The Primary Care Respiratory Society

ANNUAL REPORT 2025

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 2025 to 31 December 2025. 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
- 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

2025 Business Priorities

- Influence national policy, set standards and provide pragmatic advice and 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, preparing healthcare professionals for the launch of new national guidance on the diagnosis and management of asthma supporting innovative educational programmes to improve the diagnosis and management of COPD, supporting early recognition of rarer lung conditions seen in primary care
- Support the professional development of our members and fuel their passion/expertise in respiratory care through our lifelong learning programmes including educational programmes, events, tools and resources, mentorship and leadership programmes
- Reach out to, and educate, the wider generalist primary/community care audience on areas of respiratory medicine relevant to primary and community care
- Support quality improvement in population healthcare for respiratory service provision
- Promote and encourage 'real world' respiratory research in primary care through our abstract programme at conference and support the dissemination of research information through our PCRS Research network
- Ensure stability across the infrastructure of the organisation and support the professional development of core PCRS committee and trustees; support succession planning.
- Identify alternative funding streams where possible

The burden of respiratory disease in the UK is significant, with lung conditions costing the NHS arounf £11 billion annually.

Respiratory disease affects around one in five people in England and is also the third biggest cause of death in England.

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

2025 Impact Report

Influencing and Informing Respiratory Policy

Under the leadership of PCRS Policy Lead, Dr Steve Holmes and supported by contracted policy coordinator, Rachael Andrews from Red Hot Irons, the policy team has had a highly productive year. The Policy Committee met regularly to review developments, contribute to national consultations, and help shape policy relevant to respiratory care

Representation and Collaboration

Action on Smoking and Health

Association of Respiratory Nurse Specialists

British Thoracic Society

Inequalities in Health Alliance

IPCRG Asthma and COPD Right Care Programmes

The National Respiratory Audit Programme (NRAP)

National Institute for Health and Care Excellence

NICE/BTS/SIGN Asthma Guideline Working Group

Pulmonary Rehabilitation National Network Group

NHSE Respiratory Transformation Programme

Respiratory Transformation Programme

Taskforce for Lung Health

UK Health Alliance for Climate Change

UK Inhaler Group

UK Lung Cancer Coalition

During 2025, the Committee provided input to a number of significant consultations. These included contributions to Asthma and Lung UK on the development of a Modern Service Framework for respiratory care; to the British Thoracic Society on both a professional framework for pharmacists working in respiratory medicine and a framework for pulmonary rehabilitation; to NHS England on the implementation of MART therapy in children and young people; and to the National Institute for Health and Care Excellence (NICE) on biologic therapies in chronic respiratory conditions, as well as on issues relating to health inequalities.

Towards the end of the financial year, PCRS was invited to partner with key stakeholders on a major respiratory transformation programme led by the Oxford Health Innovation Network. PCRS was subsequently asked to submit a proposal outlining how it could support the implementation of the programme's outputs. We were delighted to be invited to join the partnership and to progress this important work during 2026.

A central component of our work continues to be the development and maintenance of a suite of position statements. These are designed to provide consensus-based, pragmatic guidance for primary and community care, supporting best practice in respiratory health management. In 2025, we developed a new position statement on diagnosing asthma in children and young people. In addition, we reviewed and updated key existing statements, including those on the use of fractional exhaled nitric oxide (FeNO) in the diagnosis of asthma in primary care, and on point-of-care C-reactive protein (CRP) testing for the acute assessment of chronic obstructive pulmonary disease (COPD).

Diagnosis and Management of Asthma

As part of our ongoing commitment to supporting implementation of the NICE/BTS/SIGN asthma guideline, PCRS continued to develop a range of resources and communications to promote dissemination and provide practical tools for adoption in clinical practice. These included a "First Steps" guide for healthcare professionals on implementing the BTS/SIGN/NICE asthma guideline, alongside the launch of a comprehensive toolkit for Integrated Care Boards (ICBs), Health Boards and Trusts. The toolkit comprises guidance materials, summary infographics, a presentation slide set, case studies, and a concise guideline summary to support regional and local engagement.

In addition, we produced a practical guide, Allowing More AIR in Asthma Care*, which offers key tips on initiating anti-inflammatory reliever (AIR) therapy. This was complemented by the development of an Anti-inflammatory Reliever (AIR) Asthma Action Plan*, featuring clear, simple visuals to support patients receiving AIR treatment.

More than

35,000

downloads of asthma resources

In May 2025, thanks to sponsorship by Orion Pharma, PCRS delivered a webinar on AIR and MART therapy in the context of the new asthma guideline. Over 760 delegates registered and we have since had more than 1,000 views of the webinar.

A further webinar, sponsored by AstraZeneca Ltd, on Implementing AIR and MART therapy in children (6+), young people and adults was held in December. The webinar ran twice on the same day to allow for maxium delegate attendance throughout the day. The webinars received 1,772 registrations with 883 attending live. There have also been over 2,900 page views of the webinar highlighting our increasing reach on this major topic.

"Your MART consensus and this new infographic are lifesavers for us. We use them all the time – brilliant"

Feedback on the new Maintenance and Reliever Therapy licence for children aged 6-11 infographic received via Facebook.

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

Person-Centred COPD Care

Following the publication of Fit for the Future: NHS Ten Year Health Plan, PCRS sought to understand how the Government's priorities would influence primary care respiratory health. A key element of the plan is the shift from hospital-based care towards community provision and the development of Neighbourhood Health services.

With approval from the Board of Trustees, PCRS moved swiftly to respond, with the ambition of defining best practice standards for neighbourhood-based care in COPD. A multi-professional meeting was convened, bringing together representatives from across the health and care system, including primary, community and secondary care, social care, and wider partners such as housing and public health.

Adopting the globally recognised, person-centred "Esther Model" of integrated care, PCRS also ensured that the patient voice was central to this work by inviting an individual living with COPD to share their experiences and perspectives.

Building on these discussions, and using an iterative approach, a series of infographics or blueprints was developed to illustrate what high-quality COPD care should look like and to highlight the essential components of an effective, integrated neighbourhood care model. This work has continued beyond the financial year and is scheduled for launch in 2026.

While development of the neighbourhood health blueprint infographics was ongoing, PCRS concurrently established a digital repository of best practice in respiratory care. Across the UK, PCRS continues to observe numerous examples of innovative and effective practice that deliver meaningful improvements in patient outcomes and, in some cases, greater efficiency in healthcare delivery. However, such initiatives are often not widely adopted or scaled.

This repository has been designed to address this gap by providing a platform through which healthcare professionals can identify and learn from proven approaches to respiratory service provision. Clinicians and service leads are invited to submit examples of best practice demonstrating innovation in respiratory care, alongside reflections on key learning and advice for others seeking to implement similar initiatives. All submissions undergo a peer review process to ensure quality and relevance.

In 2025, 13 submissions were approved for publication, covering a wide range of topics including tackling health inequalities, improving access to warmer homes, the role of social prescribing in pulmonary rehabilitation, and antimicrobial stewardship in COPD. The repository will continue to expand in 2026, further supporting shared learning and the spread of best practice across the respiratory community.

