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**REPORT OF THE TRUSTEES AND
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2010
FOR
PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)
(A company limited by guarantee)
(Company Registration number 4298947
Charity Registration number 1098117)**

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

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**PRIMARY CARE RESPIRATORY SOCIETY UK
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**COMPANY INFORMATION
FOR THE YEAR ENDED 31 DECEMBER 2010**

TRUSTEES:	Mr N Kendle Dr P White Mr M Blank Ms R Davies Ms J Scullion
CHAIR, PCRS-UK Executive	Dr I Small
CHIEF EXECUTIVE	Mrs A Smith
SECRETARY	Dr I Small
REGISTERED OFFICE:	RSM Tenon Audit Limited 2 Wellington Place Leeds LS1 4AP
CORRESPONDENCE ADDRESS.	PCRS-UK Secretariat Smithy House Waterbeck Lockerbie DG11 3EY
REGISTERED NUMBER:	4298947
REGISTERED CHARITY:	1098117
REGISTERED AUDITORS.	RSM Tenon Audit Limited 2 Wellington Place Leeds LS1 4AP
BANKERS:	Unity Trust Bank plc Nine Brindley Place Birmingham B1 2HB and CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JK

**PRIMARY CARE RESPIRATORY SOCIETY UK
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**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2010**

The Trustees of the Primary Care Respiratory Society UK (PCRS-UK), 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 2010

The PCRS-UK 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 PCRS-UK 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 subsequently amended 1 April 2003, 8 July 2005 and 25 September 2009. 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 PCRS-UK paid membership scheme.

During this financial period the PCRS-UK was managed by 6 Trustees, led by Mr N Kendle as Chair of Trustees. The Trustees or any member of PCRS-UK can recommend a Trustee for appointment. One third of the Trustees retires 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 the Executive and a part-time employed Chief Executive. An agency, Red Hot Irons Limited (RHI), is contracted to run the day to day operations of the organisation. A policy consultant is contracted to co-ordinate policy work and other project managers are contracted with as needed to lead on key projects.

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 PCRS-UK and all have expertise in respiratory medicine in primary care. The Executive, supported by its Education, Conference, and Nurse 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, Editorial Board and Management Committee for 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 PCRS-UK Executive 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 PCRS-UK 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 PCRS-UK have prepared a document which lays out the strategic direction, what the likely risks are and the current controls. The risk management plan is reviewed at each Trustees' meeting.

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OBJECTIVES AND ACTIVITIES

The objects of PCRS-UK 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 mission or ultimate aim of the PCRS-UK is to achieve 'Optimal respiratory health for all', by working collaboratively to provide strong clinical leadership and supporting the delivery of integrated seamless care for people with respiratory conditions, in the right place, by the right person (appropriately skilled and trained), in the right way, to meet the patient's aspirations and make effective use of NHS and other resources

In furtherance of its mission, PCRS-UK works across all areas of respiratory medicine, prioritising chronic conditions most relevant to primary care (ie COPD, asthma, respiratory related allergy), focussing on

- Influencing policy and setting standards in respiratory medicine, relevant to primary care nationally and locally,
- Educating primary care health professionals to deliver and influence respiratory care,
 - Supporting the development of key groups of primary care health professionals in respiratory medicine
 - Providing information to primary care health professionals to support the delivery of optimal respiratory care,
- Facilitating the development of primary care research and generation of evidence needed to support policy and education activities

In all its work PCRS-UK tries to

- Collaborate and work in partnership with other national professional/charitable and commercial organisations relevant to achieving optimal respiratory health,
- Consult and engage with its members,
- Focus on where it will have greatest impact and evaluate its impact as an integral part of all projects and activities

The business priorities for the PCRS-UK in 2010 were

- **Driving quality in respiratory primary care**, through practice-based quality award, influencing national standards, generating 'evidence reviews' (e g via PCRJ) and dissemination of 'best practice' (eg COPD NS communications programme),
- **Growing PCRS-UK membership** to reach out to wider audiences thus increasing charitable impact and driving a sustainable income stream,
- Developing PCRS-UK as a '**first port of call**' for information on respiratory medicine (including use of evidence) in primary care for all groups involved in primary care respiratory medicine,
- Develop our **reputation as the 'professional society'** for key groups central to the delivery of optimal respiratory care in primary care (GPs, practice nurses, GP and primary care nurse respiratory specialists – offering professional guidance /support and a 'voice'

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A key feature of the 2010 business plan was taking a marketing approach to make better use of what the Society already does and included a major investment to grow the membership of the PCRS-UK aimed at helping to secure the long term financial prosperity of the Charity, whilst also dramatically improving its charitable impact

The main activities of the PCRS-UK in 2010 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

ACHIEVEMENTS AND PERFORMANCE

Driving Quality in respiratory primary care

PCRS-UK Quality Award

Work to develop a PCRS-UK Quality Award was initiated in 2009 and continued in 2010. The aim of the award is to provide

- Recognition of practices providing a high standard of respiratory care – serving as a quality assurance mark not only for patients, but also commissioning groups and the wider NHS
- A developmental framework that can be used at practice, locality and national level to promote, support and reward quality respiratory care in the primary care setting

Much progress has been made in 2010 to progress the concept, define the content of the award and how it will be assessed. Key achievements in 2010 were

- 7 final draft standards plus the supporting rationale for each have been agreed, that together define quality respiratory care in primary care. The standards are designed to measure the practice on the service it delivers to patients (not individual competence) and to be appropriate for the full range of practices (e.g. large /small, urban /rural)
- The final draft evidence that optimally demonstrates that a practice is achieving those standards was agreed through an extensive and iterative process. In all, a practice is required submit a minimum of 7 pieces of work (e.g. a case study or audit), encompassing a total of 16 set evidence requirements
- A poster summarising the process for developing the standards /evidence was submitted to the ATS meeting for Spring 2011
- The processes for applying for the award, submitting evidence electronically and assessment were agreed and the systems /materials to support each, developed. This includes detailed 'guidance for practices' as well as a website through which information on the award can be accessed and practices can register interest in the award
- The criteria by which the award is marked and assessed was recognised as crucially important and the first priority to address in 2011, prior to piloting the award in spring 2011

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- An extensive consultation exercise was completed with PCRS-UK members and award stakeholders on the proposed award and draft standards. The concept of the award was very positively received and there was strong support for the standards chosen being appropriate. As a result of comments made on the practicalities of completing the award, substantial refinements were made to the nature of evidence requested to demonstrate the standards, to ensure on the one hand, that the award is straightforward for a practice to complete, whilst on the other, offers a valuable developmental experience.
- Plans for piloting the award in two phases in 2011 have been agreed.

