

Registered number: 04298947
Charity number: 1098117

PRIMARY CARE RESPIRATORY SOCIETY UK
(A company limited by guarantee)

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2019

PRIMARY CARE RESPIRATORY SOCIETY UK

(A company limited by guarantee)

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PRIMARY CARE RESPIRATORY SOCIETY UK
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**REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS
FOR THE YEAR ENDED 31 DECEMBER 2019**

Trustees

Ms A Clough
Mr C Waddicor (resigned 21 September 2019)
Prof M Partridge
Prof S Taylor
Mrs J Watson
Dr I Patel (appointed 20 May 2019)
Dr P Stephenson (appointed 15 May 2019)

Company registered number 04298947

Charity registered number 1098117

Registered office

Miria House
1683b High Street
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Solihull
B93 0LL

Company secretary Mrs A Smith

Chief executive officer Mrs A Smith

Independent auditors

MHA MacIntyre Hudson
Chartered Accountants
Rutland House
148 Edmund Street
Birmingham
B3 2FD

Bankers

Unity Trust bank plc
Nine Brindley Place
Birmingham
B1 2HB

CAF Bank Limited
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PRIMARY CARE RESPIRATORY SOCIETY UK
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**REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS
(CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2019**

PCRS Executive Chair	Dr N Baxter
Services Development Committee Chair	Dr N Baxter
Vice Chair PCRS Executive and Affiliated Group Lead	Mrs C Stonham
Policy Lead	Dr D Keeley
Research Lead	Dr H Ashdown
Conference Organising Committee Co Chairs	Dr K Hickman Mrs A Rodman
Education Lead	Dr S Holmes
Primary Care Respiratory Update Editor	Dr I Small

TRUSTEES' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2019

The Trustees present their annual report together with the audited financial statements of the Company for the year 1 January 2019 to 31 December 2019. 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).

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.

1. Structure, governance and management

1.1 Constitution

The company is registered as a charitable company limited by guarantee and was set up by a Memorandum and Articles of Association on 4 October 2001 which were subsequently amended 1 April 2003, 8 July 2005 and 25 September 2009. Company membership is open to any general practitioner, nurse or other health professional involved in the management of respiratory disease in primary care, and who is a member of the PCRS paid membership scheme.

1.2 Methods of appointment or 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 the PCRS was managed by Trustees led by Mr Charles Waddicor up to 21 September 2019 and subsequently Professor Martyn Partridge. The year started with 5 trustees which increased to 7 mid-year with the appointment of two new trustees and reduced back to 6 in September upon the retirement of the Chair. The Trustees or any member of PCRS can recommend a Trustee for appointment. One third of the Trustees retire each year and may be re-appointed for a maximum of three consecutive terms.

1.3 Organisational structure and decision-making policies

The Trustees are assisted by the Executive and an employed Chief Executive (CE). The Chair of the Executive Committee attends trustee meetings along with the CE. The CE resigned in September but agreed to work through to the appointment of a new CE in May 2020. An agency, Red Hot Irons Limited (RHI), is contracted to run the day-to-day operations of the organisation. Freelance consultants are contracted to coordinate policy work and provide communications support. A lay patient and carer reference advisory group is also in operation.

The Executive is comprised of 12 elected members, including at least 3 GPs and 3 nurses active in clinical practice. The Executive has the power to co-opt up to four additional members. There was one co-opted member in 2019 who was the immediate past Executive Chair. All members of the Executive must be formal company members of the PCRS and all have expertise in respiratory medicine in primary or community care. The Executive, supported by its education, service development, conference, respiratory leadership, affiliated groups and policy sub-committees/networks formulates recommendations on the aims, strategies and activities of the charity for approval by the Trustees. All members of PCRS Executive are members of one of the sub-committees/networks. The Chief Executive supports the Executive in the implementation of the charity's activities and supports the Trustees on governance matters.

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The Society's official Journal *npj: Primary Care Respiratory Medicine* is jointly owned by the Society and Springer Nature. Under the agreement with Springer Nature, which came into effect from 1 April 2014, Springer Nature and PCRS are jointly responsible for agreeing the budget for the Journal, appointing the Editors and operational decisions through a joint management committee (JMC) comprised of equal numbers of PCRS and Springer Nature representatives. Net profit from the Journal is shared equally between the partners. Springer Nature is responsible for publishing the Journal and in the event of a net financial loss in any one year bears the costs. The Society also has an agreement with the International Primary Care Respiratory Group (IPCRG) that sets out the terms under which the Journal is published and marketed as the official Journal of the IPCRG. One of the three PCRS places on the JMC is allocated to the IPCRG.

1.4 Policies adopted for the 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 individuals and as a minimum include an induction day with the Chief Executive, discussion with the Chair as well as access to all key PCRS documents and relevant Charity Commission guidance.

1.5 Pay policy for key management personnel

The Chief Executive was the only employee of PCRS in 2019. Pay for the role is set based on market benchmarks and is reviewed annually with any cost of living increase based on published government statistics for growth in average earnings in the public sector in October each year. The PCRS Executive Chair is a paid role to ensure dedicated time is available to the role (average 6 hours per week). The pay is set based on market benchmarks for GP pay. The PCRS Executive Vice Chair and leads for education, service development, conference, Primary Care Respiratory Update, research and policy alongside the PCRS Executive Chair are regarded as key management personnel. Each role is remunerated; the vice chair and the leads are contracted with as workers, except the research and education leads who are contracted for via their respective host organisations.

2. Objectives and activities

2.1 Policies and Objectives

The objectives of PCRS 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;
- Accredited and endorse methodologies, research, products, individuals and bodies after proper consideration;
- Provide information for subscribers and others on all aspects of common respiratory conditions found in primary care.

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The mission or ultimate aim of the PCRS is to achieve 'optimal respiratory health for all', by empowering primary care health professionals to provide and commission high value, patient centred care. In furtherance of its mission, PCRS works across all areas of respiratory medicine, prioritising chronic conditions most relevant to primary care (i.e. COPD, asthma, tobacco dependency) and focuses its activities on:

- Campaigning to 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.
- Describing how to deliver value-based healthcare that provides a better patient experience, is clinically effective and safe and supports service development and redesign.
- Building a committed and engaged multi-disciplinary membership of respiratory interested generalist and respiratory specialist health professionals working in primary or community settings, who provide the Society's unique respiratory expertise.
- Strategic partnerships allowing the Society to reach out to wider audiences:
 - The wider generalist primary care professional audience
 - Those responsible for commissioning and providing respiratory services
 - A global audience of academic researchers

2.2 Activities for achieving objectives and delivering the business strategy

The business priorities and activities of PCRS in 2019 were:

- i. Support the professional development of its members and fuel their passion / expertise in respiratory care through:
 - a. PCRS Respiratory Conference 2019
 - b. Primary Care Respiratory Update and In Touch e newsletter
 - c. PCRS Respiratory Leadership Programme
 - d. Affiliated groups leaders support programme
- ii. Reach out to and educate the wider generalist primary care audiences:
 - a. Primary Care Respiratory Academy (Clinical Platform)
 - b. Primary Care Respiratory Academy (Pharmacy Platform)
 - c. PCRS affiliated groups
 - d. Communication activities
- iii. Influence national respiratory policy / strategy, and setting standards and providing guidance:
 - a. Influencing policy work
 - b. Developing PCRS standards for respiratory service development
 - c. PCRS endorsement scheme for spirometry training courses
 - d. Development of pragmatic guidance in priority clinical areas
- iv. Support effective commissioning / respiratory service provision:
 - a. Developing a population focused respiratory service framework building on the work undertaken in 2016-17 to develop PCRS service standards
 - b. Primary Care Respiratory Academy Commissioning Platform
- v. Promote and encourage 'real world' academic research to generate the evidence of what works and how to implement it:
 - a. *Npj Primary Care Respiratory Medicine*
 - b. Development of a vibrant PCRS Research network (with a focus on early career researchers)
 - c. Conference research stream dedicated to academic research with bursaries available to early career researchers to help with the financial cost of attending

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- vi. Campaigns focused on topics to galvanise thinking, engage members and drive change:
- a. Fit to care - be trained to do the job you do, better education equals better care
 - b. Asthma Right care (ARC) - focusing on the overreliance of SABA
 - c. Pulmonary rehabilitation as a long-term treatment
 - d. Respiratory plus (holistic, whole person-centred approach inclusive of multi-morbidities)
 - e. Greener more sustainable respiratory care, incorporating a focus on reducing waste.

