



# Primary Care Respiratory Society

Annual Report and Accounts Financial Year ending December 2020

Registered Company number: 04298947

Registered Charity number: 1098117

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## About PCRS

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

The PCRS **vision** is 'optimal' respiratory health for all. Our **aim** is to be here as a collective membership for the benefit of every person with or at risk of lung disease.

Our **charitable objectives** are to:

- promote interest in, educate and facilitate research for the benefit of the public into all aspects of common respiratory conditions found in Primary Care
- provide an authoritative opinion where required on matters relating to all aspects of common respiratory conditions found in Primary Care
- accredit and endorse methodologies, research, products, individuals, education, and bodies after proper consideration; and
- provide information for subscribers and others on all aspects of common respiratory conditions found in Primary Care.

We do this through the following **core activities**:

- **Advocacy and campaigns** to inform and influence policy and set standards in respiratory medicine, relevant to populations nationally and locally.
- **Educating** health professionals working in primary and community settings to deliver and influence out of hospital respiratory care through open access to succinct best practice, evidence based clinical guidance and resources.
- Promoting and disseminating real life **respiratory research** relevant to population health needs that supports policy and education activities.
- **Guidance** on how to deliver value-based healthcare that provides a better patient experience, is clinically effective and safe and supports service development and redesign.

### About Respiratory Disease in the UK

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

Most respiratory conditions are diagnosed, managed and, where possible, preventable through primary care.

The burden on the NHS of asthma is £3 billion, whilst the burden on the NHS of COPD is £1.9 billion annually. The total economic burden of all lung conditions estimated to be £11 billion annually.

**PCRS exists to try and relieve this burden, drive up standards of care and improve patient outcomes.**

## 2020 Business Priorities

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The Trustees present their annual report together with the audited financial statements of the Company for the year 1 January 2020 to 31 December 2020. The Annual Report serves the purposes of both a Trustees' report and a Directors' report under company law. The Trustees confirm that the Annual Report and Financial Statements of the charitable company comply with the current statutory requirements, the requirements of the charitable company's governing document and the provisions of the Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2019).

The Trustees have complied with the duty in part 1 section 4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. A detailed report of the activities undertaken and achievements by the Charity to further its charitable purposes for the public benefit is given below<sup>1</sup>.

In 2020 PCRS had the following business priorities:

- i. Galvanise thinking, engage members and drive change through **campaigns**:
  - a. Asthma Right care (ARC) - focusing on the over reliance on relieving short acting beta agonist inhalers (SABA) instead of promoting the use of regular preventive medicines
  - b. Greener more sustainable respiratory care, incorporating a focus on reducing waste.
- ii. Influence and inform national respiratory policy through:
  - a. Advocacy and high level representation in key policy making networks/stakeholder groups
  - b. Developing measures, indicators, coding and standards for respiratory service development
  - c. Developing of pragmatic guidance in priority clinical areas
- iii. Support professional development and fuel the passion and expertise of our members through:
  - a. PCRS Respiratory Conference 2020
  - b. PCRS Respiratory Leadership Programme
  - c. PCRS Mentorship Programme
  - d. PCRS Affiliated Groups' Leaders' support programme
  - e. Primary Care Respiratory Update and Members' In Touch e newsletter
- iv. Reach out to and educate the wider generalist primary care audiences through:
  - a. Primary Care Respiratory Academy (Clinical Platform)
  - b. Networking, stakeholder engagement and broader communication activities
- v. Support effective commissioning / respiratory service provision through:
  - a. Developing a suite of online resources to help design patient focused respiratory services.
  - b. Primary Care Respiratory Academy Commissioning Platform
- vi. Promote and encourage 'real world' academic research through:
  - a. *Npj Primary Care Respiratory Medicine*
  - b. Development of a vibrant PCRS Research network

Like many organisations, business priorities were affected by COVID-19. We adapted activity to ensure continued service delivery. We supported our members throughout the pandemic through the provision of COVID-19 resources, bespoke guidance, additional pastoral support.

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<sup>1</sup> 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.

# 2020 Impact report

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## Our Response to COVID-19

2020 was dominated globally by the impact of COVID-19. As a professional society working on respiratory conditions, COVID-19 would affect our strategic and operational activity. The pandemic had a significant impact on our professional membership and the broader community of respiratory patients they support. Many of our members and their colleagues were called to provide care on the front line, the way care was delivered transformed overnight and there was a great deal of uncertainty over what testing, support and treatment health care professionals were able to provide. Patients with respiratory conditions were anxious about their vulnerability, uncertain as to what they could do safely, with many shielding and reluctant to visit health care professionals. The early months of the pandemic in particular were a stressful and challenging time for those we support. PCRS set out to provide clarity and guidance to our membership as the situation and understanding of the illness evolved. We provided a network of emotional and professional support whilst also continuing to feed into national guidance and policy to ensure high standards, best practice and continued support and care for those with lung disease, with or without COVID-19.

