

**REPORT OF THE TRUSTEES AND
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2008
FOR
GENERAL PRACTICE AIRWAYS GROUP LTD
(A company limited by guarantee)
(Company Registration number 4298947
Charity Registration number 1098117)**

GENERAL PRACTICE AIRWAYS GROUP LTD

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FOR THE YEAR ENDED 31 DECEMBER 2008**

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**COMPANY INFORMATION
FOR THE YEAR ENDED 31 DECEMBER 2008**

TRUSTEES:	Dr D Bellamy MBE Ms M Letts OBE (retired 12 September 2009) Mr N Kendle Dr P White Mr M Blank (appointed 12 September 2008) Ms R Davies (appointed 12 September 2008)
CHAIR, General Committee	Dr I Small
CHIEF EXECUTIVE	Mrs A Smith
SECRETARY	Dr I Small
REGISTERED OFFICE:	RSM Bentley Jennison 2 Wellington Place Leeds LS1 4AP
CORRESPONDENCE ADDRESS:	GPIAG Secretariat Smithy House Waterbeck Lockerbie DG11 3EY
REGISTERED NUMBER:	4298947
REGISTERED CHARITY:	1098117
REGISTERED AUDITORS:	RSM Bentley Jennison 2 Wellington Place Leeds LS1 4AP
BANKERS:	Barclays Bank plc P O Box 47 37 Milsom Street Bath BA1 1DW and CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JK

GENERAL PRACTICE AIRWAYS GROUP LTD

REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2008

The Trustees of the General Practice Airways Group (GPIAG), who are the Directors for the purposes of the Companies Act, present their annual report and the audited financial statements for the year ended 31 December 2008.

The GPIAG is a registered charity and it has prepared the annual accounts under the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in March 2005.

STRUCTURE, GOVERNANCE AND MANAGEMENT

The GPIAG is a company limited by guarantee with charitable aims and was set up on 4 October 2001. It is governed by a memorandum and articles of association which were amended 1 April 2003 and subsequently 8 July 2007. Company membership is open to any general practitioner, nurse or other health professional involved in the management of respiratory disease in primary care, and who is a member of the GPIAG paid membership scheme.

During this financial period the GPIAG was managed by four Trustees, led by Dr David Bellamy up to 12 September 2008. At the Annual General Meeting on 12 September, Mr N Kendle was appointed as Chair Trustees and a fifth Trustee was appointed. Dr David Bellamy remains on the Board as Deputy Chair. The Trustees or any member of GPIAG can recommend a Trustee for appointment. One third of the Trustees retire each year and may be re-appointed for a maximum of 3 consecutive terms. The trustees review the skill and experience mix required by the Board and the consequent training and recruitment needs on an annual basis.

The Trustees are assisted by an Executive comprised of members of the GPIAG and a part-time employed Chief Executive. An agency, Red Hot Irons Limited (RHI), is contracted to run the day to day administrative activities of the organisation.

The Executive is comprised of 8 elected members, of whom at least 5 must be GPs, and up to 4 co-opted members. All members of the Executive must be members of the GPIAG and all have expertise in respiratory medicine. The Executive, supported by its Education, Conference, Nurse and Website sub Committees as well as the Research and Policy Leads formulates recommendations on the aims, strategies and activities of the charity for approval by the Trustees. The Chief Executive supports the Executive in the implementation of the charity's activities and supports the Trustees on governance matters. The Editor and Editorial Board of the Charity's Journal are accountable directly to the Trustees.

Public Benefit

The Trustees have complied with the duty in section 4 of the Charities Act 2006 to have due regard to public benefit guidance published by the Commission. A detailed report of the activities undertaken and achievements by the charity to further its charitable purposes for the public benefit is given below.

Voluntary Contribution

The GPIAG Committee and other members play a vital role in conducting the activities of the Group and are estimated to give time roughly equivalent to at least 160 days per year. The equivalent consultancy fees would cost the GPIAG in the region of £96,000.

Risk Management

The major risks to which the charity is exposed have been reviewed by the Trustees and systems have been established to mitigate those risks. The Trustees of GPIAG have prepared a document which lays out the strategic direction, what the likely risks are and the current controls. The risk statement is reviewed at each Trustees' meeting.

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2008 (continued)

OBJECTIVES AND ACTIVITIES

The objects of GPIAG are to:

- Promote interest in, educate and facilitate research for the benefit of the public into all aspects of common respiratory conditions found in primary care;
- Provide an authoritative opinion where required on matters relating to all aspects of common respiratory conditions found in primary care;
- Accredite and endorse methodologies, research, products, individuals and bodies after proper consideration;
- Provide information for subscribers and others on all aspects of common respiratory conditions found in primary care.

The aim of the GPIAG is to achieve optimal respiratory health for all through:

- Representing primary care respiratory health needs at policy level;
- Promoting best practice in primary care respiratory medicine through education, training and other services;
- Supporting the development of primary care health professionals in respiratory medicine;
- Facilitating and leading primary care respiratory research.

The business priorities for the GPIAG in 2008 in furtherance of its aim were:

- Re-engaging GPs in respiratory and developing the next generation of opinion leaders;
- Establishing GPIAG as first stop for information on respiratory for primary care health professionals;
- Influencing decision making and setting standards;
- Re-defining GPIAG's role in research and maintaining leadership of the primary care respiratory research agenda;
- Strengthening the GPIAG funding base;
- Promoting and marketing the GPIAG and its activities.

The principal areas of clinical focus in all these programmes were COPD, asthma and respiratory related allergy.

The main activities of the GPIAG in 2008 were:

- Publishing, including the Primary Care Respiratory Journal;
- Communications activities, including lobbying, website and members' mailings;
- Producing educational materials and running educational meetings including the Primary Care Conference.

The importance of evaluating the impact of the charity's work is included as an integral part of all projects and activities

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2008 (continued)

ACHIEVEMENTS AND PERFORMANCE

Re-engaging GPs in respiratory and developing the next generation of opinion leaders

GPIAG is concerned that an increasing number of practices are abdicating responsibility for respiratory to nurses without ensuring appropriate support and direction is in place from GP colleagues. Progress against this broad aim of re-engaging GPs in respiratory was limited in 2008 to:

- Working with the RCGP to scope an e-learning module on respiratory problems in support of the new core curriculum for GPs;
- Identifying within the 2009 business plan new ways to engage GPs through the RCGP core curriculum, GPIAG membership and conference packages and by equipping practice nurses with tools, such as audit, to help engage GP colleagues;
- Targeting key elements of the respiratory leaders programme specifically to GPs.