2.3 Public benefit

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.

One of the main functions of the Charity's patient reference group is to provide a check and balance to ensure PCRS is acting ultimately in patients' best interests and providing public benefit.

2.4 Volunteers

The Society is heavily reliant on the time, expertise and energy its Executive and other members are able to commit towards its work. Much of the work of the Society is conducted virtually via email and teleconference and is undertaken on a voluntary basis. Members (or their employing organisations) continue to be reimbursed for their time where they are required to participate in half/full day meetings on behalf of the Society as well as where they undertake significant pieces of work for the Society.

Achievements and performance

3.1 Support the professional development of its members

3.1.1 PCRS National Respiratory Conference

The PCRS Respiratory Conference 2019 was held 19-21 September at the Telford International Centre. The programme for the 2019 conference, as in previous years, was based on four streams (clinical, service development, research and interactive workshops) with keynote plenaries to conclude the first day as well as to open and close the conference. The Association of Chartered Physiotherapists in Respiratory Care (ACPRC), the Association of Respiratory Nurse Specialists (ARNS), the Queen's Nursing Institute, and Respiratory Futures joined Asthma UK, the British Lung foundation (BLF) and Education for Health as conference partners in 2019 and actively promoted the conference. The number of sponsored symposium sessions sold in 2019 was down to 3 from five in previous years. This enabled PCRS to offer conference partners the opportunity to run a series of specific sessions for specific professional groups, which scored very well in the overall evaluation of the programme. The conference sponsors were AstraZeneca, Boehringer Ingelheim and GSK.

- The number of attendees dropped from 468 (the highest ever) in 2018 to 429 in 2019. The number of delegates similarly dropped from a record 366 in 2018 to 324 in 2019.
- The number of paying delegates also dropped from 248 in 2018 to 232 in 2019. 32% of delegates paid their own fees which was a lower proportion than in 2018 (39%). Only 5% received funding from the pharmaceutical industry (down from 9% in 2018 and 30% five years ago). Funding from Napp Pharmaceuticals however enabled PCRS to support the fees of 25 (8% of delegates).
- The multi-disciplinary and integrated nature of the conference was shown by both the professional backgrounds of delegates (16% GP, 5% hospital doctor, 18% generalist nurse, 27% specialist nurse, 8% physiotherapist, 7.5% pharmacist, 23% nonclinical/other) and the setting in which delegates work: 41% general practice, 26% community team, 15% hospital based team, 10% academic research, 9% CCG/health board, 4% other.
- 64.5% of delegates completed an evaluation form. The overall ratings of the conference were very positive with 97% saying that they would recommend the conference to others with the remainder stating that they would "maybe" recommend the conference to others.
- The scoring of individual sessions was undertaken via the conference app with most sessions scored as good or excellent by those completing a score.

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- The conference app is now a well-established feature of the conference and ratings of the conference app were improved in 2019 compared to 2018, with the various features offered by the app rating well. The number of abstracts accepted for the conference (63) was identical to the number accepted in 2018. The number of best practice abstracts dropped slightly from 31 in 2018 to 24 in 2019, whilst the number of scientific abstracts increased from 36 in 2018 to 39 in 2019.
- The conference generated a net profit of £59k, the lowest for many years as a result of the number of main sponsors falling from 5 to 3, and a decline in exhibition sales, both a reflection of the very tough funding situation facing PCRS in 2019.

3.1.2 Primary Care Respiratory Update (PCRU)

Primary Care Respiratory Update became established as an online first publication in 2019 with articles published online as they are produced on the [PCRU website](#). The articles cover a wide range of topics, providing pragmatic guidance for clinicians and sharing a wealth of innovative best practice as well as providing summaries of the latest respiratory research and developments.

The [Spring](#), and [Autumn](#) issues published in 2019 collated the articles published online in the first and second halves of the year respectively. In addition, an AZ sponsored supplement on severe asthma was published bringing additional income to PCRU and PCRS. The issues continued to be freely available on the PCRS website and promoted via Education for Health in their alumni newsletter (distribution circa 20,000).

Downloads of Primary Care Respiratory Update issues from the website picked back up slightly in 2019 compared to 2018.

Issue	Year	2014	2015	2016	2017	2018	2019	Total
1	2014	917	919	169	199	105	13	2322
2	2014	268	100	63	87	38	7	563
3	2015		213	159	178	89	10	649
4	2015		226	98	135	58	9	517
5	2015		350	163	171	110	11	805
6	2015		68	536	130	50	8	792
7	2016			522	124	23	18	687
8	2016			459	483	157	30	1129
9	2016			130	195	60	19	404
10	2016			138	999	142	21	1300
11	2017				930	306	48	1284
12	2017				840	592	50	1482
13	2017				125	748	57	930
14	2018					1654	96	1750
15	2018					232	55	287
16	2018					69	449	518
17	2019						409	409
18	2019						311	311
Total		1185	1876	2437	3631	1138	1621	11888

Income received through advertising funded 64% of the costs of producing PCRU in 2019, less than in 2018 when it covered 75% of costs but on a par with earlier years. Taking the supplement sale into account the PCRU made an 8% profit in 2019.

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3.1.3 PCRS Respiratory Clinical Leadership Programme

The [PCRS respiratory leaders programme](#) is a three year rolling programme designed to encourage, develop and support primary care health professionals interested in delivering and influencing respiratory services beyond practice level. Two events were held in 2019:

- *All change! The compelling case for change: changing the way we change, 7-8 June 2019, Hallmark Hotel, Derby, Midlands*
- *Bringing out the best in yourself and others, 8-9 November 2019, Ramada Birmingham, Solihull*

The average number of attendees (including faculty) at respiratory leader events in 2019 fell to just under 30, of whom 70% were delegates, the remainder being faculty.

Attendance at RL events (number)	2019	2018	2017	2016	2015	2014
Number of events	2	2	2	2	2	2
Attendees (total per year)	58	65	67	61	49	49
Average attendees per event	29	32.5	33.5	30.5	24.5	24.5

Evaluation ratings for confidence and skill levels before and after the workshop, session ratings and overall learning environment were excellent for both events and on a par with previous years.

The respiratory leadership programme is funded through sponsorship; unfortunately, no sponsorship was secured resulting in a financial loss of £34,000 in 2019.

As an adjunct to the main PCRS Respiratory Leadership Programme, a restricted educational grant was secured from GSK to run a new mentorship programme to support up and coming new leaders to further their professional development through participating in international respiratory scientific meetings. 4 delegates and 2 mentors were supported through bursaries to attend both the ERS International Congress in September and the BTS Annual Congress in December, with a further 3 delegates participating in just the Winter BTS Congress. Participants in both events were mentored by experienced PCRS leaders (PCRS executive Chair/Vice Chair) and provided extremely positive feedback on the learning they had achieved as a result.

The overall impact of the respiratory leaders' programme with respect to what delegates have been able to achieve in terms of enhanced care and services as a result of attending the programme is hard to measure. However, the success of the programme is clear from the growing group of primary care health professionals driving respiratory services in their own locality who have been through the programme. [Case studies](#) were published on the website in 2019 to illustrate such success stories.

3.1.4 Affiliated groups leaders support programme (see also 3.2.3)

In addition to a periodic newsletter, website-based tools and the buddy system available to support less experienced affiliated group leaders, two meetings were held in 2019.

- A training event on personal effectiveness, held in July, attracting 23 delegates
- A networking meeting for group leaders prior to the PCRS conference, which attracted just 12 delegates, a significant reduction compared to 27 in 2018

The affiliated groups programme (see also 3.2.3) was funded through sponsorship from Atlanta and Circassia in 2019 which enabled it to break even with respect to direct costs.

