



THE MACFARLANE TRUST

Alliance House 12 Caxton Street London SW1H 0QS

Tel: 0171-233 0057 Fax: 0171-233 0839

Our Ref:0513/DOHH/AH

M/s J Willows
The Office of The Baroness Hayman of Dartmouth Park
Minister of State for Health
The Department of Health
Richmond House
79 Whitehall
SW1A 2NA

13th May 1999

Dear M/s Willows

Re: Macfarlane Trust meeting with Baroness Hayman – Thursday 17th June 1999.

I am writing to confirm the above meeting with Baroness Hayman next month, following submission of the Trust's Strategic Review Report to her earlier this year.

I enclose a copy of our proposed Agenda which includes those who will be representing the Trust at the Meeting.

I will send you copies of briefing papers updating the main issues addressed the Report together within the next two weeks together with information relating to other areas the Trustees would wish to discuss with The Baroness if possible.

If you would like further information on any point, please call me at the office.

With best wishes
Yours sincerely

GRO-C

Ann Fithersay
Chief Executive

THE MACFARLANE TRUST

AGENDA FOR A MEETING WITH BARONESS HAYMAN MINISTER OF STATE FOR HEALTH

To be held on Thursday 17th June 1999 at 11.00am at
Richmond House, Whitehall, SW1.

1. INTRODUCTIONS

The Reverend Prebendary Alan Tanner OBE, Chairman
Mr Clifford Grinsted JP, Deputy Chairman
Dr Mark Winter, Director, Kent & Canterbury Haemophilia Centre
Mr Tim Hunt, Senior Social Worker, University Hospital of Wales
Mrs Ann Hithersay, Chief Executive, Macfarlane Trust

2. BACKGROUND TO MACFARLANE TRUST

3. BACKGROUND TO THE STRATEGIC REVIEW

- (i) Medical issues – Dr Mark Winter
- (ii) Psychosocial issues – Mr Tim Hunt
- (iii) Financial Issues – Mr Clifford Grinsted

4. MAIN RECOMMENDATIONS TO THE DEPARTMENT OF HEALTH

See attached list

5. FOLLOW UP ACTIVITIES SINCE SUBMISSION OF REPORT

Working with The Haemophilia Society and other organisations to achieve joint recommendations.

6. FUTURE FUNDING REQUIREMENTS – TRUST AND ADMINISTRATION

7. FURTHER ACTION – REQUIREMENTS FOR CONTINUED MONITORING AND FEEDBACK TO DEPARTMENT OF HEALTH

8. ANY OTHER BUSINESS

- (i) Loans to Registrants
 - to discuss a Proposal to introduce powers to make loans /advances of payments to Registrants in serious financial difficulties.
- (ii) Trustee Succession
 - to advise the Minister of the retirement of the Chairman of the Trust in March 2000, and of the Deputy Chairman in July 1999 and to discussion arrangements for succession.
- (iii) Year 2000 Compliance Costs
 - to report on expenditure incurred to ensure compliance

MAIN RECOMMENDATIONS TO THE DEPARTMENT OF HEALTH

- (i) Ministers / Department of Health should consider the changing patterns and increasing financial demands and expectancies of registrants. They should provide policy guidance and priorities and provide commensurate resources to enable the Trust to meet the required level of services and increased needs of registrants.
- (ii) Ministers/Department of Health should ensure ongoing funding to Macfarlane Trust to enable continued support to trust registrants to meet existing and emerging needs and, with the Trust to review the type of provision required.
- (iii) To continue to fund the efficient administration of the Trust.
- (iv) To take measures to coordinate services and ready provision of information.
- (v) To provide research funding to ensure that the results of multiple drug therapies to treat people with haemophilia and HIV and hepatitis C infections are closely monitored and information about adverse side effects made available to medical staff and patients.
- (vi) To encourage effective partnership between Government Department and statutory and voluntary organisations supporting people haemophilia and HIV.
- (vii) To promote policies that deter all forms of discrimination based on HIV status.
- (viii) To ensure that Welfare Benefit Reviews include recognition of the nature of chronic illness with periods of respite typified by those with haemophilia and HIV.
- (ix) To ensure adequate funding is available to support Care in the Community for those who return home to be nursed when terminally ill.
- (x) To ensure that adequate funding is available to enable Haemophilia Centres to support psychosocial as well as medical needs of people with haemophilia and HIV.

APPENDIX K
(MoG para 239(1))

To:
Finance Administrator, S64 grants
SC2-GAU
Area 609
WEL

Application reference number:
200.../.....

S64 GENERAL SCHEME GRANT:

AUTHORITY TO PAY

1. One copy of the dated award letter (or **two copies** when the VO has not been funded within the last 12 months), **signed by a designated signatory of this section and countersigned by the VO**, containing the full conditions required in Appendix I is attached. Details of the VO and the grant are given below.

Complete all items. Do not leave blanks. Tick boxes ☐ when required.