Developing the next generation of respiratory primary care leaders who can work with the GPIAG to influence and support the delivery of respiratory care nationally is crucial to the charity's success. Equally GPIAG recognises the importance of a primary care respiratory leader in every locality who can promote the cause of respiratory locally and help drive quality care, working with secondary care colleagues and others. In 2008, GPIAG built upon its previous work targeted specifically at General Practitioners with a Special Interest (GPwSI) to develop a broader respiratory leaders programme aimed at any primary care health professionals already working or keen to work beyond practice level to deliver or influence the development of improved respiratory services.

Specific outputs included:

- An initial training and development workshop for respiratory leaders in June 2008, attended by 15 delegates, all involved with service delivery beyond practice level (2 GPs, 13 nurses): Delegates were asked to complete a pre-event questionnaire and immediate post-evaluation of the course on site, which showed delegates' confidence had improved across all skill areas (e.g. policy understanding, negotiation, presentation). 3-month post-course evaluation confirmed that delegates had benefitted from their improved skills / confidence and several had taken on new responsibilities / roles since the course. All felt they had benefited from the course and would recommend it to others. 12-month evaluation is planned in June 2009.
- An update workshop, attended by 17 delegates, on 'influencing and developing respiratory services in a changing NHS environment' in November 2008: Evaluation forms completed immediately after the meeting showed that delegates felt they had a better understanding of the NHS landscape, including the implications of the National Strategy for COPD, and felt more confident to influence the agenda in their own local areas.
- A mentorship programme for 6 upcoming primary care respiratory leaders to attend each of the European Respiratory Society (ERS) and American Thoracic Society (ATS) scientific meetings, facilitated by a team of experienced GPIAG leaders. All delegates were expected to have specific development aims and plans prior to attending the programme and are reporting progress at regular intervals. Overall it appears that the programme had a profound impact on their confidence and motivation, with some of them achieving demonstrable results in terms of service re-design or education back in practice and with others becoming involved with GPIAG activities nationally.
- A more structured plan for respiratory leadership development in 2009 with provision for on-going support and development from the GPIAG put in place for 2009.

GPIAG is grateful to AstraZeneca and Chiesi for their support of the respiratory leaders programmes in 2008 and to Allen & Hanburys for supporting the mentorship programme through a gift in kind.

The pilot project initiated in 2006, supported by a grant from AstraZeneca, to develop local respiratory champions in the south west of England was brought to a close in 2008. 20 primary care health professionals took part in all or part of the programme and the learning from this programme has informed the subsequent development of the GPIAG respiratory leaders programme.

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Establishing GPIAG as first stop for information on respiratory for primary care health professionals

This was an area of great activity and progress for the GPIAG in 2008 with continued success of the annual conference and Primary Care Respiratory Journal as well as a major project to disseminate the new BTS SIGN asthma guidelines and continued development of local nurse groups, the GPIAG website and the opinion sheet series as core services.

Primary Care Conference

256 delegates attended the GPIAG annual Primary Care Conference – *'Respiratory disease in primary care: coming of age'* - held in September 2008 compared to 234 attending the 2007 conference. 85% of delegates indicated that they would attend the event next year which is down compared to 93% in 2007. All sessions however were rated on average as 'good' or 'excellent' with delegates enjoying the 'cradle-to-grave' theme, describing the event as worthwhile, inspirational, informative and a good networking opportunity. Given the breadth of the programme, it was not surprising that delegates took away a wide range of messages from the meeting.

A web cast of the conference was promoted through the GPIAG website and received 658 visits from October – December 2008 thus significantly increasing the reach of the main plenary sessions at the conference.

The conference sponsors were MSD, Boehringer Ingelheim / Pfizer, AstraZeneca and GSK.

Primary Care Respiratory Journal (PCRJ)

The PCRJ was published quarterly in 2008 providing news, original respiratory research, and major reviews and editorials on respiratory primary care. There was a 49% and 43% increase in visits to the PCRJ website and page requests respectively in 2008 compared to 2007.

Submissions to the PCRJ continued to increase in 2008 with 124 papers received compared to 100 for 2007.

A new 'Research into Practice' section was introduced at the end of December with the aim of increasing the appeal of the PCRJ to practising clinicians. Two supplements were also produced.

Local Nurse Groups

Supporting the development of local nurse groups, to provide ongoing support and development for primary care nurses, continued to be a key priority, with a meeting for local group leads convened in September 2008. With over 40 delegates attending, the meeting provided a great opportunity for local group leads to exchange ideas and work together to overcome barriers. The outcome of the meeting provided much of the basis for the 2009 nurse plan.

By the end of 2008, 10 groups had formally affiliated to the GPIAG.

GPIAG was grateful to both AstraZeneca and Chiesi for their support of the nurse programme in 2008.

GPIAG Website

The GPIAG website was re-designed in 2008 making it easier to find information and to navigate the site.

Visits to the GPIAG website (www.gpiag.org) remained stable in 2008, with a daily average of 762 page and 584 site visits in 2008 compared to 783 and 602 respectively in 2007.

GPIAG Opinion Sheet Series

GPIAG expanded the series of opinion sheets initiated in 2007 to cover a wide range of topics related to the management of COPD, asthma, allergy and other respiratory diseases in primary care, as a means of supporting the education of primary care health professionals in respiratory. A total of 10 new sheets were produced in 2008, bringing the total available in the series at the end of 2008 to 26. A further 5 opinion sheets were in development at end 2008.

See <http://www.gpiag.org/pubs/opinionsheets.php> to access GPIAG opinion sheets.

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Copies of the GPIAG opinion sheets were downloaded / viewed 23,134 times via the GPIAG website.

GPIAG was grateful to AstraZeneca, Boehringer Ingelheim /Pfizer and Teva for their support of the GPIAG opinion sheet series in 2008.