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3.2 Reach out to and educate the wider generalist primary care audiences

3.2.1 Primary Care Respiratory Academy (Clinical Platform)

The [Primary Care Respiratory Academy](#) is a strategic partnership between PCRS and Cogora, which from PCRS' point of view is about reaching out to the wider generalist primary care and commissioning audiences. Under the 5-year strategic partnership that PCRS successfully negotiated with Cogora in 2015, Cogora is responsible for all financial aspects and delivery of the programme, with PCRS providing the clinical direction, input and sign-off of content. PCRS, in the original contract, was paid a profit share by Cogora; however under revisions to the agreement in 2018, it was agreed that given the financial fluctuations with respect to sponsorship of the programme, it would be more beneficial for PCRS to be paid a management fee for its services (£20,000 in 2018).

The Clinical Platform, which launched in 2016, supported by promotion through Cogora's publications, *Pulse* and *Nursing in Practice*, continued to perform well in 2019. The total number of primary care health professionals attending the 20 roadshow events was the highest ever (1500 compared to 1032 in 2018 and 1457 in 2017). The target was 1400 delegates. The roadshow events evaluated more strongly than ever before with 98.6% attendees giving very good excellent ratings (compared to 97% in 2018). 95% of delegates in 2019 compared to 92% in 2018 said their participation would be likely or very likely to affect their approach to respiratory care in practice.

The PCRA digital hubs enable a larger reach for each platform and an additional vehicle for engaging and educating our wider audiences. As a result of investment in search engine optimisation, improved marketing as well as an increased number of resources to talk about, traffic to the digital hubs increased significantly in 2019, with a 50% increase in users, a 28% increase in page views bringing the total to just under a quarter of a million, a 32% increase in unique page views and a 2.5% increase in the average time spent on a page. It was not possible to break down the number of unique visitors specifically to the Clinical Platform due to the significant overlap in resources across the PCRA site overall. The CPD modules proved to be the most attractive resources on the clinical platform achieving 11,161 page views compared to 4,664 page views for other types of clinical resources.

Monthly newsletters promoting the Clinical Platform were issued each month to an audience of circa 36,000, achieving an open rate of 23% (compared to 20% in 2018) and a click through rate of 16% (compared to 15% in 2018) on links in the newsletter. Both figures are above industry averages.

The PCRA Clinical Platform was sponsored by Chiesi and GSK in 2019.

3.2.2 Primary Care Respiratory Academy (Pharmacy Platform)

A new Pharmacy Platform supported by sponsorship from Boehringer Ingelheim and promotion through Cogora's publication *The Pharmacist* was launched as part of the Primary Care Respiratory Academy in 2019, giving PCRS direct access to the independent community pharmacy audience for the first time. Given that the community pharmacy audience is a relatively new audience for Cogora as well as PCRS, much was learnt in 2019 about the needs of this group, in particular the sub audiences within that group and the relative balance of their respective clinical and business needs.

Five evening roadshow events were held across England attracting a total audience of 74 delegates, out of 176 registrations for the roadshows. The 42% retention rate between registration and attendance was lower than for either the Clinical or Commissioning Platforms. The events were held in the evenings, which was thought to be a more practical time for this audience, but this was potentially a contributor to the lower retention rates for the Pharmacy Platform compared to the Clinical or Commissioning platforms. The evaluation results were very positive with the overall event rating 3.63/4 and the three sessions each achieving 3.38 - 3.66, with the clinical session proving to be the most attractive.

Many of the educational resources featured on the Clinical Platform also featured on the Pharmacy Platform. Some pharmacy specific resources were produced with the videos proving to be the most popular.

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A Pharmacy Platform specific newsletter was produced each month, providing promotional opportunities for both the Pharmacy Platform and PCRS. Overall, there is no doubt that the programme helped to raise awareness of PCRS and was an important factor in driving a growth in the number of pharmacy members of PCRS from 37 in 2018 to 118 in 2019.

3.2.3 PCRS affiliated groups

The development of local groups is seen as the best way to help practice nurses and other professionals keep up to date and to meet and network with colleagues facing similar issues and challenges. It thus continued to be a priority in 2019.

We achieved our goal in 2019 of maintaining the number of affiliated groups at 50+. Although the number of groups has remained relatively static since 2014, this is a dynamic number with new groups forming and affiliating each year, balanced by existing groups having to fold, generally because the lead moves on / no successor can be found and / or funding becomes problematic.

Local Groups Affiliated to PCRS	2014	2015	2016	2017	2018	2019
No. of affiliated groups	52	47	51	53	51	51
New affiliated groups in year	-	5	5	3	6	2
No. folded in year	-	10	1	3	8	2

The majority of PCRS affiliated groups are multi-disciplinary groups, and the majority specialise in respiratory issues. The groups on average have 3 meetings per year and collectively reached circa 1032 health professionals through their meetings.

The affiliated groups programme (see also 3.1.4) was funded through sponsorship from Atlanta and Circassia in 2019 which enabled it to breakeven with respect to direct costs.

3.2.4 Communications activities

PCRS undertook a comprehensive review of its communication strategy and databases in 2018. This was driven in part by a requirement to ensure that our databases, policies and processes were fully compliant with the new data protection legislation (GDPR) introduced in May 2018, coupled with the ambition of improving the impact and value of our communication to members. The focus in 2019 was implementation of the strategy and plans developed in 2018, including:

- A more rigorous approach to communications planning across news items, social media, the *In Touch* newsletter (produced fortnightly for members), Primary Care Respiratory Update, Primary Care Respiratory Academy, and partner communication
- Significant enhancements to the [PCRS website](#) in the second half of the year to make it more accessible and user friendly for members on both mobile and computer versions, including most notably rationalisation of the main menu structure and reconfiguration of the home page and resource section
- Launch of a new online [PCRS Community](#) at the PCRS Respiratory Conference 2019 in September
- Improved search engine optimisation of the website.

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Our success is demonstrated with respect to communications by:

- In Touch, the fortnightly member/quarterly non-member e-newsletter performance as measured by open rates and click throughs

	Average number recipients	Average Unique open rate	Average Number clicks	Average Click rate
Non-Members	3421	23.3%	385	11.25%
Members	925	35.8%	298	30.35%

- Improved traffic to the PCRS website Continued growth in traffic to the website and in the number of downloads of resources from the PCRS website

Website Traffic	2014	2015	2016	2017	2018	2019
Users	25,043	36,548	61,318	76,614	73,471	89,830
Page views	152,353	165,893	234,882	241,175	257,732	298,114
Pages/Session	3.87	3.24	2.62	2.18	2.31	2.16
Avg. Session Duration	0.17	0.12	0.10	0.08	0.09	01:36
Bounce Rate	0.42	0.50	0.57	0.63	0.57	0.57
Downloads	13,584	24,159	22,537	25,178	27,328	34,018

- Enhanced impact on social media via Twitter and Facebook: number of followers on Twitter and Facebook both continued to show healthy growth. Impressions and engagement on Twitter grew substantially

Twitter	2019	2018	2017
Followers	4,802	3,697	2,789
Increase in followers	1,105	872	772
Sent tweets	385	254	251
Impressions	640,600	389,986	293,436
Engagement	17,313	10,762	
Link clicks	5,930	3,355	3,066
Retweets	2,472	1,808	1,503
Likes	6,447	1,916	1,442
Facebook			
Followers	2,513	2,244	1,865
Likes	16,438	23,184	1,842
Total posts	239	157	105
Reach	159,540	143,789	108,517
Impression	229,339	219,433	202,536
Engaged Users	9,376	9,196	5,043

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- Membership and mailing list numbers, with an increase in the number of *In Touch* subscribers and those on the PCRS mailing list as well 333 new members joining in 2019 (vs 294 in 2018); unfortunately significant turnover in the PCRS membership (with a loss of 307 members) limited the overall growth in membership and needs to be investigated in 2020.

PCRS database; member & non member	2019	2018	2017	2016	2105	2014
Members (all)	1086	1031	1023	969	979	1042
Members (individual paying)	821	738	718	732	728	734
Formal Members ¹	297	304	332	657	600	557
Non-members / In Touch	5039	4816				
PCRS Mailing List ²	5186	4751	6677	6930	7380	7089

¹ Number of formal members declined 2016-17 due to introducing a more rigorous sign up and approval system for formal membership, including a requirement for those who had been registered for formal membership historically to sign up.