COPD Continued

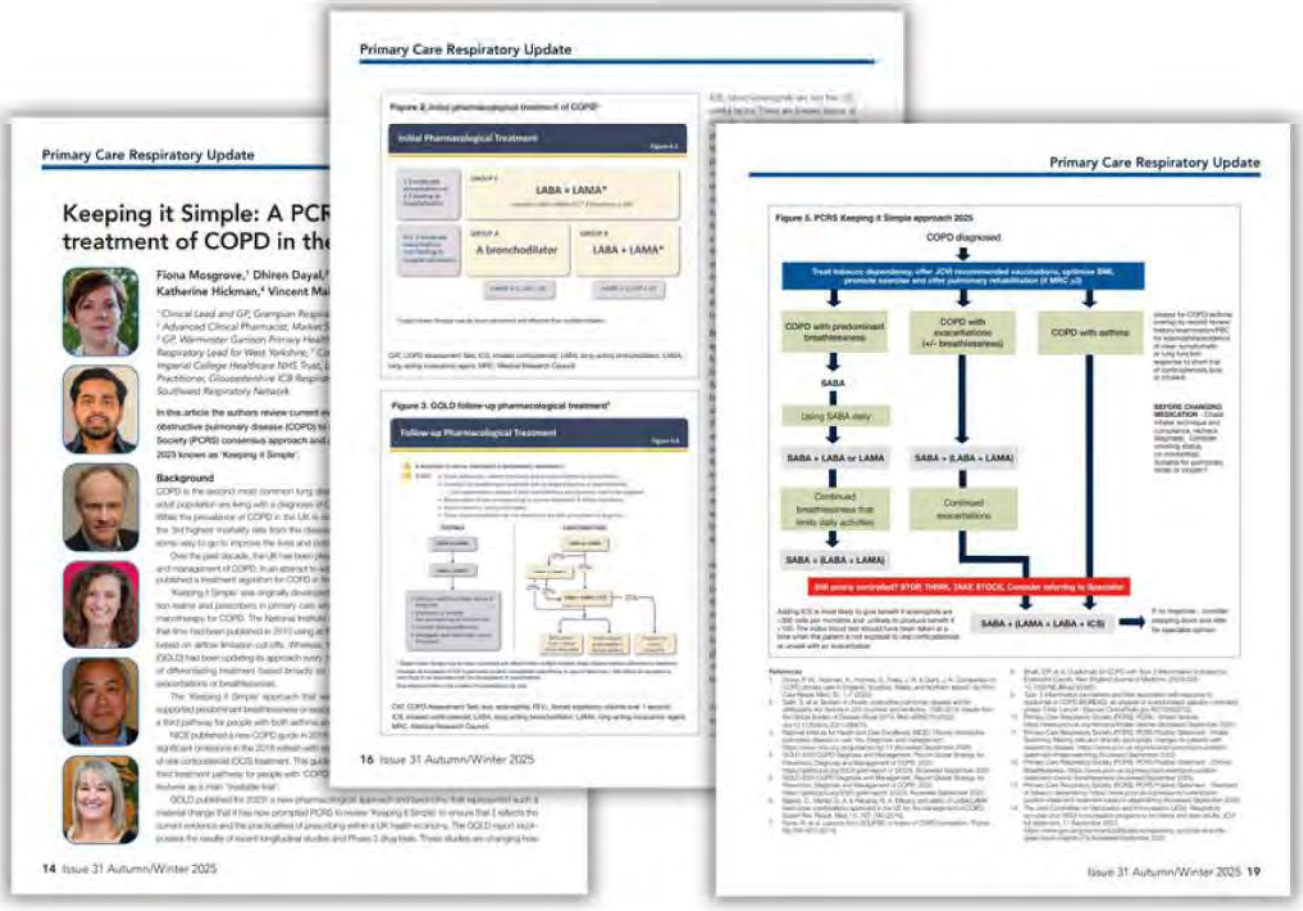
As part of our continued commitment to person-centred care, we developed a multimedia learning tool to support healthcare professionals in understanding COPD and its systemic impact. This digital resource combines visual illustrations with supporting text to highlight the effects of COPD beyond the lungs, including its impact on the brain, bones, cardiovascular system, gastrointestinal system, kidneys, and sexual health. The tool encourages clinicians to adopt a more holistic perspective, considering the broader implications of COPD on patients' daily lives.

In support of our ongoing focus on COPD, PCRS also updated its widely used Keeping It Simple: Consensus Guide to the Treatment of COPD. Developed by six expert clinicians, this resource reviews the latest evidence and guidance, with updated algorithms designed to provide clear, practical, and easy-to-follow recommendations for clinical practice. The guide was published in our Winter edition of Primary Care Respiratory Update and is also available via the PCRS website.

More than

1,000

downloads of COPD resources



Health Inequalities

Health inequalities are a significant contributing factor to respiratory disease and are associated with poorer patient outcomes. PCRS is committed to raising awareness of these issues and providing practical resources to support healthcare professionals in mitigating their impact.

The incidence and mortality rates associated with respiratory conditions are disproportionately higher in disadvantaged populations and areas of social deprivation. Contributing factors include higher smoking prevalence, increased exposure to air pollution, poorer housing conditions, and employment in industries with greater exposure to occupational hazards.

The Darzi Report highlighted that health inequalities in England have widened considerably, drawing a clear link between worsening social determinants—such as poverty and inadequate housing—and growing, unsustainable pressures on NHS services. It emphasised that addressing these root causes is essential to achieving a more sustainable healthcare system.

In response, PCRS has prioritised activity to highlight and address health inequalities. As part of this work, and with funding support from Norfolk and Waveney ICB, we produced a series of three podcasts in 2025. These explored the relationship between respiratory disease and mental health, including the impact on current and former prisoners, and addressed the important issue of suicide and suicide prevention in people living with long-term respiratory conditions. The podcast series was complemented by a dedicated newsletter, further highlighting the links between mental health, respiratory disease, and health inequalities.

200

downloads of health inequalities podcasts

Greener, kinder respiratory care

PCRS has been at the forefront of promoting greener, more sustainable healthcare. With the support of funding from Chiesi Ltd, we have continued to advance our campaign for environmentally responsible and patient-centred respiratory care.

In 2025, we developed a range of resources aimed at inspiring and educating healthcare professionals working in primary and community care to adopt and promote more environmentally sustainable approaches to respiratory care.

Using fresh, innovative graphics and engaging content, we produced a suite of digital resources to support this ambition. These included an updated White Paper for Greener Respiratory Healthcare and a feature article, Ten Ways to Implement Sustainable, Greener Healthcare in Primary Care Respiratory Practice, accompanied by a summary infographic.

In January 2025, we also delivered a webinar exploring the impact of air quality on respiratory health. The session attracted 242 registrations and has since been viewed more than 300 times, demonstrating strong engagement with this important topic.

To further support this work, we have incorporated a dedicated focus on greener healthcare within every member newsletter. These features highlight national awareness days and relevant programmes, alongside practical tips that can be readily adopted in practice to promote greener, kinder respiratory healthcare in primary care settings.

Over **100** page views

Over **70** downloads

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

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 two-day programme held in the West Midlands and facilitated by PCRS Respiratory Lead, Siobhan Hollier and Expert Facilitator, Catherine Blackaby. The course focused on turning plans into action. The course focused on developing a plan, barriers to change, tools to support implementation and gaining commitment and accountability. A follow-up meeting was held in November 2025 exploring how to keep plans on track and maximising the chances of success. These courses were supplemented by leadership sessions at conference	24 people attended the workshop in June 2025. 20 people attended the meeting in November 2025.	**"Lovely facilitation, discussions, networking and learning! What more could I want..."** **"It was a really useful event with lots of very relevant learning for me."** **"This was an exceptionally useful session, all parts were completely relevant and useful skills for my job and it was excellently presented. Such a welcoming and supportive environment. "**
Peer Support Network	Resources provided to Peer Support Group Leaders, to facilitate and run local respiratory groups. The PSN dashboard provides access to a speaker bank, educational webinars, presentations and guidance for use at local groups.	22 Peer Support Networks are currently affiliated to PCRS.	