GPIAG Nurse Publications

GPIAG introduced a new series of protocols for nurses to follow in clinical practice and example patient group directives (PGDs) in 2008. 4 protocols were produced covering spirometry and key aspects of COPD and asthma management and 2 PGDs on salbutamol administration. Copies of the GPIAG protocols and PGDs were downloaded / viewed 473 times via the GPIAG website. A COPD consultations check list was also produced.

The skills level document, produced in 2007 and endorsed by both Education for Health and Respiratory Education UK, continued to be very popular.

See http://www.gpiag.org/resources/nurse_tools_m.php

Quick Guide to the Routine Management of Asthma

This web based guide, based on the new BTS SIGN asthma guidelines and NICE guidance on inhaled steroids was produced as an *aide memoire* for primary care health professionals to refer to in the course of a consultation, with slide sets available for local adaptation and use. Links were included to more detailed information contained in supporting GPIAG opinion sheets and a PCRJ supplement on the BTS SIGN asthma guidelines. The guide was promoted through the GPIAG membership and Primary Care Organisations (PCOs). A knowledge test was also produced for individuals to test their own knowledge, for teaching purposes: results collected via the GPIAG website will provide an overall insight into knowledge on asthma care in primary care.

12,349 page visits were recorded to Quick Guide on the GPIAG website with 351 people completing the knowledge survey in 2008.

The development of the 'Quick Guide' was supported by an educational grant from Allen & Hanburys Ltd

Other Publications Activity

GPIAG sold the rights to reproduce a number of its publications to a pharmaceutical company, to include in a toolkit for nurses on COPD, thus increasing the reach of GPIAG work.

GPIAG in addition introduced a new scheme to review and accredit education programmes produced by other organisations, including pharmaceutical companies, relevant to primary care respiratory medicine, thus allowing it to support and promote a wider range of quality education programmes to its members.

Winter and summer news updates were provided to members on the latest developments affecting respiratory primary care and GPIAG activities. In addition the GPIAG continued to provide an immediate e-alert service to update subscribers on the latest developments affecting respiratory primary care: 61 e-alerts were sent out in 2008 compared to 30 in 2007. The total number of subscribers by the end of 2008 was 1,683 compared to 1,323 at the end of 2007.

Influencing decision making and setting standards

National Strategy (NS) for COPD (previously National Service Framework for COPD)

The GPIAG continues to see the National Strategy for COPD, due for publication by the Department of Health for England (DH), as critical to ensuring that COPD secures the priority and resource it deserves within Primary Care Organisations (PCOs) and that uniform standards of care are available. The GPIAG was pleased to see the external reference group finalise its work in 2008 on measures to improve the quality of COPD service provision, and put its recommendations to ministers.

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(continued)

While autumn 2008 had originally been the expected time for publication of the NS, the Darzi 'Next stage review' (published in June 08) proposed far reaching changes for any future work on quality in the NHS and unfortunately progress on COPD NS slowed down to ensure that the publication was in line with the new approach to quality. At the end of 2008 there was still no clear date for publication.

Nonetheless, work to support the implementation of the NS continued and GPIAG continued to work closely with the DH and to have representation on all the groups set up to consider specific areas such as medicines management, workforce issues and a public education programme about lung health. GPIAG was delighted with the support it received from the DH for a major communications programme to support dissemination and understanding of the NS in primary care. Work on this programme will commence in 2009.

Asthma on the national agenda

GPIAG continued to emphasise that COPD is only one of several respiratory conditions that needs to be recognised as requiring a national programme of improvement and that further work on other lung conditions, in particular asthma, is needed.

GPIAG was approached to provide examples of good asthma care for a debate in the House of Lords in October 2008. The debate highlighted the need for improved asthma care and also exposed inadequacies in the DH to address questions about asthma. Subsequently AsthmaUK and GPIAG met in November with senior DH officials and as a result a new group on asthma was set up, firstly to explore synergies between the COPD NS and asthma care and ensure appropriate references to asthma are incorporated in the COPD NS and secondly to develop a case for further work to be done on asthma at a national level, as appropriate.

Late in 2008, GPIAG welcomed the move in which COPD NS lead at the DH took on wider responsibility for respiratory conditions, with a particular emphasis on COPD, asthma, sleep apnoea, oxygen services and pleural plaques. This is the first time that there has been a DH group focused on respiratory disease for many years.

National Asthma Audit

Following a successful expression of interest and scoping exercise in 2007, GPIAG contributed, alongside BTS and Royal College of Physicians (RCP), to the development of a formal bid to the newly formed Healthcare Quality Improvement Partnership to conduct a national asthma audit. The proposal has now been submitted and we expect to hear the outcome in early 2009.

Respiratory allergy

Discussions were held in 2008 with the primary care group at the British Society of Allergy and Clinical Immunology (BSACI) about achieving greater recognition of the need for service development in respiratory allergy. While high level reports from the House of Lords, House of Commons and Royal College of Physicians have all highlighted seriously inadequate service provision for people with allergy, the response from the Government has been minimal, at a time when there appears to be a growing demand for specialist services. There is still a lot of work to be done to influence the agenda on allergy services to address issues such as: inadequate allergy training at undergraduate and post graduate level; a significant lack of interest in service development by PCTs, including access to simple diagnostics such as skin prick testing; and lack of regional specialist centres.

The GPIAG supported the BSACI primary care group in its submission to the RCGP that allergy should be one of the College's priority areas from 2009 and that a clinical champion for allergy should be appointed. A decision from the RCGP is expected in spring 2009.

National Institute for Health and Clinical Excellence (NICE)

Guidance from NICE has a significant impact on the treatments available to patients locally and hence the GPIAG sees contributing to the development of NICE guidance, where it is relevant to people with respiratory disease in primary care, as a high priority. In 2008, in consultation with members and working with a nominated clinical lead in each area, the GPIAG played an active role in the development and dissemination to our members of appraisals on use of inhaled corticosteroids in adults with asthma, treatment of flu, post-exposure prophylaxis of flu, and the use of antibiotics in self-limiting respiratory tract infections. We also supported the BTS in an appraisal on the use of CPAP in sleep apnoea, which also completed in 2008.

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GPIAG welcomed the announcement that the COPD clinical guidelines were to be reviewed and successfully nominated a primary care expert to join the Guidelines Development Group. We played an active role in the initial consultation process on the proposed content of the guideline review, arguing that the guidance on management of acute exacerbations should be reviewed, and particularly the transition of patients between secondary and primary care post-exacerbation. We were disappointed that this was not included in the final scope.