² Number of individuals on PCRS mailing list fell 2017-18 as a result of the introduction of stricter sign up processes to comply with new data protection regulations (GDPR)

3.3 Influence national respiratory policy / strategy, and ensure appropriate standards / guidance are available for primary care

3.3.1 Influencing Policy

In 2018, respiratory health was acknowledged as a priority in England with the announcement that respiratory healthcare would feature as a chapter in the National Health Service (NHS) Long Term Plan (LTP). Against this background, PCRS policy influencing activities in 2019 moved from ensuring respiratory disease remained high on the national health agenda to driving the implementation of respiratory health care as a priority at the national level focusing on five key areas. Our key activities and achievements are detailed below.

- I. Drive implementation of respiratory disease as 'must do' priority
PCRS continued to sit at the heart of the national initiatives to deliver improvements in respiratory care, especially those with a focus on reducing local health inequalities and improving prevention, to deliver the primary and community care perspective at every stage, working closely with the NHS England and NHS Improvement (NHSE/I) Respiratory Delivery Board, National Institute for Health and Care Excellence (NICE) Quality Outcomes Framework (QOF) Indicator programme, NICE Quality Standard, NICE Guidance, British Thoracic Society (BTS)/Scottish Intercollegiate Guidelines Network (SIGN) Guidance, the National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP; Wales), the Task Force for Lung Health and the Smokefree Action Coalition. PCRS was represented and actively involved across the key work streams of the NHSE/I Respiratory Delivery Board:

- Early and accurate diagnoses
- Flexible learning
- Breathlessness
- Pulmonary rehabilitation: Optimizing patient updated and service provision
- Medicines optimisation for inhaler use: Staff training programmes for patient inhaler use

PCRS supported NHSE 'RightCare' teams in the development of asthma and pneumonia clinical pathways and case studies, ensuring the primary care perspective was at the heart of these pathways.

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During the first half of 2019 the Task Force for Lung Health – an alliance between patient and professional organisations coordinated by the British Lung Foundation (BLF) – established working groups to focus on key areas for implementation of initiatives to improve respiratory health and healthcare. PCRS as a leading member of this alliance had key roles on the Task Force board and across the working groups including:

- Keeping lungs healthy
 - Identifying lung disease early
 - Better care for all
 - Living with a lung condition
 - The right care in the last year of life
 - Workforce
- II. Diagnosis – accurate diagnosis as the foundation of good care/value
PCRS chaired the NHSE/I Respiratory Delivery Board *Early and accurate diagnosis* workstream providing a primary care perspective and shaping the initiatives that were developed. Relevant to this work is the historic working relationship between the Association for Respiratory Technology & Physiology (ARTP) and the Institute of Clinical Science and Technology (ICST) around ensuring the national spirometry register continues to evolve with relevance to primary care. PCRS also continued to contribute to the breathlessness services work group within this programme.
- III. Standards, measures, indicators and coding
PCRS contributed to the overhaul of the NICE QOF for respiratory disease, ensuring that changes reflected the primary and community care perspective. Throughout 2019 PCRS worked with colleagues including NICE, Public Health England (PHE), the Royal College of General Practitioners (RCGP) and the National Clinical Director to ensure that QOF continues to improve to meet the needs of people with respiratory disease and tobacco dependency. PCRS focussed on encouraging NICE to develop more outcome-focused indicators and to utilise the work from NACAP which provides a wealth of information around appropriate coding in respiratory disease. The QOF indicator list for asthma and COPD that was approved saw a great improvement on what PCRS historically felt were weak indicators. At the end of 2019, we were awaiting the outcome of negotiations on these indicator sets and were hopeful for a subsequent implementation of improved respiratory QOF indicators for April 2020.
- PCRS contributed to a range of respiratory-related activities undertaken by NICE including quality standard consultations for lung cancer screening, flu vaccination, as well as topic engagement consultations for community pharmacies and the digital tool myCOPD. PCRS also engaged with BTS to consult on their recommendations for the outpatient management of pulmonary embolism and their competency framework for respiratory nursing.
- IV. National guidelines
July 2019 saw the publication of the updated BTS/SIGN British guideline on the management of asthma, which PCRS had consulted on and provided a primary care perspective during their development. The current situation with two separate asthma guidelines, one from NICE and a separate guideline issued jointly by BTS/SIGN that have not always been in alignment makes it difficult for non-respiratory expert clinicians in primary care. After years of campaigning, PCRS was pleased in July 2019 when BTS, SIGN and NICE announced that they will work together to develop a single UK-wide guideline for the diagnosis and management of chronic asthma.

TRUSTEES' REPORT
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After complaining that the omission of guidance on triple therapy would render the NICE COPD guideline issued in December 2018 immediately out of date, PCRS was pleased to see the publication of an addendum to the guidance focusing on the place of triple therapy in the treatment of patients over 16 years of age in July 2019. Following input from PCRS during consultation phases, it was excellent to see it concur with PCRS recommendations that prior to initiating triple therapy with ANY COPD patient a clinical review should be undertaken to ensure that non-pharmacological management is optimised, including treating tobacco dependency, and to exclude any non-COPD related causes of acute episodes or day to day symptoms.

V. Campaigns and collaborations

PCRS continued to highlight tobacco dependency as a critical threat to respiratory health and a burden on health services in the UK with the publication of the PCRS Pragmatic Guide for Clinicians on the Diagnosis and Management of Tobacco Dependency in January 2019. PCRS also continued to collaborate with Action on Smoking and Health (ASH) and the wider SmokeFree Action Coalition (SFAC) to support and push for action by the Government as set out in their Green Paper published in July 2019 setting out a goal of a 'smoke-free' England by 2030.

In the latter half of 2019, PCRS initiated a campaign centred on Greener Respiratory Healthcare to examine the environmental impact of respiratory healthcare looking more broadly than the inhaler prescribed, at the complete patient journey from diagnosis through routine chronic care and including the acute situation with a #nowaste approach. To support the initiative PCRS developed and published a position statement on the need for sustainable respiratory health care. In addition, development of a position statement on reducing the environmental impact of inhaler use without compromising patient care was initiated.

PCRS continued to strengthen policy influencing relationships with partner organisations including ASH, Asthma UK (AUK), BLF, NHSE/I Policy teams and BTS, among others, in 2019 to ensure the primary care perspective is represented and considered by all the major organisations influencing respiratory healthcare. PCRS are increasingly viewed as the 'go-to' integrated respiratory care organisation in the UK, regularly invited to collaborate with other leading health organisations on respiratory-related issues.

3.3.2 PCRS position statements

Throughout 2019, PCRS have continued to support respiratory healthcare colleagues through the publication of briefing documents and position statement on a range of key topics and issues including:

- Environmental issues in respiratory disease management
- BTS/SIGN British Asthma Guideline
- Screening for lung cancer
- Digitally-enable GP services
- National Respiratory Strategies – the NHS LTP and the Task Force for Lung Health 5-year plan
- Quality and Outcomes Framework for asthma and COPD
- Single guideline for asthma
- Emergency inhaler packs for asthma and COPD

These briefing documents and position statements provide essential background information and detail the opinion of the PCRS on key topics and are reviewed at least annually and are published in a new section of the website developed in 2019, [PCRS Opinion](#).

TRUSTEES' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2019

3.4 Support effective commissioning / respiratory service provision

3.4.1 Developing a population focused respiratory service framework

The [PCRS population focused respiratory service framework](#) first published in 2018 was updated in 2019 to help those looking to design a holistic and integrated respiratory service to see the ideal components for a given population of patient. In addition, work was initiated to understand the tools/resources/guidance available to support implementation of each component of the framework with the aim of adding links to relevant resources to create a dynamic and practical tool to support service development. Proposals were successfully discussed with Chiesi to collaborate on this work, including cross mapping the PCRS Fit to Care framework with the service framework to support workforce planning and development: an NHS Engagement Manager will be seconded to PCRS 2 days per week in 2020 to undertake this work in conjunction with the PCRS service development lead and Service Development Committee.

