

The Primary Care Respiratory Society

ANNUAL REPORT 2022



Registered Company number: 04298947
Registered Charity number: 1098117

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The Trustees present their Annual Report together with the financial statements of the Company for the year 1 January 2022 to 31 December 2022. The Annual Report serves the purposes of both a Trustees' Report and a Directors' Report under company law. The Trustees confirm that the Annual Report and Financial Statements of the charitable company comply with the current statutory requirements, the requirements of the charitable company's governing document and the provisions of the Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2019).

The Trustees have complied with the duty in part 1 section 4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity 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*.

*Since the Company qualifies as small under section 382 of the Companies Act 2006, the Strategic report required of medium and large companies under the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013 has been omitted.

About PCRS

The Primary Care Respiratory Society (PCRS) supports all healthcare professionals (HCPs) in primary, community, and integrated care settings. We develop an optimal, holistic, patient-centred approach to delivering quality care for people with respiratory conditions. We are advocates for the improvement of care for people with respiratory diseases, bringing together all professions, offering them a welcoming, supportive, inclusive, non-hierarchical community where everybody has a voice.

Our charitable objectives 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;
- accredit and endorse methodologies, research, products, individuals, education, and bodies after proper consideration; and
- provide information for subscribers and others on all aspects of common respiratory conditions found in primary care.

We do this through the following core activities:

- Advocacy and campaigns to inform and influence policy and set standards in respiratory medicine, relevant to populations nationally and locally.
- Educating health professionals working in primary and community settings to deliver and influence out of hospital respiratory care through open access to succinct best practice, evidence based clinical guidance and resources.
- Promoting and disseminating real life respiratory research relevant to population health needs that supports policy and education activities.



2022 Business Priorities

- Influence national policy, set standards and provide pragmatic guidance; to inform and contribute to national, local and regional policy ensuring that respiratory care is prioritised and seen as a must do priority.
- Generate campaigns and projects on focused topics that galvanise thinking, engage members, and drive change, specifically around greener healthcare, improving patient quality of life and improving outcomes by reducing over-reliance on rescue inhalers (those containing medicines such as salbutamol), digital technology in the respiratory pathway, and challenging perceptions of COPD to help improve attitudes and approaches to the support and management of people with COPD.
- Support the professional development of our members and fuel their passion/expertise in respiratory care through our lifelong learning programmes including educational programmes, tools and resources, mentorship and leadership programmes.
- Reach out to, and educate, the wider generalist primary/community care audience through the Primary Care Respiratory Academy, improved digital communications and our Peer Support Network.
- Support effective commissioning/respiratory service provision through ongoing work to promote the Respiratory Services Framework and collaborative projects with partner organisations.
- Promote and encourage 'real world' research to generate evidence of what works and how to implement it through our partnership with Springer Nature to support and promote our flagship journal; npj Primary Care Respiratory Medicine, and the support of our vibrant PCRS Research network.

Respiratory disease affects one in five people and together lung cancer, pneumonia and COPD are the biggest cause of death in the UK.

Most respiratory conditions are diagnosed, and managed within primary care. Primary care also has a significant role in disease prevention. The total economic burden of all lung conditions is estimated to be £11 billion annually.

PCRS exists to relieve this burden, improve standards of care and patient outcomes.



2022 Impact Report

Influencing and Informing Respiratory Policy

Position Statements

We release position statements on key topics to inform policy and best practice. These are prioritised according to the current policy cycle, as well as areas where our members would benefit from further insights and expertise.

Representation and Collaboration

Action on Smoking and Health

Inhalers Working Group
Clinical Policy Group on Breathlessness

NHS Prevention Programme's Tobacco Dependence Stakeholder Group

NHS Accelerated Access Collaborative for Severe Asthma

Pulmonary Rehabilitation National Network Group

NICE/BTS/SIGN Asthma Guideline Working Group

UK Lung Cancer Coalition

UK Inhaler Group

The National Asthma and COPD Audit Programme (NACAP)

Taskforce for Lung Health

BTS Cough Guidelines Committee

UK Health Alliance for Climate Change

Inequalities in Health Alliance

NTM Network UK: Standards of Care Steering Committee

NHS England: GIRFT Programme - New summary guide supports NHS ambition to increase the use of virtual wards

In 2022, we released a new position statement on 'Making safe and clinically appropriate changes to inhalers for patients with respiratory disease' and updated our existing policy statement on 'National screening for lung cancer'. We also reviewed our existing policy statements to ensure that they remain current and topical.

The PCRS Policy Group announced that they intend to update the PCRS Position Statement on Environmental Issues, and Tobacco Dependency in 2023, review the agreed policy pillars under which PCRS policy activity takes place and develop policy advice around breathlessness and breathing pattern disorders.

Informing National Policy and Guidelines

PCRS also work to ensure that respiratory disease remains a priority for decision-makers and that the primary care voice is heard where decisions about respiratory healthcare provision are made. In 2022, we contributed to National Institute of Clinical Excellence (NICE) Guidelines including:

- Accelerated Access Collaborative for severe asthma
- Asthma Inhaler Decision Guide
- Indoor Air Quality, Quality Standard
- Tobacco Guideline Update
- Tobacco Quality Standard
- UK Lung Cancer Screening Model

Informing policy in the broader respiratory network

We work collaboratively and feedback expert insights on broader policy including:

- British Thoracic Society (BTS)/Scottish Intercollegiate Guidelines Network (SIGN)/NICE Asthma Guidelines
- Taskforce for Lung Health
- National Bundle of Care for children and young people with asthma
- Inequalities in Health Alliance



Asthma Right Care

Many people with asthma have a poor perception of their asthma and mistakenly believe that asthma symptoms are a normal part of life and should just be accepted.

Another indicator that asthma isn't taken seriously, and there may be a gap in knowledge, is that adherence to preventive medicine is only around 22-63%.

In 2022, we developed a series of resources to combat the myths around asthma and illustrate to healthcare professionals the crucial role they play in supporting people to live better with asthma. Through these resources we highlighted that the time healthcare professionals invest and the words that they use really do matter to help promote "self-care".

The resources we provided included a PDF article highlighting the common myths associated with asthma.

We are grateful to Trudell International for sponsoring the Asthma Myths campaign. The sponsors had no input into the content of the programme.

To support learning, we held a webinar and developed a series of four podcasts and four short-form animations based around the following myths:

- Myth 1: Asthma is not a serious disease
- Myth 2: Coughing is part and parcel of having asthma
- Myth 3: I only need my blue inhaler
- Myth 4: I'm just allergic to some things

The animations have been particularly well received and anecdotal feedback has been extremely positive. Feedback via social media channels also demonstrated good engagement with this campaign.

**"A KEY MESSAGE AND A
FOCUS THAT WE CAN MAKE A
POSITIVE DIFFERENCE WITH
THANK YOU!"**



COPD:

CHALLENGING PERCEPTIONS

- COPD is the fifth leading cause of death in the UK, causing 30,000 deaths each year.
- 10% emergency COPD admissions are for undiagnosed patients.
- COPD exacerbations are the second largest cause of emergency admission, with 30% patients readmitted within 90 days.
- COPD costs the NHS £1.9 billion a year.

COPD is growing in prevalence across the UK, and the impact on patients is devastating. COPD is associated with co-morbidities, health inequalities, and a poorer quality of life. Too often patients with COPD are not receiving proper care. A more proactive approach to symptom management and a better understanding of the triggers and causes of exacerbations could help patients live a better quality of life.