Finally GPIAG supported a proposal from the BTS that NICE should develop guidance on obstructive sleep apnoea and hypopnoea.

RCGP clinical champion for respiratory disease

GPIAG was delighted by the RCGP's announcement in March 2008 to appoint a respiratory clinical champion and by the appointment of Dr Kevin Gruffydd Jones, a long standing GPIAG member, to the role in November 2008. GPIAG will work closely with the RCGP Champion to strengthen the access that the RCGP has to respiratory experts in primary care, and to consider the respiratory-specific training that is available to GP registrars with a view to deepening this.

Quality and outcomes framework (QoF) – change to respiratory indicators and new process

GPIAG was disappointed, after considerable input in 2007 by ourselves and other respiratory organisations, that just one changed indicator for respiratory disease was introduced in the QoF April 2008 – designed to increase the use of post-bronchodilator spirometry to confirm diagnosis of COPD.

GPIAG was alarmed later in the year by proposed changes to the QoF process, such as a national menu of indicators from which PCTs would be able to select the ones most relevant for their population and the notion that conditions where achievement of QoF points is high (such as asthma) could be removed from the QoF in order to make way for other conditions to be included.

GPIAG argued strongly that more genuine measures of outcome are needed before disease areas are 'cycled out' and that there are already sufficient opportunities for PCOs to 'localise' QoF through developing Local Enhanced Services, without allowing PCOs to select from a list of indicators. Asthma, in particular, is on the agenda of so few PCOs, that it would be detrimental for asthma if PCOs could pick and choose.

GPwSI / PwSI framework

Having persuaded the RCGP to include a framework for a GPwSI in respiratory disease in its first set of published frameworks in 2003, GPIAG once again worked with RCGP and DH to update the respiratory framework in 2008. The revised framework was launched at a meeting hosted by DH, alongside those for 16 other disease areas. We are disappointed that there continue to be very few respiratory GPwSI appointments by PCTs. We continue to support existing GPwSIs and encourage future GPwSIs through our GPwSI and respiratory leader programmes.

IMPRESS: Improving and Integrating Respiratory Services in the NHS

IMPRESS, the joint GPIAG – BTS project, initiated in the latter part of 2007, aims to provide leadership, advice and support to both BTS and GPIAG members, help them navigate the systems in order to commission and / or provide high quality integrated care for people with respiratory disease. IMPRESS has established its role both as a campaigning force for integrated respiratory care, as a source of practical tools for clinicians with a respiratory interest and as a repository of effective models of care, concentrating primarily on COPD and asthma. Importantly, in the way it is set up and works IMPRESS provides a useful role model and learning for integrated respiratory networks. Specific outputs achieved in 2008 included:

- Completion of a detailed response from a respiratory point of view across both primary care and secondary care to the Professor Sir Ara Darzi review of the NHS in January 2008, which was well received not only by the Darzi review team but also by SHAs and the Royal Colleges (Physicians and General Practitioners);

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2008 (continued)

- Preparation of a detailed response to the consultation on end of life markers;
- Ran a successful meeting at the RCP in March 2008 on integrated care as well as attending and running sessions at the GPIAG annual conference, BTS Summer and Winter meetings, and Long Term Conditions Conference;
- Initiated and developed a wide range of new publications to address key issues related to integrated care, including for example 'Best practice guidance on developing a respiratory service specification', 'Delivering respiratory care closer to home', 'Guide to respiratory coding' and 'Workforce standards' (see <http://www.impressresp.com/PresentationsPublications/tabid/62/Default.aspx>);
- Updated and reprinted the highly successful and popular 'NHS Jargon' buster;
- Substantially improved the IMPRESS website to provide clinicians and commissioners all they need to know to commission or provide high quality patient-centred services, integrated between primary and secondary care. 270-300 visits to the IMPRESS website per week were recorded in 2008 with an average of 3 pages visited per week;
- Secured Department of Health funding to develop an educational package on 'Living and Dying with COPD' to help health professional to improve their understanding of COPD and their skills at communicating with patients.

See <http://www.impressresp.com/> for further information.

Affiliations and other collaborations

The GPIAG continued to be affiliated with the RCGP in 2008, as well as being a member of the Respiratory Nurse Alliance (RNA), the UK Lung Cancer Coalition (UKLCC) and National Voices (formerly the Long Term Conditions Alliance). GPIAG was also formally represented on the BSACI Primary Care Allergy Group, Scottish Respiratory Alliance, BTS/SIGN Asthma Guidelines Steering Committee, BTS oxygen and CAP guidelines committees, 12 Map of Medicine respiratory pathway working parties, the steering group of the National COPD Outcomes and Resources project (NCROP), RCGP Alliance of Primary Care Societies, Respiratory Specialist Library of the National Library for Health, the International Primary Care Group (IPCRG) and the Asthma UK Healthcare Forum.

Re-defining GPIAG's role in research and maintaining leadership of the primary care respiratory research agenda

GPIAG continued to influence the respiratory research agenda through its membership of the UK Respiratory Research Collaborative (UKRRC).

Following extensive discussions the GPIAG re-focussed its research activities around 3 key priorities:

- Embedding the principles of research and evidence based practice into day to day clinical practice;
- Providing leadership for primary care respiratory research by creating a united and representative role for primary care researchers;
- GPIAG initiated research to generate the evidence needed to drive policy and engage the GPIAG membership in research.

The 2008 GPIAG annual conference provided an excellent platform to put this new strategy into practice through:

- An innovation zone, offering a combination of posters, presentations and opportunities to meet and network with clinical, research and service delivery experts;

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- Academic showcase sessions bringing primary care researchers together to hear about and discuss the latest research and plans;
- Workshop session on how to get started in clinical research and how to read a clinical paper.