2.	Full name of VO
3.	VO's recognised abbreviation (if none, strike through)
4.	Type of grant -	
	<input type="checkbox"/> Core - Complete 5. If this includes a capital grant over £5,000, also complete 7.	
	<input type="checkbox"/> Project (name)	
	Complete 5 & 6. If this includes a capital grant over £5,000, also complete 7.	
	<input type="checkbox"/> Capital (main use)	
	Complete 5 & 7	
5.	Amount of grant approved by Ministers and included in countersigned award letter	
	Year 1	200....-200.... £
	Year 2	200....-200.... £
	Year 3	200....-200.... £
6.	Project grants only Has the project started?	
	<input type="checkbox"/> Yes: date <input type="checkbox"/> No - details will be obtained & notified to SC2-GAU so that payments can start.	
<i>The award letter must have asked for a start date to be notified to the sponsor section and also have stated that the grant paid in the first year would be pro rata depending on the start date.</i>		
7.	Capital grants only	SC2-GAU approval given in minute dated VAT included? <input type="checkbox"/> Basic amount without VAT: £ Is the VO registered for VAT? <input type="checkbox"/> Yes <input type="checkbox"/> No

[Amndt.5]

<p>8. VO's constitutional basis</p> <p><i>N.B. See application form – you must tick one box in each column</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><i>Charity type</i></p> <p><input type="checkbox"/> Charity: Reg no -</p> <p><input type="checkbox"/> Excepted Charity <input type="checkbox"/> Exempt Charity <input type="checkbox"/> Charity Commission scheme <input type="checkbox"/> Royal Charter</p> </td> <td style="width: 50%; vertical-align: top;"> <p><i>Type of organisation</i></p> <p><input type="checkbox"/> Trust with trust deed <input type="checkbox"/> Other Unincorporated Assn <input type="checkbox"/> Limited company * <input type="checkbox"/> Industrial & Provident Society * <input type="checkbox"/> Housing Assn * <input type="checkbox"/> Friendly/Benevolent Society * <input type="checkbox"/> Further Education Institution <input type="checkbox"/> Higher Education Institution</p> </td> </tr> </table> <p>*Reg no:</p>	<p><i>Charity type</i></p> <p><input type="checkbox"/> Charity: Reg no -</p> <p><input type="checkbox"/> Excepted Charity <input type="checkbox"/> Exempt Charity <input type="checkbox"/> Charity Commission scheme <input type="checkbox"/> Royal Charter</p>	<p><i>Type of organisation</i></p> <p><input type="checkbox"/> Trust with trust deed <input type="checkbox"/> Other Unincorporated Assn <input type="checkbox"/> Limited company * <input type="checkbox"/> Industrial & Provident Society * <input type="checkbox"/> Housing Assn * <input type="checkbox"/> Friendly/Benevolent Society * <input type="checkbox"/> Further Education Institution <input type="checkbox"/> Higher Education Institution</p>	<p>9. Policy area code: <i>One from this list</i></p> <table style="width: 100%;"> <tr> <td>AD AIDS</td> <td>IT Intermediate treatment</td> </tr> <tr> <td>AL Alcohol</td> <td>LD Learning disabilities</td> </tr> <tr> <td>CA Carers</td> <td>MC Medical condition</td> </tr> <tr> <td>CC Community care</td> <td>MI Mental illness</td> </tr> <tr> <td>CD Child care/child abuse</td> <td>OP One parent families</td> </tr> <tr> <td>CH Child health</td> <td>OT Other</td> </tr> <tr> <td>DR Drugs</td> <td>PH Physical disability</td> </tr> <tr> <td>EL Elderly</td> <td>PR Prevention</td> </tr> <tr> <td>ET Ethnic</td> <td>SI Sensory impairment</td> </tr> <tr> <td>FA Family</td> <td>SM Smoking</td> </tr> <tr> <td>HO Homeless</td> <td>SW Social work</td> </tr> <tr> <td></td> <td>VO Volunteering</td> </tr> </table>	AD AIDS	IT Intermediate treatment	AL Alcohol	LD Learning disabilities	CA Carers	MC Medical condition	CC Community care	MI Mental illness	CD Child care/child abuse	OP One parent families	CH Child health	OT Other	DR Drugs	PH Physical disability	EL Elderly	PR Prevention	ET Ethnic	SI Sensory impairment	FA Family	SM Smoking	HO Homeless	SW Social work		VO Volunteering
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<p>10. VO's accounting year end</p> <p><input type="checkbox"/> 31 March <input type="checkbox"/> 31 December <input type="checkbox"/> (other).....</p>
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<p>11. Payment arrangements</p> <p><input type="checkbox"/> The VO will be paid by BACS and a headed letter giving bank details is attached.</p> <p><input type="checkbox"/> The VO wishes to be paid by post.</p>	<p><i>If different from the award letter, name and address of payee:</i></p> <p>.....</p> <p>.....</p> <p>.....</p>
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12. ☐ I agree that payments **CAN** start. *N.B. If this is a project, attach a copy of the letter from the VO confirming that the project has started.*

☐ Payments **CANNOT** yet start and I will notify you later of the start date.

Signed

Date

Name

Section

Ext

Our Registered file ref.....

NEXT ACTION

13. Keep a copy of this Authority to Pay on your own section's registered file.
14. Send this Authority to Pay to SC2-GAU with one copy of the countersigned award letter (or two copies if required as in item 1) and the VO's bank details.
15. *If a project grant which has yet to start* - when written evidence is received from the VO of the start of the project, send a copy to SC2-GAU together with a covering minute authorising the start of payments.

[Amndt.5]