PCRS-UK was grateful to Allen & Hanburys, AstraZeneca, Boehringer Ingelheim/Pfizer, Chiesi, MSD, Napp Pharmaceuticals and Teva for their support of the Quality Award in 2010.

Influencing Policy to establish respiratory as a priority and setting appropriate standards

Raising the profile of respiratory disease at national level in order that respiratory disease is recognised as an important priority

Asthma

PCRS-UK wrote in conjunction with Asthma UK to the Secretary of State for Health to request the development of a quality standards for asthma and was delighted that the development of one was confirmed in the Outcomes Framework (published Dec 2010), although the timing of such work remained unclear at end 2010. PCRS-UK subsequently wrote to NICE to offer support from primary care in developing the quality standard emphasising the lead role of primary care in asthma.

PCRS-UK also joined a dinner, organised by Chiesi, with MPs to discuss asthma which proved to be an invaluable opportunity to raise the importance of asthma and issues such as inhalers in schools, self management and regular review.

PCRS-UK also supported a letter from Asthma UK to the Medicines and Healthcare products Regulatory Agency with regards to the availability of inhalers in schools, in particular salbutamol.

Respiratory Disease

PCRS-UK, along other respiratory organisations, expressed its concerns that there was not a sufficiently strong profile for respiratory disease in the consultation for the Outcomes framework. The coalition administration is to focus on improving health outcomes (e.g. reducing mortality, reducing exacerbations) rather than setting targets such as waiting times, and was consulting on how to define and measure such outcomes. We were therefore pleased to see that the final version published in December included outcomes to reduce premature death from respiratory disease and to reduce asthma admissions in children.

PCRS-UK contributed in March 2010 to a DH consultation on generic substitution, highlighting why respiratory disease, and in particular inhaled steroids, are a special case and should be excluded from any requirements on generic substitution. The report released in October 2010 confirmed generic substitution would not be implemented for any prescription medicines in England at this point.

PCRS-UK submitted proposals for revisions to the RCGP core curriculum for respiratory disease in September 2010.

In addition it recommended a new guardian for the respiratory core curriculum and was delighted to see Dr Iain Small appointed.

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Influencing Respiratory policy to reflect the realities of primary care

National Strategy for COPD (COPD NS)

PCRS-UK continued to be represented at a strategic level on the Respiratory Programme Board set up by the DH in 2009 to steer the work of the respiratory team and to give strategic advice on developing its work. PCRS-UK in addition continued to work closely with the DH respiratory team throughout 2010, to encourage the publication and implementation of all the work done since 2006 to develop a COPD National Strategy. Whilst it is extremely frustrating that the strategy as at April 2011 for political reasons remains unpublished in final format, PCRS-UK nonetheless welcomed the publication of a consultation document in March 2010 and the two year appointment of leads for respiratory care in each SHA in England in early 2010.

The consultation document reflected much of the input made by PCRS-UK through the development process. An extensive consultation was conducted with members to start the process of drawing primary care's attention to the COPD Strategy and to seek input in order that PCRS-UK could make final comments on the documents. PCRS-UK promoted to its members a series of DH events to disseminate the consultation document and attended each meeting.

PCRS-UK developed a good relationship with each of the SHA lead teams for respiratory and is delighted to see primary care directly represented in the vast majority and a stepped change in respiratory activity at regional and local activity. PCRS-UK has played a key role in supporting this through its COPD Communications programme (see x).

Asthma

PCRS-UK continued to be represented on both the DH asthma steering group and the children's' asthma subgroup. A key output of the DH asthma steering group has been to commission an audit of asthma deaths. PCRS-UK worked with Clinical Effectiveness and Evaluation Unit at the RCP to put forward a tender to the Healthcare Quality Improvement Partnership (HQIP) to undertake the audit and was delighted that the tender and funding was secured in 2010.

The primary output of the Children's group is a good practice guide, to encourage those designing and delivering asthma services for children to adopt good practice and similarly a key output of the Asthma Steering Group is a good practice guide for adult asthma. Having contributed to the development of both guides, PCRS-UK was frustrated that publication of both was delayed in 2010 again for political reasons.

PCRS-UK continued to be represented on the British Asthma Guidelines steering group. No revisions to the guidelines were however undertaken in 2010.

Home oxygen services

PCRS-UK continued to be represented on the DH home oxygen services group to look at how clinical assessment of people for home oxygen can be improved, to ensure that people who need it have it provided, and that people who don't are not receiving it. PCRS-UK are confident that the outputs of the group, as a result of its contribution are primary care focussed and is again frustrated that the publication of a good practice guide on oxygen has been delayed for political reasons.

National Institute for Health and Clinical Excellence (NICE) Revised COPD Guideline and Quality Standard

The most significant piece of work with NICE in 2009/10 was the partial update of the COPD guidelines, with PCRS-UK providing substantial comments to the consultation document from a primary care perspective. It is particularly important that the revised guidelines are consistent with the detail in the National Strategy for COPD, and PCRS-UK has always ensured that any discrepancies are highlighted so that potential confusion for primary care is minimised. The updated guideline was published in June 2010. NICE also extended its remit to include the development of Quality Standards (QS) which are designed to distil out the most pertinent points from clinical guidelines. It commenced work on a QS for COPD in 2010 and publication is expected in 2011. The Outcomes Framework also announced that a QS is to be developed for asthma, though timing is still uncertain.

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Quality and outcomes framework (QoF)

PCRS-UK continued to play a lead role collaborating with respiratory partner organisations, including DH in the development of the QoF for respiratory care and contributed to a series of consultations regarding respiratory indicators. PCRS-UK was pleased to see the appointment of four QoF advisors for respiratory disease, all lead members of PCRS-UK.

A revised asthma indicator, incorporating the RCP three questions (which measure the impact of ongoing symptoms on a patient's life) into the existing indicator on asthma review was accepted in principle after a brief pilot period in June 2010 but it was disappointing that the piloting of these indicators highlighted implementation difficulties due to recording and downloading the relevant data from GP systems. An indicator for personal asthma action plans, that has long been lobbied for by PCRS-UK was being piloted in 2010, and we hope will proceed to being adopted. A recommendation to amend the diagnosis indicator so that the basis for diagnosis is recorded in the notes was also accepted in principle.

Any changes to COPD indicators had been put on hold until the publication of the updated NICE guideline for COPD in June and it is disappointing that any progress since June has been slow.