The PCRJ continued to be a key vehicle for publishing and disseminating primary care respiratory research in 2008 (see above). SCImago data shows that PCRJ citations increased in 2008 with citations per document in the last 2 years increasing by 67% in 2008 and the PCRJ SCImago journal rank more than doubling from 0.062 to 0.132

Strengthening the funding base of the GPIAG

The reliance of the GPIAG on funding from the pharmaceutical industry continued to be seen by the GPIAG trustees as the charity's most significant risk both in terms of its financial stability and reputation. Specific achievements in 2008 in terms of strengthening the charity's funding base were:

- Maintaining excellent relationships with existing pharmaceutical company supporters and building relationships with new supporters through the Corporate Supporter Scheme. In 2008, for the first time, all currently active major players in the UK respiratory market were members of the Corporate Supporter Scheme. Unfortunately, GPIAG continues to be less successful at drawing in the allergy companies;
- Stabilising income from core funding / unrestricted donations and continuing to secure additional income through full cost recovery from projects: Circa 40% of GPIAG overhead cost were supported by net income from the conference and projects compared to circa 45% from the Corporate Supporter Scheme in 2008 – the remainder coming from investment income and membership;
- Growing the income streams from health professionals through the GPIAG membership scheme and conference delegate fees: total income from these streams amounted to circa £50,000 in 2008.

The GPIAG is immensely grateful to its 2008 corporate supporters - Allen & Hanburys, AstraZeneca, Boehringer Ingelheim / Pfizer, MSD, Napp, Teva, and Trinity Chiesi – for their financial support of the core activities of the charity.

Promoting and marketing the GPIAG and its activities

Promoting and marketing the GPIAG and its activities to grow membership and increase the reach of our services is crucial to improving the financial stability of the organisation through membership income and increasing the impact of our charitable work. Limited resources have been available to support the marketing efforts – a factor addressed in the 2009 plan. Activity in 2008 was limited to:

- Promotion of GPIAG membership and conference through *quid pro quo* arrangements with other organisations;
- Support from pharmaceutical companies in promoting the GPIAG at their meetings as a gift in kind: the GPIAG is grateful to AstraZeneca in particular in this respect;
- Promotion through the GPIAG membership, encouraging them to draw materials and GPIAG to the attention of colleagues.

The GPIAG conference was a sell out success, and steady progress has been made on increasing membership.

GPIAG had 585 full (company) members at end 2008 (compared to 558 at end 2007) plus 1,855 supporter / associate members, bringing the total to 2,440 at end 2008 compared to 2,237 at end 2007, 2,128 at end 2006, 1,805 at end 2005 and 1,633 at end 2004.

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	Associates	Full	Supported	Total
TOTAL	1751	585	104	2,440
GPs	949	235	-	1,184
Nurses	595	299	-	894
Other	207	51	-	258

GPs accounted for 40% full members compared to 51% for nurses and 9% others: for the first time nurses outnumbered GPs as full members. Within the total membership, GPs accounted for 49% with 37% nurses and 5 % others.

Membership fees were received from 504 (459 in 2007) members (full, supporter) in 2008 with the remainder 185 (142 in 2007) of full or supporter members receiving either honorary or complimentary membership: free GPIAG membership was included for example as part of the conference delegate fee for non members. A total of 174 new members joined in 2008 of whom 94 paid the membership fee. A new discounted membership was offered in 2008 for health professionals on lower incomes (£20,000 or below): 86 members in 2008 qualified for the discount

FINANCIAL REVIEW

The Statement of Financial Activities for the year is set out on page 17 of the financial statements.

Overall Financial Position

The charity had a surplus for the year of £35,962, bringing the total funds carried forward to £410,948 compared to £374,986 in 2007. The unrestricted fund carried forward was £381,564 (92.8% total funds).

Income Generation

Total Income

The total income received by GPIAG in 2008 was £581,413 compared to £505,557 in 2007. This is a result of an increase in voluntary income and an increase in income from charitable activities, particularly publishing.

Income from Charitable Activities

The largest source of income, as in 2007, was from charitable activities. A total of £361,648 was generated from charitable activities accounting for 62% of total income (compared to 63% in 2007).

Education generated £292,631 compared to £235,088 in 2007. 74% of this income was derived through the Primary Care Conference which accounted for £215,131 compared to £215,802 in 2007. Expenditure on the conference was slightly up in 2009 (£166,133) compared to 2008 (£160,060) reducing net profit slightly from the conference in 2008 compared to 2007. The income from other Education Projects (£77,500) was significantly increased in 2008 compared to 2007 (£19,286) as a result of income derived from the Respiratory Leaders Programme, the Nurses Programme and the Asthma Guidelines Programme. The majority of the income continued to be in the form of sponsorship or other sales (e.g. exhibition space) to pharmaceutical companies but with some from conference delegate fees (£30,000).

Publishing generated £68,017 compared to £80,378 in 2007. Both the income and expenditure on the Journal were down as a result of reduced frequency of publishing and an amended contract with the publishers, both arising in an attempt to increase the financial viability of the Journal. The other publishing income (£27,484) was derived from GPIAG opinion sheets in the form of sponsorship from the pharmaceutical industry and the sale of reproduction rights.

External communications generated £1,000 (2007: £2,191) which related to mailing services conducted on behalf of GPIAG clients and customers.

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REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2008 (continued)

Voluntary Income

Total voluntary income in 2008 was £208,666 compared to £142,672 in 2007. The level of unrestricted income raised in 2008 (£140,625) was slightly higher than in 2007 (£110,140). Individual membership fees grew to £41,875, £16,500 of this income was a bulk purchase of memberships by Allen & Hanburys with £25,365 from individual memberships compared to £18,876 in 2007.

Restricted income in 2008 was £68,041 compared to £32,757 in 2007. Restricted grants in 2008 (see note 11 to the financial statements) were received from Boehringer Ingeheim Limited, Trinity Chiesi Pharmaceuticals, Astra Zeneca UK Limited, Altana Pharmaceuticals UK Limited and Vitalograph; Allen & Hanburys (GSK) also provided a gift in kind.

Corporate Supporter Scheme membership fees increased slightly in 2008 with 8 members compared to 6 in 2007. Nycomed dropped out of the Corporate Supporter Scheme due to their withdrawal from the UK respiratory market in 2008. Galen could not afford to re-join the Corporate Supporter Scheme in 2008 but provided support for the GPIAG newsletter. MSD, Teva, and Napp joined the scheme for the first time in 2008.

Resources Expended

The total resources expended by the GPIAG in 2008 amounted to £545,451 compared to £454,246 in 2007. The increase was primarily due to increased educational activity. £9,103 was carried forward to 2009 in the form of restricted funds to support projects initiated but not completed in 2008.