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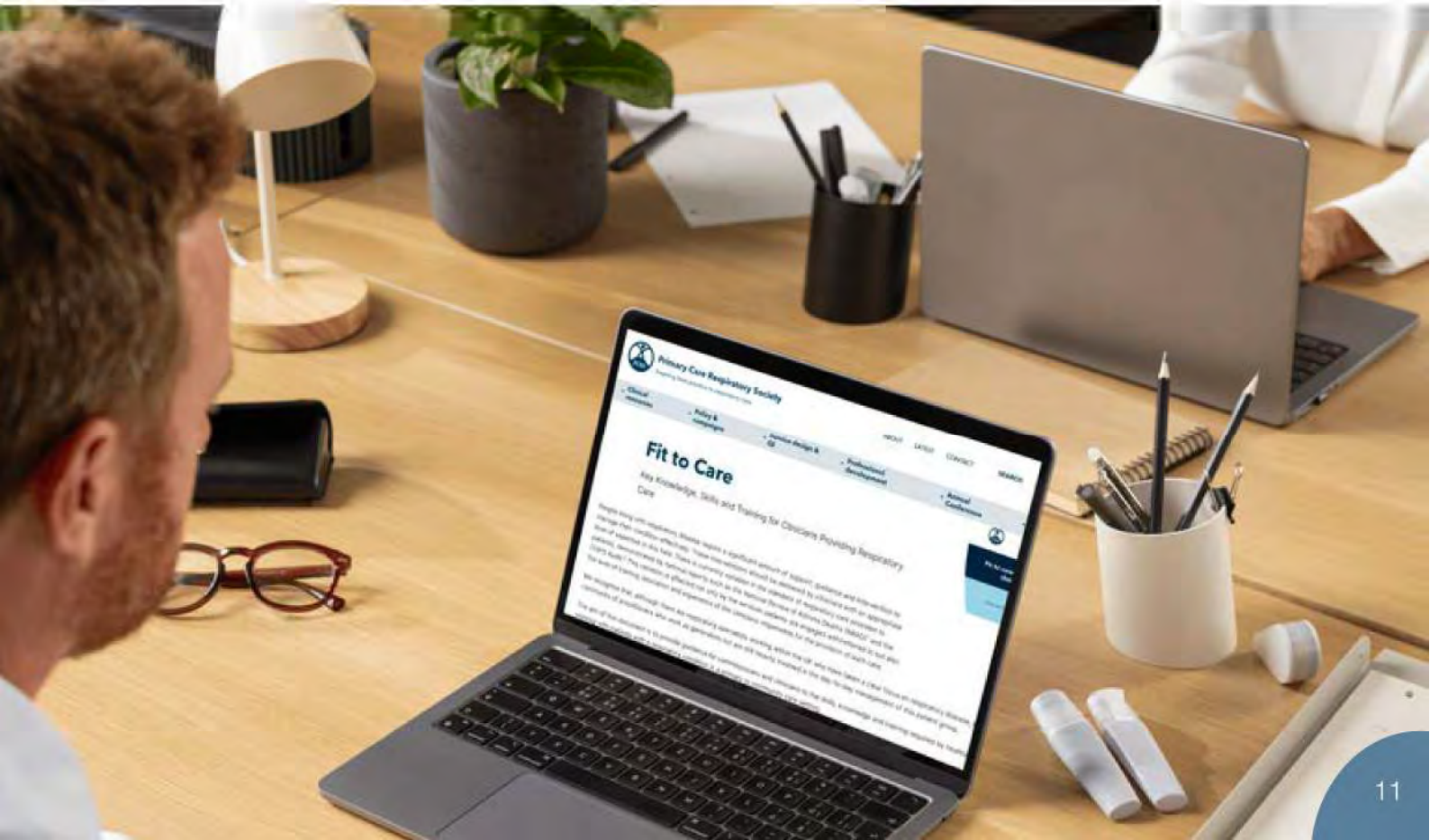
Supporting service design, education and delivery

PCRS continues to play a leading role in supporting the development, design and delivery of high-quality respiratory services within primary and community care.

Through its service development committee led by Helena Cummings and it's education committee led by Dr Fiona Mosgrove the Society is able to respond swiftly to topical issues impacting healthcare professionals and implement new programmes to address issues as they arise.

A key component of this is the planning of the update of the very successful PCRS Fit to Care tool, a resource which provides information on the skills knowledge and training required of healthcare professionals to deliver effective and consistent respiratory care irrespective of professional qualifications. The tool can be used by individuals to support a business case for training and support and can be used at a population level to explore the workforce requirements for respiratory care. PCRS will be updating this resource and creating a digital tool to be launched in 2026 to support this work. Both the education and service development committees are involved in this programme.

By fostering collaboration, sharing innovation and promoting person-centred, integrated care, PCRS enables clinicians and service leaders to design and deliver effective, sustainable respiratory services that meet the needs of local populations.



Reaching the wider generalist healthcare professional audience

In 2025, PCRS ran three 30 minute webinars for all healthcare professionals. Led by Dr Katherine Hickman each webinar in this "In Conversation" series features an interview with a key opinion leader in their field in respiratory related medicine. The webinars have attracted over 500 registrations and have since been viewed over 1,200 times. The topics for these webinars were; How Research Can Fit Into Your Everyday Clinical Practice (87 registrants, 266 views), Allergic rhinitis (279 registrants, 633 views), and Breaking the Inhaler Inertia: Time to Move Beyond Outdated Respiratory Care (194 registrants, 393 views). Feedback from the webinars is extremely positive.

Our In Conversation webinars were also supplemented by a series of short podcasts featuring summary content from our member-only podcast series. These are also available freely via our website.

In 2025, PCRS exhibited at The Primary Care Show and the Best Practice Show allowing the charity to raise awareness amongst its target audience and share information on its tools and resources. Demand for PCRS resources was extremely high at the meetings, so much so that we incurred additional print run charges. It was fantastic to see so many delegates finding such value in our asthma resources and tools.

THE PRIMARY CARE SHOW

Best Practice Show

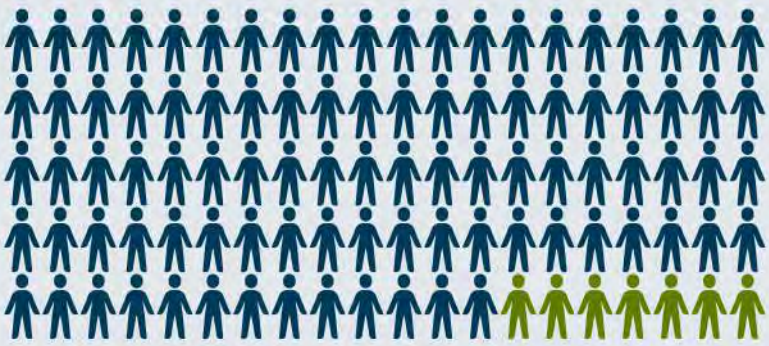
PCRS National Respiratory Conference

September 2025

The PCRS Respiratory Conference 2025 once again proved to be a hugely popular event. Registrations were slightly down on 2024 at 483 (vs 504 in 2024) and 389 delegates (excluding exhibitors) (vs 394 in 2024). Nevertheless this number remains significantly higher than in pre-COVID years. Generally, this decrease in registrations is mainly in nurse attendees which was down by 13% on 2024. This follows the trend of declining number of nurses in primary care (primary care workforce of 18% in 2024 vs 26% in 2019). Doctor attendance at conference has risen consistently in the last three years and other professions attendance remains relatively stable.