In 2022, we led a new campaign to challenge common thinking and

perceptions of COPD. The campaign sought to change attitudes to COPD, by shifting the narrative and focusing on what HCPs can do to more effectively support their patients to live well in spite of their condition.

In addition to a webinar held to highlight some positive patient examples, we also held a two-day train-the-trainer residential course to provide experienced colleagues with additional presentation, chairperson, and facilitation skills to empower them to provide local COPD education programmes and challenge perceptions locally. The course included prepared COPD educational materials for delegates to present in their locality or PCN.

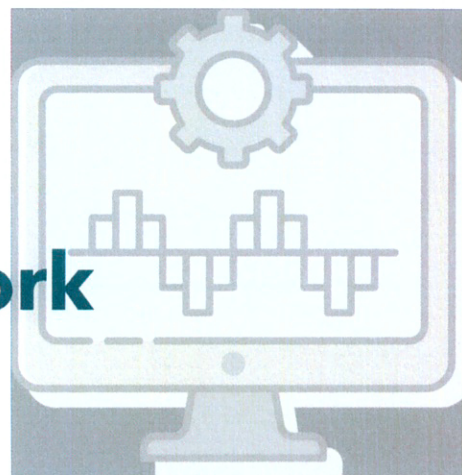
18 members registered for the course, with 13 attending in person. Evaluation data showed all delegates had experienced excellent gains in confidence in presenting, facilitation skills, and leading a training session.

We are grateful to AstraZeneca Ltd for the provision of a grant to support the activities of the Challenging Perceptions of COPD Campaign. AstraZeneca had no input into the contents of the campaign outputs.

"Excellent event. Relaxed but organised atmosphere. Tailored to the needs of the group and willing to focus more on what the group wanted to. Encouraging, empowering and inspiring."



Other campaign work



Digital technology is transforming the way respiratory healthcare and health education are delivered: online consultations, virtual pulmonary rehab, apps to support self-management, artificial intelligence helping diagnosis and screening, digital simulation, and virtual and augmented reality in training - just some of the many exciting technologies and applications that have exploded onto the healthcare market in recent years.

However, digital technology is not a panacea. Whilst COVID-19 fast accelerated the implementation and uptake of some aspects of digital respiratory healthcare – uptake has not always been consistent or popular.

During this period PCRS delivered five webinars covering ethics and inequalities, data and dashboards, technology in education and virtual wards & virtual rehab. The webinars provided a great opportunity to understand newer technologies and how they can be implemented in primary care and the potential problems associated with such tech and how they can be mitigated.

PCRS recognise that health inequalities are an exacerbating factor for respiratory conditions and will negatively affect patient outcomes. Incidence and mortality rates from respiratory disease are higher in disadvantaged groups and areas of social deprivation. The pandemic has revealed long term weaknesses in the healthcare system and has had a disproportionate effect on the vulnerable, deprived and different ethnic communities.

To support PCRS members, PCRS set out to raise awareness of the understanding of certain health inequalities that may lead to or exacerbate respiratory conditions and signpost to further information and learning to support patients.

We have focused on homelessness and poor housing, social deprivation and poverty, and health literacy.

We have supported the development of simple multi-language resources and developed webpages to support this campaign. We have also supported the Inequalities in Health Alliance.

Professional development

PCRS lifelong learning programmes support the professional development of our members and promote best practice in respiratory care. We offer a range of opportunities including leadership, mentorship and peer support networks.

Projects	Details	Outcome	Feedback
Respiratory Leadership programme Sponsored by Chiesi*	A series of evening webinars, a one day in-person dedicated course with an expert coach and supplemented learning at the annual conference with dedicated parallel stream of sessions on leadership. Focus on non clinical leadership skills such as influencing, motivating teams, negotiation and communication.	15 delegates (100% completion rate). 86% of delegates reported course met or exceeded their expectations.	"Very valuable. I feel more confident in my leadership abilities." "I have found the program very beneficial and have taken away some key points to help develop my leadership skills."
PCRS Mentorship Programme Sponsored by GSK*	We supported 6 healthcare professionals to get the most out of international respiratory scientific meetings (i.e. European Respiratory Society (ERS) International Congress, the BTS Annual Congress and the PCRS Annual Conference).	Participant goals included supporting further research and improvement in respiratory care, increasing pulmonary rehabilitation referrals, making positive change at local and PCN level and reigniting passion for respiratory care.	"Attending BTS and previously PCRS in September had reignited my passion / confidence and skills in all aspects of respiratory diseases." "It shows me how to know what best practice is and what can be achieved."
Peer Support Network Sponsored by HSF and Simpson Millar*	Resources provided to Peer Support Group Leaders, to facilitate and run local respiratory groups. A refreshed PSN dashboard was launched on the PCRS website providing access to a speaker bank, educational webinars, presentations and guidance for use at local groups.	41 Peer Support Networks are currently affiliated to PCRS.	"The speaker database has been really great."

*We are grateful to our sponsors for their support. Sponsors had no input into the content of the programmes

Primary Care Respiratory Academy

PCRS work in partnership with Cogora, the publishers of Pulse and Nursing in Practice to produce the Primary Care Respiratory Academy (PCRA). The purpose of the PCRA is to provide training to a wider generalist primary care and commissioning audience.

Cogora experienced significant challenges achieving funding for the work and the ability to deliver the full planned programme of work was curtailed. Frequent changes in staff at Cogora also impacted on the delivery of services. It would be fair to say that PCRS has found it is not gaining as much benefit in reaching a wider generalist audience through this partnership than it had previously hoped and the partnership will be reassessed when the contract completes at the end of 2023.

Cogora pay PCRS a fee for services to provide professional expertise, content and clinicians to run the programme. Due to ongoing challenges in securing sponsorship for the programme, PCRS accepted a reduced fee of £10k for these services in 2021.

Projects	Details	Outcome	Feedback
PCRA Clinical Platform	In 2022 we delivered three in person events (London, Manchester and Birmingham) and two webinars. The main topics were in asthma diagnosis and management, bronchiectasis and interstitial lung disease.	189 people attended the in-person events and there were 607 participants for the webinars.	Average delegate rating was 4.6 out of a possible score of 5.
PCRA Quality Improvement Platform	During this period two quality improvement webinars were held. Key topics were around greener respiratory healthcare and how to shorten respiratory waiting list times.	There were 192 participants for the webinars.	Average delegate rating was 4.6 out of a possible score of 5.

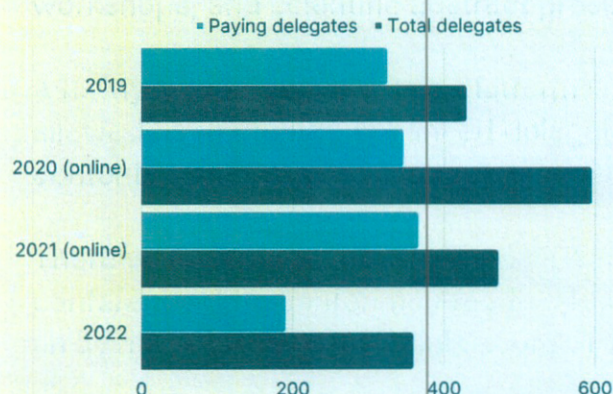
PCRS National Respiratory Conference: September 2022

The PCRS Respiratory Conference 2022 was our first in-person conference since the COVID-19 Pandemic. The conference featured six parallel streams of content, including clinical, service improvement, compassionate leadership, practical workshops, and scientific abstract presentations.