Cost of Generating Funds

The cost of generating funds has remained relatively constant in recent years at around £30,000. In 2008 £1,209 was incurred as direct costs through the Corporate Supporter Scheme with the remaining support costs (£29,838) being the cost of the Chief Executive, General Committee, and secretariat time spent in supporting activities to generate funds, irrecoverable VAT and other administration costs.

Charitable Activities

a) Research

A total of £16,964 was spent on research compared to £16,854 in 2007.

b) Publishing

Total publishing costs were £65,304 of which £39,830 was in support of the PCRJ.

The other direct publishing costs amounted to £7,675 and were for the development of GPIAG opinion sheets, the cost of reprints and preparatory work to develop spirometry standards for publication in 2009.

The remaining publishing costs were the costs of the Chief Executive, General Committee, and secretariat time spent in supporting publishing activities, irrecoverable VAT and other administration costs.

c) Education

A total of £306,542 was spent on educational activities in 2008 of which the Primary Care Conference accounted for £166,133 compared to £160,060 in 2007.

The other major activities funded in 2008 were the respiratory leaders programme, practice nurse development programme and the BTS SIGN asthma guidelines project. The gift in kind from Allen & Hanburys to support the ERS / ATS mentorship programme as part of the respiratory leaders programme along with the asthma guidelines projects accounted for the increased spend on education projects in 2008 compared to 2007.

GENERAL PRACTICE AIRWAYS GROUP LTD

REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2008 (continued)

The remaining education costs were in supporting the Education Committee, the cost of the Chief Executive, General Committee and secretariat time spent in supporting educational activities, irrecoverable VAT and other administration costs. The Education Committee in 2008 were responsible for the GPIAG education strategy and the development and co-ordination of educational projects (including GPIAG opinion sheets, respiratory leaders project and asthma guidelines project) whilst the Nurse Committee were specifically responsible for the nurse development programme.

d) External Communications

A total of £79,269 was spent on external communications; this was higher than in 2007 (£56,271), due to investment in website re-design and increased activity to influence policy.

e) Governance Activities

A total of £46,325 was spent on governance activities, which is comparable to 2007 (£45,829).

RESERVES POLICY

As part of the management of risk the GPIAG recognises it needs to retain a reserve (unrestricted funds) to enable the organisation to work to a long term strategy without the need to make short term adjustments forced on it by temporary deficits in funding. The Trustees review the level of reserve required annually as part of the annual budgeting process.

The GPIAG has no regular guaranteed sources of income but does have fixed operating costs in terms of activities required to maintain its presence and further its charitable objectives. The Trustees believe that a target of 12 months cover of the fixed operating costs plus the estimated cost of closing down the charity in an orderly fashion is an essential reserve to hold. This amounts to £290,000 in the 2008 budget.

Furthermore given that the GPIAG is heavily reliant upon one main funding source (i.e. pharmaceutical industry sponsorship), the market for which remains volatile, there is no guarantee that funding for core projects, such as the conference, nurse programme, and respiratory leaders / GPwSI programmes, will be secured. The Trustees recognise these projects are essential to maintaining the reputation and impact of the charity and have therefore decided that it would be prudent to hold a further contingency reserve to cover shortfalls in funding on them from the pharmaceutical industry. A contingency reserve of 25-50% of the cost of the projects dependent on pharmaceutical industry funding is deemed to be appropriate. The total cost of projects dependent on pharmaceutical industry funding is circa £170,000 requiring a reserve of £42,500 - £85,000 and bringing the total reserve required to £332,500 - £375,000.

Total reserves of £381,564 had been built up and were available at the end of the year, 2008.

PLANS FOR FUTURE PERIODS

The business priorities for the GPIAG in 2009 are:

- Development of national and local primary care respiratory opinion leaders;
- Engaging and educating primary care health professionals to support the delivery of optimal respiratory care;
- Influencing decision making to establish respiratory as a priority and setting appropriate standards;
- Leadership of the primary care respiratory research agenda to create a better understanding of what is required to deliver optimal respiratory care for all in the NHS in the future;
- Marketing the GPIAG and its activities to secure funding and grow membership.

In addition the GPIAG will be investing in and exploring a longer term initiative 'to put quality back into respiratory care' and to take the GPIAG to a new level.

The principal areas of clinical focus in all these programmes will be COPD, asthma and respiratory related allergy.

GENERAL PRACTICE AIRWAYS GROUP LTD

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2008
(continued)**

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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 charity's financial activities during the year and of its financial position at the end of the year. In preparing the financial statements giving a true and fair view, the trustees should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures being disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The Trustees have overall responsibility for ensuring that the charity has appropriate systems of controls, financial and otherwise. They are also responsible for keeping accounting records which disclose with reasonable accuracy the financial position of the charity and which enable them to ensure that the financial statements comply with the Charities Act 1993. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

All Trustees who were in office when these financial statements were approved have confirmed that, as far as they are aware, there is no relevant audit information of which the auditors are unaware. All Trustees have confirmed that they have taken all the steps that they ought to have taken as Trustees in order to make themselves aware of any relevant audit information and to establish that it has been communicated to the company's auditors.

TRUSTEES

The Trustees during the period under review were:

Dr D Bellamy MBE, Chairman	Appointed 04.10.01
Ms M Letts OBE	Appointed 04.12.01 (retired 12 September 2009)
Mr N Kendle	Appointed 21.06.03
Dr P White	Appointed 22.06.07
Mr M Blank	Appointed 12.09.08
Ms R Davies	Appointed 12.09.08

AUDITORS

A resolution to reappoint RSM Bentley Jennison for the ensuing year will be proposed at the forthcoming annual general meeting.

This report has been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small companies.

ON BEHALF OF THE BOARD:

.....
CHAIRMAN Dated: 2009

GENERAL PRACTICE AIRWAYS GROUP LTD

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF GENERAL PRACTICE AIRWAYS GROUP LTD

We have audited the financial statements of General Practice Airways Group Ltd for the year ended 31 December 2008, which comprises the Statement of Financial Activities, the Balance Sheet and the related notes. These financial statements have been prepared in accordance with the Financial Reporting Standard for Smaller Entities (effective January 2005), under the historical cost convention and the accounting policies set out therein.

