494)	(494)	(5,184)
	<u>8,534</u>	<u>(6,532)</u>	<u>2,002</u>	<u>(5,034)</u>