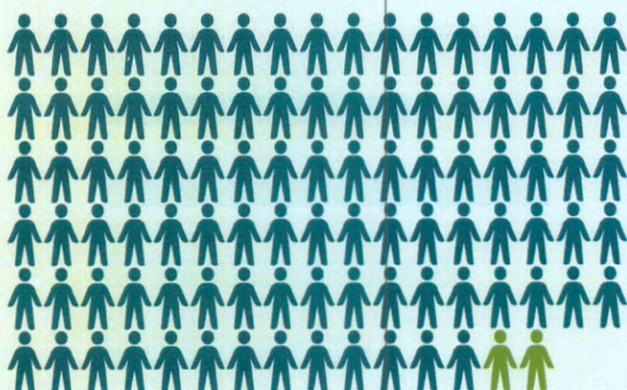
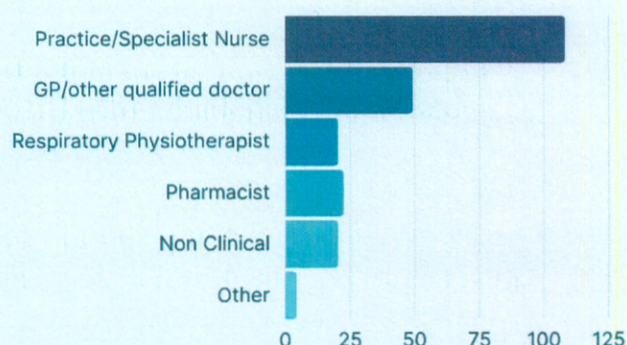
A newly launched PCRS web platform with added functionality and revised graphics allowed us to provide enhanced delegate dashboard with additional conference content.

There were nearly 360 attendees vs 430 attendees at our last in-person conference. The conference feedback was extremely well rated with sessions rated an average 9 out of a possible score of 10.

Number of conference attendees verses paying delegates



Profession of Conference Delegates in 2022



97.7%

of attendees would
recommend the PCRS
Conference to colleagues

There were four sponsored satellite symposia presented at the conference: two by AstraZeneca, one by GlaxoSmithKline, and one by Sandoz.

The conference in 2022 was sponsored by AstraZeneca and Chiesi Ltd. Other than satellite symposia which were clearly indicated in the programme, sponsors had no input into the conference programme or selection of speakers.

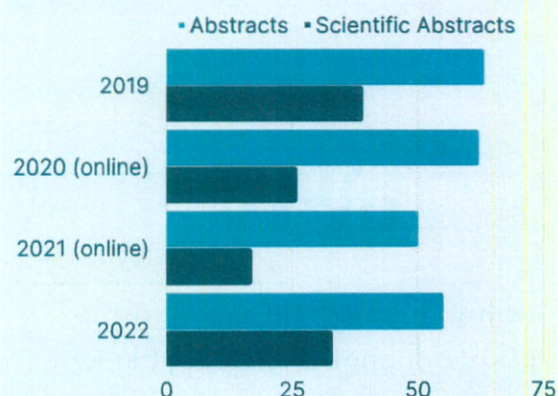
In addition to the positive evaluation feedback, it is clear that the present workforce crisis in primary and community care has resulted in an ever greater need for those working under such challenging circumstances to be able to come together to network and share experiences. The conference not only provides an opportunity for learning, but the importance of networking and sharing experiences cannot be overemphasised during these challenging times.

Funding for delegates to attend such events however is an increasing problem, particularly as the cost of living crisis hits.

91%

of attendees indicated that they would prefer to attend the 2023 PCRS Conference in person

Abstract submissions since 2019



What delegates said about Conference in 2022

A really varied programme to provide for interest across the spectrum of professional roles. I really enjoyed the person-centred care approach which was always at the forefront.

A very friendly and inclusive conference. Lots of fantastic chats/ networking opportunities as well.

Excellent conference, very refreshing to have the opportunity to learn what's up and coming and how to get over obstacles in providing high quality care. Networking is fantastic. An opportunity to meet our respiratory heroes and aspire to achieve.

Thank you so much for an excellent conference. The warmth, friendliness and encouragement given by the PCRS is very empowering to ensure and strive for best and better care. Many useful tips to improve practice and engage with patients.

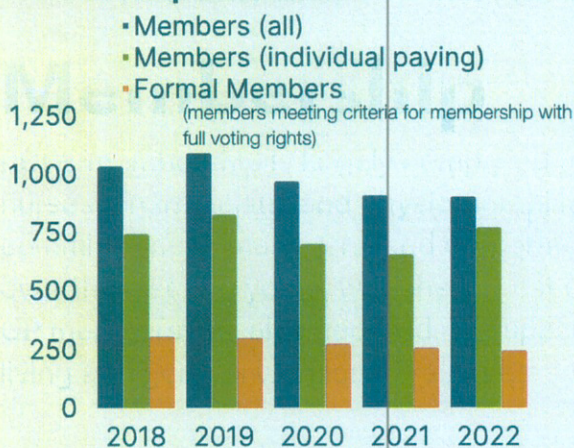
As always, PCRS 2022 was a friendly and inspiring conference, thank you.

Membership

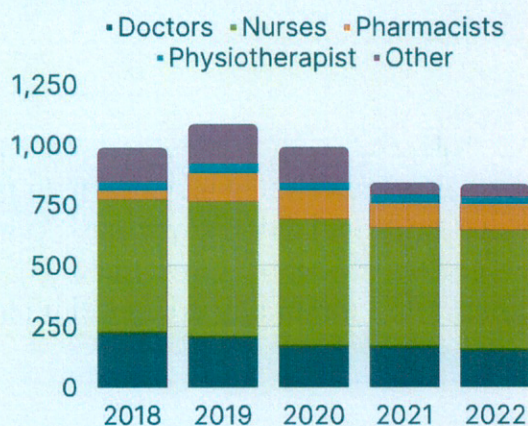
PCRS membership is largely comprised of GPs, practice and respiratory specialist nurses, pharmacists, and physiotherapists. Other members include researchers, commissioners, managers, and corporate members. Our membership has dropped over the last two years, with the largest drop seen among nurses, and the number of GP members has also declined. We speculate that this may be due to the rising cost of living and general workload pressures.

PCRS will keep a close eye on membership during 2023 and attempt to develop strategies to mitigate any further decline.

Membership breakdown



Membership by professional status



Members' Magazine: Primary Care Respiratory Update

In 2022, we published two themed editions of our membership magazine, PCRU. Summer 2022 focused on the concept of one airway, with key features on the management of allergic rhinitis as well as highlighting common myths associated with asthma and how healthcare practitioners can address these with patients. We also produced a pragmatic guide on the role of C-reactive protein testing in primary care. Our Winter 2022 issue concentrated on COPD in more detail, featuring articles on the implications of the new Global Initiative on Lung Disease guidance and a practical infographic on how to deliver the one-minute sit-to-stand test. Production costs were met from funds received to support our Asthma Right Care campaigns and sponsorship from Viatris (One Airway), Insmed (Non-tubercular mycobacterial infections), AstraZeneca (Severe Asthma), and LumiraDx Ltd (CRP Testing). Sponsors had no input into the content of these articles and full editorial control was within the remit of PCRS.