3.4.2 Primary Care Respiratory Academy Commissioning Platform

The Commissioning Platform, first launched in 2017, supported by promotion through Cogora's publications, *Healthcare Leader* and *Management in Practice*, continued to perform well overall in 2019. Eight roadshow events were run in 2019 attracting 105 attendees (compared to 78 in 2018 and 213 in 2017). The roadshow events once again evaluated strongly with 96.5% delegates giving very good / excellent ratings (95% in 2018) and 75% of delegates saying their participation would be likely or very likely to affect their approach to respiratory service design/delivery (85% in 2018).

As indicated in section 3.2.1, the PCRA digital hubs enable a larger reach for each platform and an additional vehicle for engaging and educating our wider audiences, with significant increases in traffic in 2019 compared to 2018 and previous years. It was not possible to break down the number of unique visitors specifically to the Commissioning Platform due to the significant overlap in resources across the PCRA site overall. Commissioning Platform specific articles, videos and podcasts all proved popular with the videos on key points from the NHS Long Term Plan, pulmonary rehabilitation, supported self- management and population tailored services all receiving over 500 views.

Monthly newsletters promoting the Commissioning Platform were issued each month to an audience of circa 23,500, achieving an open rate of 15% (down slightly from 18% in 2018) and a click through rate of 12% on links in the newsletter (down slightly compared to 13% in 2018), both of which compare well with industry averages (16.4 and 6.2% respectively).

The PCRA Commissioning Platform continued to be sponsored by Orion and GSK in 2019.

3.5 Promote and encourage 'real world' academic research to generate the evidence of what works and how to implement it

3.5.1 *Npj Primary Care Respiratory Medicine*

Following the resignation of Deputy Editor, Professor Kamran Siddiqi, in August 2018, efforts to recruit a more senior editor-in-chief (EiC) to work jointly alongside the existing EiC, Professor Aziz Sheikh, proved problematic. This difficult editorial situation compromised journal development and progress in 2019, resulting in:

- A fall in the number of submissions to the journal to their lowest level since the launch of *npj: Primary Care Respiratory Medicine* in 2014, albeit the numbers of papers accepted and the number of papers published were both maintained, reflecting the consistent submission rates in 2017-18.

TRUSTEES' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2019

npj:PCRM Submissions, acceptances and published articles	Submissions	Acceptances	Published Articles
2014	114	55	58
2015	113	45	45
2016	142	68	65
2017	117	54	70
2018	118	43	45
2019	108	46	44

- An increase in the number of days from submission to first and final editorial decisions

npj: PCRM turn-around times (TATs)	2015	2016	2017	2018 *	2019
Time to first decision (days)	37	53	44	68	84
Time to final decision (days)	40	109	107	144	176
Time from acceptance to publication (days)	47	51	26	34	27

*Editorial processing times appeared to increase in 2018, but this was a function of the fact that reporting was standardised across Springer Nature in 2018 to use calendar days (previously, business days had been used for Nature Research journals) and the 2018 figures were believed to be comparable to 2017.

Progress on editor recruitment was finally made in the second half of 2019. Professor Aziz Sheikh, having led the Journal for many years indicated he wished to step down from early 2020. The appointment of Dr Ioanna Tsiligianni was confirmed at the end of the year and announced in early 2020. Springer Nature are optimistic now the editorial matters are resolved, with a new EIC in place, that the Journal performance will be enhanced with submission rates growing back to 2016 levels.

The latest Impact Factor for *npj Primary Care Respiratory Medicine* released at end June 2019 was 2.820 up from 2.485 for 2017 and exceeding the combined impact factor with PCRJ in 2016 (2.793) and the impact factor for PCRJ in 2014 (2.504), when we entered into the partnership agreement with Springer Nature. Springer Nature have calculated an estimated impact factor for 2019 of 3.17.

The level of submissions received, of a standard appropriate to be accepted, is not yet at a level for the journal to break even and hence there was no profit share for PCRS for a second consecutive year in 2019.

3.5.2 Development of a vibrant PCRS Research network (with a focus on early career researchers)

A successful research network annual event was held for early to mid-career academic researchers immediately prior to the PCRS conference. The event was attended by 14 delegates of multidisciplinary backgrounds and 7 faculty members. The evaluation of the event by delegates was positive.

A six-monthly newsletter for early to mid-career researchers continued in 2019 providing an opportunity for PCRS to promote what it offers to researchers in addition to the different research centres being able to share what they are doing and learn from one another. PCRS continued to support academic research centres through letters of support for grant applications and encouraging its members to take part in research studies and surveys.

3.5.3 Conference research stream dedicated to academic research with bursaries available to early career researchers to help with the financial cost of attending

The number of research abstracts accepted increased from 36 in 2018 back up to 39 in 2019 (40 in 2017). The quality of abstracts accepted, as in 2018, was higher than in previous years and resulted in continued overall higher evaluations for both the academic research poster and oral presentation sessions in 2019 compared to previous years.

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A total of 4 bursaries were awarded to individuals attending both the conference and the researchers network meeting (see above), the bursaries being designed to draw in people from academic centres who had not previously attended the conference.

The number of researchers attending the conference from academic research institutions disappointingly fell slightly from 46 in 2018 to 37 in 2019 (36 in 2017).

3.6. Campaigns focused on topics to galvanise thinking, engage members and drive change

PCRS prioritised several main campaign areas, selected based on impact on improved care, where PCRS can make a difference and the passion/enthusiasm of PCRS Executive/committees. Each campaign was led by a PCRS Executive member.

3.6.1 Fit to care - be trained to do the job you do, better education equals better care

Work was initiated to highlight a series of case studies showing how healthcare professionals from different professional backgrounds have used the PCRS [Fit to Care](#) framework in their practice. The work will be published in 2020 in Primary Care Respiratory Update.

3.6.2 Asthma Right Care (ARC) - focusing on the overreliance of short acting beta agonists (SABA)

Support by a 0.5 FTE secondment resource and small monetary grant provided by AstraZeneca, PCRS was able step up its activity on this campaign. Key achievements have been:

- Expanding the expert working group from the small number of PCRS members involved in the global movement to a broader multi-disciplinary healthcare professional group
- Promotion of the ARC concept and how it can be implemented in practice through a symposium entitled 'We are SABA guardians - ask, advise, act', at the PCRS Respiratory Conference 2019 which was subsequently written up as an article for Primary Care Respiratory Update
- Debate and discussion via PCRS committee and the [PCRS Community](#) to develop the thinking around how best to bring about healthcare professionals' behaviour change in relation to asthma management, including achieving the right focus between over-reliance on SABA and the use of inhaled corticosteroids
- Development of a primary care toolkit aimed at supporting implementation of ARC in the UK and published on the PCRS [ARC webpage](#)
- Conducting a baseline survey on attitudes to SABA over reliance in December 2019, to provide useful insights for planning the next phase of activity.

3.6.3 Pulmonary rehabilitation as a long-term treatment

Work was initiated to look at how to embed PR as an integral part of the management of people with COPD and will be published in Primary Care Respiratory Update in 2020.

3.6.4 Respiratory plus (holistic, whole person-centred approach inclusive of multi-morbidities)

The concept of *respiratory plus* emerged as a key opportunity in the 2018 strategic planning process. As discussions progressed in 2019, it was agreed that *respiratory plus* was not a specific campaign but was a theme or consideration across all PCRS projects and activities that should be embedded in the thinking of the organisation, further building on the concept of a patient centred approach, which is already embedded in PCRS' approach.

3.6.5 Greener more sustainable respiratory care, incorporating a focus on reducing waste

Significant planning work was undertaken in 2019 to support the greener respiratory healthcare '#nowaste' campaign to drive for more sustainable respiratory care that reduces impact on the environment, reduces waste for the NHS and enhances care of people with respiratory disease. Policy positions were developed (see section 2.2.vi.e) and a campaign proposal centred around drawing together a think tank meeting developed to secure funding from the pharmaceutical industry.

