



The Primary Care Respiratory Society

ANNUAL REPORT 2024



Inspiring best practice
in respiratory care

The Primary Care Respiratory Society | Charity Number: 1098117 | Company Number: 4028947

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 2024 to 31 December 2024. 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.



2024 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 effective commissioning/respiratory service provision through ongoing work to promote the Respiratory Services Framework and collaborative projects with partner organisations to reduce variation in care and tackle health inequalities.
- Undertake a review of all PCRS activities and programmes to ensure we are meeting the needs of the membership and our charitable objectives and operating as efficiently as possible.
- 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.

The burden of respiratory disease in the UK is significant, with lung conditions costing the UK economy an estimated £188 billion annually. This includes direct costs to the NHS, indirect costs due to lost productivity, and wider societal costs.

Respiratory disease is also the third biggest cause of death in England.

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



2024 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

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)

NHS Prevention Programme's Tobacco Dependence Stakeholder Group

National Institute for Health and Care Excellence

NICE/BTS/SIGN Asthma Guideline Working Group

Pulmonary Rehabilitation National Network Group

Taskforce for Lung Health

UK Health Alliance for Climate Change

UK Inhaler Group

UK Lung Cancer Coalition

In 2024, our policy group created and published two new position statements:

- A Joint statement with the British Thoracic Society on Integrated Care
- Position Statement on Respiratory Data and Digital Care

During this period there was a change in personnel for the Policy Lead following the completion of term of office of Carol Stonham. The policy coordinator also resigned so there was a slight hiatus early in 2024 until the role was filled. Since that time, led by Dr Steve Holmes, the new Policy Lead, a full programme of activity for the policy forum has been developed and a number of new position statements were approved for development with work commencing in late 2024. These include statements on vaping in children and young people, diagnosing asthma in children and young people, antibiotics and sputum, case finding in COPD, the use of rescue/reliever inhalers in asthma. We will also be reviewing our CRP POCT and FeNO for diagnosing respiratory disease position statements.

Informing National Policy, Guidelines and the broader respiratory network

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. Regular meetings are held between BTS and also IPCRG to explore synergies and opportunities for collaboration. We have also worked collaboratively with other key respiratory organisations including the Taskforce for Lung Health, National Respiratory Audit Programme and Inequalities in Health Alliance.

Campaign Work - Asthma

In preparation for the delayed and long-awaited publication of the new joint guideline by the British Thoracic Society, National Institute for Health and Care Excellence and the Scottish Intercollegiate Guideline Network on the diagnosis and management of asthma, PCRS undertook a huge educational campaign to help prepare members and the wider generalist healthcare professionals. We produced a range of resources including webinars, podcasts and infographics to support members. We produced a series of tools on MART therapy, sponsored by Orion Pharma, including an infographic based asthma action plan which has been very well received and even adopted onto the Ardens clinical decision and population health platform. We also delivered an educational learning module and other tools to raise awareness of the GINA approach to managing asthma as part of the preparation for the new guideline. This was generously supported by AstraZeneca UK.



On the day of the launch of the 64-page guidance in November 2024 - PCRS was able to publish its own independent, six-page summary guide with easy-to-follow algorithms and graphics for primary care.

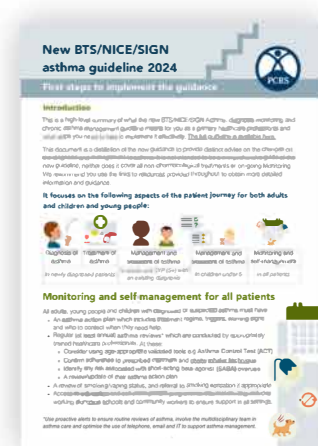
The week after the publication of the guideline we held a webinar on the implementation of the guideline in primary care which attracted over 758 attendees and has since been viewed 2,897 times.

The summary guide has been widely complimented by healthcare professionals both within UK primary care and indeed from outside of the UK.

"The new guideline represents a major shift in asthma management"



3,929
downloads of
MART resources



2,770
downloads of PCRS
'first steps' guide

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

Challenging Perceptions of COPD

As part of our Challenging Perceptions of COPD campaign, PCRS developed a series of resources to highlight the need for a more proactive approach to symptom management, better understanding of the triggers and causes of exacerbations and tools to support holistic management of people with COPD to improve quality of life.



In this accounting period we developed a series of short animated videos that help healthcare professionals to discuss possible causes of exacerbations and how to prevent them; these include:

**It's not just
another flare up**



**Movement for
health**



**It's never too late
to quit (smoking)**



The launch of the animations were accompanied by a webinar to highlight the issues raised and support healthcare professionals in addressing the issue of exacerbations.

In collaboration with AstraZeneca, PCRS also worked on the development of a practical tool for use in consultations to stimulate conversations on the risk of COPD exacerbations and to focus on how such exacerbations may be prevented. An aide memoir and an accompany webinar was developed to support the launch of the tool.

"COPD exacerbations are a major cause of emergency hospital admissions, increase mortality, and lead to a decline in lung function"

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

Greener, kinder respiratory care

PCRS has been at the vanguard of promoting greener, sustainable health. Thanks to funding supported by Chiesi Ltd, PCRS has been able to continue its campaign for greener, kinder respiratory health.