NICE Technology appraisals

NICE completed an appraisal on the use of omalizumab in children with asthma in October 2010, to follow the appraisal on use of the product in adults which was completed in 2007. PCRS-UK contributed to all stages of this single technology appraisal. However, NICE did not recommend use of the product in children based on the evidence available.

Affiliations and other collaborations

The PCRS-UK continued to be affiliated with the RCGP in 2010, as well as being a member of the UK Respiratory Research Collaborative (UKRCC), Respiratory Nurse Alliance (RNA), the UK Lung Cancer Coalition (UKLCC) and National Voices (formerly the Long Term Conditions Alliance). PCRS-UK was also formally represented on the DH Asthma Strategy Group, Physiological Measurement, Oxygen and Spirometry Groups, BSACI Primary Care Allergy Group, Scottish Respiratory Alliance, BTS/SIGN Asthma Guidelines Steering Committee, BTS acute pulmonary embolism guideline, home oxygen, mechanical ventilation, and fitness to fly guidelines committees, 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.

Dissemination of best practice

Dissemination of best practice to drive quality care was a key focus in 2010 with the completion of a major COPD communications programme as well as the annual conference and the PCRJ and production of a wealth of new materials and resources.

COPD Communications Programme

Following the preparatory work undertaken in 2009, including the launch 3 part resource 'First Steps' (see http://www.pcrs-uk.org/copd_ns/index.php), to encourage individuals and practices to assess where they are with regard to COPD management, PCRS UK used the publication COPD National Strategy Consultation document in March 2010 to extend its communication programme to create high awareness and understanding of what the strategy means for primary care health professionals and to encourage them to implement it in their own practices to improve the care and services they provide to people with COPD in 2010.

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The programme included a supplement to the PCRJ 'Summary of the Consultation on a Strategy for COPD services in England' (see http://www.thepcrj.org/journ/view_article.php?article_id=761) supported by a grant from the Department of Health (DH). The PCRJ supplement was used as the basis for developing a web based 'quick reference guide' and slide kit on the 'Consultation on a Strategy for Services for Chronic Obstructive Pulmonary Disease (COPD) in England' (see http://www.pcrs-uk.org/copd_org/index.php). The quick reference guide and slide kit were supported by the provision of educational grants from Boehringer – Ingelheim /Pfizer, AstraZeneca and Allen & Hanburys. A total of 29,310 hits were made to the COPD national strategy resources on the PCRS-UK website.

The focus of the National Strategy is the organisation of care and therefore the key target audience for above materials was primary care respiratory leaders working within a practice or at a PCT level. The materials were launched at a specially convened event 'Leading Change in COPD Care – using the COPD National Strategy to Make a Difference', held on 6 July 2010 in London supported by an educational grant from Allen & Hanburys and attracting 135 primary care respiratory leaders. Attendees of the meeting each received a resource pack to help them disseminate the COPD national strategy locally. The resource pack was also made available via the PCRS-UK website (see http://www.pcrs-uk.org/signs/resp_leaders_home_m.php).

An updated NICE guideline for COPD was published in June 2010 and provided another major opportunity to encourage clinicians to review their clinical management of COPD. The popular PCRS-UK booklet summarising the NICE guidelines, 'The Diagnosis and Management of COPD in Primary Care' was updated to reflect the new guidelines and downloaded 829 times via the PCRS-UK website. A web based quick guide is due for publication in 2011.

PCRS-UK was also delighted to collaborate with Allen & Hanburys in a major educational initiative, the 'Paper to Patient' programme, which based on the above materials developed by PCRS-UK, provided further opportunities to embed best practice from both the COPD National Strategy and the revised NICE guideline for COPD. The 'Paper to Patient' programme reached 5852 health professionals via local & regional meetings in 2010 plus a further 1954 unique users who accessed the online training programme via www.papertopatient.co.uk.

Partnership Projects

PCRS-UK was delighted to work in conjunction with partner organisations on the following additional projects designed to disseminate best practice and educate primary care health professionals on respiratory medicine.

- Paper to Patient programme developed Allen Hanburys in partnership with PCRS-UK (see above)
- COPD Exchange, a peer led practice focussed educational resource on COPD, developed by Boehringer Ingelheim /Pfizer with input from both PCRS-UK and Education for Health and launched originally at the PCRS-UK conference in September 2009 and further developed in 2010
- ASCEND an asthma education programme designed for nurses developed by MSD working with PCRS-UK and launched in 2010
- Development of the respiratory modules for an RCGP e-learning programme in conjunction with Education for Health – this work was initiated in 2009 but unfortunately much of the final work was delayed in 2010 due to funding cuts. The RCGP however secured funding at end 2010 from Novartis to complete the programme and it will be launched in 2011.

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Growing PCRS-UK membership

The PCRS-UK Trustees committed in January 2010 to a major investment to grow the membership of PCRS-UK aimed at helping to secure the long term financial prosperity of the Charity whilst dramatically improving its charitable impact and strengthening its independence. An additional member of staff (PCRS-UK Development Director) was appointed in August 2010 and plans to rationalise PCRS-UK membership schemes and introduce a new practice based scheme were confirmed by the end of 2010. In addition the IT /database requirements to support membership growth and allow for more efficient working were identified.

One of the major barriers identified to attracting a wider group of less respiratory interested primary care health professionals to join as members is the fact that PCRS-UK resources of most interest to that group are freely available through the PCRS-UK website. A decision was therefore made to restrict access to PCRS-UK members only from June 2011 to coincide with the introduction of the new practice based scheme.

A key part of the membership growth strategy is to promote PCRS-UK membership through partner organisations as well as events, local nurse groups and the PCRS-UK conference, and to offer complimentary membership for a period to draw new members in. PCRS-UK saw a large growth in its membership in 2010 demonstrating the success of this strategy (see below). The key challenge in 2011 is to convert the large number of complimentary members to paying members.

The PCRS-UK had 1,369 full (company) members at the end of 2010 (compared to 726 at the end of 2009 and 585 at the end of 2008) plus 302 supporter members and 2,137 associates bringing the total database to 3,808 at the end of 2010 compared to 2,708 at the end of 2009, 2,433 at the end of 2008, 2,128 at the end of 2006, 1,805 at the end of 2005 and 1,633 at the end of 2004.

Category	Associate	Full	Supporter	Total
Total	2,137	1,369	302	3,808
GPs	1,010	425	1	1,436
Nurses	846	837	51	1,734
Others	281	107	250	639

GPs continued to decline as a proportion of the total membership accounting for 30% full members at the end of 2010 compared to 37.3% in 2009 and 40% in 2008. 61% of full members in 2010 were nurses with 9% others. Within the total membership, GPs accounted for 45% with 40% nurses and 15% others.