Number of conference attendees verses paying delegates

Profession of Conference Delegates in 2025



93.3%

of attendees would recommend the PCRS Conference to colleagues

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

The conference in 2025 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.

The need for those working in primary and community care to come together, network, share challenges and experiences continues to be a driving force for attendance as workforce pressures continue and the conference provides a valuable opportunity to support members alongside the opportunity learn and share best practice.

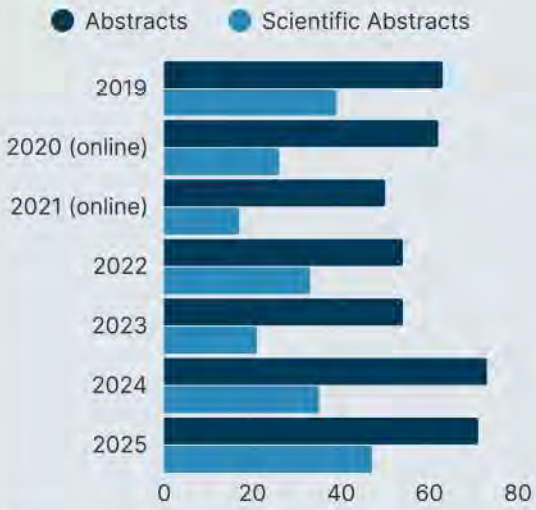
We were delighted to see a continued increase in the number of scientific abstracts submitted in 2025. A total of 71 total abstracts were submitted of which 47 were scientific research - our highest number ever.

Delegates scored the conference on average

4.7/5

In agreement that it "Acted as inspiration and encouragement for you in an aspect of respiratory care"

Abstract submissions since 2019



What delegates said about the PCRS Conference in 2025

"It's my first time and certainly won't be the last one. Really informative and helpful."

"Fantastic conference. It's always like a family reunion! Came away with ideas and very much inspired."

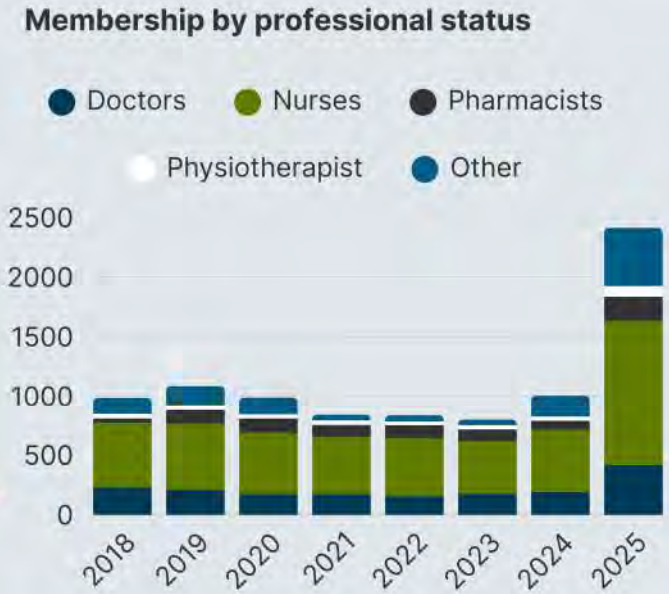
"I really enjoyed the conference. It's so inspiring and motivating. Also so great to see quite a lot of people with the same passion."

"This by far, is the best conference I have ever attended and cannot wait to take my learning back into practice."

Membership

Following a strategic review in 2024, PCRS undertook a comprehensive evaluation of its membership offer and schemes. To support future growth, the standard membership model was enhanced to a premium offer, retaining all existing benefits while introducing the ability for each member to include up to three additional colleagues from their practice. This development is intended to broaden engagement, extend the reach of PCRS, and enable more healthcare professionals to access exclusive programmes, including our leadership development initiatives and member-only resources.

In addition, the previous free mailing list was formalised into a standard membership tier. This ensures that individuals who are unable to pay for membership can still engage with PCRS, benefit from selected resources, and gain a clearer understanding of the Society's work and value. While the full impact of these changes is expected to become clearer during 2026, early feedback has been positive, with the revised structure widely viewed as a progressive and welcome step forward.



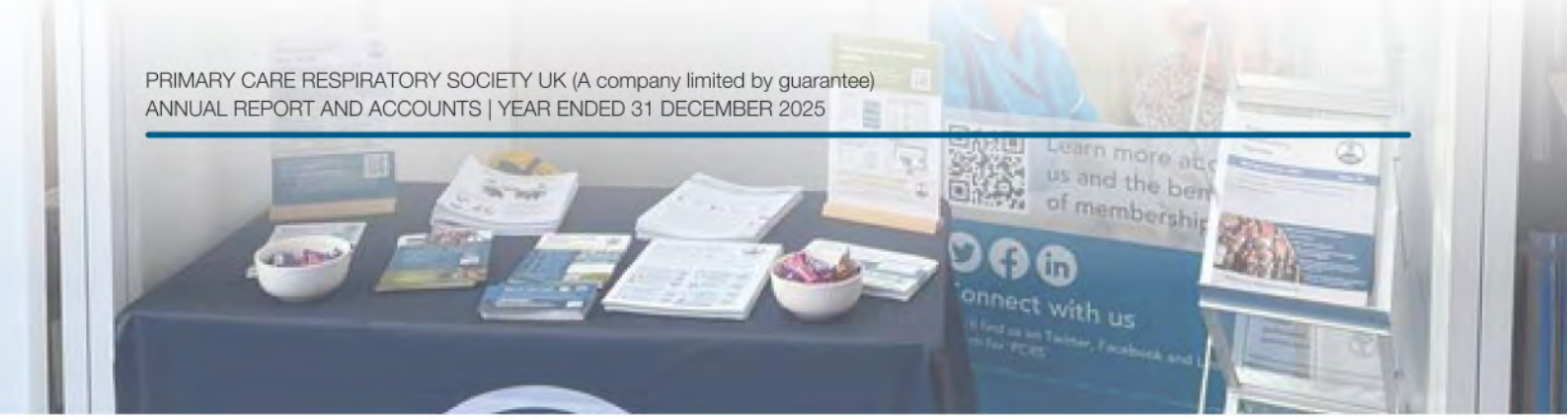
*(members meeting criteria for membership with full voting rights)

Members' Magazine: Primary Care Respiratory Update

In 2025, we published two editions of our membership magazine, Primary Care Respiratory Update (PCRU). The Summer edition focused on asthma, with features on diagnosis in children, asthma reviews, allergic rhinitis, and the use of rescue and reliever treatments. The Autumn edition addressed the challenges of reducing winter pressures, included an update to our consensus guide on the management of COPD, explored approaches to COPD prevention, and introduced our plans for defining best practice in neighbourhood health.

Premium 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 2025, it circulated to an average of 835 recipients, with an average open rate of 46%.

