

## Macfarlane Trust

2016/17 has been a challenging year for the Macfarlane Trust (MFT) with the continuing uncertainty about the organisation's future directly impacting on its role in supporting those who were infected with HIV as a result of contaminated blood, and their families.

In July 2016 the Department of Health (DH) in England had announced changes, many of which were positive for some sections of MFT's beneficiary community. DH had also announced that it intended to move towards a single scheme administrator, instead of the five existing Alliance House organisations, of which MFT is one. In September 2016 DH announced that it would be using a public procurement exercise to appoint the new administrator, and MFT and the other four Alliance House organisations had intended to submit a joint bid when the Invitation to Tender was published. Following long delays to the procurement timetable which DH had originally published, in March 2017 the Minister unexpectedly announced that the procurement process would not take place and that the NHS Business Services Authority (BSA) would take on the role of the new scheme administrator during 2017/18.

MFT and the other Alliance House organisations are disappointed at this decision, and in particular at having been given no opportunity to submit proposals to continue to administer support for those infected with HIV and Hepatitis C, given their combined experience dating back to the inception of MFT in 1988. DH has stressed that the decision to appoint BSA is no reflection on the service that MFT and the other organisations have been providing. At the time of writing, we have been advised that the service will transfer to BSA on 1 November 2017. BSA has also undertaken to run the service from offices in central London until February 2019. However, as BSA is based in Newcastle, there is a real risk that in the medium term, the expertise of MFT staff, and staff of the other Alliance House entities, will be lost. MFT is concerned that BSA will not be able to provide the level of individual support to beneficiaries that the existing schemes - in particular MFT and the other charities - have been providing for many years. With DH also having announced a further consultation in March 2017, which contains proposals to reduce new levels of support only announced in July 2016 and not yet implemented, MFT is concerned that overall, DH reforms will be detrimental to the support the beneficiary community will receive in the future. At the time of writing, the Government had not published its response to the consultation. On 11<sup>th</sup> July 2017, the Prime Minister announced that there would be a public inquiry into contaminated blood. At this stage, we do not know what impact, if any, there will be on the reforms to the schemes that are already in progress.

This has been an extremely unsettling year for staff in the light of DH's announcements. The implications for staff have changed as DH has changed its approach to appointing the single scheme administrator. We have been very fortunate that staff have remained loyal during this difficult time and have continued to provide a high level of service to beneficiaries even though their own futures have been placed in doubt.

DH has indicated that it intends to fund us until the handover to BSA. We will work with BSA to ensure as smooth a transition as possible and ensure the vital skills and knowledge base of our staff are properly employed. With this achieved, MFT will then have to consider a number of legacy issues, including when to wind up.

Jan Barlow,  
Chief Executive, The Macfarlane Trust  
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