Membership fees were received from 704 individuals (compared to 581 in 2009, 504 in 2008) and a further 192 joined as a result of bulk purchase of memberships (by Boehringer Ingelheim Pfizer in 2009 and Dudley and Heart of Birmingham PCTs in 2010). In addition PCRS-UK had 557 complimentary members at the end of 2010 of whom 415 joined through the Paper to Patient scheme with the remainder taking up complimentary membership as part of the conference delegate fee for non members or by nurses joining through affiliated groups, or a part of specific promotional activity linked to a specific event. 72% of the members (complimentary, paying) at end 2009 renewed their membership in 2010, compared to 80% renewing in 2009 and 87% in 2008.

A total of 167 new paying members joined in 2010 (compared to 109 in 2009, 94 in 2008) plus 557 who joined as complimentary members, bringing the total new members to 724 (compared to 343 new members in 2009, 174 in 2008).

235 (33%) members in 2010 qualified for the discounted membership available for health professionals on lower incomes. This compares to 145 (25%) in 2009 and 86 (17%) in 2008.

Developing PCRS-UK as a 'first port of call' for information on respiratory medicine in primary care

Substantial progress was made in 2010 in developing PCRS-UK as the first port of call for information on respiratory medicine in primary care, with 15 new resources (including the COPD national strategy and NICE guideline resources) created and 17 updated.

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PCRS-UK Website

The resources section of the website (<http://www.pcrs-uk.org/resources/index.php>) was substantially updated in 2010 allowing for easier access to materials, with menu items for asthma and COPD resources, audits and templates, guidelines /guidance, opinion sheets and the quick retrieval tool, to allow for easier navigation

Visits to the PCRS-UK website (www.pcrs-uk.org), remained fairly constant in 2010 compared to 2009 with a daily average of 811 page and 593 site visits compared to 823 page and 635 site visits in 2009, 762 page and 584 site visits in 2008

PCRS-UK Opinion Sheet Series (<http://www.pcrs-uk.org/pubs/opinionsheets.php>)

PCRS-UK updated and further expanded its series of opinion sheets to cover a wider range of topics related to the management of COPD, asthma, allergy and other respiratory diseases in primary care. A total of 9 new sheets were produced in 2010, with a further 10 updated. The total number of opinion sheets available at end of 2010 was 37

Copies of PCRS-UK opinion sheets were downloaded 20,572 times via the PCRS-UK website in 2010 compared to 15,125 in 2009 and 11,807 in 2008, with the sheets on spirometry and self management of COPD continuing to prove to be the most popular

PCRS-UK Nurse Publications (http://www.pcrs-uk.org/resources/nurse_tools_m.php)

PCRS-UK continued to update and extend its range of materials designed to meet the specific needs of nurses in 2010. A new patient group directive (PGD) was produced on the administration of prednisone in acute asthma and 5 existing PGDs /protocols were updated. By the end of 2010, 6 protocols, 3 PGDs and 3 clinic checklists for asthma and COPD were available on the PCRS-UK website. Copies of the PCRS-UK protocols and PGDs were downloaded / viewed via the PCRS-UK website 4662 times in 2010 compared to 1,701 times in 2009 and 436 times in 2008

The skills level document, produced in 2007, endorsed by both Education for Health and Respiratory Education UK, and updated in 2009 continued to be a valuable resource and was viewed/downloaded 146 times in 2010, compared to 87 in 2009 and 98 in 2008

Quick Guide to the Routine Management of Asthma

This web based guide, produced in 2008 (and updated in 2009) summarising BTS SIGN asthma guidelines for primary care, and providing an *aide memoire* for primary care health professionals to refer to in the course of a consultation, along with slide sets available for local adaptation and a knowledge test for individuals to test their own knowledge and for teaching purposes continued to be popular in 2010

12,596 page visits were recorded to Quick Guide on the PCRS-UK website in 2010 bringing the total since launch in 2008 to 43,410

PCRS-UK Audit

PCRS-UK initiated a new audit in 2010 on COPD diagnosis and spirometry, the data from which allows participating practices to view their own data in comparison to others and allows summary data to be available (http://www.guideline-audit.com/chest_infection_audit/). By the end of 2010 22 practices had registered entering data on 260 patients. The preliminary results helped to identify areas for improvement in terms of compliance with spirometry standards and implementation of the NICE COPD Guideline

E alert Service

In previous years the majority of membership emails had been sent out through the e-alert service. The system was rationalised in 2010 to distinguish genuine 'news' alerts on the latest developments affecting respiratory primary care from PCRS-UK membership information (eg events, policy, clinical updates). As a result the number of e-alerts were sent out in 2010 declined to 48 compared to 75 in 2009. The total number of members receiving e-alerts was 1,154 in 2010 compared to 479 at the end of 2009. The increase in part resulting from changing e-alerts to be an 'opt out' rather than 'opt in' for new members

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Develop our reputation as the 'professional society' for key groups central to delivery of optimal respiratory care in primary care

This was an area of continued importance for the PCRS-UK in 2010 through the annual conference, Primary Care Respiratory Journal and IMPRESS as well as notable successes in the respiratory leaders programme and continued support of local nurse groups

PCRS-UK Local Nurse Group Programme

- By the end of 2010, 18 groups had formally affiliated to the PCRS-UK compared to 11 at end 2009 and 8 at end 2008
- A faculty meeting convened mid year, confirmed local nurse groups as the best vehicle to address the needs of nurses to be kept up to date and to be able to interact with peers to build their self confidence and thus improve the quality of care nurses are able to deliver. The faculty came up with a raft of ideas and actions to galvanize the development of local nurse groups which are being followed up in 2011
- The resource pack for local nurse group leaders (http://pcrs-uk.org/signs/nursegroupsindex_m.php) was updated in 2010 and presented in a more user friendly format on the website, allowing it to be downloaded in full or in part. Additional mentoring /buddy support was offered to local nurse group leads via the PCRS-UK Nurse Lead
- A joint meeting on 'Building an effective respiratory network/group' was held 12-13th November 2010 for local nurse group leads and PCRS-UK respiratory leaders (see below). The joint meeting was powerful in helping to realise synergies between these two programmes and in particular helped respiratory leaders who are focussed at improving service provision beyond practice level, to see the importance of building links with grass roots practices for example through the development of a local nurse group

PCRS-UK was grateful to Allen & Hanburys for its support of the nurse programme in 2009 (including nurse publications - see above)