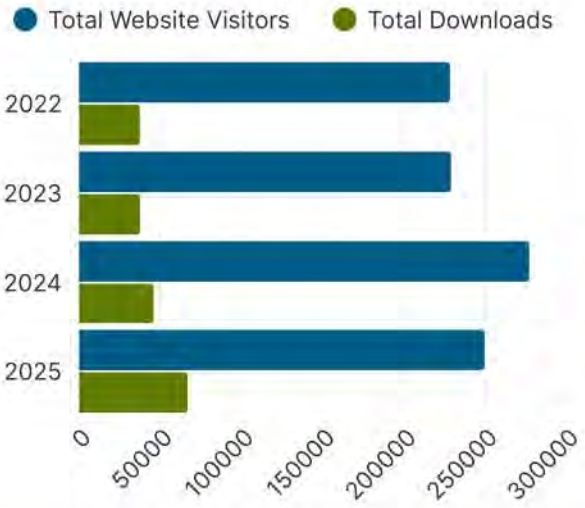


Reaching a wider audience

Digital Communications

Website visitors remained largely similar to the previous three years. However, the number of downloads of PCRS resource files increased significantly to 66,624 (up from 45,646 in 2024), demonstrating the attractiveness of PCRS resources.

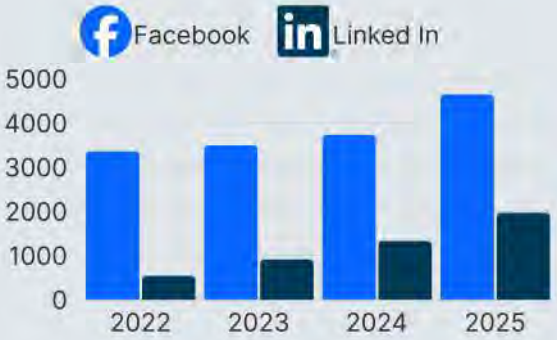
The most downloaded resources were the First steps to implement the new BTS/NICE/SIGN asthma guideline 2024, MART top tips and asthma action plan, and our Tailoring Inhaler Devices PCRU article.



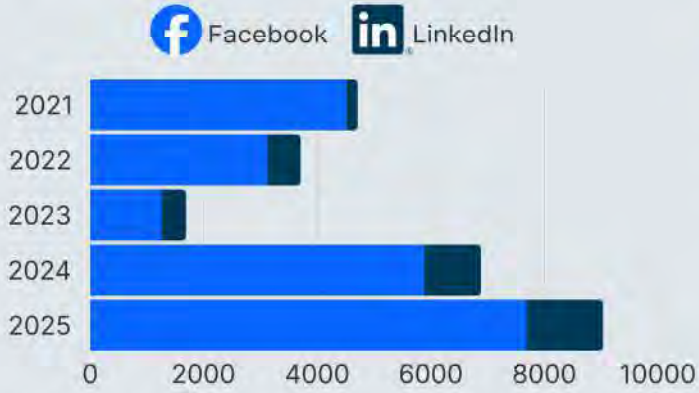
Social Media

In September 2025, we took the difficult decision to withdraw from posting on social media platform X due to concerns about its alignment with our organisational values and the environment it provides for constructive, professional engagement. As part of our exit strategy we expanded onto a new platform (Bluesky) and invested more resources into LinkedIn and Facebook, where our audience and engagement continues to grow.

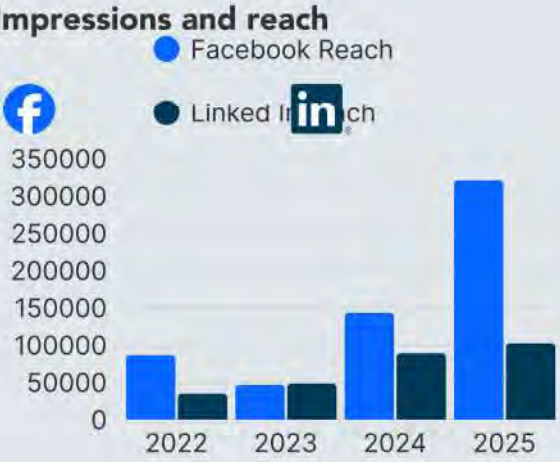
Followers on social media channels



Network referrals to the website*



Impressions and reach



* Analytics now measured differently so difficulty to compare referrals with previous years

Future Plans for 2026

Our core business plan in 2026 continues to focus on addressing the core areas of respiratory disease commonly treated in primary care including asthma, COPD, respiratory infection, identification and referral for rarer lung conditions and lung cancer.

The capacity issues of the workforce and the Government pressure on primary care continue to pose a real risk to services and potential loss of workforce through stress and burnout. PCRS will endeavour to support its members through the provision of innovative programmes and methods to support learning and professional development and provide much needed networking and development opportunities.

Education and professional support
The continued development of educational tools and resources to support healthcare professional education will continue to be a priority focusing on simple guides and evidence based medicine.

We will complete and launch our blueprint for Neighbourhood Health in COPD.

A key element of our work in 2026 will also focus on the completion of the revised and refreshed digital Fit to Care tool to support healthcare professionals build a case for supporting their educational needs.

We will continue to promote greener sustainable healthcare measures.

A critical element of our education programme will be to deliver a successful conference with target delegate numbers to match 2023/2024.

We will continue supporting the leadership development of our members through our successful respiratory leadership programme and support members experiencing stress and burnout in the workplace.

We will update our respiratory service framework to bring in line with the Fit for the Future 10 Year Plan.

Policy and Representation
We will work with other respiratory stakeholders to support the implementation of the respiratory transformation programme (RTP) and ensure that primary care has a voice in policy development and change management. We will provide pragmatic advice and produce position statements to support best practice.

Reach and Representation
In 2026, we will continue to reach out to generalist healthcare professionals through our presence at national events and explore local events in devolved nations.

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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, 25 September 2009 and 2 November 2023. 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 Dr Paul Stephenson. Dr Kevin Gruffydd-Jones and Mrs Carol Stonham were co-opted to the Board of Trustees in early 2025 and formally elected at the AGM in September 2025.

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. A Trustee skills audit was undertaken in 2024 and helped to inform the recruitment of the two new Trustees.

A Board effectiveness survey was also carried out in late 2024 and the results presented to the Board in their early 2025 meeting.

Best practice in charity governance

The Board of Trustees completed its review of the Charity Governance Code in 2023, adopting new activities aimed at the continuous improvement of governance structures, and continues to review progress against these actions.

The Board of Trustees appointed a Freedom to Speak up Guardian, Dr Katherine Hickman in September 2025.

During this accounting period we updated the following policies:-

- Funding Policy
- Investment Policy
- Reserves policy
- Financial Controls Policy
- Data Protection Policy
- Data Retention and Disposal Policy
- Website Terms and Conditions and Privacy Policy
- Membership Policy
- Procurement Policy
- Bribery Policy
- Conflicts of Interest Policy

We also reviewed and updated the Executive Vice Chair role description and scheme of delegation.

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

Organisational structure

The day to day operational activities of the charity are led by Patricia Bryant, appointed Executive Director (an external contractor and director of the agency, delivering day-to-day operations for the charity). The Trustees monitor this role and the performance of Patricia Bryant carefully. A Remunerations and Contracts sub-group of Trustees reporting to the Board of Trustees review all contractual agreements for staff and make recommendations on remuneration. A full performance review of Ms Bryant was also conducted by the Chair and Vice Chair of the Board of Trustees. The feedback from the Trustees on the performance of Ms Bryant was positive and general feedback on the management of the organisation has also been positive. The Trustees were satisfied that the Executive Director was fulfilling her obligations to the role of Executive Director. The Trustees were satisfied that any conflicts of interest were acknowledged and mitigations were in place to address such conflicts. The Board of Trustees requested that a new contract was developed to update service schedules and lengthen notice periods and this has now been completed.