In 2024, we produced a number of resources aimed to inspire and educate healthcare professionals working in primary and community care to support and promote environmentally kinder respiratory care.



Using fresh, innovative graphics and inspiring content we have produced a range of digital resources including:

- Blanket Switching of Inhaler Types - Why this is a Bad Idea
- A calendar of action to help promote and support greener kinder respiratory care in the practice
- Guidance on how to lobby the local MP on environmental issues

We also produced a series of thought provoking podcasts that aim to inspire and galvanise local action. Our podcast series was also supported by webinars which feature interviews with inspiring experts able to provide examples of how they have been able to make a difference.



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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 leading to change and exploring how we can identify, address and manage the conflict that change sometimes generates in our team, and how we can be more effective as leaders of change by better understanding ourselves and others. A follow-up one meeting was held in November 2024 and these courses were supplemented by leadership sessions at conference	15 people attended the workshop in June 2024. 16 people attended the meeting in November 2024.	“Excellent very informative and worthwhile course, Feel more confident to put skills/knowledge gained from course into practice” “Excellent course, lots of transferable skill that can be used in all of my roles. Great group of people to share ideas and experiences with.”



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.	34 Peer Support Networks are currently affiliated to PCRS.
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*We are grateful to our sponsors for their support. Sponsors had no input into the content of the programmes

Reaching the wider generalist healthcare professional audience

In 2024, PCRS ran eight 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. Feedback from the webinars is extremely positive and the webinars regularly attract an audience exceeding 55 and as many as 124. All the webinars are also available free of charge via the PCRS website on demand.

Our In Conversation webinars are 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 2024, 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.



PCRS National Respiratory Conference

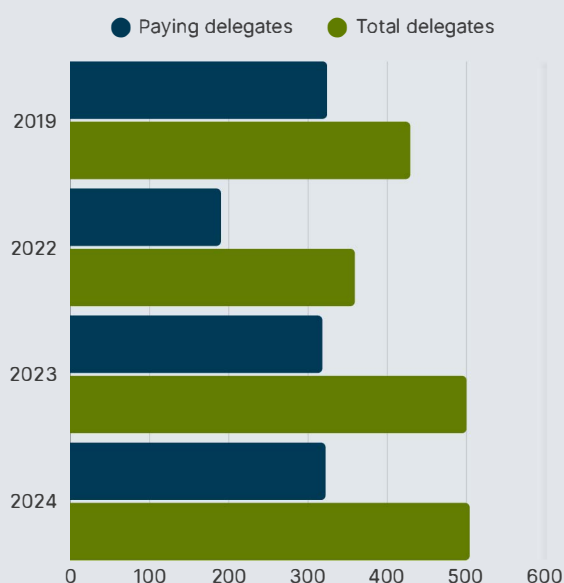
September 2024

The PCRS Respiratory Conference 2024 was successfully able to match its record 2023 attendees joining us in Telford. Once again, the conference featured six parallel streams of content, including clinical, service improvement, compassionate leadership, practical workshops, and scientific abstract presentations.

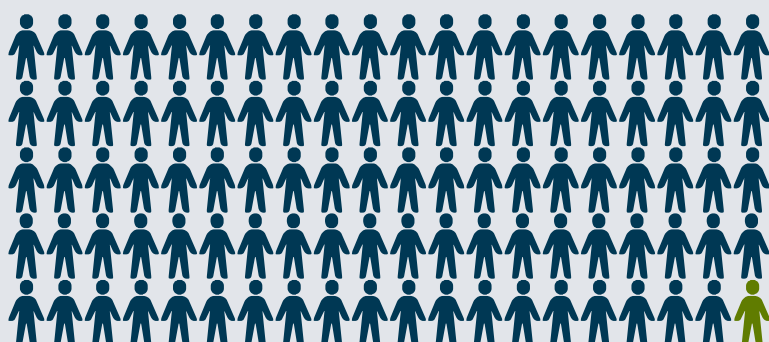
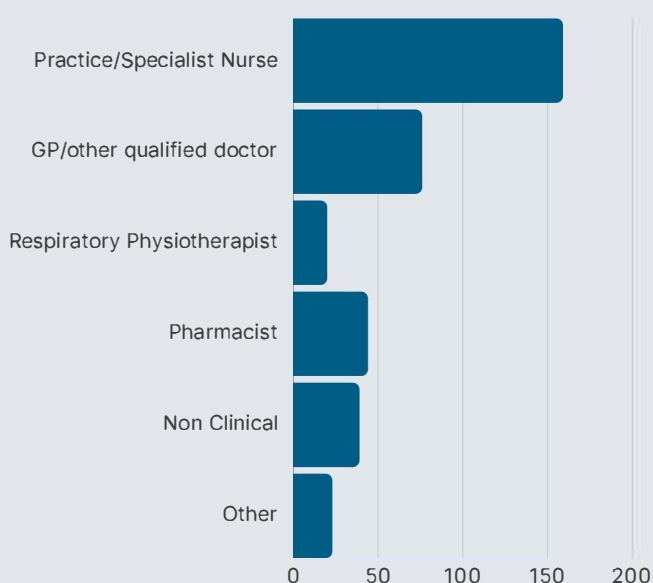
The number of paying delegates has steadily increased over time and by 54% since 2014.

The conference feedback was excellent.