PCRS-UK Respiratory Leaders Programme

The PCRS-UK respiratory leaders programme is aimed at encouraging, developing and supporting primary care health professionals interested in delivering and influencing respiratory services beyond practice level. Training and update workshops, run for the last 5 years, and more recently, the ATS /ERS mentorship programme, offer leadership skills training as well as insights and understanding of NHS policy as it relates respiratory care, for new and existing primary care respiratory leaders

During 2010 two successful workshops were held

- In June 2010 14 delegates and facilitators participated in a workshop aimed to provide respiratory leaders with an understanding of the emerging policy environment, the implications for respiratory care and practical skills-based sessions looking at building a respiratory business case, mapping and managing stakeholders, and managing different types of project
- In November 2010 43 delegates participated in a highly successful workshop on 'Building an effective respiratory network/group'

Feedback from both workshops confirmed that the workshops increased skill and confidence levels of attendees and armed them with a range of tools and templates. Moreover evaluations completed 3 and 12 month post event from previous year's events suggests that much of the benefit is retained, with some evidence of how it is being put into practice

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2010
(continued)**

The success of the programme is also seen in the gradually growing and emerging group of primary care health professionals now driving respiratory services in their own locality. There are currently over 300 healthcare professionals on the respiratory leaders database which is a subset of the PCRS-UK membership who have been involved in, or indicated an interest in, the respiratory leaders programme. The majority of those on the database have attended at least one respiratory leaders event. This database has grown significantly during 2010 and the 2011 programme provides opportunities to further engage and develop this key group of healthcare professionals.

PCRS-UK is grateful to Allen & Hanburys, Chiesi and Napp Pharmaceuticals for their support of the respiratory leaders' programmes in 2010 and to Allen & Hanburys for supporting the mentorship programme through a gift in kind to support travel, accommodation and conference registration. PCRS-UK is also grateful to Chiesi for supporting the November event.

Primary Care Conference

251 delegates attended the PCRS-UK annual Primary Care Conference, 'Optimal Respiratory Health – Leading the Way', held in September 2010 compared to 293 in 2009, 256 in 2008 and 234 in 2007. 79% of delegates in 2010 indicated that they would attend the event next year which is up compared to 65% in 2009 but still down on 2008 (85%) and 2007 (93%). The main sessions were rated on average 9/10 compared to 8/10 in 2000.

The essential clinical stream was particularly popular, whilst the 'complexities of care' tackled more complex clinical and service delivery issues. The PCRJ research and innovation stream provided an excellent platform to promote and embed the principles of research and evidence based practice into day to day clinical practice. Given the breadth of the programme, it was not surprising that delegates took away a wide range of messages from the meeting. Overall delegates described the event as 'well worth the time', 'Inspirational', 'informative and a good networking opportunity'.

The conference sponsors were MSD, Boehringer Ingelheim / Pfizer, Allen & Hanburys, Novartis and Napp.

Primary Care Respiratory Journal (PCRJ)

The PCRJ was published quarterly in 2010 and continued to be the PCRS-UK main vehicle for the dissemination of research and best practice relevant to primary care respiratory medicine, providing news, original respiratory research, and major reviews and editorials on respiratory primary care.

Visits and page views to the PCRJ website increased by more than 20% in 2010 compared to 2009 according to data from Google Analytics.

Submissions to the PCRJ increased significantly from 120 papers received in 2009 to 144 in 2010 - a 20% increase. The time from submission to first decision improved from an average of 56 days in 2009 to 50 days in 2010. The acceptance rate decreased slightly from 50.6% to 48.2%.

On the independent international citation index, SCImago, the PCRJ's citations per document in the two-year period to 2009 (this is the latest data available) increased to 2.13. The PCRJ's SCImago Journal Rank (SJR), a measure of the scientific influence of the journal, increased dramatically to 0.182. The PCRJ is now ranked in the top 18% of all 17,000 scientific journals, and the top 30% of all respiratory peer-reviewed journals indexed on SCOPUS (www.scopus.org).

In June 2010 the PCRS-UK appointed new joint editors in chief, Professor Aziz Sheikh and Dr Paul Stephenson, to take over from Dr Mark Levy with effect from January 2011 following the completion of Dr Levy's term of office. There was a celebratory dinner held in September 2010 at the European Respiratory Society annual congress in recognition of Dr Mark Levy's outstanding contribution to the society and his major achievements in developing the journal at which it was recognised that Dr Levy leaves a wonderful legacy. Dr Dermot Ryan also paid tribute to Dr Levy's achievements at the PCRS-UK annual conference dinner.

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**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2010
(continued)**

IMPRESS Improving and Integrating Respiratory Services in the NHS

IMPRESS, a joint initiative by PCRS-UK and the British Thoracic Society (BTS) started its work back in 2007, at a time of great uncertainty, to provide clinical leadership to drive improvements across and beyond the traditional boundaries of primary and secondary care. During 2010, the need for IMPRESS to continue to support clinicians to deal with a changing policy and economic context was as great as ever and the IMPRESS initiative nationally continued to provide a role model for respiratory teams locally.

The lessons from and thinking of IMPRESS continued to help shape the plans both the BTS and the PCRS-UK in 2010 and to cement a closer working relationship between the two societies to the benefit of respiratory care.

The profile of IMPRESS as a well respected and credible voice has strengthened over the last year, as a result of continuing to produce and distribute high quality printed materials, development of the website (www.impressresp.com) and attendance at significant national events.

Specific achievements in 2010 included

- IMPRESS restructured its decision-making processes at the end of 2010 to refresh the Committee structure to enable more streamlined decision making through the appointment of a smaller PCRS-UK/BTS 'implementation Group' and a wider steering group involving external experts. The new 'implementation Group' involved ten of the regional SHA respiratory leads. This has increased the potential for IMPRESS to influence policy in England and to support the early and appropriate adoption of any policy. In addition, the new structure enables us to widen membership to include social care experts and to invite leading practitioners in specific topics to join the Steering Group.
- New publications including a 'rationalising oxygen to improve patient safety and reduce waste', 'guide to information about the use of medicines in the NHS', a 'guide to information', a discussion paper looking at 'more for less' were published. Several of the IMPRESS papers received plaudits from key policy figures. Sir Muir Gray lent his support to our two Guides to Information and Sir John Oldham praised our guide to Rationalising Oxygen.
- In addition to having a major presence at the annual conferences of BTS and PCRS-UK, (in 2010 there were over 2500 delegates at these conferences), IMPRESS exhibited at the Long Term Conditions conference in Harrogate and IMPRESS members chaired a session on COPD.
- IMPRESS planned and organised its second conference in 2010. Whilst the programme attracted many favourable comments, cuts in funding for clinicians and managers to attend meetings meant that numbers were sadly too low to proceed with the event.
- By the end of 2010, the website was receiving up to 1,300 page views a week and 523 visits with an average time on site of 2.25 minutes. Most visits were to the home page, from where all the publications can be downloaded, and the policy pages.
- Five hundred and sixty copies of the Living and Dying Effective Care-Effective Communication educational package including a DVD and CD for clinicians on communication skills have been distributed since launch in 2009. Two training events, one in Bristol with the local healthcare system and one nationally in Birmingham for potential facilitators were held in 2010. Both were extremely well-received, and believed to fill an important gap. As a result of this, a second online edition is planned. Work has also begun on an e-learning module. This work has been funded by a grant from the Department of Health.
- Six thousand Jargon Busters have been printed and distributed since IMPRESS started. The print version is now in its third edition and the online Jargon Buster is updated weekly. A separate Housing and Social Care Jargon Buster was also produced and, once the Health Bill is enacted, more changes will be made.