The agency, Red Hot Irons Limited (RHI), is also contracted to run the day-to-day operations of the organisation. 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 and five co-opted members. Two members were elected/relected to the Executive Committee in 2025.

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, 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

The PCRS Executive Chair is a paid role to ensure dedicated time is available to the role (average six 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. The Executive Director fees are paid at the same daily rate as the Executive Chair.

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.

The Board of Trustees support the funding for new trustees to undertake courses with the National Council for Voluntary Organisations

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 pharmceutical 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

Price Bailey were appointed to deliver the independent examination and accounts from 2022 and following satisfactory accountancy advice and independent scrutiny were reappointed at the 2024 AGM to undertake the accounting activity for PCRS in 2024/5.

Group cohesion and networking

In 2025, all committees and Trustees of the organisation were brought together for a joint business meeting in September ahead of the annual conference. The meeting supported the development of the business plan for 2026 and allowed the members of the committees to network and share aspirations for the Charity. The outputs were extremely positive.

It is anticipated this will become an annual event to support cohesion in the Charity and the development of business plans.

Trustees, executive committee and senior management

Trustees

Dr Paul Stephenson (Chair of the Board)
Mr Takeshi Matsuda (Vice-Chair)
Dr Kevin Gruffydd-Jones (elected 19 Sept 2025)
Ms Jo Page (co-opted 23 January 2026)
Mr James Rose
Mr Jignesh Sangani (resigned 03 March 2026)
Mrs Carol Stonham (elected 19 Sept 2025)
Mr Richard Walker

PCRS Executive

PCRS Executive Chair:
Dr Katherine Hickman (resigned 19 Sept 2025)
Mr Darush Attar-Zadeh (appointed 19 Sept 2025)
PCRS Vice Chair:
Dr Maisun Elftise

Education Lead:
Fiona Mosgrove
Services Development Committee Lead:
Ms Helena Cummings
Policy Lead:
Dr Steve Holmes
Research Lead:
Dr Helen Ashdown
Conference Organising Committee Chair:
Mrs Frances Barrett

Executive Director and Company Secretary

Patricia Bryant

Registered office

Tennyson House
Cambridge Business Park
Cambridge
CB4 0WZ

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 Bank
Nationwide House
Pipers Way
Swindon
SN38 1NW

Teachers Building Society,
Allenview House, Hanham Road
Wimborne, Dorset BH21 1AG.

The Charity Bank Limited,
Fosse House, 182 High Street
Tonbridge, TN9 1BE.

Independent Examiners

Price Bailey
Tennyson House
Cambridge Business Park
Cambridge
CB4 0WZ

Solicitors

Blake Morgan
6 New Street Square
London
EC4A 3DJ

Financial Review

Principal Funding

The principal funding sources for the Charity in 2025, 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
- Membership and conference delegate fees.

The total funding secured in 2025 (643,046) was 8% lower than in 2024 (£702,427).

Sponsorship of our conference represented the largest area of income (39%), followed by income from campaigns (17%), our corporate sponsorship scheme (17%) and educational projects (7%). Income from membership subscriptions comprises just six percent. Careful banking allowed the charity to maximise interest payments amounting to £25,388 an increase of 18% on the prior year.

PCRS is grateful to all of its corporate supporters in 2025: AstraZeneca UK Ltd, Chiesi Ltd, GlaxoSmithKline and Lupin Healthcare Ltd. 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 2025 (£581,656) was slightly higher than in 2024 (£572,714). This was a direct result of increased charitable activity during the accounting period. Administrative costs have, however, fallen in the year by 3.5% demonstrating good control of core expenditure. We remain indebted to all our committee members for their ongoing contribution to the Society, much of which is carried out at their own expense and in their own time.

Expenditure on conference accounted for 36% of total expenditure, with education and campaign activity accounting for 22% of the expenditure, while external communications (e.g., policy, research, representation, and membership communications) accounted for 10%.

Total administrative costs for the year (excluding Membership communications and support) was £182,233 (vs £190,018 in 2024) demonstrating efficient control of overheads. The largest item in support costs was for administration costs (paid to Red Hot Irons Ltd the agency contracted to deliver the day-to-day operations of the charity), followed by Executive Director costs, and wages covering the PCRS Executive Chair, and Committee Leads.

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 2025/6 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 the following should be held:-

1. Fixed operating costs (overheads) for one year
    a. Governance costs (insurance, accountancy, trustee costs, ICO registration and Companies House fees)
    b. Charity Administration (Membership management, communications, website maintenance, committee costs, Executive Director fees
2. Core programme operating costs (Charitable programme activity direct costs) for one year
    a. Annual cost of the conference
    b. Research lead costs
    c. Policy operations, advocacy and reach
    d. Digital education and learning programmes including publication of Primary Care Respiratory Update).

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 to take drastic action only if they see the Charity falling below its minimum level of reserves and to make significant long-term investments from reserves only if the Charity is significantly above its ideal level of reserves. The level of reserves held by the Society at the end of 2025 was £1,079,278, which is slightly above the maximum level and will allow for the budgeted deficit in 2026 and additional authorised expenditure on project activity.

Operating Costs	Minimum Level (6 months operating costs)	Optimum Level (12 months operating costs	Maximum level (18 months operating costs)
Overhead costs*	£131,036	£262,071	£393,107
Core programme direct costs**	£192,703	£385,405	£578,108
Total reserves levels	£323,739	£647,476	£971,215

*Based on average overhead costs for previous five years | **Current budgeted programme

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 surplus in 2025 of £61,390 (vs £129,713 in 2024). The surplus and existing restricted funds permits the Trustees to confidently deliver an ambitious programme of charitable activity in 2026 with a confident and dynamic team. The Society continues to maintain healthy reserves, currently slightly above the target level. The Board has identified two charitable projects—Fit to Care Digitisation and the Neighbourhood Health Programme—to be supported through 2026, with funding allocated from these reserves. As a result, reserves are expected to reduce to approximately the optimal level of £900,000. However, the Board remain mindful of the importance of, and our reliance on, our annual conference to raise funds. Sponsorship and funding remain a significant challenge and, after taking as many streamlining activities as we have been able to, further cost cutting measures are unlikely. 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);
- 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:

Dr Paul Stephenson
Chair of the Board of Trustees
Date: 13/08/2026

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 2025 which are set out on pages 27 to 42.

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.

M. Cooper-Di

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 2025

	Note	Unrestricted Funds 2025 (£)	Restricted Funds 2025 (£)	Total Funds 2025 (£)	*Total Funds 2024 (£)*
Income from					
Donations	3	146,891	74,927	221,818	*225,921*
Charitable activities	4	340,690	55,150	395,840	*455,030*
Investments	6	25,388		25,388	*21,476*
Other Income					-
Total Income		**512,969**	**130,077**	**643,046**	***702,427***
Expenditure on:					
Raising funds	7	35,452	-	35,452	*38,576*
Charitable Activities	8	415,554	130,650	546,204	*534,138*
Total Expenditure		**451,006**	**130,650**	**581,656**	***572,714***
Net income/(expenditure)		**61,963**	**(573)**	**61,390**	***129,713***
Transfer between funds		**(4,712)**	**4,712**		
Net Movement of funds		**57,251**	**4,139**	**61,390**	***129,713***
Reconciliation of funds					
Total funds brought forward		907,424	110,464	1,017,888	*888,175*
Net movement in funds		57,251	4,139	61,390	*129,713*
Total funds carried forward		**964,675**	**114,603**	**1,079,278**	***1,017,888***

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

The notes on pages 30 to 42 form part of these financial statements.