Number of conference attendees verses paying delegates



Profession of Conference Delegates in 2024



98.5%

of attendees would
recommend the PCRS
Conference to colleagues

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

The conference in 2024 was sponsored by AstraZeneca, Chiesi Ltd and GlaxoSmithKline. 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.

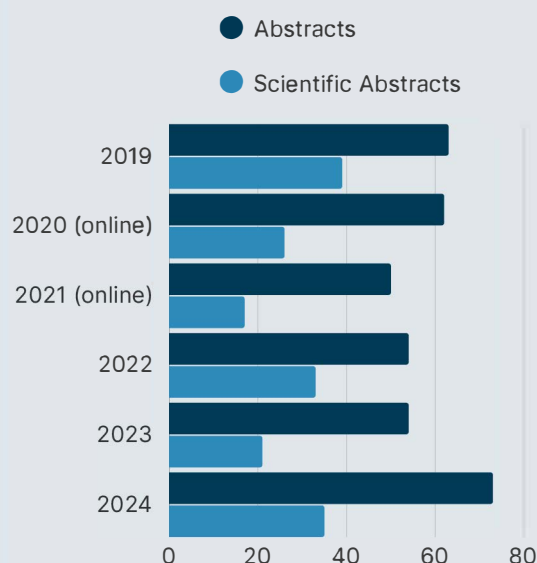
We were delighted to see a significant increase in the number of abstracts submitted in 2024 with 73 total abstracts submitted our highest number of submissions in 10 years

Delegates scored the conference on average

4.8/5

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 2024

"Absolutely marvellous conference, as always...An excellent opportunity to reset, learn, meet with colleagues new and old and respark enthusiasm to improve services and patient care for our respiratory patients."

"An overall enlightening and educational conference full of good tips to take back to colleagues and share."

"This was my first PCRS conference and I'm delighted and relieved that it exceeded my already high expectations. Everything was relevant. Everyone was friendly, approachable and the content all practice-changing. It's a privilege to be exposed to so many knowledge and experienced clinicians and see what is possible. I've learned so much and recognise that I'm not at the level I want to be at yet, but with this conference, am better positioned to change that."

"Fantastic as always although this was my first since pre pandemic. Great to see the solo attendees have been given the opportunity to have a meeting space if they want to meet others. Thank you to everyone involved in planning and delivering the conference."

Membership

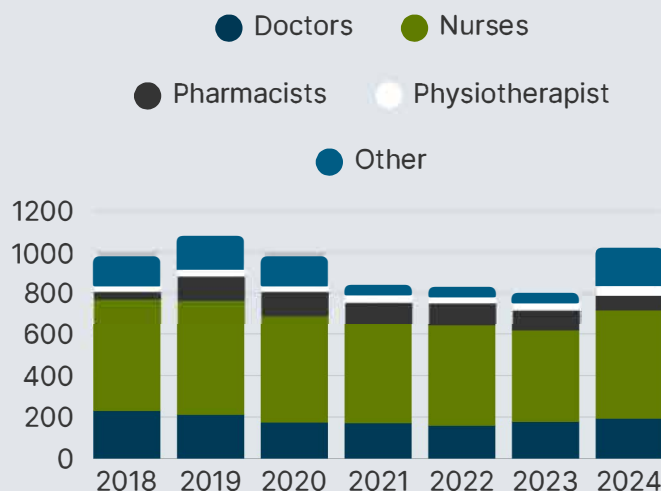
PCRS membership is largely comprised of GPs, practice and respiratory specialist nurses, pharmacists, and physiotherapists. Other members include researchers, commissioners, managers, and corporate members. Our membership has dropped over the last few years, particularly among GPs and nurses very much in line with the decreasing GP/nurse workforce. We speculate that this may also be due to the rising cost of living and general workload pressures.

Following a strategic review we will be updating our membership schemes in 2025 and introducing a new standard free membership package.

Membership breakdown



Membership by professional status



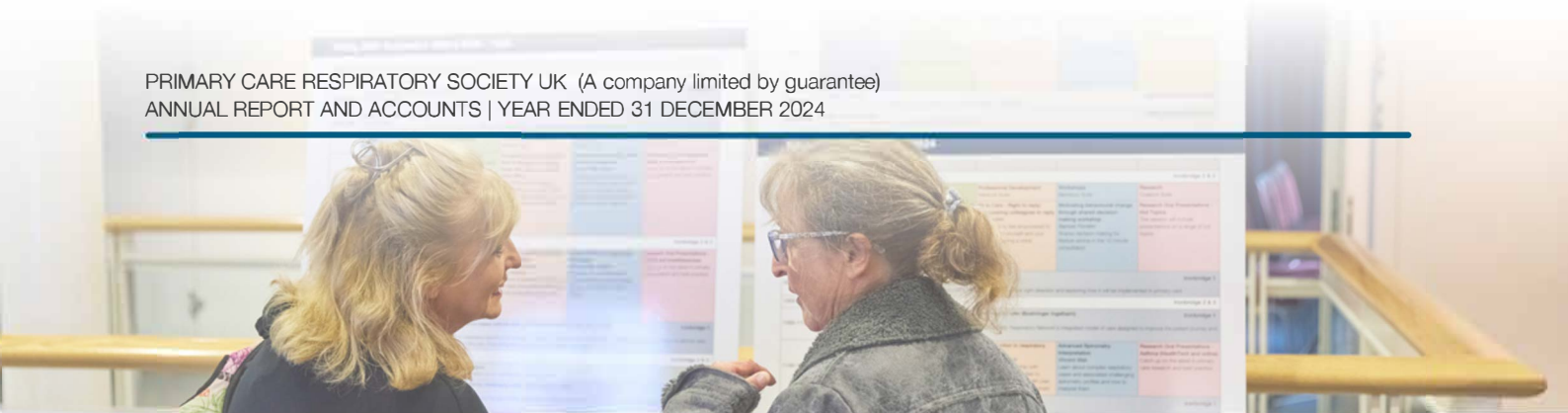
*(members meeting criteria for membership with full voting rights)