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2010
(continued)**

FINANCIAL REVIEW

The Statement of Financial Activities for the year is set out on page 20 of the financial statements

Overall Financial Position

The charity had a deficit for the year of £63,479, reducing the total funds carried forward to £519,518 compared to £582,997 in 2009. The unrestricted fund carried forward from 2010 to 2011 was £515,508.

The deficit was primarily the result of expenditure on two major projects (Quality Award and COPD communications programme) where the income had been secured in 2009 but the activity carried forward to 2010 funded by income from 2009 held as designated fund.

Income Generation

Total Income

The total income received by PCRS-UK in 2010 was £804,507 compared to £939,358 in 2009 and £581,413 in 2008. 2009 was an unprecedented year for income with a large increase in income from charitable activities from two major projects, and an exceptional year in terms of publishing (reprint sales). The income results in 2010 albeit less than 2009 were nonetheless very positive and higher than 2008 and other prior years.

Despite the positive results in 2010, the PCRS-UK Trustees are cognisant of imminent and potentially significant threats to the future funding of the PCRS-UK, including severe budget constraints in the NHS and major respiratory pharmaceutical brands coming off patent from 2011 and recognise the importance of reducing the dependence of the Society on pharmaceutical industry funding by substantially growing the income from membership fees.

Income from Charitable Activities

The largest source of income, as in previous years, was from charitable activities. A total of £576,342 was generated from charitable activities accounting for 71.6% of total income which was slightly lower than the proportion in 2009 (76.6%).

- a) Education generated £482,889 compared to £540,159 in 2009 and £292,631 in 2008. 47% of this income in 2010 was derived through the Primary Care Conference which accounted for £227,839 compared to £225,483 in 2009.

The income from other Education Projects was reduced in 2010 (£255,050) compared to 2009 (£314,676) but up compared to 2008 (£77,500). £84,783 income derived from the COPD NS communications programme in 2009 including funding for work commissioned by AZ and provided by Allen & Hanburys to run a national meeting for respiratory leaders (Top 100 Meeting) was not spent due to delays in the publication of the COPD NS and was designated by the Trustees to spend on completing these activities. Likewise £46,027 of the income secured to support the quality initiative was not spent in 2009 and was similarly designated by the Trustees.

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 (£39,442).

- b) Publishing generated £90,882 compared to £175,675 in 2009 and £68,017 in 2008 and was all generated through the PCRJ. A substantial reduction in reprint sales was seen in 2010 compared to 2009. Reprint sales of circa £70,000 were nonetheless secured in the first quarter of 2011 suggesting that the poor performance in 2010 reflected a very volatile and fluctuating market rather than an underlying trend.

**PRIMARY CARE RESPIRATORY SOCIETY UK
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**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2010
(continued)**

- c) External communications generated £2,631 (2009 £3,250) which related to mailing services conducted on behalf of PCRS-UK clients and customers and reimbursement to PCRS-UK of expenses incurred on the IMPRESS

Voluntary Income

Total voluntary income was £226,522 compared to £218,799 in 2009 and £208,666 in 2008 £31,918 membership fees were secured compared to £47,139 in 2009 £3,924 of the membership income in 2010 was from bulk purchase (Dudley PCT and Heart of Birmingham PCT) compared to £20,000(Boehringer Ingelheim) in 2009 £27,994 was from individual fees in 2010 compared with £27,139 in 2009 and £25,305 in 2008

Restricted income received in 2010 was a gift in kind from Allen & Hanburys (GSK) of £31,918 in support of the respiratory leaders' membership scheme

Corporate Supporter Scheme membership fees increased slightly in 2010 with 9 members compared to 8 in 2009 The PCRS-UK was immensely grateful to its 2010 corporate supporters - Allen & Hanburys, AstraZeneca, Boehringer Ingelheim / Pfizer, Chiesi, MSD, Napp, Teva, and Pfizer Vaccines – for their financial support of the core activities of the charity

Resources Expended

The total resources expended by the PCRS-UK in 2010 reached £867,986 compared to £767,309 in 2009 The increase was primarily due to expenditure on the COPD communications programme and Quality Award

Total support costs in 2010 were £194,687 (23% of total expenditure) compared to £183,183 in 2009 (24%)

Cost of Generating Funds

The cost of generating funds increased slightly in 2010 to £37,309 and were all in the form of support costs (2009 £34,113)

Charitable Activities

a) **Research**

A total of £19,642 was spent on research compared to £30,301 in 2009 and £16,964 in 2008 2009 unusually included a small research grant accounting for the difference in spend in that year

b) **Publishing**

Total publishing costs were £143,597 of which £121,167 was in support of the PCRJ, £6,968 on opinion sheets and the remainder on support costs

c) **Education**

A total of £473,726 was spent on educational activities in 2010 compared to £377,819 in 2009 The Primary Care Conference accounted for £143,286 compared to £134,077 in 2009

The major increase in expenditure was on the COPD communications programme and Quality Award Other activities funded in 2010 were the respiratory leaders programme and practice nurse development programme

d) **External Communications**

A total of £108,696 was spent on external communications similar to that spent in 2009 (£101,316)

e) **Governance Activities**

A total of £53,213 was spent on governance activities

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2010
(continued)**

RESERVES POLICY

As part of the management of risk the PCRS-UK 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 PCRS-UK 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 is an essential reserve to hold. This amounts to £390,000 in the 2011 budget.

Furthermore given that the PCRS-UK 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, PCRS opinion sheets, nurse and respiratory leaders 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% of the cost of the projects is deemed to be appropriate which amounts to £73,000 bringing the total reserve required to £463,000 in 2011.

Total reserves of £519,518 had been built up and were available at the end of the year, 2010.