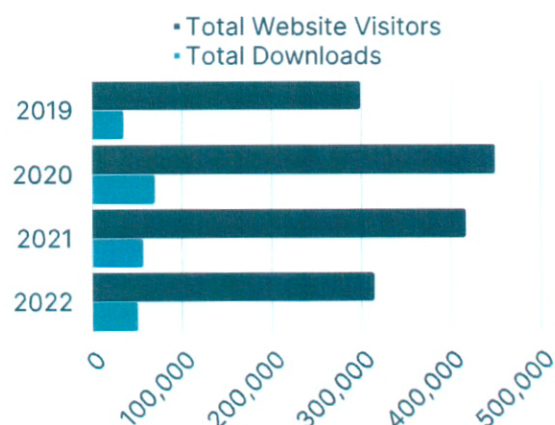
Members' Fortnightly E-News: In Touch

Members receive a fortnightly email containing all the latest news, policy, events, and clinical practice. It remains popular and well read among members. In 2022, it circulated to an average of 879 recipients with an average open rate of 45% (40% in 2021), average clicks per edition of around 180, and a total number of click-throughs of over 4,000.

Reaching a wider audience

Digital Communications

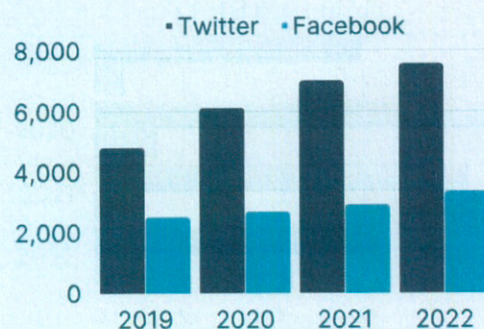
Website visitors dropped by 25% in 2022, partly attributable to essential work performed on the website in addition to a move to face-to-face events that moved traffic offline, including the PCRS Conference. Many of PCRS's resources are freely available via our website. Top-visited pages this year included the MRC dyspnoea scale, the PCRS home page, asthma guidelines in practise, and FeNO testing for asthma diagnosis.



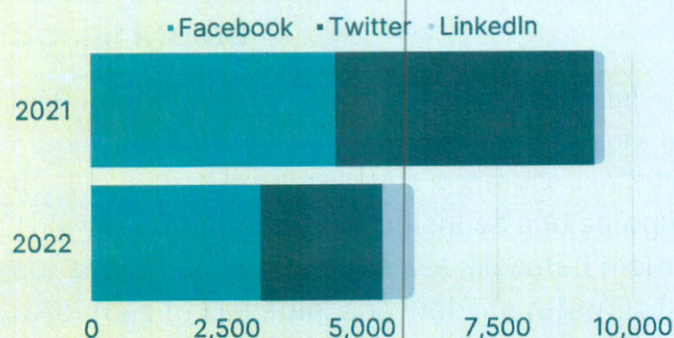
Social Media

PCRS continues to grow followers on social media, which drives a large number of users to the website, though this has decreased in 2022. This year, to reach new audiences and safeguard our social media presence, we allocated more resources to LinkedIn, and website referrals from this platform increased by 200%. While 2022 saw a reduction in Twitter impressions, our Facebook reach and LinkedIn impressions increased.

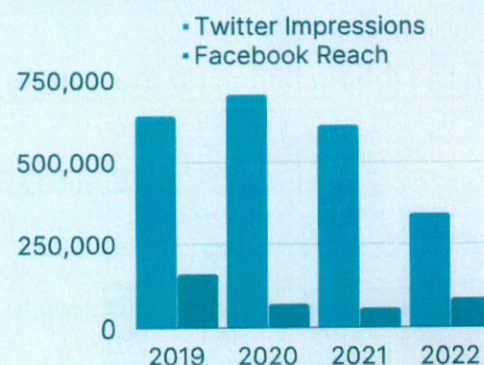
Followers on social media channels



Network referrals to the website



Impressions and reach



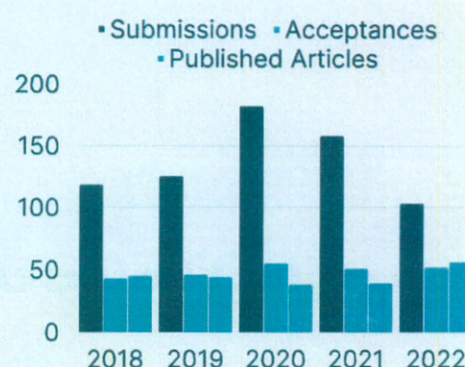
Real world academic research

npj: Primary Care Respiratory Medicine

The Society's official journal, npj: Primary Care Respiratory Medicine, is jointly owned by the Society and Springer Nature. It is the only indexed scientific journal devoted to the management of respiratory diseases in primary care. In 2019, the journal incurred a loss, for which PCRS is jointly liable. Despite efforts to reduce costs and improve growth and sustainability, the trustees agreed in 2022 that the risk to the society of continuing to fund the journal is too high, particularly given the decreasing availability of funding for the society.

PCRS have held exploratory discussions with the International Primary Care Respiratory Group (IPCRG) to facilitate a transfer of ownership to IPCRG and Springer Nature.

The journal will remain the official journal of PCRS and, where we are able to do so, we will continue to promote the journal as a vehicle for publishing primary care respiratory research.



3.280

The latest two year Impact Factor for npj Primary Care Respiratory Medicine up from 2.871 in 2021

Research Network

We continue to support our network of researchers and academics. This can be through the provision of letters of support for funding applications, helping researchers to disseminate surveys, find case studies, and sharing relevant research findings.

We actively support the IMP2ART (IMPlimenting IMProved Asthma self-management as RouTine) programme at the University of Edinburgh, through promotion and dissemination of the programme and opportunities to get involved.

Future Plans for 2023

Our core business into 2023 will focus on: education and professional support; informing national and regional policy; and, campaigning on key issues that affect respiratory healthcare in primary, community and integrated care.

As well as continuing with our Asthma Right Care, COPD, and Health Inequalities campaigns, we will launch a programme to support the primary, community, and intermediate care workforces. The workforce is currently under extreme pressure with increasing levels of burnout, stress, and sickness coupled with an increased workload and a declining workforce. We will develop tools to support the workforce and emphasise the need for compassionate leadership.

We are moving towards more short-form digital media, recognising that healthcare professionals are time-poor and require bite-size learning options that they can accommodate into their schedules. We will focus on podcasts, webinars, online learning, animations, and infographics to deliver learning, as well as supported in-person events to foster and harness comradeship and networking.

We will aim to capitalise on the functionality of the new PCRS website to deliver innovative, accessible

educational programmes.

We will continue to support the professional development of our members through our annual conference, respiratory leadership programme, and mentorship programme. We will produce more pragmatic guidance, promote best practice in relevant clinical areas, and promote learning in less familiar areas such as lung volume reduction surgery and the role of primary care.

We will continue to reach out beyond the PCRS membership to generalist healthcare professionals working in general practice/primary care networks, retail community pharmacists, and those who commission respiratory services.

Following significant changes in personnel during 2022 and the ongoing challenges of capacity, we will be hosting a one-day event for all committees to explore operational strategy and activity for PCRS with the aim of ensuring a cohesive and supported team.

Funding remains challenging, and we will continue to work hard to find innovative ways to deliver our activities that continue to be of interest to our members and funders alike.



Structure, Governance & Management

Constitution

The company is registered as a charitable company, limited by guarantee, and was set up by a Memorandum and Articles of Association on 4 October 2001 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 paid membership scheme.