Members' Magazine: Primary Care Respiratory Update

In 2024, we published two editions of our membership magazine, Primary Care Respiratory Update (PCRU). Summer 2024 focused on a range of topical issues relevant to those working in primary care respiratory health including appropriate use of, correct calculation and interpretation of Peak Expiratory Flow rates; pollution and its impact on respiratory health; asthma and atopy in children and young people; managing health inequalities and supporting behaviour change. Our Winter 2024 issue shared a number of resources produced by PCRS to help prepare for the new BTS/NICE/SIGN asthma guideline, articles on dealing with breathlessness and the impact of obesity in respiratory disease and included information on vaping in children. Production costs were met from advertising and funds received from sponsors in respect of campaign activities. 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

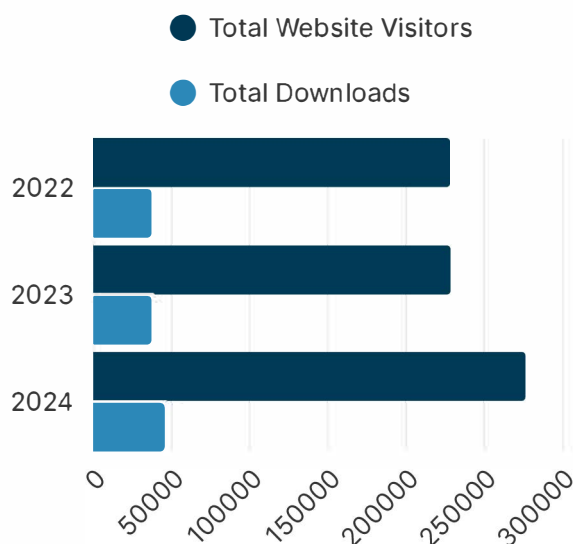
Members receive a fortnightly email containing all the latest news, policy, events, and clinical practice. It remains popular and well read among members. In 2024, it circulated to an average of 763 recipients with an average open rate of 47%, average unique clicks per edition of around 105, and a total number of unique clicks of over 2,400.



Reaching a wider audience

Digital Communications

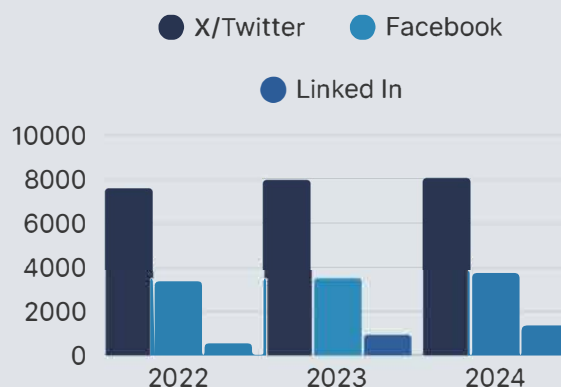
Website visitors increased by 20% in 2024, this increase appears to primarily be driven by our asthma resources. Our conference webpages featured in our top content of the year (as they did in 2023), alongside asthma resources - the GINA approach to managing asthma and the new asthma guideline were particularly popular. The one-minute-sit-to-stand test protocol resource had the most visits to an individual resource page with 3,997 visitors.



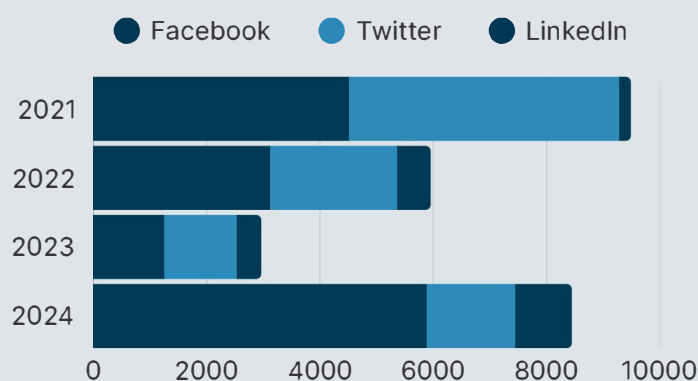
Social Media

PCRS continues to grow followers on social media, which drives a large number of users to the website. In 2024 referrals from LinkedIn and Facebook increased (by 95% and 308% respectively), while for X (formerly Twitter) they decreased slightly (by 1%). We anticipate our reach on X to continue to decrease, as users continue to leave the platform, to mitigate this we will open an account on Bluesky.