PLANS FOR FUTURE PERIODS

The business priorities for the PCRS-UK in 2011 are:

- **Driving quality in respiratory primary care**, through PCRS-UK quality award ('recognising quality respiratory care'), influencing national standards, generating 'evidence reviews' (eg via PCRJ), and dissemination of 'best practice' (eg via PCRS-UK publications, and conference)
- **Growing PCRS-UK membership** to reach out to wider audiences to generate a sustainable income stream and increase charitable impact. A key activity will be introducing a new practice based membership scheme to meet the needs of those with a practice responsibility for respiratory but with no specific personal interest in respiratory care.
- Developing our **reputation as the 'professional society'** for key groups (primary care respiratory leaders, local nurse groups, primary care respiratory researchers) central to the delivery of optimal respiratory care in primary care – driving the need for action, offering professional guidance /support and a 'voice' through membership programmes specifically.
- Influencing the **commissioning of respiratory services** in primary care to support the delivery of quality integrated services through influencing and recommending standards for commissioning respiratory care via IMPRESS and developing and equipping primary care clinical leaders (via the respiratory leaders programme) who collectively can influence locally, regionally and nationally to ensure appropriate services are commissioned and delivered.

A key feature of the 2011 business plan is to continue to take a strong marketing approach to make better use of what we already do and includes a major investment to grow the membership of the PCRS-UK aimed at helping to secure the long term financial prosperity of the Charity whilst also dramatically improving its charitable impact.

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

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2010
(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

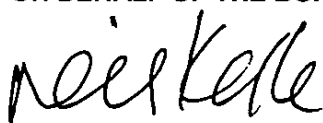
Dr D Bellamy MBE	Appointed 04 10 01, retired 25 09 10
Mr N Kendle, Chairman	Appointed 21 06 03
Dr P White	Appointed 22 06 07
Mr M Blank	Appointed 12 09 08
Ms R Davies	Appointed 12 09 08
Ms Jane Scullion	Appointed 25 09 09

AUDITORS

A resolution to reappoint RSM Tenon Audit Limited 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 the Companies Act 2006 relating to small companies.

ON BEHALF OF THE BOARD:



CHAIRMAN

Dated

10/5/11

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
PRIMARY CARE RESPIRATORY SOCIETY UK**

We have audited the financial statements of Primary Care Respiratory Society UK for the year ended 31 December 2010 on pages 20 to 27. The financial reporting framework that has been applied in their preparation is applicable law and the Financial Reporting Standard for Smaller Entities (Effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to smaller entities).

This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company'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 company and the company'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 explained more fully in the Trustees' Responsibilities Statement set out on page 17, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates made by the trustees, and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Report of the Trustees to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements

- give a true and fair view, of the state of the charitable company's affairs as at 31 December 2010, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended,
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities, and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
PRIMARY CARE RESPIRATORY SOCIETY UK
(continued)**

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us, or
- the financial statements are not in agreement with the accounting records and returns, or
- certain disclosures of trustees' remuneration specified by law are not made, or
- we have not received all the information and explanations we require for our audit, or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report



Neil Sevitt (Senior Statutory Auditor)
for and on behalf of

Date 25th July 2011

RSM Tenon Audit Limited
Statutory Auditor
2 Wellington Place
Leeds
LS1 4AP

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR TO 31 DECEMBER 2010**

	Notes	Restricted Funds £	Unrestricted Funds £	2010 Total £	2009 Total £
INCOMING RESOURCES:					
Incoming resources from generated funds					
Voluntary income		31,104	195,418	226,522	218,799
Investment income		-	1,643	1,643	1,475
Incoming resources from charitable activities		-	576,342	576,342	719,084
Other incoming resources		-	-	-	-
Total incoming resources	2	<u>31,104</u>	<u>773,403</u>	<u>804,507</u>	<u>939,358</u>
RESOURCES EXPENDED:					
Cost of generating funds		-	37,309	37,309	34,113
Charitable activities					
Research		-	19,642	19,642	30,301
Publishing		-	143,597	143,597	178,623
Education		31,804	473,725	505,529	377,819
External communications		-	108,696	108,696	101,316
Governance costs		-	53,213	53,213	45,137
Total resources expended	3	<u>31,804</u>	<u>836,182</u>	<u>867,986</u>	<u>767,309</u>
NET INCOME/(EXPENDITURE) FOR THE YEAR		(700)	(62,779)	(63,479)	172,049
FUND BALANCES BROUGHT FORWARD		<u>4,710</u>	<u>578,287</u>	<u>582,997</u>	<u>410,948</u>
FUND BALANCES CARRIED FORWARD		<u>4,010</u>	<u>515,508</u>	<u>519,518</u>	<u>582,997</u>

Movements in funds are disclosed in Note 11 to the financial statements

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**BALANCE SHEET
31 DECEMBER 2010**

	Notes	2010		2009	
		£	£	£	£
FIXED ASSETS:					
Tangible assets	7		5,458		5,196
CURRENT ASSETS:					
Debtors	8	289,707		239,346	
Cash at bank		368,408		512,403	
		<u>658,115</u>		<u>751,749</u>	
CREDITORS: Amounts falling due within one year	9	144,055		173,948	
			<u>514,060</u>		<u>577,801</u>
NET CURRENT ASSETS:					
			<u>519,518</u>		<u>582,997</u>
TOTAL ASSETS LESS CURRENT LIABILITIES.	10				
			<u>519,518</u>		<u>582,997</u>
FUNDS					
Restricted Fund	11		4,010		4,710
Unrestricted Fund					
General Funds			464,016		447,477
Designated Funds			51,492		130,810
			<u>519,518</u>		<u>582,997</u>

The financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime under the Companies Act 2006 and with the Financial Reporting Standard for Smaller Entities (effective April 2008)

Approved by the Trustees on 10/5/11 2011

Neil Kettle

**Mr N Kettle
Chairman**

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2010**

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 April 2008), and the Companies Act 2006. 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 Charity 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
-------------------------------	----------------------

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.

Designated funds are unrestricted funds set aside by the trustees to meet specific projects or expenditure from time to time.

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 Primary Care Respiratory Society UK is not liable to taxation on its income and gains.