Appointment and election of Trustees

The management of the company is the responsibility of the Trustees, who are elected and co-opted under the terms of the Articles of Association. During this financial period, PCRS was Chaired by Professor Martyn Partridge. There were eight Trustees on the Board. In 2022, we recruited four new Trustees: Takeshi Matsuda, a solicitor and commercial lawyer with prior training in medicine; Vikki Knowles, a respiratory nurse specialist and nurse consultant; James Rose, a businessman with experience in the healthcare sector and academia; and Jignesh Sangani, a practice-based pharmacist and respiratory lead. Trustee roles are advertised on recruitment sites including National Council for Voluntary Organisations (NCVO) (Trustees Unlimited), Charity Job, and REACH volunteering websites. Applicants are asked to provide a CV and covering statement. A shortlist is drawn up and interviewed by a panel appointed by the Board of Trustees. In 2022, Professor Martyn Partridge, Dr Paul Stephenson, and Dr Irem Patel were re-elected to

serve a further term of office. During this period, Professor Stephanie Taylor resigned from office as trustee to PCRS.

Induction and training of trustees

The Trustees review the skill and experience mix required by the Board and the consequent training and recruitment needs on an annual basis. Induction plans for new Trustees are planned in accordance with the needs of the individual and, as a minimum, include an induction day/meetings with the Executive Director, Chair, and Executive Chair, as well as access to all key PCRS documents and relevant Charity Commission guidance.

Best practice in charity governance

The Board of Trustees is working through the principles of the Charity Governance Code and adopting new activities to continuously improve governance structures. In 2022, we reviewed Leadership (Principle 2), Decision Making Risk and Control (principle 4). We have adopted a number of new initiatives, including introducing a buddy system for new committee members with a named individual to help them settle in and understand how PCRS works, and developing a scheme of delegation.

We have reviewed policies on Bribery, Data Retention and Disposal, Honorary Membership, Website Terms and Conditions, and Privacy Policy. We regularly review all Terms of Reference for Committees and operate a robust Conflicts of Interest policy, which we reviewed and updated in 2022.

All Trustees and Committee members complete declarations of interest each year. Conflict of interests form a standing item on all Committee agendas.

Organisational structure

In 2022, the chief executive resigned her position. Following a full review of the CE role and a review of the charity's requirements for such a role, it was agreed not to go out to tender but to approach the PCRS Operations Director, Tricia Bryant (an external contractor and director of the agency, delivering day-to-day operations for the charity) to take over the duties delivered by the chief executive. A full gap analysis was undertaken, and the operations director was required to provide evidence of her experience in the areas required in written form and during a meeting with the CE and chair of the board of trustees. After confirmation by the board of trustees, a transition plan was developed and implemented. The CE completed her notice period on 30 September 2022 and Tricia Bryant resumed the duties as Executive Director from 1 October as a paid contractor.

The agency, Red Hot Irons Limited (RHI), is also contracted to run the day-to-day operations of the organisation. Freelance consultants are contracted to coordinate policy and medical communications. A patient and carer reference advisory group provides a patient perspective and feeds into discussion, policy, and priority setting. The Executive is comprised of 12 elected members, including at least three GPs and three nurses active in clinical practice. One new member joined the Executive Committee in 2022, with a further three re-elected to the Committee.

All members of the Executive must be formal members of PCRS, and all have expertise in respiratory medicine in primary or community care. The Executive, supported by its education, service development, conference, respiratory leadership, peer support network working group, and policy sub-committees, formulates recommendations on the aims, strategies, and activities of the charity for approval by the Trustees.

Pay Policy for key management

Pay for the CEO (prior to her resignation, the only full time employee of the charity) is based on market benchmarks and reviewed annually with any increase aligned to growth in average earnings in the public sector. The PCRS Executive Chair is a paid role to ensure dedicated time is available to the role (average 6 hours p/w). The pay is set based on market benchmarks for GP pay. PCRS leads for education, policy, service development, and respiratory leaders are contracted with as workers and paid through PCRS payroll. Services provided by Red Hot Irons, including the Executive Director, are contracted and invoiced monthly.

Risk management

The Trustees undertake a review of the risks as part of an annual business planning process and, in accordance with Charity Commission guidance (CC26), score the risks according to likelihood and impact. The systems and actions established to mitigate those risks are reviewed by the Trustees at each board meeting and updated accordingly.

Structure, Governance & Management

High risks closely monitored by the Trustees are:

- High level of dependency on too few income streams puts PCRS at risk of sudden and/or long-term loss of funding – Mitigation: diversification of income streams;
- Reputational risk of association with companies linked directly or indirectly with the tobacco industry – Mitigation: strengthening financial controls and identifying processes and criteria for funding
- Potential perception of being unduly influenced by the pharmaceutical industry – Mitigation: diversification of funding streams, policies to protect reputation rigorously adhered to
- Long term absence or loss of key staff member/contractors – Mitigation: service specifications developed with contingency planning

Volunteers

The Society relies on the time and expertise of its Committee members, much of it undertaken on a voluntary basis, for which we are incredibly grateful. We operate a volunteers policy and members may also claim for any loss of earnings incurred as a result of contributing their time. They may also be reimbursed for significant pieces of work for the Society.

Accountant

In 2022 PCRS reviewed its accountancy service delivery. Whilst its accountant, McIntyre Hudson, has been exemplary, it was agreed to undertake a retender process given that it was last undertaken in 2014.

When PCRS last went out to tender, the income threshold for audits was £500,000. As such, PCRS would have been required to undergo a full audit rather than an independent examination at that time. However, in 2015, the income threshold for charity audits increased from £500,000 to £1 million, therefore giving more charities the option of having an independent examination as opposed to a statutory audit. PCRS has continued with the statutory audit, though we are not required by our articles of association to undergo a statutory audit. However, an audit is more expensive than an independent examination, and our income has dropped in recent years, so the trustees have agreed that we will move to independent examination from 2022.

Following a review of possible expert accountants, a tender process was put out, and following a shortlisting process and interviews, Price Bailey were appointed to deliver the independent examination and accounts from 2022.

Trustees, executive committee & senior management

Trustees

Professor Martyn R Partridge (Chair of the Board) (Re-elected 24 September 2022)

Ms Vikki Knowles (Elected 24 September 2022)
Professor Irem Patel (Re-elected 24 Sept 2022)
Mr Takeshi Matsuda (Elected 24 Sept 2022)
James Rose (Elected 24 September 2022)
Jignesh Sangani (Elected 24 September 2022)

Dr Paul Stephenson (Re-elected 24 Sept 2022)
Professor Steph Taylor (Resigned 24 Sept 2022)
Mr Richard Walker (Re-elected 24 Sept 2022)

Executive Director and Company Secretary

CEO Lynn Ladbrook (Resigned 30 September 2022)
Tricia Bryant (Appointed 1 October 2022)

Registered office

483 Green Lanes
London
N13 4BS

Company Registered Number:

04298947

Charity registered Number:

1098117

Bankers

Unity Trust Bank PLC
Nine Brindley Place
Birmingham
B1 2HB

CAF Bank Limited
25 Kings Hill Avenue
Kings Hill
West Malling
ME19 4JK

CCLA
Senator House
85 Queen Victoria
London
EC4V 4ET

Nationwide
Nationwide House
Pipers Way
Swindon
SN38 1NW

PCRS Executive

PCRS Executive Chair:
Mrs Carol Stonham (Resigned 24 Sept 2022)
Dr Katherine Hickman (Appointed 24 Sept 2022)