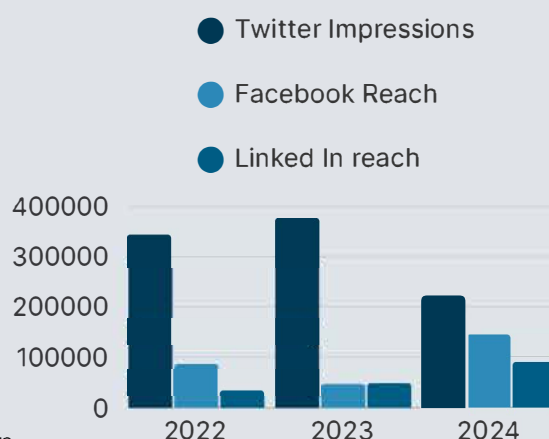
Followers on social media channels



Network referrals to the website*



Impressions and reach



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

Charity Strategy Day 2024

A critical part of the charity's activity in 2024 was to undertake a strategic review of activity. Facilitated by Catherine Blackaby from The Improvement Alliance Ltd, the main objectives of the meeting, which included the members of all the committees, patient reference group and the Board of Trustees, was to review the core activities of the organisation and assess whether the programmes we provide are fit for purpose for the short and medium term future. A summary of the outputs of the meeting are shown below and on the following page. The business plan for 2025 aims to address some of the issues raised and proposed actions.



Continue delivering

Conference	Continue, retain good delegate numbers explore additional sponsorship opportunities provide high quality education. Increase promotion.
Respiratory Leaders	Continue – open up to standard members and additional premium members to maximise attendance. Develop the next generation of leaders
Tailored resources (only where gap exists)	Continue digital tools and resources that are high quality, easy to read, visually appealing and quick methods for learning – must be in line with national guidance, high quality, high value
Peer Support Networks	Provide speakers for asthma guideline dissemination. We will build on speaker bank and include links to social media profiles



Focus Areas



Actions

Shared vision	Shared vision to be updated and disseminated
Strapline	Review / update mission statement
Visibility, impact, influence	<ul style="list-style-type: none"> Increasing presence at events Greater input at ICB/board level – ICB toolkits Press releases for all position statements and relevant national policy – e.g. 10 Year Plan, Darzi – be vocal, be visible Potential collaboration with respiratory training providers, Red Whale and ARTP Respiratory Warrior Campaign – campaigning for respiratory health not accepting what wouldn't be accepted in diabetes, hypertension, hyperlipidaemia Widening membership



Focus Areas



Actions

Visibility, impact, influence (continued)

- Enhancing website navigation and access to tools
- Seizing opportunities to promote resources on the website and increase interactivity
- Self accreditation scheme for Respiratory Friendly Practices
- Advertising
- Where funding available we will support delivery of regional meetings
- Have podcasts available after 6 or 12 months on open platform

Increasing membership

- New free scheme (Standard membership)
- Premium membership with new benefit - three free places per premium member from the same practice
- Open up/continue group membership schemes for ICBs etc.

Being united, driving up standards of respiratory care by having a clear strong patient voice and influencing and setting standards of respiratory care in primary and community care

- Accepting that respiratory healthcare is being delivered by more than just nurses and doctors and ensuring we have resources to support all that are involved
- Updating Fit to Care and publishing digital version
- Supporting ideas and new service delivery opportunities
- Supporting members' best practice ideas and innovations – publishing in PCRU
- Working with patients – delivering patient resources where they are not available elsewhere or not good enough
- Developing tools that are relevant to everyone and acknowledging and respecting that patients need holistic care which doesn't stop at the lungs – developing and publishing Beyond the Lungs digital tool

Being ethical, focused and organised

- Ensuring we work SMART
- Need high quality resources but not at ANY cost – need to be ethically resourceful and promote greener kinder respiratory care
- We will be clear what our boundaries are and have clear strategy with stakeholders and sponsors i.e. independent, not influenced by commercial goals
- We will embrace technology that is high quality, safe and time saving
- We will be focused and organised in what we want to do – unapologetically ruthless
- The patient will always be at the heart of what we do

Future Plans for 2025

Our core business in 2025 will focus on addressing the focus areas and proposed actions raised at the 2024 strategy day and will include the following key areas:

Education and professional support

The development of educational tools and resources to support healthcare professional education around core areas of respiratory disease including asthma, COPD, respiratory infection, rarer lung conditions and lung cancer.

A key focus on asthma resources will be around the implementation of the new BTS/NICE/SIGN asthma guideline both to respiratory interested and generalist audiences.

We will continue our educational campaigns around greener respiratory healthcare and the use of digital technology.

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

We will update our membership offering and open a new free scheme.

We will continue supporting the leadership development of our members through our successful respiratory leadership programme.

Policy and Representation

We will work with other respiratory stakeholders to inform national and regional policy; and, campaign on key issues that affect respiratory healthcare in primary, community and integrated care.

Reach and Representation

In 2025, we will continue to reach out to generalist healthcare professionals through our presence at national events and our monthly webinars. We will promote the expertise of our members as speakers at a local level to disseminate national guidance.

We will introduce a media section of the website and promote our position statements and relevant press releases through the media. Practices will be encouraged to promote their membership of PCRS.

We will aim to undertake more work at ICB and Board level to help tackle variation in care, implement new guidance and raise awareness of PCRS.