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2010**

2. INCOMING RESOURCES

Incoming Resources from Generated Funds

	Restricted Funds £	Unrestricted Funds £	2010 Total £	2009 Total £
Voluntary income				
Pharmaceutical companies				
Merck Sharp & Dohme Ltd	-	17,500	17,500	17,500
Boehringer Ingelheim Ltd / Pfizer Ltd	-	23,500	23,500	17,500
Trinity Chiesi Pharmaceuticals	-	17,500	17,500	17,500
AstraZeneca UK Ltd	-	17,500	17,500	17,500
NAPP	-	17,500	17,500	13,875
Allen & Hanburys (GSK)	-	17,500	17,500	13,875
Nycomed Ltd	-	17,500	17,500	15,000
Pfizer Vaccines (incorporating Wyeth Vaccines)	-	17,500	17,500	8,750
TEVA	-	17,500	17,500	-
Membership fees	-	31,918	31,918	47,139
Gift in kind - Allen & Hanburys (GSK)	31,104	-	31,104	50,160
	<u>31,104</u>	<u>195,418</u>	<u>226,522</u>	<u>218,799</u>
Investment income				
Bank interest	-	1,643	1,643	1,475
	<u>-</u>	<u>1,643</u>	<u>1,643</u>	<u>1,475</u>
Incoming resources from charitable activities				
Publishing				
Journal	-	90,822	90,822	170,562
Other publications	-	-	-	5,113
Education				
Primary care conference	-	227,839	227,839	225,483
Other	-	255,050	255,050	314,676
External Communications	-	2,631	2,631	3,250
	<u>-</u>	<u>576,342</u>	<u>576,342</u>	<u>719,084</u>
Other incoming resources				
Miscellaneous income	-	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL	<u>31,104</u>	<u>773,403</u>	<u>804,507</u>	<u>939,358</u>

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2010**

3. ANALYSIS OF TOTAL RESOURCES EXPENDED

	Restricted Funds £	Unrestricted Funds £	2010 Total £	2009 Total £
Cost of generating funds				
Corporate Supporter Scheme	-	-	-	-
Support costs	-	37,309	37,309	34,113
	-	37,309	37,309	34,113
Charitable Activities				
Research				
Research department	-	3,940	3,940	8,513
Grants payable				
International Primary Care Respiratory Group	-	-	-	5,000
Support costs	-	15,702	15,702	16,788
	-	19,642	19,642	30,301
Publishing				
Journal costs	-	121,167	121,167	148,260
Other publications	-	6,968	6,968	10,265
Support costs	-	15,462	15,462	20,098
	-	143,597	143,597	178,623
Education				
Primary care conference	-	143,286	143,286	134,077
Other education projects	31,804	261,251	293,055	186,772
Education and Nurse committees	-	13,525	13,525	9,815
Support costs	-	55,664	55,664	47,155
	31,804	473,726	505,530	377,819
External communications				
Influencing policy	-	38,316	38,316	30,938
Website and members communication	-	33,345	33,345	30,243
Other communications	-	2,364	2,364	1,200
Support costs	-	34,671	34,671	38,935
	-	108,696	108,696	101,316
Governance costs				
Accountancy and legal fees	-	10,831	10,831	15,115
Trustees meetings and expenses	-	3,935	3,935	1,423
Insurance	-	2,567	2,567	2,505
Support costs	-	35,879	35,879	26,094
	-	53,212	53,212	45,137
TOTAL	31,804	836,182	867,986	767,309

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2010**

4. NET INCOMING RESOURCES

This is stated after charging

	2010	2009
	£	£
Auditors remuneration	2,000	2,000
Auditors remuneration for non-audit work	6,239	10,560
Depreciation	1,648	1,471
	_____	_____

5. STAFF COSTS AND FEES

	2010	2009
	£	£
Salary costs	80,298	82,792
Social security costs	9,121	9,148
	_____	_____
	89,419	91,940
	_____	_____

The average number of employees during the year was 2 (2009 – 2)

During the year 1 (2009 - 1) employee was paid between £60,000 and £70,000

6. TRUSTEES' REMUNERATION

Dr David Bellamy was paid a £250 (2009 £250) honorarium for writing an opinion sheet on lung cancer for PCRS-UK and Ms Jane Scullion was paid a £250 honorarium (2009 Nil) for writing an opinion sheet on hospital at home and £225 for COPD NS supplement (2009 Nil) No other trustees received any remuneration or fees during the year. Travel expenses were reimbursed for Trustees' attendance at meetings of £2,000 (2009 - £374)

7. TANGIBLE FIXED ASSETS

	Computer and office equipment £
COST.	
At 1 January 2010	27,081
Additions	1,910

At 31 December 2010	28,991

DEPRECIATION:	
At 1 January 2010	21,885
Charge the period	1,648

At 31 December 2010	23,533

NET BOOK VALUE:	
At 31 December 2010	5,458

At 31 December 2009	5,196

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2010**

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

	2010	2009
	£	£
Trade debtors	274,619	147,110
Prepayments and accrued income	12,588	2,072
Other debtors	2,500	90,164
	289,707	239,346

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

	2010	2009
	£	£
Trade creditors	37,695	15,354
Taxation and social security	23,432	19,761
Accrued expenses and deferred income	82,928	133,160
Other creditors	-	5,673
	144,055	173,948

10. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted Funds £	Unrestricted Funds £	2010 Total £	2009 Total £
Tangible fixed assets	-	5,458	5,458	5,196
Current assets	4,010	654,105	658,115	751,749
Current liabilities	-	(144,055)	(144,055)	(173,948)
	4,010	515,508	519,518	582,997
Net assets as at 31 December 2009	4,010	515,508	519,518	582,997

**PRIMARY CARE RESPIRATORY SOCIETY UK
(Formerly General Practice Airways Group Ltd)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2010**

11. MOVEMENT IN FUNDS

	As at 1 Jan 2010 £	Incoming Resources £	Outgoing Resources £	Transfers £	As at 31 Dec 2010 £
Restricted funds					
Spirometry Project	4,710	-	(700)	-	4,010
PCRS UK Mentorship Programme	-	31,104	(31,104)	-	-
	<u>4,710</u>	<u>31,104</u>	<u>(31,804)</u>	<u>-</u>	<u>4,010</u>
Unrestricted funds					
General funds	447,477	714,402	(697,863)	-	464,016
Designated funds					
<u>COPD Communications Project</u>					
Top 100 meeting (A&H)	27,651	-	(27,651)	-	-
AZ meetings	30,021	-	(10,000)	-	20,021
PCRS-UK materials	27,111	-	(27,111)	-	-
<u>Quality award</u>	46,027	59,000	(73,556)	-	31,471
	<u>578,287</u>	<u>773,402</u>	<u>(836,181)</u>	<u>-</u>	<u>515,508</u>
Total funds	<u>582,997</u>	<u>804,506</u>	<u>(867,985)</u>	<u>-</u>	<u>519,518</u>