Services Development Committee Chair:
Dr Daryl Freeman (Resigned 31 Dec 2022)
Dr Stuart Shields (Appointed 1 Jan 2023)

Policy Lead:
Mrs C Stonham

Research Lead:
Dr Jane Watson

Conference Organising Committee Chair:
Dr K Hickman (Resigned 24 Sept 2022)
Darush Attar Zadeh (Appointed 24 Sept 2022)

Education Lead:
Ren Lawlor

Respiratory Leaders Programme Board Chair:
Mrs C Cook (Resigned 31 Oct 2022)
Siobhan Hollier (appointed 1 Nov 2022)

Independent Examiners

Price Bailey (Appointed 01 Jan 2023)
Tennyson House
Cambridge Business Park
Cambridge
CB4 0WZ

Solicitors

Blake Morgan
6 New Street Square
London
EC4A 3DJ

Financial Review

Principle Funding

The principal funding sources for the Charity in 2022, as in previous years, were:

- Sponsorship from the pharmaceutical industry (including membership of the PCRS Corporate Supporter Scheme);
- Income from grants to support charitable activities from companies and Trusts and Foundations; and
- Membership and conference delegate fees.

The total funding secured in 2022 (£558,121) was 18% lower than 2021 (£679,640). However, significant funding was received in 2021 for activity that was delivered in 2022, including sponsorship of the Mentorship programme (£25k), and sponsorship of the Challenging Perceptions for COPD campaign (£71k).

Sponsorship of our conference represented the largest area of income (52%), followed by income from educational programmes (10%), campaigns and projects (and our corporate sponsorship membership scheme) (11%). Income from membership subscriptions comprises just 6%.

PCRS is grateful to all of its corporate supporters in 2022: AstraZeneca UK Ltd, Chiesi Ltd, Lupin Healthcare Ltd. We are also grateful to Simpson Millar LLP, the Burdett Trust for Nursing, and the Hospital Saturday Fund. Details of funding over £10,000 contributed by each company is provided in note 5 to the financial statements.

PCRS does not solicit donations directly from members of the public or work with professional fundraisers and therefore general standards established by the Code of Fundraising Practice are not directly applicable to the Society. However, we are committed to full transparency and best practice when it comes to fundraising and sponsorship. We operate a strict conflicts of interest policy and have a policy on pharmaceutical funding. We undertake full due diligence before entering into any funding agreements with sponsors, and all funding received is on the provision that it is 'arms length' from any activity output. No complaints were received in the year in respect of fundraising.

Principal Expenditure

Total expenditure in 2022 (£609,681) was higher than 2021 (£460,427). This was a direct result of the return to in-person activity, notably our annual conference. In addition, a busy clinical workload has meant that many of our committee members who volunteer to help deliver some of our activities have been unable to do so, and some activities have taken longer to action this year. As a result we expect some of the underspend on projects in 2022 to be made up in 2023. We are grateful to our committee members for their ongoing contribution to the Society, much of which is now carried out at their own expense and in their own time.

Expenditure on conference accounted for 27% of total expenditure, with education and campaign activity accounting for 19% of the total expenditure, while external communications (e.g., policy, representation, and membership communications) accounted for 6%, with just 0.3% on research/scientific journals.

The largest item in support costs was wages and salaries for the PCRS CEO, PCRS Executive Chair, and Committee leads (16%). Followed by secretariat and administration costs (12% total), which include fees paid to Red Hot Irons. Red Hot Irons is contracted to run the day-to-day operations of the Society.

Reserves Policy

The Board undertakes an annual review of the reserves policy to ensure it reflects the current activities of the charity and that the amounts held in reserve are sufficient to meet the financial and charitable obligations should funding significantly diminish for any reason.

PCRS has no regular guaranteed sources of income and the long-term funding of the Society is uncertain. The Society, however, does have fixed operating costs in terms of the activities required to maintain its presence and further its charitable objectives. The Society's work is planned one year in advance with financial commitments made up to two years in advance on some programmes such as the annual conference. The Trustees have reviewed their Reserves Policy for 2022 and agreed that to see programmes, professional services, and charitable activities through to completion in the event of a serious reduction in funding, an optimal reserve equivalent to twelve months fixed operating costs plus the annual cost of the conference, plus core activities to promote CPD, research, policy, advocacy, communications, and publications (including publication of Primary Care Respiratory Update and npjPRCM) should be held. This level of reserve also supports the Society in working to a long-term strategy without the need to make short term adjustments forced on it by temporary deficits in funding. Moreover, it allows the Society to take advantage of opportunities that may present and require a relatively small or moderate investment upfront. Minimum and maximum levels of reserves have been agreed as 6 months costs and 18 months costs respectively. The Trustees will be guided only to take drastic action if they see the Charity falling below its minimum level of reserves and to only make significant long-term investments from reserves if the Charity is above its ideal level of reserves. The optimum level of reserve based on the 2023 budget amounts to £900k with a minimum of £300k. The level of reserves held by the Society at the end of 2022 was £779,847, which is below the optimal level but substantially above the minimum level.

Going concern

After making appropriate enquiries, the Trustees have a reasonable expectation that the Company has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the accounting policies.

Financial Review Conclusion

The Society ended the year with a deficit of £51,560 in 2022 – this is partly due to funds secured at the end of 2021 for activities carried out in 2022. The Society continues to hold healthy reserves (just over 12 months of our anticipated operating costs for 2023) however, we are mindful that expenditure will increase with the cost of living crisis and rising interest rates. Sponsorship and funding remain a significant challenge and cutting costs further in 2023 will be difficult. As such we will continue to be innovative in our approach to fundraising, cost savings and ensuring value for money.

Members' liability

The members of the Company guarantee to contribute an amount not exceeding £10 to the assets of the Company in the event of winding up.

Statement of Trustees' responsibilities

The Trustees (who are also the directors of the Company for the purposes of company law) are responsible for preparing the Trustees' Report and the Financial Statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Trustees to prepare Financial Statements for each financial year. Under company law the Trustees must not approve the Financial Statements unless they are satisfied that they give a true and fair view of the state of affairs of the Company and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these Financial Statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles of the Charities SORP (FRS 102 2019);
- make judgements and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards (FRS 102) have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the Company's transactions and disclose with reasonable accuracy at any time the financial position of the Company and enable them to ensure that the Financial Statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Small Company Exemptions

This report has been prepared taking advantage of the small companies' exemption of the Companies Act 2006.

Approved by order of the members of the Board of Trustees and signed on their behalf by:



Professor M R Partridge
Chair of the Board of Trustees

Date: 22/9/23

Independent Examination Report to the Trustees of Primary Care Respiratory Society

I report to the charity trustees on my examination of the accounts of the company for the year ended 31 December 2022 which are set out on pages 24 to 37.

Responsibilities and basis of report

As the charity trustees of the company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your company's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

Since the company's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales' which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities [applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)].