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FOR THE YEAR ENDED 31 DECEMBER 2019

The aim of the Think Tank is to bring together key stakeholders including health care professionals from both primary and secondary care, associated professional organisations, CCG-level representatives, PHE and a range of other organisations with an interest in sustainable healthcare to:

- Build on existing work and reach a multi stakeholder consensus on the what constitutes sustainable respiratory healthcare and how it can be achieved, providing pragmatic guidance for clinicians, guideline developers, policy makers and patients
- Share and generate ideas to develop plans for bringing about the necessary changes in attitudes and behaviours to achieve more sustainable respiratory care that the different stakeholders can take away individually and or collectively to develop further.

4. Financial review

4.1 Principal Funding

The principal funding sources for the Charity in 2019 as in previous years were:

- Voluntary income from the pharmaceutical industry in the form of fees from the PCRS Corporate Supporter Scheme
- Income from sponsorship of charitable activities by pharmaceutical companies
- Membership and conference delegate fees

The total funding secured in 2019 (£667,981) was 20% lower than in 2018 (£751,027) primarily because of reduced sponsorship income from the pharmaceutical industry. The reduced level of sponsorship was due to a difficult pharmaceutical industry market environment primarily due to the genericization of the respiratory market. The signs at the end of 2019 were such that the trustees agreed that the reduced level of funding was likely to continue for the foreseeable future and preparatory work was undertaken for a review in early 2020 of the strategic options PCRS could pursue in light of this new financial reality.

Education attracted the largest source of funding (60% total) along with the Corporate Supporter Membership Scheme (22% total), the conference being the single biggest source (38% total). The income on the conference in 2019 was however lower than in 2017-18 primarily due to a reduction in conference sponsors/sponsored symposia secured from 5 to 3 (reducing the income by £70,000).

PCRS was immensely grateful to its corporate supporters in 2019: AstraZeneca UK Ltd, Boehringer Ingelheim Ltd, Cipla, Circassia, Chiesi Ltd, GlaxoSmithKline, Napp Pharmaceuticals and Novartis UK for their financial support of the activities of the Charity. Details of the funding 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 does not therefore adhere to a code of fundraising practice. No complaints were received in the year in respect of fundraising.

4.2 Principal expenditure

Total expenditure in 2019 (£788,124) was slightly increased (4.5%) compared to 2018 (£754,700) but still significantly up on previous levels (2017 £604,637) primarily due to investment in the new digital marketing strategy and project-related expenditure, including the Asthma Right Care (ARC), and tobacco dependency work, plus the new scientific bursary scheme.

Education accounted for 66% of the total expenditure whilst external communications accounted for 37% with just 3% on research/scientific journal. The % spend on external communications was increased compared to 2018 and previous years as a result of the investment in the digital marketing whilst the % spend on education was correspondingly reduced. The annual conference (included within education) was the single largest item of expenditure (39% total direct charitable costs).

TRUSTEES' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2019

The largest item in support costs was wages and salaries for the PCRS CE & PCRS Executive Chair/leads (54% total) followed by secretariat and administration costs (42% total), which includes fees paid to Red Hot Irons (the agency contracted to run the day to day operations of the Society). This is the first time that wages and salaries have exceeded secretariat and administrative costs and reflects the larger workload being taken on by PCRS Leads along with small savings in administrative costs.

4.3 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.

4.4 Reserves policy

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 therefore decided that to see programmes 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, respiratory leaders programme, affiliated groups and 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 based on the 2020 budget amounts to £593,470 with a minimum of £296,735. The level of reserves held by the Society at the end of 2019 was £518,452, which is below the optimal level but substantially above the minimum level.

4.5 Financial Review Conclusion

The Society incurred a significant deficit (£100,894) in 2019 of which half was planned as a one-off investment to enhance the digital marketing capability of PCRS. The Society continues to hold healthy reserves (87% annual or 10.5 months operating costs). The remaining deficit reflects the reduction experienced in sponsorship income. This reduction is not seen as one off and the lower level of sponsorship income secured in 2019 is expected to continue into 2020 and beyond. The trustees recognise that an on-going deficit could not be sustained long term and have put plans in place to address the situation, the first step of which was a strategic options review meeting in January 2020. The impact of COVID-19 on the finances of the Society are addressed in section 5 below.

TRUSTEES' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2019

5. Plans for future periods

The business priorities and the activities in support of each in 2020 remain unchanged, with the addition of one new priority related to the longer-term strategic options;

- Influencing national policy, setting standards and providing pragmatic guidance
- Support the professional development of our members and fuel their passion/expertise in respiratory care through
- Reach out to and educate the wider generalist primary/community care audiences
- Support effective commissioning/respiratory service provision
- Promote and encourage 'real world' research to generate the evidence of what works and how to implement it
- Campaigns/projects on focussed topics that are likely to attract funding & galvanise thinking, engage members and drive change
- Secure the long-term future of PCRS through exploring options to increase the financial sustainability of PCRS as an active independent society alongside considering the possibility of strategic alliances with other respiratory charities.

The COVID-19 pandemic is impacting PCRS in 2020 as follows:

- PCRS operates as a virtual organisation and hence the impact on day to day operations is negligible except for all committee and other internal meetings needing to be virtual; the plan for 2020 had already been to reduce face to face meetings to save costs and improve carbon footprint with no more than one face to face meeting of any committee.
- A dramatic increase in the need for information amongst our membership and the wider primary care community on COVID-19 and the implications for respiratory care, which PCRS has responded to, leading to a large increase in [website traffic](#), social media hits and use of the [PCRS Community](#).
- Postponement of all face to face events until 2021, with alternative virtual activities put in place wherever possible, including for the PCRS Respiratory Conference 2020. This has led to a high level of uncertainty on event related funding much of which had already been contracted but needs to be renegotiated for the new events / activities.
- Additional project and grant funding made available by pharmaceutical companies keen to support PCRS activities on COVID-19 (specifically AZ and GSK)
- A likely loss of funding from some smaller companies, particularly those already struggling from a marketing perspective in the UK market as well as device companies, where use of their equipment has largely ceased.

Overall COVID -19 increases the need for PCRS and what it offers as a professional society focused on respiratory care. This should overall enhance opportunities and prospects for future funding. However, it does inevitably also heighten the level of future uncertainty.

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.

PRIMARY CARE RESPIRATORY SOCIETY UK
(A company limited by guarantee)

TRUSTEES' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2019

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 judgments 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;
- 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.

Disclosure of information to auditors

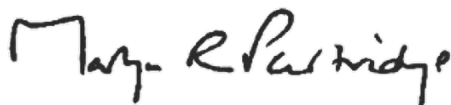
Each of the persons who are Trustees at the time when this Trustees' report is approved has confirmed that:

- so far as that Trustee is aware, there is no relevant audit information of which the charity's auditors are unaware, and
- that Trustee has taken all the steps that ought to have been taken as a Trustee in order to be aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

Auditors

The auditors, MHA MacIntyre Hudson, have indicated their willingness to continue in office. The designated Trustees will propose a motion reappointing the auditors at a meeting of the Trustees.

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



Professor M R Partridge
Trustee

Date: 9 July 2020

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF PRIMARY CARE RESPIRATORY SOCIETY UK

Opinion

We have audited the financial statements of Primary Care Respiratory Society UK (the 'charitable company') for the year ended 31 December 2019 which comprise the Statement of financial activities, the Balance sheet, the Statement of cash flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2019 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

PRIMARY CARE RESPIRATORY SOCIETY UK
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INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF PRIMARY CARE RESPIRATORY SOCIETY UK (CONTINUED)

Other information

The Trustees are responsible for the other information. The other information comprises the information included in the Annual report, other than the financial statements and our Auditors' report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' report.

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

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

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF PRIMARY CARE RESPIRATORY SOCIETY UK (CONTINUED)

Responsibilities of trustees

As explained more fully in the Trustees' responsibilities statement, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our Auditors' report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its members, as a body, for our audit work, for this report, or for the opinions we have formed.