Balance Sheet as at 31 December 2025

	Note	2025 (£)	*2024 (£)*
Fixed Assets			
Tangible Assets	12	167	*214*
Current Assets			
Debtors	13	94,055	*134,245*
Cash at bank and in hand		1,016,275	*939,351*
		1,110,330	***1,073,596***
Creditors: amounts falling due within one year	14	(31,219)	*(55,922)*
Net current assets		1,079,111	*1,017,674*
Total assets less current liabilities		**1,079,278**	***1,107,888***
Charity Funds			
Restricted Funds	15	114,603	*110,464*
Unrestricted Funds	15	964,675	*907,424*
Total Funds		**1,079,278**	***1,017,888***

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.

Dr Paul Stephenson
Chair of Trustees

Date: 13/08/2026

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 DECEMBER 2025

	Note	2025 (£)	*2024 (£)*
Cash flows from operating activities			
Net cash from operating activities	16	£51,536	*£100,675*
Cash flows from investing activities			
Purchase of property, plant and equipment			
Interest received		£25,388	*£21,476*
Net cash from investing activities		£25,388	*£21,476*
Change in cash and cash equivalents			
Change in cash and cash equivalents in the reporting period		£76,924	*£122,151*
Cash and cash equivalents at the beginning of the period		£939,351	*£817,200*
Cash and cash equivalents at the end of the reporting period		**£1,016,275**	***£939,351***
Cash in hand		£1,016,275	*£939,351*
Total cash and cash equivalents at the end of the period		**£1,016,275**	***£939,351***

The notes on pages 30 to 42 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2025

1.General information

Primary Care Respiratory Society UK is a charitable company limited by guarantee registered in England and Wales with the registration number 04298947 and the charity number 1098117. 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) - 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. 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

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.

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 which contribute to more than one activity and support costs which 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 2025

2. Accounting policies continued

Support costs are calculated by assessing the proportion of time spent by the Executive Director, other PCRS lead roles, and the Board of Trustees on the charity's activities. Each individual's role is estimated on the time and percentage of their work attributable to different areas of the organisation, and these allocations are then used to apportion support costs across the relevant activities.

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

2.7 Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered.

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.

Notes to the Financial Statements for the year ended 31 December 2025

2. Accounting policies continued

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 2025

3. Income from donations, grants and legacies

	Unrestricted funds 2025 (£)	Restricted funds 2025 (£)	Total Funds 2025 (£)
Corporate Supporter Scheme	111,000		111,000
Membership fees	35,891		35,891
Donations		74,927	74,927
Donations in kind			
	146,891	**74,927**	**221,818**

There were no donations in kind in 2025

	Unrestricted funds 2024 (£)	*Restricted funds 2024 (£)*	*Total Funds 2024 (£)*
Corporate Supporter Scheme	*78,000*	-	*78,000*
Membership fees	*36,124*	-	*36,124*
Donations	-	*111,797*	*111,797*
Donations in kind	-	-	-
	114,124	***111,797***	***225,921***

4. Income from charitable activities

	Unrestricted funds 2025 (£)	Restricted funds 2025 (£)	Total Funds 2025 (£)
Scientific Journal	6,738		6,738
Education	333,952	55,150	389,102
External communications	-	-	-
Total 2025	**340,690**	**55,150**	**395,840**

	Unrestricted funds 2024 (£)	*Restricted funds 2024 (£)*	*Total Funds 2024 (£)*
Scientific Journal	*411*	-	*411*
Education	*416,739*	*35,500*	*452,239*
External communications	*2,380*	-	*2,380*
Total 2024	***419,530***	***35,500***	***455,030***

Notes to the Financial Statements for the year ended 31 December 2025

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

Company	Corporate Membership	Education	Communications	Conference	Campaigns	2025 total (£)
AstraZeneca	40,500		-	71,000	79,910	191,410
Chiesi	30,000	-	-	18,400	45,000	93,400
Glenmark UK	-	6,000	-	5,750	-	11,750
GSK	33,000	-	-	29,250		62,250
Lupin Healthcare Ltd	7,500	-	-	4,600	-	12,100
Orion Pharma UK		5,000	850	5,000		10,850
Total	111,000	11,000	850	134,000	124,910	381,760

6. Investment Income

	Unrestricted funds 2025 (£)	Total Funds 2025 (£)
Bank Interest	**25,388**	**25,388**

	Unrestricted funds 2024 (£)	*Total Funds 2024 (£)*
Bank Interest	***21,476***	***21,476***

7. Expenditure on raising funds

	Unrestricted funds 2025 (£)	Restricted funds 2025	Total Funds 2025 (£)
Costs of raising voluntary income			
Direct costs	225	-	225
Support costs	35,227	-	35,227
	35,452	-	35,452

	Unrestricted funds 2024 (£)	*Restricted funds 2024*	*Total Funds 2024 (£)*
Costs of raising voluntary income			
Direct costs	*1,917*	-	*1,917*
Support costs	*36,659*	-	*36,659*
	38,576	-	*38,576*

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 2025

8. Analysis of expenditure by activities

	Activities undertaken directly 2025 (£)	Support costs 2025 (£)	Total Funds 2025 (£)
Research	606	6,090	6,696
Education*	365,337	99,421	464,758
Policy	9,128	13,048	22,176
External communications**	30,692	21,882	52,574
	405,763	**140,441**	**546,204**

	Activities undertaken directly 2024 (£)	*Support costs 2024 (£)*	*Total Funds 2024 (£)*
Research	*600*	*6,496*	*7,096*
Scientific Journal	-	*(2,316)*	*(2,316)*
Education*	*356,340*	*93,110*	*449,450*
Policy	*7,745*	*19,034*	*26,779*
External communications**	*32,005*	*21,124*	*53,129*
	396,690	***137,448***	***534,138***

*PCRS educational activity includes our campaigns, professional development activities such as leadership, cost of delivering reach programmes, as well as our wide range of clinical resources.
** External communications include all of our membership communications, online communications, as well as advocacy, and representation.

Analysis of support costs

	Research 2025 (£)	Education 2025 (£)	External Comms / policy 2025 (£)	Fundraising 2025 (£)	Total Funds 2025 (£)
Staff costs	1,758	44,204	7,651	26,400	80,013
Depreciation	-	21	20	7	48
Secretariat and administration costs	3,941	48,175	22,341	6,617	81,074
Legal fees	-	47	-	-	47
Trustees meetings/expenses	168	2,053	471	673	3,365
Insurance	139	1,247	1,108	277	2,771
Accountancy remuneration	84	3,674	3,339	1,253	8,350
	6,090	99,421	34,930	35,227	**175,668**

Analysis of support costs 2024

	Research 2024 (£)	Scientific Journal 2024 (£)	Education 2024 (£)	External Comms 2024 (£)	Fundraising 2024 (£)	Total Funds 2024 (£)
Staff costs	1,781	1,199	44,557	13,811	26,689	88,037
Depreciation	-	3	25	25	9	62
Secretariat and administration costs	3,925	1,563	44,062	21,998	7,921	79,469
Legal fees	-	(5,796)	-	-	-	(5,796)
Trustees meetings/expenses	106	212	973	296	529	2,116
Insurance	537	134	537	1,075	403	2,686
Auditors remuneration	147	369	2,956	2,953	1,108	7,533
	6,496	(2,316)	93,110	40,158	36,659	**174,107**

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

	2025 £	*2024* £
Depreciation of tangible fixed assets	*47*	*62*
Accountancy and bookkeeping	*5,880*	*5,880*
Independent examination fee	*4,100*	*3,284*
Tax advisory services	*4,250*	*4,250*

Notes to the Financial Statements for the year ended 31 December 2025

10. Staff costs

	2025 £	2024 £
Wages and salaries	33,002	40,892
Contribution to defined contribution pension schemes	1,804	2,156
	34,806	**43,048**

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

	2025 No.	2024 No.
PCRS Executive Chair	1	1
PCRS Leads	7	7
	8	**8**

The average headcount expressed as full-time equivalents was:

	2025 No.	2024 No.
PCRS Executive Chair	0.22	0.19
PCRS Leads	0.23	0.19
	0.45	**0.38**

In 2025, there were 0 employees (2024: 0) whose employee benefits (excluding employer pension costs) exceeded £60,000

The Charity has no employees as defined by employment law (2024:0). However, for the purposes of tax law, the charity has a number of additional workers, being the PCRS executive chair, vice chair, PCRS policy, education and conference leads plus service development lead and respiratory leadership programme lead. See page 18 regarding notes on Executive Director.