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Michael Cooper-Davis FCCA ACA
Price Bailey LLP
24 Old Bond Street
Mayfair
London
W1S 4AP

Date: _____

Statement of Financial Activity (incorporating income and expenditure account) for the year ended 31 December 2022

	Note	Unrestricted Funds 2022 (£)	Restricted Funds 2022 (£)	Total Funds 2022 (£)	Total Funds 2021 (£)
Income from					
Donations	3	107,519	60,000	167,519	336,771
Charitable activities	4	360,114	27,500	387,614	342,832
Investments	6	2,988		2,988	37
Other Income					-
Total Income		470,621	87,500	558,121	679,640
Expenditure on:					
Raising funds	7	916	36,223	37,139	35,716
Charitable Activities		460,196	112,346	572,542	424,711
Total Expenditure		461,112	148,569	609,681	460,427
Net Movement of funds		9,509	(61,069)	(51,560)	219,213
Reconciliation of funds					
Total funds brought forward		682,217	149,190	831,407	612,194
Net movement in funds		9,509	(61,069)	(51,560)	219,213
Total funds carried forward		691,726	88,121	779,847	831,407

The Statement of Financial Activities includes all gains and losses recognised in the year.

The notes on pages 27 to 37 form part of these financial statements.

Balance Sheet as at 31 December 2022

	Note	2022 (£)	2021 (£)
Fixed Assets			
Tangible Assets	11	356	458
Current Assets			
Debtors	12	184,895	247,415
Cash at bank and in hand		723,554	744,068
		908,449	991,483
Creditors: amounts falling due within one year	13	(128,958)	(160,534)
Net current assets		779,491	830,949
Total assets less current liabilities		779,847	831,407
Charity Funds			
Restricted Funds	14	88,121	149,190
Unrestricted Funds	14	691,726	682,217
Total Funds		779,847	831,407

The members have not required the company to obtain an audit in accordance with section 476 of the Companies Act 2006.

The company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies and the directors acknowledge their responsibility for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of accounts.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small company's regime.

M. R. Partridge

Professor M R Partridge
Chair of Trustees

Date: 22/9/23

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 DECEMBER 2022

	note	2022 (£)	2021 (£)
Cash flows from operating activities			
Net cash used in operating activities	15	23,502	(262,123)
Cash flows from investing activities			
Purchase of property, plant and equipment			
Interest received		2,988	37
Net cash used in investing activities		2,988	37
Change in cash and cash equivalents			
Change in cash and cash equivalents in the reporting period		20,514	(262,160)
Cash and cash equivalents at the beginning of the period		744,068	481,908
Cash and cash equivalents at the end of the reporting period		723,554	744,068
Cash in hand		723,554	744,068
Total cash and cash equivalents at the end of the period		723,554	744,068

The notes on pages 27 to 37 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2022

1. General information

Primary Care Respiratory Society UK is a charitable company limited by guarantee registered in England and Wales. Its registered office is Tennyson House, Cambridge Business Park, Cambridge, England, CB4 0WZ and its principal activity is to improve respiratory health for all through information, education and research.

2. Accounting policies

2.1 Basis of preparation of financial statements

The financial statements have been prepared in accordance with the Charities SORP (FRS 102 2019) - Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Primary Care Respiratory Society UK meets the definition of a public benefit entity under FRS 102 2019.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy. The financial statements are presented in Sterling, which is the functional currency of the charity, and are rounded to the nearest £1.

2.2 Going concern

The financial statements are prepared on a going concern basis. Many of the changes instigated as a result of the pandemic: for example, online meetings and virtual events have now become standard practice although a return to in-person events is essential for the wellbeing of those working in primary care which can be solitary and isolating and this is reflected in the increased event costs. However, we continue to monitor and assess our cash flow and partnerships. The Trustees remain satisfied that based on this assessment, our cash in the bank, and project plans for future periods, that it continues to be appropriate to prepare the financial statements on a going concerns basis and there is no material uncertainty.

2.3 Income

All income is recognised once the Company has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably. On receipt, donated professional services and facilities are recognised on the basis of the value of the gift to the Company which is the amount it would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt. Donations are recognised on receipt. Membership, sponsorship income and income from charitable activities are recognised as they fall due.

2.4 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs that contribute to more than one activity and support costs that are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Notes to the Financial Statements for the year ended 31 December 2022

2. Accounting policies continued

Support costs are those costs incurred directly in support of expenditure on the objects of the company and governance costs are allocated to each charitable expenditure category on the basis of staff utilisation or on an activity basis of total direct expenditure.

Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

All expenditure is inclusive of irrecoverable VAT.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Company's objectives, as well as any associated support costs.

2.5 Taxation

The Company is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the Company is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

2.6 Tangible fixed assets and depreciation

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives.

Depreciation is provided on the following basis:

Office equipment	-	25% reducing balance
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2.7 Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Notes to the Financial Statements for the year ended 31 December 2022

2. Accounting policies continued

2.8 Cash at bank and in hand

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

2.9 Liabilities and provisions

Liabilities are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Company anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation.

2.10 Financial instruments

The Company only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2.11 Pensions

The Company operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Company to the fund in respect of the year.

2.12 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 Company 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 or which have been raised by the Company for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

Notes to the Financial Statements for the year ended 31 December 2022

3. Income from donations and legacies

	Unrestricted funds 2022 (£)	Restricted funds 2022 (£)	Total Funds 2022 (£)
Corporate Supporter Scheme	67,500		67,500
Membership fees	39,990		39,990
Donations	29	60,000	60,029
Donations in kind			
	107,519	60,000	167,519

There were no donations in kind in 2022

	Unrestricted funds 2021 (£)	Restricted funds 2021 (£)	Total Funds 2021 (£)
Corporate Supporter Scheme	119,800	-	119,800
Membership fees	41,340	-	41,340
Donations	-	173,070	173,070
Donations in kind	-	2,561	2,561
	161,140	175,631	336,771

The donation in kind shown above represents the part time secondment of a staff member to PCRS to assist with the Respiratory Service Framework Project. The value attributed has been provided by the donor and based on the cost equivalent of the time provided by a secondee based on NHS Agenda for Change pay scales (at Band 7).

4. Income from charitable activities

	Unrestricted funds 2022 (£)	Restricted funds 2022	Total Funds 2022 (£)
Scientific Journal	418		418
Education	347,556	27,500	375,056
External communications	12,140		12,140
Total 2022	360,114	27,500	387,614

	Unrestricted funds 2021 (£)	Restricted funds 2021	Total Funds 2021 (£)
Scientific Journal	274	-	274
Education	307,533	-	307,533
External communications	35,025	-	35,025
Total 2021	342,832	-	342,832

Notes to the Financial Statements for the year ended 31 December 2022

5. Funding from pharmaceutical companies contributing more than £10,000

Company	Corporate Membership	Education	Communications	Conference sponsorship	Campaigns	2022 total (£)
Astra Zeneca	30,000	-		58,400		88,400
Boehringer Ingelheim	-	-	-	16,250	-	16,250
Chiesi	30,000	20,000		18,400	25,000	93,400
GSK	-	-	-	25,000		25,000
Sandoz	-	-	-	25,000		25,000
Trudell					20,000	20,000
Total	60,000	20,000		143,050	45,000	268,050

£88,400 income from Astra Zeneca was received in 2021 and deferred to 2022.