Helen Blundell LLB FCA FCIE DChA (Senior statutory auditor)

for and on behalf of

MHA MacIntyre Hudson

Chartered Accountants

Statutory Auditors

Rutland House

148 Edmund Street

Birmingham

B3 2FD

Date: 16 July 2020

PRIMARY CARE RESPIRATORY SOCIETY UK
(A company limited by guarantee)

**STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 DECEMBER 2019**

	Note	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
Income from:					
Donations	4	187,321	65,000	252,321	218,027
Charitable activities	5	413,010	-	413,010	531,734
Investments	7	1,533	-	1,533	1,266
Other income		1,117	-	1,117	-
Total income		602,981	65,000	667,981	751,027
Expenditure on:					
Raising funds	8	59,013	-	59,013	59,788
Charitable activities		644,862	84,249	729,111	694,912
Total expenditure		703,875	84,249	788,124	754,700
Net movement in funds		(100,894)	(19,249)	(120,143)	(3,673)
Reconciliation of funds:					
Total funds brought forward		619,346	19,249	638,595	642,268
Net movement in funds		(100,894)	(19,249)	(120,143)	(3,673)
Total funds carried forward		518,452	-	518,452	638,595

The Statement of financial activities includes all gains and losses recognised in the year.

The notes on pages 27 to 41 form part of these financial statements.

PRIMARY CARE RESPIRATORY SOCIETY UK
(A company limited by guarantee)
REGISTERED NUMBER: 04298947

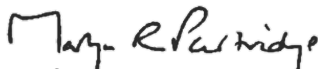
BALANCE SHEET
AS AT 31 DECEMBER 2019

	Note	2019 £	2018 £
Fixed assets			
Tangible assets	12	249	321
		249	321
Current assets			
Debtors	13	182,643	270,004
Cash at bank and in hand		494,328	447,143
		676,971	717,147
Creditors: amounts falling due within one year	14	(158,768)	(78,873)
Net current assets		518,203	638,274
Total assets less current liabilities		518,452	638,595
Net assets excluding pension asset		518,452	638,595
Total net assets		518,452	638,595
Charity funds			
Restricted funds	15	-	19,249
Unrestricted funds	15	518,452	619,346
Total funds		518,452	638,595

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

The financial statements have been prepared in accordance with the provisions applicable to entities subject to the small companies regime.

The financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:



Professor M R Partridge
Trustee

Date: 9 July 2020

The notes on pages 27 to 41 form part of these financial statements.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019**

1. General information

Primary Care Respiratory Society UK is a charitable company limited by guarantee registered in England and Wales. It's registered office is Miria House, 1683b High Street, Knowle, Solihull, B93 0LL and it's principal activity is to improve the 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

The financial statements are prepared on a going concern basis. The trustees acknowledge the significant downturn in income during the year and have already put in place plans to reshape the Society to ensure the sustainability of the organisation. The impact of the COVID19 and ensuing lockdown means that plans for 2020 are being reshaped to online delivery of activities such as the Conference. The trustees have undertaken a robust review of the forecasts and associated cash flows taking into account the potential impact on the charity of possible future scenarios arising from the impact of COVID 19. The trustees remain satisfied, based on these assessments that it continues to be appropriate to prepare the financial statements on a going concern basis and there is no material uncertainty.

2.3 Income

All income is recognised once the Company has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

On receipt, donated professional services and facilities are recognised on the basis of the value of the gift to the Company which is the amount it would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Donations are recognised on receipt. Membership, sponsorship income and income from charitable activities are recognised as they fall due.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019**

2. Accounting policies (continued)

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.

Support costs are those costs incurred directly in support of expenditure on the objects of the company and governance costs and 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.

2.5 Taxation

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

2.6 Tangible fixed assets and depreciation

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

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

Depreciation is provided on the following basis:

Office equipment	- 25%	reducing balance
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2.7 Debtors

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

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019**

2. Accounting policies (continued)

2.8 Cash at bank and in hand

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

2.9 Liabilities and provisions

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

Liabilities are recognised at the amount that the Company anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation.

2.10 Financial instruments

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

2.11 Pensions

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

2.12 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Company and which have not been designated for other purposes.

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

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

3. Critical accounting estimates and areas of judgment

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year include:

- Allocation of support costs

4. Income from donations and legacies

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Corporate Supporter Scheme	146,250	-	146,250
Membership fees	41,071	-	41,071
Donations	-	50,000	50,000
Donations in kind	-	15,000	15,000
	<u>187,321</u>	<u>65,000</u>	<u>252,321</u>

The donation in kind shown above represents the part time secondment of a staff member to PCRS to assist with the ARC project. The value attributed has been provided by the donor.

	<i>Unrestricted funds 2018 £</i>	<i>Total funds 2018 £</i>
Corporate supporter scheme	176,000	176,000
Membership fees	42,027	42,027
	<u>218,027</u>	<u>218,027</u>

PRIMARY CARE RESPIRATORY SOCIETY UK
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

5. Income from charitable activities

	Unrestricted funds 2019 £	Total funds 2019 £	<i>Total funds 2018 £</i>
Research	750	750	1,000
Scientific Journal	369	369	424
Education	398,391	398,391	516,710
External communications	13,500	13,500	13,600
Total 2019	<u>413,010</u>	<u>413,010</u>	<u>531,734</u>

**6. Funding from companies contributing more than
£10,000**

	Corporate sponsorship £	Conference sponsorship £	Group/leaders sponsorship £	Other charitable income £	2019 Total £
Atlantic	-	-	10,000	2,180	12,180
Astra Zeneca	27,500	37,500	-	52,878	117,878
BI	27,500	35,000	-	2,500	65,000
Chiesi	27,500	-	-	15,589	43,089
Cipla	13,750	-	-	6,430	20,180
Circassia	10,000	-	10,000	5,270	25,270
GSK	-	35,000	-	25,159	60,159
Napp	27,500	5,000	-	9,040	41,500
Novartis	12,500	-	-	-	12,500
Pfizer	-	-	-	14,787	14,787
Sandoz	-	-	-	15,240	15,240
	<u>146,250</u>	<u>112,500</u>	<u>20,000</u>	<u>155,683</u>	<u>434,433</u>
	Corporate sponsorship £	Conference sponsorship £	Group/leaders sponsorship £	Other charitable income	2018 Total £
Astra Zeneca	27,500	37,500	-	7,913	72,913
BI	27,500	35,000	-	125	62,625
Chiesi	27,500	17,500	-	6,938	51,938
GSK	-	-	-	10,638	10,638
J&J	26,000	-	-	9,060	35,000
Napp	27,500	35,000	17,500	9,275	89,275
Novartis	12,500	35,000	-	78	47,578
Pfizer	27,500	35,000	34,000	19,478	115,978
Teva	-	-	-	313	313
	<u>176,000</u>	<u>195,000</u>	<u>35,000</u>	<u>63,818</u>	<u>486,318</u>

PRIMARY CARE RESPIRATORY SOCIETY UK
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

7. Investment income

	Unrestricted funds 2019 £	Total funds 2019 £	<i>Total funds 2018 £</i>
Bank interest	<u>1,533</u>	<u>1,533</u>	<u>1,266</u>

8. Expenditure on raising funds

Costs of raising voluntary income

	Unrestricted funds 2019 £	Total funds 2019 £	<i>Total funds 2018 £</i>
Corporate Supporter Scheme	99	99	333
Support costs	58,914	58,914	59,455
	<u>59,013</u>	<u>59,013</u>	<u>59,788</u>

9. Analysis of expenditure by activities

	Activities undertaken directly 2019 £	Support costs 2019 £	Total funds 2019 £
Research	6,545	10,510	17,055
Scientific Journal	-	9,114	9,114
Education	374,570	126,595	501,165
External communications	127,852	73,925	201,777
	<u>508,967</u>	<u>220,144</u>	<u>729,111</u>

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

9. Analysis of expenditure by activities (continued)

	<i>Activities undertaken directly 2018 £</i>	<i>Support costs 2018 £</i>	<i>Total funds 2018 £</i>
Research	8,496	13,188	21,684
Scientific Journal	-	13,163	13,163
Education	330,490	105,566	436,056
External communications	142,861	81,148	224,009
	<u>481,847</u>	<u>213,065</u>	<u>694,912</u>