Other programmes

We will update our website in 2025 to facilitate easier navigation. We will continue to support best practice and service innovation led by our service development committee and research network to encourage and support members in research, service design and audit practice.



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 Professor Martyn Partridge who resigned on 3 July 2024. Dr Paul Stephenson was subsequently elected as Chair of the Board on 3 July 2024. Vikki Knowles resigned from the Board on 25 July 2024 and Professor Irem Patel resigned on 26 November 2024. Recruitment for two new Trustees was undertaken in late 2024 and following interviews two Trustees were appointed in early 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 to continuously improve governance structures and continues to review the actions.

The Board of Trustees approved the proposal to appoint a Freedom to speak up Guardian to support all committees, volunteers and members. A role description for the role was developed and approved by the Board.

During this accounting period we updated the following policies:-

- Committee Terms of Reference
- Bring your own device
- Privacy policy (committee)
- Privacy policy (Members)
- Safeguarding and wellbeing
- Complaints policy
- Criteria for supporting external researchers
- Membership policy
- Publications policy
- Volunteer policy
- Investment policy
- Reserves policy
- Antiharassment and bullying policy

We also have a new policy on:-

- Disciplinary procedure for members, volunteers and paid staff

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 have requested that a new contract is developed for 2025 to update service schedules and lengthen notice periods.

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 10 elected members and five co-opted members. Two new members joined the Executive Committee in 2024.

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 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. 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 Executive Director and three senior members of the committee undertook media training during this period following the review of the risk management plan and acknowledgement that this was an area requiring development.

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

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.

In 2024 the accountants were commissioned to undertake a tax and VAT review of the charity.

Group cohesion and networking

In 2023, all committees and Trustees of the organisation were brought together for a joint meeting in September ahead of the annual conference. The meeting was found to be extremely beneficial and this was repeated in 2024 when a strategy day was held to review the current PCRS activities and assess whether the core programmes are fit for purpose for the short and medium term future.

The outputs of the strategy day are shown in summary on pages 14/15. We will once again be meeting collectively in September 2025 to agree the 2026 business plan.

Trustees, executive committee and senior management

Trustees

Dr Paul Stephenson (Chair of the Board from 03 July 2024)
Professor Martyn R Partridge (Resigned 03 July 2024)
Mr Takeshi Matsuda (Vice-Chair)
Dr Kevin Gruffydd-Jones (co-opted from November 2024)
Mrs Vikki Knowles (Resigned 25 July 2024)
Professor Irem Patel (Resigned 26 November 2024)
Mr James Rose
Mr Jignesh Sangani
Mrs Carol Stonham (co-opted from November 2024)
Mr Richard Walker

PCRS Executive

PCRS Executive Chair:

Dr Katherine Hickman

PCRS Vice Chair:

Ren Lawlor (resigned December 2024)
Darush Attar-Zadeh (appointed 12 February 2025)

Education Lead:

Ren Lawlor (resigned December 2024)
Fiona Mosgrove (appointed February 2025)

Services Development Committee Lead:

Ms Helena Cummings

Policy Lead:

Mrs C Stonham (Resigned November 2024)
Dr Steve Holmes (Elected November 2024)

Research Lead:

Dr Helen Ashdown

Conference Organising Committee Chair:

Darush Attar Zadeh

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,
Allenvie 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

Principle Funding

The principal funding sources for the Charity in 2024, 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 2024 (£702,427) was 16% higher than in 2023 (£603,475).

Sponsorship of our conference represented the largest area of income (53%), followed by income from campaigns (13%), our corporate sponsorship scheme (11%) and educational projects (8%). Income from membership subscriptions comprises just 5%.

PCRS is grateful to all of its corporate supporters in 2024: AstraZeneca UK Ltd, Chiesi Ltd, 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 2024 (£572,714) was significantly higher than in 2023 (£495,147). This was a direct result of increased charitable activity during the accounting period. The appointment of an experienced project manager in 2024 by the contract agency has resulted in programmes being driven forward and volunteers supported. 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 37% of total expenditure, with education and campaign activity accounting for 25% of the expenditure, while external communications (e.g., policy, representation, and membership communications) accounted for 7%.

Support costs reduced on the previous year by 2% (£174,135 vs £177,162 in 2023) largely due to streamlining activities. 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, wages for 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 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) 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 agreed by the Trustees amounts to £900k with a minimum of £400k. The level of reserves held by the Society at the end of 2024 was £1,017,888 which is substantially above the minimum level, above the optimal level, and slightly above the maximum 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 surplus in 2024 of £129,713 (vs £108,329 in 2023). The surplus and existing restricted funds permits the Trustees to confidently deliver an ambitious programme of charitable activity in 2025 with a confident and dynamic team. The Society continues to hold healthy reserves (over 12 months of our anticipated operating costs for 2024) and the Board are keen to support new charitable activities supported by charity funds. However, we 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: 11/08/2025

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 2024 which are set out on pages 25 to 40.

