

Increasing the Scope of the Benevolent Fund

1. Introduction

The Benevolent Fund Committee (BFC) now consider that it would seem an appropriate time to widen the scope of help that can be given from the fund. This paper seeks approval from the Trustee Board to increase the range of support available that would better reflect the needs of our members.

2. Background

The current scope of the fund is outlined in the application form and is as follows:

'The Committee consider each case based on need and hardship as seen from this application form. The maximum grant is currently £800 and is set by Trustees.

Grants can be used for many reasons. The Committee will consider all applications. Past examples include replacement of home items, support with the purchase of specialist equipment for individual needs, home changes for health or well-being improvements, and help with specific one-off costs. Consideration could be given to assist towards the cost of short stay convalescence after an illness.

*Grants are **not** considered, normally, for general Home Building Improvements, Regular Grants or Annuities, debts repayments, Long Term Private Health Care, Residential Nursing Care or Legal Liabilities. Retrospective applications will not normally be considered'*

The above was never intended to be an extensive list of application examples, but to act as a guide only. Also and importantly it was intended to give sufficient flexibility to assessing all claims by the BFC.

It is now considered that there are many changes, particularly in the delivery of health care, where we may be able to improve overall wellbeing of members.

The Benevolent Fund has been clear that it cannot support a regular or on-going commitment. It is not proposed that this should change

3. Increasing the Scope of the Fund

The major area of concern is that some members will be faced with long waiting times to access to NHS care. To ease personal problems The BFC would propose adding the following services to the items for consideration;

- **Chiropody/Podiatry.** These treatments can be obtained via the GP and that diabetic patients receive this treatment free of charge. In many areas of the country however the waiting lists for such treatment can be lengthy. Early access to such care would improve overall wellbeing.
- **Physiotherapy.** This service can also be available via the GP surgery for referral to the Hospital, but with very long waiting lists at the hospital this may take weeks. A few sessions with a private physiotherapist could be arranged at short notice.
- **Counselling.** Access to counselling services for issues such as bereavement support can be lengthy. Early interventions could prove extremely beneficial to those on need of such services

- **Dental/Optical/Hearing.** Whilst there is access to this for most from the NHS there are circumstances where the fund may assist.
- **Private Health Treatments.** A factor of the current NHS service is that the private route offers the quickest benefit. Whilst the fund stands at £800 per case it would not enable many, if any, operations. Assistance with diagnosis could again be beneficial to some members in need.
- **Alternative Medicines.** In these times where there are alternatives to conventional health services it, again could help with some members.

The intention would be that grants could be made to cover a limited number of sessions and within the agreed level per case. There can be no recurring element for these services.

4. **Processing Claims**

The normal practice would be for claimants to evidence need for any medical intervention. A clinician's letter would assist assessing the claims. However, there may be occasions where this is either not practicable or the claimant does not want to involve them, such as for counselling. The BFC will need to consider these cases sympathetically.

It is proposed that claims granted under the above will be paid direct to the claimant. This ensures that there is contract with the claimant and the provider. Given the hardship that some members face, these may well have to be made in advance of the delivery of the service. A follow up from Central Office, on the basis of did our intervention actually help the member would need to be made. This could also ask for copy invoices or evidence of payments.

The increased scope of the fund may place some additional burdens on Central Office. It is proposed that the BFC discuss further with the CEO and consider using the Benevolent Fund to contribute towards any additional admin costs.

5. **Risks**

The BFC have considered the risks to the NHSRF in paying the clinical sessions above direct to the provider. There would then be a requirement to assure that any sessions are made only through duly registered practitioners. There would also have to be some form of clinical audit. It was considered that the Charity does not have sufficient resources to deliver this type of service.

Transferring the responsibility to the claimant may give a small risk of fraudulent claims. Given the maximum grant will be no more than £800 and with a post event follow up it is considered that the risk is acceptable.

Increasing the scope of the fund would hopefully attract more applications and may require greater input from Central Office admin support.

Care will be required in communicating these changes to the membership in case of an unexpected surge in applications.

6. **Resource Implications**

Any increase in the number of claims can be accommodated within the scope of the charitable fund. Once the fund has been utilised there would need either to be another fundraising programme or a further reassessment of the use of the fund.

As identified above there may be an issue of increased administration support but this is difficult to quantify at this stage. The fund itself may well be required to support the grants process.

7. Summary and Recommendations

The concern of the BFC is that members often struggle to access treatment that is needed urgently and the Benevolent Fund could help and increase the welfare and wellbeing of our members at a time of their greatest need. The current limited uptake of the fund indicates that it is not meeting the requirements members at their time of need.

The Trustee Board are requested to approve:

1. Increasing the scope of the fund as outlined in 3 above and give approval for a wider scope of assistance for our members at the discretion of the BFC.
2. Making payments direct to claimants as per 4 above.
3. Consider with the CEO the impact on Central Office administration support.

Audrey Harris
Chair
Benevolent Fund Committee
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