This report is made solely to the charity's members, as a body, in accordance with Section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the charity'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 anyone other than the charity and the charity'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 described in the Report of the Trustees the charity's Trustees are responsible for the preparation of financial statements in accordance with applicable law and United Kingdom Accounting Standards.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Companies Act 1985 and the Statement of Recommended Practice (SORP), "Accounting and Reporting by Charities", revised 2005. We also report to you if, in our opinion, the Report of the Trustees is not consistent with the financial statements, if the charity has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding trustees' remuneration and transactions with the charity is not disclosed.

We read other information contained in the Report of the Trustees and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

Basis of audit opinion

We conducted our audit in accordance with International Standards on Auditing issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

GENERAL PRACTICE AIRWAYS GROUP LTD
REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF
GENERAL PRACTICE AIRWAYS GROUP LTD
(continued)

Opinion

In our opinion:

- The Financial Statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the charity's affairs as at 31 December 2008 and of the incoming resources and application of resources, including its income and expenditure, for the year then ended.
- The Financial Statements have been properly prepared in accordance with the Companies Act 1985, and
- The information given in the Trustees Report is consistent with the financial statements.

RSM Bentley Jennison
Chartered Accountants and Registered Auditors
2 Wellington Place
Leeds
LS1 4AP

Dated:

GENERAL PRACTICE AIRWAYS GROUP LTD

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR TO 31 DECEMBER 2008

	Notes	Restricted Funds £	Unrestricted Funds £	2008 Total £	2007 Total £
INCOMING RESOURCES:					
Incoming resources from generated funds					
Voluntary Income		68,041	140,625	208,666	142,672
Investment income		-	10,855	10,855	11,455
Incoming resources from charitable activities		-	361,648	361,648	317,657
Other incoming resources		-	244	244	33,773
Total incoming resources	2	68,041	513,372	581,413	505,557
RESOURCES EXPENDED:					
Cost of generating funds		-	31,047	31,047	28,323
Charitable activities					
Research		-	16,964	16,964	16,854
Publishing		8,320	56,984	65,304	75,144
Education		50,618	255,924	306,542	231,825
External communications		-	79,269	79,269	56,271
Governance costs		-	46,325	46,325	45,829
Total resources expended	3	58,938	486,513	545,451	454,246
NET INCOME/(EXPENDITURE) FOR THE YEAR		9,103	26,859	35,962	51,311
FUND BALANCES BROUGHT FORWARD		20,281	354,705	374,986	323,675
FUND BALANCES CARRIED FORWARD		29,384	381,564	410,948	374,986

Movement in funds are disclosed in Note 11 to the financial statements.

GENERAL PRACTICE AIRWAYS GROUP LTD

**BALANCE SHEET
31 DECEMBER 2008**

	Notes	2008		2007	
		£	£	£	£
FIXED ASSETS:					
Tangible assets	7		4,091		5,408
CURRENT ASSETS:					
Debtors	8	97,210		30,554	
Cash at bank		443,283		398,032	
		<hr/>		<hr/>	
		540,493		428,586	
CREDITORS: Amounts falling due within one year	9	133,636		59,008	
		<hr/>		<hr/>	
NET CURRENT ASSETS:			406,857		369,578
			<hr/>		<hr/>
TOTAL ASSETS LESS CURRENT LIABILITIES:	10		410,948		374,986
			<hr/>		<hr/>
FUNDS					
Restricted Fund	11		29,384		20,281
Unrestricted Fund			381,564		354,705
			<hr/>		<hr/>
			410,948		374,986
			<hr/>		<hr/>

These financial statements have been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small companies and in accordance with the Financial Reporting Standard for Smaller Entities (effective January 2005).

Approved by the Trustees on 2009

Mr N Kendle
Chairman

GENERAL PRACTICE AIRWAYS GROUP LTD

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2008

1. ACCOUNTING POLICIES

Accounting convention

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

By the nature of its principal activities, the Association is a non-profit making organisation and because of this a Profit and Loss Account is not included in these accounts, being replaced by a Statement of Financial Activities. No Summary Income and Expenditure Account has been included as all other information which is required to be disclosed by Financial Reporting Standard No 3 has been included on the face of the Statement of Financial Activities.

The Statement of Financial Activities has been prepared on the basis that all operations are continuing operations.

Incoming resources

Voluntary income is received by way of charitable donations from pharmaceutical companies and is included in full in the Statement of Financial Activities when receivable.

All other incoming resources and bank interest is also included when receivable.

Resources expended

All expenditure is accounted for on an accruals basis. Resources expended includes attributable VAT which cannot be recovered.

Resources expended are allocated to the particular activity where the cost relates directly to that activity. Where costs have not been directly attributed to a particular category they have been allocated to activities on a basis consistent with the use of the resources. Support costs have been allocated to each charitable expenditure category on the basis of staff utilization or on an activity basis of total direct expenditure.

Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Computer and office equipment	25% reducing balance
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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 charity 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. The cost of raising and administering such funds are charged against the specific funds.

Cash flow

The Association has taken advantage of the exemption in Financial Reporting Standard No.1 from the requirement to produce a cash flow statement on the grounds that it is a small charitable company.

Taxation

As a registered charity General Practice Airways Group is not liable to taxation on its income and gains.