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: 20 August 2025

Statement of Financial Activity (incorporating income and expenditure account) for the year ended 31 December 2024

	Note	Unrestricted Funds 2024 (£)	Restricted Funds 2024 (£)	Total Funds 2024 (£)	Total Funds 2023 (£)
Income from					
Donations	3	114,124	111,797	225,921	159,504
Charitable activities	4	419,530	35,500	455,030	430,041
Investments	6	21,476		21,476	13,930
Other Income					-
Total Income		555,130	147,297	702,427	603,475
Expenditure on:					
Raising funds	7	38,576	-	38,576	30,450
Charitable Activities	8	396,197	137,941	534,138	464,697
Total Expenditure		434,773	137,941	572,714	495,147
Net Movement of funds		120,357	9,356	129,713	108,328
Reconciliation of funds					
Total funds brought forward		787,067	101,108	888,175	779,847
Net movement in funds		120,357	9,356	129,713	108,329
Total funds carried forward		907,424	110,464	1,017,888	888,175

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

The notes on pages 28 to 40 form part of these financial statements.

Balance Sheet as at 31 December 2024

	Note	2024 (£)	2023 (£)
Fixed Assets			
Tangible Assets	11	214	276
Current Assets			
Debtors	12	134,245	144,553
Cash at bank and in hand		939,351	817,200
		1,073,596	961,753
Creditors: amounts falling due within one year	13	(55,922)	(73,854)
Net current assets		1,017,674	997,899
Total assets less current liabilities		1,017,888	888,175
Charity Funds			
Restricted Funds	14	110,464	101,108
Unrestricted Funds	14	907,424	787,067
Total Funds		1,017,888	888,175

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: 11/08/2025

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 DECEMBER 2024

	Note	2024 (£)	2023 (£)
Cash flows from operating activities			
Net cash used in operating activities	15	(100,675)	(79,716)
Cash flows from investing activities			
Purchase of property, plant and equipment			
Interest received		£21,476	£13,930
Net cash used in investing activities		£21,476	£13,930
Change in cash and cash equivalents			
Change in cash and cash equivalents in the reporting period		(£122,151)	(£93,646)
Cash and cash equivalents at the beginning of the period		£817,200	£723,554
Cash and cash equivalents at the end of the reporting period		£939,351	£817,200
Cash in hand		£939,351	£817,200
Total cash and cash equivalents at the end of the period		£939,351	£817,200

The notes on pages 28 to 40 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2024

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) - 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 2024

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.

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 2024

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 2024

3. Income from donations, grants and legacies

	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

There were no donations in kind in 2024

	Unrestricted funds 2023 (£)	Restricted funds 2023 (£)	Total Funds 2023 (£)
Corporate Supporter Scheme	78,000	-	78,000
Membership fees	36,217	-	36,217
Donations	120	45,167	45,287
Donations in kind	-	-	-
	114,337	45,167	159,504

4. Income from charitable activities

	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

	Unrestricted funds 2023 (£)	Restricted funds 2023 (£)	Total Funds 2023 (£)
Scientific Journal	2,711	-	2,711
Education	404,950	12,500	417,450
External communications	9,880	-	9,880
Total 2023	417,541	12,500	430,041

Notes to the Financial Statements for the year ended 31 December 2024

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

Company	Corporate Membership	Education	Communications	Conference	Campaigns	2024 total (£)
AstraZeneca	40,500		17,000	67,113	44,130	168,743
Chiesi	30,000	20,000	-	30,500	25,000	105,500
GSK	-	-	17,000	55,500	16,000	88,500
Boehringer Ingelheim	-	-	-	51,906	-	51,906
Orion Pharma UK	-	-		6,779	22,500	29,279
Total	70,500	20,000	34,000	211,798	107,630	443,928

6. Investment Income

	Unrestricted funds 2024 (£)	Total Funds 2024 (£)
Bank Interest	21,476	21,476
	Unrestricted funds 2023 (£)	Total Funds 2023 (£)
Bank Interest	13,930	13,930

7. Expenditure on raising funds

	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
	Unrestricted funds 2023 (£)	Restricted funds 2023	Total Funds 2023 (£)
Costs of raising voluntary income			
Direct costs	501	-	501
Support costs	29,949	-	29,949
	30,450	-	30,450

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 2024

8. Analysis of expenditure by activities

	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

	Activities undertaken directly 2023 (£)	Support costs 2023 (£)	Total Funds 2023 (£)
Research	2,978	5,581	8,559
Scientific Journal	-	5,597	5,597
Education*	260,141	95,509	355,650
Policy	17,475	16,266	33,741
External communications**	36,890	24,260	61,150
	317,484	147,213	464,697

*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 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	79,468
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
Accountancy remuneration	147	369	2,956	2,953	1,108	7,533
	6,496	(2,316)	93,110	40,158	36,659	174,107

Analysis of support costs 2023

	Research 2023 (£)	Scientific Journal 2023 (£)	Education 2023 (£)	External Comms 2023 (£)	Fundraising 2023 (£)	Total Funds 2023 (£)
Staff costs	756	2,741	42,074	10,509	18,971	75,051
Depreciation	-	3	32	33	12	80
Secretariat and administration costs	4,178	1,709	51,193	27,465	9,878	94,423
Legal fees	-	766	96	96	-	958
Trustees meetings/expenses	45	91	418	127	227	908
Insurance	540	135	540	1080	405	2,700
Auditors remuneration	61	152	1,156	1,217	456	3,042
	5,580	5,597	95,509	40,527	29,949	177,162

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

	2024 £	2023 £
Depreciation of tangible fixed assets	62	80
Accountancy and bookkeeping	5,880	5,875
Independent examination fee	3,284	3,042
Tax advisory services	4,250	-