The key management personnel of the Charity comprise the Trustees and the senior executive team as listed on page 22. The total amount of employee benefits (including employer pension contributions and employer National Insurance contributions) received by the key management personnel for their services to the Charity was £92,972 (2024: £101,574).

11. Trustees remuneration and expenses

During the year, no trustees received remuneration or other benefits (2024 one trustee received £5,305 through the payroll before becoming a Trustee after the year end. During the year ending 31 December 2025, expenses totalling £239 were reimbursed or paid directly to two trustees (2024 - £633 to three trustees) Both years were relating to conference expenditure

Notes to the Financial Statements for the year ended 31 December 2025

12. Tangible fixed assets

	Office Equipment (£)
Cost or valuation	
At 1 January 2025	698
At 31 December 2025	698
Depreciation	
At 1 January 2025	484
Charge for the year	47
At 31 December 2025	531
Net book value	
At 31 December 2025	167
At 31 December 20234	*214*

13. Debtors

	2025 (£)	*2024 (£)*
Due within one year		
Trade debtors	68,109	*123,618*
VAT debtor	11,390	-
Prepayments and accrued income	14,556	*10,627*
	94,055	***134,245***

14. Creditors: Amounts falling due within one year

	2025 (£)	*2024 (£)*
Due within one year		
Trade creditors	5,158	*11,790*
Other taxation and social security	2,720	*8,104*
Other creditors	1,126	*11,773*
Accruals and deferred income	22,215	*24,255*
	31,219	***55,922***

In 2025 there is no deferred income (2024: £nil)

Notes to the Financial Statements for the year ended 31 December 2025

15. Statement of funds

Statement of funds - current year

	Balance at 1 January 2025 (£)	Income (£)	Expenditure (£)	Transfers in/out	Balance at 31 December 2025 (£)
Unrestricted funds					
General Funds	907,424	512,969	(451,006)	(4,712)	964,675
Restricted funds					
Quality improvement resources for ARC	6,633	50,150	(33,999)		22,784
Greener healthcare campaign	44,055	25,000	(21,101)		47,954
Respiratory leadership	3,898	20,167	(28,777)	4,712	(0)
Challenging COPD Perceptions	4,280	-	(1,721)		2,559
Digital technology campaign	15,064	-	(13,272)		1,792
Inequalities campaign	-	5,000	4,620		380
Publications and resources	25,128	-	(19,075)		6,053
Mild Asthma	11,406	29,760	(8,085)		33,081
	110,464	**130,077**	**(130,650)**	**4,712**	**114,603**
Total of funds	**1,017,888**	**643,046**	**(581,656)**		**1,079,278**

The Trustees recognise the strategic importance of the Respiratory Leadership Programme in the context of the current pressures on primary care services. Where expenditure on programme activities exceeds the restricted funds available, the Trustees have agreed that additional costs may be met from the charity's unrestricted reserves. The charity's reserves position remains strong and provides sufficient capacity to support such additional investment.

Notes to the Financial Statements for the year ended 31 December 2025

15. Statement of funds

Statement of funds - prior year

	Balance at 1 January 2024 (£)	*Income (£)*	*Expenditure (£)*	*Balance at31 December 2024 (£)*
Unrestricted funds				
General Funds	*787,067*	*555,130*	*(434,773)*	*907,424*
Restricted funds				
Quality improvement resources for ARC	-	*22,500*	*(15,867)*	*6,633*
Greener healthcare campaign	*40,946*	*25,000*	*(21,891)*	*44,055*
Respiratory leadership	*9,477*	*20,167*	*(25,746)*	*3,898*
Mentorship Programme	*1,178*	-	*(1,178)*	-
Challenging COPD Perceptions	*34,047*	-	*(29,767)*	*4,280*
Digital technology campaign	*16,625*	-	*(1,561)*	*15,064*
Campaigns - Inequalities	*(2,275)*	-	*2,275*	-
Affiliated peer support networks	*1,110*	-	*(1,110)*	-
Publishing - publcations and resources	-	*34,000*	*(8,872)*	*25,128*
Other income generating	-	*1,500*	*(1,500)*	-
Mild Asthma	-	*44,130*	*(32,724)*	*11,406*
	101,108	*147,297*	*(137,941)*	*110,464*
Total of funds	***888,175***	***702,427***	***(572,714)***	***1,017,888***

16. Net assets between funds 2025

	Unrestricted Funds 2025	Restricted Funds 2025	Total Funds 2025
Fixed assets	167	-	167
Current assets	986,727	123,603	1,110,330
Creditors due within one year	(22,219)	(9,000)	(31,219)
	964,675	**114,603**	***1,079,278***

Net assets between funds 2024

	Unrestricted Funds 2024	*Restricted Funds 2024*	*Total Funds 2024*
Fixed assets	214	-	214
Current assets	963,132	110,464	1,073,596
Creditors due within one year	(55,922)	-	(55,922)
	907,424	**110,464**	***1,017,888***

Notes to the Financial Statements for the year ended 31 December 2025

16. Reconciliation of net movements in funds to net cash flow from operating activities

	2025 (£)	2024 (£)
Net income for the year (as per statement of financial activities)	61,390	129,713
Adjustments for:		
Depreciation	47	62
Interest	(25,388)	(21,476)
Decrease/(increase) in debtors	40,190	10,308
Increase / (decrease) in creditors	(24,703)	(17,932)
Net cash provided by /(used in) operating activities	**51,536**	**100,675**

17. Analaysis of cash and cash equivalents

	2025 (£)	2024 (£)
Cash in hand	1,016,275	939,351
Total cash and cash equivalents	**1,016,275**	**939,351**

18. Analysis of cash and cash equivalents

	At 1 January 2025	Cash flows	At 31 December 2025
Cash in hand	939,351	76,924	1,016,275
Total cash and cash equivalents	**939,351**	**76,924**	**1,016,275**

19. Pension commitments

The Charity operates one defined contribution pension scheme. The assets of the schemes 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 £1,804 (2024: £2,156). Contributions totalling £669 (2024: £276) 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 2025

20. 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.

21. Related party transactions

During the year payments were made to the committee members totalling £37,040 (2024: £39,643). Fees for service were paid to employing organisations of £Nil (2024: £4,100). Expenses of £1,923.49 (2024: £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 totalled £370,588 (2024: £337,322) and at the year end the amount due amounted to £4,672 (2024: £1,490).

The balance was unsecured, interest-free and repayable under normal trading terms. No guarantees or security were provided in respect of this balance.

There were no further related party transactions in the year (2024: None).