6. Investment Income

	Unrestricted funds 2022 (£)	Total Funds 2022 (£)
Bank Interest	2,988	2,988
	Unrestricted funds 2021 (£)	Total Funds 2021 (£)
Bank Interest	37	37

7. Expenditure on raising funds

	Unrestricted funds 2022 (£)	Restricted funds 2022	Total Funds 2022 (£)
Costs of raising voluntary income			
Support costs	916	36,223	37,139
	Unrestricted funds 2021 (£)	Restricted funds 2021	Total Funds 2021 (£)
Costs of raising voluntary income			
Support costs	35,716	-	35,716

We attribute a percentage of support costs (e.g. administrative and secretarial costs, database costs, website development and support as well as staff time) to raising funds

Notes to the Financial Statements for the year ended 31 December 2022

8. Analysis of expenditure by activities

	Activities undertaken directly 2022 (£)	Support costs 2022 (£)	Total Funds 2022 (£)
Research	523	12,568	13,091
Scientific Journal	(2,374)	10,221	7,847
Education*	322,816	114,527	437,343
External communications**	63,328	50,904	114,232
	384,322	188,220	572,542

	Activities undertaken directly 2021 (£)	Support costs 2021 (£)	Total Funds 2021 (£)
Research	1,260	12,187	13,447
Scientific Journal	10,000	8,055	18,055
Education*	181,680	101,759	283,439
External communications**	63,884	45,886	109,770
	256,824	167,887	424,711

*PCRS educational activity includes our campaigns, professional development activities such as leadership and mentorship, cost of producing the Primary Care Respiratory Academy, as well as our wide range of clinical resources.

** External communications include all of our membership communications, online communications, as well as advocacy, representation, and policy.

Notes to the Financial Statements for the year ended 31 December 2022

9. Net (Expenditure)/Income for the year is after charging

	2022 £	2021 £
Depreciation of tangible fixed assets	87	112
Accountancy and bookkeeping	2,177	9,404
Independent examination fee	5,000	10,975

10. Staff costs

	2022 £	2021 £
Wages and salaries	102,167	86,492
Social security costs	4,138	11,281
Contribution to defined contribution pension schemes	4,421	5,130
	110,726	102,903

The average number of persons employed by the Company during the year was as follows:

	2022 No.	2021 No.
Staff team	1	1
PCRS Executive Chair	1	1
PCRS Leads	7	7
	9	9

The average headcount expressed as full-time equivalents was:

	2022 No.	2021 No.
Staff team	0.8	0.80
PCRS Executive Chair	0.19	0.19
PCRS Leads	0.19	0.19
	1	1

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

	2022 No.	2021 No.
In the band £60,001 - £70,000	0	1

The Charity has only one employee as defined by employment law, namely the chief executive. However, for the purposes of tax law, the charity has a number of additional workers, being the PCRU editor, PCRS executive chair, vice chair, PCRS policy and conference leads plus service development lead and respiratory leadership programme lead. In 2021 the services of the education and research leads roles had moved onto the payroll of the company.

Notes to the Financial Statements for the year ended 31 December 2022

11. Tangible fixed assets

	Office Equipment (£)
Cost or valuation	
At 1 January 2022	698
At 31 December 2022	698
Depreciation	
At 1 January 2022	240
Charge for the year	102
At 31 December 2022	342
Net book value	
At 31 December 2022	356
At 31 December 2021	458

12. Debtors

	2022 (£)	2021 (£)
Due within one year		
Trade debtors	91,499	213,382
Other debtors	1,200	920
Prepayments and accrued income	92,196	33,113
	184,895	247,415

13. Creditors: Amounts falling due within one year

	2022 (£)	2021 (£)
Due within one year		
Trade creditors	76,655	9,014
Other taxation and social security	2,433	28,660
Other creditors	19,383	11,821
Accruals and deferred income	30,487	111,039
	128,958	160,534

Notes to the Financial Statements for the year ended 31 December 2022

14. Statement of funds

Statement of funds - current year

	Balance at 1 January 2022 (£)	Income (£)	Expenditure (£)	Balance at 31 December 2022 (£)
Unrestricted funds				
General Funds	682,217	470,621	(461,112)	691,726
Restricted funds				
Quality improvement resources for ARC	17,690	20,000	(34,094)	3,596
Greener healthcare campaign	11,018	25,000	(14,117)	21,901
Respiratory leadership	3,647	20,000	(17,942)	5,705
Mentorship programme	30,031		(19,788)	10,243
Respiratory service framework	2,534	-	(2,534)	-
Challenging COPD Perceptions	71,770	-	(35,977)	35,793
Digital technology campaign	12,500	-	(6,675)	5,825
Inequalities campaign	-	2,000	(500)	1,500
Peer support networks	-	7,500	(3,942)	3,558
	149,190	87,500	(148,569)	88,121
Total of funds	831,407	558,121	(609,681)	779,847

Statement of funds - prior year

	Balance at 1 January 2021 (£)	Income (£)	Expenditure (£)	Balance at 31 December 2021 (£)
Unrestricted funds				
General Funds	519,864	504,009	(341,656)	682,217
Restricted funds				
Quality improvement resources for ARC	47,756	-	(30,066)	17,690
Affiliated Groups/Peer Support Networks	10,000	4,800	(14,800)	-
Greener Healthcare Campaign	17,578	20,000	(26,560)	11,018
Respiratory Leadership	2,289	17,500	(16,142)	3,647
Mentorship Programme	14,707	25,000	(9,676)	30,031
Respiratory Services Framework	-	11,061	(8,527)	2,534
Challenging COPD Perceptions	-	71,770	-	71,770
Partnership programmes	-	13,000	(13,000)	-
Digital tech campaign	-	12,500	-	12,500
	92,330	175,631	(118,771)	149,190
Total of funds	612,194	679,640	(460,427)	831,407

Notes to the Financial Statements for the year ended 31 December 2022

15. Reconciliation of net movement in funds to net cash flow from operating activities

	2022 (£)	2021 (£)
Net income for the year (as per Statement of Financial Activities)	(51,560)	219,213
Adjustments for:		
Depreciation charges	102	132
Interest	(2,988)	(37)
Loss on the sale of fixed assets	-	-
(Increase) in debtors	62,520	(35,811)
Increase/(decrease) in creditors	(31,576)	78,626
Net cash provided by/(used in) operating activities	(23,502)	262,123

16. Analysis of cash and cash equivalents

	2022 (£)	2021 (£)
Cash in hand	723,554	744,068
Total cash and cash equivalents	723,554	744,068

17. Analysis of cash and cash equivalents

	At 1 January 2022	Cash flows	At 31 December 2022
Cash at bank and in hand	744,068	(20,514)	723,554
	744,068	(20,514)	723,554

18. Pension commitments

The company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the company in an independently administered fund. The pension cost charge represents contributions payable by the company to the fund and amounted to £3,165 (2021 - £5,130). Contributions totalling £872 (2021 - £1,821) were payable to the fund at the balance sheet date and are included in creditors.

Notes to the Financial Statements for the year ended 31 December 2022

19. Members' liability

Each member of the charitable company undertakes to contribute to the assets of the company in the event of it being wound up while he/she is a member, or within one year after he/she ceases to be a member, such amount as may be required, not exceeding £10 for the debts and liabilities contracted before he/she ceases to be a member.

20. Related party transactions

PCRS leads for policy, education, service development, respiratory leadership programme, research and conference are key management personnel. The cost to the charity of remuneration (inclusive of employer pension and national insurance contributions) of the Chief Executive post was £53,593 (2021: £70,753).

In addition payments were made to the Committee Chairs in this respect totalling £57,134 (2021: £61,421). Fees for services were paid to employing organisations of £3,750 (2021: £12,050). Expenses of £NIL (2021: £nil) were reimbursed to Committee Chairs.

Tricia Bryant who represents key management of Primary Care Respiratory Society, also runs another organisation called Red Hot Irons Ltd. Transactions between the two entities took place for the provision of the management of the Charity's operations and day to day running of the Charity totaled £291,990 and at the year end the amount due amounted to £76,654.