Notes to the Financial Statements for the year ended 31 December 2024

10. Staff costs

	2024 £	2023 £
Wages and salaries	40,892	34,011
Contribution to defined contribution pension schemes	2,156	1,836
	43,048	35,847

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

	2024 No.	2023 No.
PCRS Executive Chair	1	1
PCRS Leads	7	7
	8	8

The average headcount expressed as full-time equivalents was:

	2024 No.	2023 No.
PCRS Executive Chair	0.19	0.19
PCRS Leads	0.19	0.19
	0.38	0.38

In 2024, there were 0 employees (2023: 0) whose employee benefits (excluding employer pension costs) exceeded £60,000

The Charity has no employees as defined by employment law (2023:0). 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.

11. Trustees remuneration and expenses

During the year, one trustees received remuneration or other benefits of £5,305 through the payroll before becoming a Trustee after the year end (2023 - £nil). During the year ending 31 December 2024, expenses totalling £633 were reimbursed or paid directly to three trustees (2023 - £113 to one trustee for the reimbursement of leaving gifts) for conference attendance expenditure.

Notes to the Financial Statements for the year ended 31 December 2024

12. Tangible fixed assets

	Office Equipment (£)
Cost or valuation	
At 1 January 2024	698
At 31 December 2024	698
Depreciation	
At 1 January 2024	422
Charge for the year	62
At 31 December 2024	484
Net book value	
At 31 December 2024	214
At 31 December 2023	276

13. Debtors

	2024 (£)	2023 (£)
Due within one year	-	-
Trade debtors	123,618	128,638
VAT debtor	-	10,618
Prepayments and accrued income	10,627	5,297
	134,245	144,553

14. Creditors: Amounts falling due within one year

	2024 (£)	2023 (£)
Due within one year	-	-
Trade creditors	11,790	12,481
Other taxation and social security	8,104	971
Other creditors	11,773	7,879
Accruals and deferred income	24,255	52,523
	55,922	73,854

In 2024 there is no deferred income. In 2023 the deferred income relates to the Managing Asthma in the 21st Century campaign taking place after the year end.

Notes to the Financial Statements for the year ended 31 December 2024

15. Statement of funds

Statement of funds - current year

	Balance at 1 January 2024 (£)	Income (£)	Expenditure (£)	Balance at 31 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
Inequalities campaign	(2,275)	-	2,275	-
Peer support networks	1,110	-	(1,110)	-
Publications 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

Notes to the Financial Statements for the year ended 31 December 2024

15. Statement of funds

Statement of funds - prior year

	Balance at 1 January 2023 (£)	Income (£)	Expenditure (£)	Balance at 31 December 2023 (£)
Unrestricted funds				
General Funds	691,726	545,808	(450,467)	787,067
Restricted funds				
Quality improvement resources for ARC	3,596	-	(3,596)	-
Greener healthcare campaign	21,901	25,000	(5,955)	40,946
Respiratory leadership	5,705	20,167	(16,395)	9,477
Mentorship Programme	10,243	-	(9,065)	1,178
Challenging COPD Perceptions	35,793	-	(1,746)	34,047
Digital technology campaign	5,825	12,500	(1,700)	16,625
Campaigns - Inequalities	1,500	-	(3,775)	(2,275)
Affiliated peer support networks	3,558	-	(2,448)	1,110
	88,121	57,667	(44,680)	101,108
Total of funds	779,847	603,475	(495,147)	888,175

16. 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

Net assets between funds 2023

	Unrestricted Funds 2023	Restricted Funds 2023	Total Funds 2023
Fixed assets	276	-	276
Current assets	860,645	101,108	961,753
Creditors due within one year	(73,854)	-	(73,854)
	787,067	101,108	888,175

Notes to the Financial Statements for the year ended 31 December 2024

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

	2024 (£)	2023 (£)
Net income for the year (as per statement of financial activities)	129,713	108,328
Adjustments for:		
Depreciation	62	80
Interest	(21,476)	(13,930)
(Increase)/decrease in debtors	10,308	-
Increase / (decrease) in creditors	(17,932)	-
Net cash provided by /(used in) operating activities	100,675	94,478

17. Analysis of cash and cash equivalents

	2024 (£)	2023 (£)
Cash in hand	939,351	817,200
Total cash and cash equivalents	939,351	817,200

18. Analysis of cash and cash equivalents

	At 1 January 2024	Cash flows	At 31 December 2024
Cash in hand	817,200	122,151	939,351
Total cash and cash equivalents	817,200	122,151	939,351

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 £2,156 (2023: £1,836). Contributions totalling £276 (2023: £148) 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 2024

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

PCRS leads for Executive, policy, education, service development, respiratory leadership programme, research and conference are key management personnel. Payments were made to the committee Chairs/Leads in this respect totalling £39,643 (2023: £35,084). Fees for service were paid to employing organisations of £0 (2023: £7,500). Fees for supporting projects outside the scope of the lead roles were paid to the leads during the financial year of £6,800. Expenses of £2,437.30 (2023: £1,032.34) 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 £337,322 (2023: £316,444) and at the year end the amount due amounted to £1,490 (2023: £11,872). There were no further related party transactions in the year (2023: None)