Analysis of direct costs

	Research 2019 £	Education 2019 £	EC* 2019 £	Total funds 2019 £
Research department	6,545	-	-	6,545
Primary care conference	-	195,853	-	195,853
Affiliated group and respiratory leader programmes	-	68,528	-	68,528
Primary Care Respiratory Update	-	33,246	-	33,246
Other education	-	76,943	-	76,943
Influencing policy	-	-	36,755	36,755
Website and marketing/members communication	-	-	91,097	91,097
	<u>6,545</u>	<u>374,570</u>	<u>127,852</u>	<u>508,967</u>

* External communications

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

9. Analysis of expenditure by activities (continued)

Analysis of direct costs (continued)

	<i>Research 2018 £</i>	<i>Education 2018 £</i>	<i>EC* 2018 £</i>	<i>Total funds 2018 £</i>
Research department	8,496	-	-	8,496
Primary care conference	-	182,321	-	182,321
Affiliated group and respiratory leader programmes	-	56,009	-	56,009
Primary Care Respiratory Update	-	31,695	-	31,695
Other education	-	60,465	-	60,465
Influencing policy	-	-	44,736	44,736
Website and marketing/members communication	-	-	98,125	98,125
	<u>8,496</u>	<u>330,490</u>	<u>142,861</u>	<u>481,847</u>

Analysis of support costs

	Research 2019 £	Scientific Journal 2019 £	Education 2019 £	EC* 2019 £	Total funds 2019 £
Staff costs	6,524	5,126	81,259	26,241	119,150
Depreciation	4	4	31	15	54
Secretariat and administration costs	3,456	3,209	42,245	43,257	92,167
Legal fees	8	8	35	54	105
Trustees meetings and expenses	206	310	640	393	1,549
Insurance	77	77	638	997	1,789
Auditor's remuneration	217	362	1,668	2,825	5,072
Non audit fees paid to auditor	18	18	79	143	258
	<u>10,510</u>	<u>9,114</u>	<u>126,595</u>	<u>73,925</u>	<u>220,144</u>

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019**

9. Analysis of expenditure by activities (continued)

Analysis of support costs (continued)

	<i>Research 2018 £</i>	<i>Scientific Journal 2018 £</i>	<i>Education 2018 £</i>	<i>EC* 2018 £</i>	<i>Total funds 2018 £</i>
Staff costs	3,150	6,984	67,654	28,773	106,561
Depreciation	-	6	40	18	64
Secretariat and administration costs	9,467	5,509	35,686	46,728	97,390
Legal fees	-	-	-	2,299	2,299
Trustees meetings and expenses	189	284	587	360	1,420
Insurance	109	108	454	843	1,514
Auditor's remuneration	227	227	954	1,772	3,180
Non audit fees paid to auditor	46	45	191	355	637
	<u>13,188</u>	<u>13,163</u>	<u>105,566</u>	<u>81,148</u>	<u>213,065</u>

During the year ended 31 December 2019, the company incurred total governance costs of £8,773 (2018 £11,808) comprising legal fees, trustee meetings and expenses including insurance and fees paid to the auditor.

10. Staff costs

	2019 £	2018 £
Wages and salaries	128,934	116,585
Social security costs	9,093	8,563
Contribution to defined contribution pension schemes	8,140	5,723
	<u>146,167</u>	<u>130,871</u>

PRIMARY CARE RESPIRATORY SOCIETY UK
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

10. Staff costs (continued)

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

	2019	2018
	No.	No.
Staff team	1	1
PCRS Executive Chair	1	1
PCRS Leads	7	5
	9	7

The average headcount expressed as full-time equivalents was:

	2019	2018
	No.	No.
Staff team	0.80	0.80
PCRS Executive Chair	0.19	0.19
PCRS Leads	0.24	0.19
	1.23	1.18

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

	2019	2018
	No.	No.
In the band £70,001 - £80,000	1	1

The Charity has only one employee as defined by employment law, namely the chief executive. However for the purposes of tax law, the charity has a number of additional workers, being the PCRU editor, PCRS executive chair, vice chair, PCRS policy and conference leads plus service development lead and respiratory leadership lead. The services of the education and research leads are contracted through their employers.

The full time equivalent Lead headcount has increased in 2019 as a result of a number of the Leads, specifically policy, taking on a greater responsibility and proportion of the work than previously.

11. Trustees' remuneration and expenses

During the year, one (2018: none) of the Trustees received remuneration of £700 (2018: £nil) for facilitating a session on the PCRS Respiratory Leadership Programme for which there was no other suitably qualified person available.

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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019**

11. Trustees' remuneration and expenses (continued)

During the year ended 31 December 2019, expenses totalling £543 were reimbursed or paid directly to 2 Trustees (2018 - £906 to 5 Trustees). The expenses reimbursed were for travel.

12. Tangible fixed assets

	Office equipment £
Cost or valuation	
At 1 January 2019	1,136
At 31 December 2019	<u>1,136</u>
Depreciation	
At 1 January 2019	815
Charge for the year	72
At 31 December 2019	<u>887</u>
Net book value	
At 31 December 2019	<u><u>249</u></u>
At 31 December 2018	<u><u>321</u></u>

13. Debtors

	2019 £	2018 £
Due within one year		
Trade debtors	150,360	182,880
Other debtors	989	25,802
Prepayments and accrued income	31,294	61,322
	<u><u>182,643</u></u>	<u><u>270,004</u></u>

PRIMARY CARE RESPIRATORY SOCIETY UK
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

14. Creditors: Amounts falling due within one year

	2019	2018
	£	£
Trade creditors	16,580	33,284
Other taxation and social security	10,313	4,142
Other creditors	38,803	2,961
Accruals and deferred income	93,072	38,486
	<u>158,768</u>	<u>78,873</u>

PRIMARY CARE RESPIRATORY SOCIETY UK
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

15. Statement of funds

Statement of funds - current year

	Balance at 1 January 2019 £	Income £	Expenditure £	Balance at 31 December 2019 £
Unrestricted funds				
General Funds - all funds	<u>619,346</u>	<u>602,981</u>	<u>(703,875)</u>	<u>518,452</u>
Restricted funds				
Tobacco dependency guidance	19,249	-	(19,249)	-
Scientific (ERS) mentorship	-	25,000	(25,000)	-
Napp Bursary	-	5,000	(5,000)	-
ARC	-	25,000	(25,000)	-
Severe Asthma Guidance	-	10,000	(10,000)	-
	<u>19,249</u>	<u>65,000</u>	<u>(84,249)</u>	<u>-</u>
Total of funds	<u>638,595</u>	<u>667,981</u>	<u>(788,124)</u>	<u>518,452</u>

PRIMARY CARE RESPIRATORY SOCIETY UK
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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019**

15. Statement of funds (continued)

Statement of funds - prior year

	<i>Balance at 1 January 2018 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Balance at 31 December 2018 £</i>
Unrestricted funds				
General funds	<u>593,268</u>	<u>751,027</u>	<u>(724,949)</u>	<u>619,346</u>
Restricted funds				
Tobacco dependency guidance	<u>49,000</u>	<u>-</u>	<u>(29,751)</u>	<u>19,249</u>
Total of funds	<u>642,268</u>	<u>751,027</u>	<u>(754,700)</u>	<u>638,595</u>

16. Pension commitments

The company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the company in an independently administered fund. The pension cost charge represents contributions payable by the company to the fund and amounted to £8,140 (2018 - £5,723). Contributions totalling £1,398 (2018:£1,136) were payable to the fund at the balance sheet date and are included in creditors.

17. 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.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2019

18. Key management personnel, trustees and related party transactions

The Trustees consider that the chief executive, PCRS executive chair, vice chair, PCRU editor and PCRS leads for policy, education, service development, respiratory leadership programme, research and conference are key management personnel. The cost to the charity of remuneration (inclusive of employer pension and national insurance contributions) of the Chief Executive was £83,782 (2018: £80,496).

In addition payments were made to the Committee Chairs in this respect totalling £71,701 (2018: £62,600). Fees for services were paid to employing organisations of £12,225 (2018: £12,225). Expenses of £5,354 (2018: £6,300) were reimbursed to Committee Chairs.

During the year one Trustee received any remuneration of £700 (2018: £nil) for facilitating a session on the PCRS Respiratory Leadership Programme for which there was no other suitably qualified person available. Two (2018: four) trustees received reimbursement of travel expenses amounting to £543 (2018: £1,115).