GENERAL PRACTICE AIRWAYS GROUP LTD

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2008**

2. INCOMING RESOURCES

Incoming Resources from Generated Funds

	Restricted Funds £	Unrestricted Funds £	2008 Total £	2007 Total £
Voluntary income				
Pharmaceutical companies:				
Merck Sharp & Dohme Ltd	-	15,000	15,000	1,000
Boehringer Ingelheim Ltd / Pfizer Ltd	5,750	15,000	20,750	25,000
Trinity Chiesi Pharmaceuticals	750	15,000	15,750	15,000
AstraZeneca UK Ltd	6,000	15,000	21,000	35,757
NAPP	-	3,750	3,750	-
Allen & Hanburys (GSK)	-	15,000	15,000	15,000
Galen Ltd	-	5,000	5,000	15,000
Nycomed Ltd	271	-	271	16,775
Vitalograph	8,500	-	8,500	-
TEVA	-	15,000	15,000	-
Membership fees	-	41,875	41,875	18,876
Miscellaneous donations	-	-	-	264
Gift in kind - Allen & Hanburys(GSK)	46,770	-	46,770	-
	<hr/>	<hr/>	<hr/>	<hr/>
	68,041	140,625	208,666	142,672
	<hr/>	<hr/>	<hr/>	<hr/>
Investment income				
Bank interest	-	10,855	10,855	11,455
	<hr/>	<hr/>	<hr/>	<hr/>
Incoming resources from charitable activities				
Publishing				
Journal	-	40,533	40,533	58,943
Other publications	-	27,484	27,484	21,435
Education				
Primary care conference	-	215,131	215,131	215,802
Other	-	77,500	77,500	19,286
External Communications	-	1,000	1,000	2,191
	<hr/>	<hr/>	<hr/>	<hr/>
	-	361,648	361,648	317,657
	<hr/>	<hr/>	<hr/>	<hr/>
Other incoming resources				
Miscellaneous income	-	244	244	250
Prior year VAT recovery	-	-	-	33,523
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL	68,041	513,372	581,413	505,557
	<hr/>	<hr/>	<hr/>	<hr/>

GENERAL PRACTICE AIRWAYS GROUP LTD

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2008

3. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Restricted Funds £	Unrestricted Funds £	2008 Total £	2007 Total £
Cost of generating funds				
Corporate Supporter Scheme	-	1,209	1,209	1,917
Support costs	-	29,838	29,838	26,406
	-	31,047	31,047	28,323
Charitable Activities				
Research				
Other research activities	-	-	-	750
Research department	-	1,086	1,086	2,426
Support costs	-	15,878	15,878	13,678
	-	16,964	16,964	16,854
Publishing				
Journal costs	-	39,830	39,830	43,362
Other publications	6,050	1,625	7,675	16,291
Support costs	2,270	15,529	17,799	15,491
	8,320	56,984	65,304	75,144
Education				
Primary care conference	-	166,133	166,133	160,060
Other education projects	50,618	49,883	100,501	40,248
Education and Nurse committees	-	9,395	9,395	5,636
Support costs	-	30,513	30,513	25,881
	50,618	255,924	306,542	231,825
External communications				
Influencing policy	-	30,938	30,938	18,473
Website and members communication	-	24,362	24,362	16,611
Other communications	-	281	281	1,360
Support costs	-	23,688	23,688	19,827
	-	79,269	79,269	56,271
Governance costs				
Accountancy and legal fees	-	16,260	16,260	17,687
Trustees meetings and expenses	-	4,280	4,280	4,763
Insurance	-	2,196	2,196	3,295
Support costs	-	23,589	23,589	20,084
	-	46,325	46,325	45,829
TOTAL	58,938	486,513	545,451	454,246

Grants payable included within Research above were all payable to institutions.

GENERAL PRACTICE AIRWAYS GROUP LTD

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2008**

4. NET INCOMING RESOURCES

This is stated after charging:	2008	2007
	£	£
Auditors remuneration	2,000	1,750
Auditors remuneration for non-audit work	6,500	7,746
Depreciation	1,317	1,425
Bad debts written off	-	913
	<hr/>	<hr/>

5. STAFF COSTS AND FEES

	2008	2007
	£	£
Salary costs	48,936	43,935
Social security costs	5,574	4,961
	<hr/>	<hr/>
	54,510	48,896
	<hr/>	<hr/>

The average number of employees during the year was one.

6. TRUSTEES' REMUNERATION

The Trustees did not receive any remuneration or fees during the year. Travel expenses were reimbursed for Trustees' attendance at meetings of £494 (2007 - £238).

7. TANGIBLE FIXED ASSETS

	Computer and office equipment £
COST:	
At 1 January 2008	24,505
Additions	-
	<hr/>
At 31 December 2008	24,505
	<hr/>
DEPRECIATION:	
At 1 January 2008	19,097
Charge the period	1,317
	<hr/>
At 31 December 2008	20,414
	<hr/>
NET BOOK VALUE:	
At 31 December 2008	4,091
	<hr/>
At 31 December 2007	5,408
	<hr/>

GENERAL PRACTICE AIRWAYS GROUP LTD

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2008**

**8. DEBTORS: AMOUNTS FALLING
DUE WITHIN ONE YEAR**

	2008	2007
	£	£
Trade debtors	72,598	16,209
Prepayments and accrued income	1,632	14,345
Other debtors	22,980	-
	<hr/>	<hr/>
	97,210	30,554
	<hr/>	<hr/>

**9. CREDITORS: AMOUNTS FALLING
DUE WITHIN ONE YEAR**

	2008	2007
	£	£
Trade creditors	56,905	475
VAT liability and interest	4,632	16,044
Accrued expenses and deferred income	68,495	41,405
Other creditors	3,604	1,084
	<hr/>	<hr/>
	133,636	59,008
	<hr/>	<hr/>

10. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted Funds	Unrestricted Funds	2008 Total	2007 Total
	£	£	£	£
Tangible fixed assets	-	4,091	4,091	5,408
Current assets	29,384	511,109	540,493	428,586
Current liabilities	-	(133,636)	(133,636)	(59,008)
	<hr/>	<hr/>	<hr/>	<hr/>
Net assets as at 31 December 2008	29,384	381,564	410,948	374,986
	<hr/>	<hr/>	<hr/>	<hr/>

GENERAL PRACTICE AIRWAYS GROUP LTD

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2008

11. MOVEMENT IN FUNDS

	As at 1 Jan 2008 £	Incoming Resources £	Outgoing Resources £	Transfers £	As at 31 Dec 2008 £
Restricted funds					
Opinion sheets	-	11,000	(6,570)	-	4,430
SW Respiratory Champions	7,818	-	-	(7,818)	-
GPwSI Programme	12,325	-	(1,439)	(10,886)	-
Respiratory Leaders Programme	-	-	-	18,704	18,704
Respiratory Nurse Alliance	138	2,271	(2,409)	-	-
Spirometry Project	-	8,000	(1,750)	-	6,250
GPAIG Mentorship Programme	-	46,770	(46,770)	-	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Unrestricted funds	20,281	68,041	(58,938)	-	29,384
	354,705	513,372	(486,513)	-	381,564
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total funds	374,986	581,413	(545,451)	-	410,948
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>