Our response to the pandemic was threefold:

- We rapidly established a detailed and encompassing [web resource](#) with all the latest guidance and evidence on COVID-19, updating and pulling in key pieces of guidance and information as they became available. These pages were some of the most visited resources on our website during 2020 (over 26k visitors to the coronavirus landing page alone in 2020). We worked with partners to produce webinars, educational materials and resources to support information flow and guidance to clinicians. We also developed guidance and advice on COVID-19 specific, respiratory relevant topics.
- We provided a supportive network for our members – for many, their roles had transformed overnight, their patients felt particularly vulnerable and anxious, with many shielding. Our members also reported feeling uncertain, anxious and worry about losing patients, or not being able to support them. We provided support groups sessions over the spring and summer to support healthcare practitioners. We included a web page of resources for health care professionals' to help them support and protect their own physical and mental health.
- In the autumn, we developed a range of resources and guidance under our COVID-19 [Winter Wrapped campaign](#) to support and prepare HCPs through winter pressures and reduce the impact of a potential second wave.

A grant from GSK helped to support our activity on COVID-19

Operationally and financially PCRS adapted well to impact of the pandemic, continuing to operate effectively throughout. We adapted all planned face to face events to ensure they could take place remotely. Where appropriate this was done in consultation with sponsors and partners, all of whom supported our adaptation of events, which included the Annual Respiratory Conference, Respiratory Leadership Program, Greener Healthcare campaign summits, Asthma Right Care seminars and the Primary Care Respiratory Academy. In some cases the different format enabled us to make cost savings on venues and accommodation and where appropriate we have agreed with sponsors to carry over any unspent funds into the next financial year.

We were able to transfer all committee meetings, trustee meetings and internal meetings to take place online. PCRS has operated on a virtual basis for many years and had already operated remote meetings and as such the Society's business operations were well placed to cope well with the social distancing restrictions brought on by the pandemic. Lower costs associated with online meetings, helped the charity to make savings during this financial year.



## Campaigns

PCRS campaigns aim to galvanise thinking, engage members and drive change. In 2020 our campaign activity continued to focus on our Asthma Right Care Campaign and Greener Health Care.

### Asthma Right Care

Asthma Right Care (ARC) is a global initiative, developed by the International Primary Care Respiratory Group (IPCRG) to explore how social movements can be used to create a sense of discomfort with the status quo of asthma management. PCRS campaign activity aims to reduce over-reliance on SABA inhalers, short acting medication, designed to provide short term relief for the symptoms of asthma, rather than preventing its symptoms.

In 2020, we designed a series of resources and webinars to provoke debate around unsafe prescribing and dispensing habits. A series of [six webinars](#) brought together key opinion leaders and clinical experts who explored issues such as; why the UK is still struggling to significantly improve asthma outcomes and what makes a good asthma review. In addition we produced a series of tools and [resources](#) for clinicians, including; Practice and Pharmacy posters, guidance on achieving Asthma Right Care and case studies to help demonstrate and incentivise clinicians to reduce SABA prescriptions. The webinar series attracted a total of over 1300 delegates, with an average of 94% of delegates, rating the webinars good or excellent. The webinars remain available on demand and continue to attract visitors and downloads (over 2300 in 2020).

In 2021 we will run a further series of webinars to help clinicians work with patients to improve proactive asthma management and supported self-management. We will also produce a step by step Quality Improvement Resource to help assess and manage over prescription of SABA medications.

PCRS is grateful to AstraZeneca UK for supporting the Asthma Right Care Campaign in 2020.

### Greener Health Care Campaign

In 2020 we continued our work towards Greener Respiratory Healthcare. PCRS recognise that air pollution and climate change disproportionately affect those with lung conditions, with Public Health England estimating that between 28,000 and 36,000 deaths per year are thought to be attributable to human made air pollution. Healthcare, including the provision of respiratory medicine, can also damage the environment.

In July, PCRS brought together stakeholders, to discuss what greener respiratory healthcare that is kinder to the environment should look like. Stakeholders included GPs, nurses, pharmacists and patients and representatives from the British Thoracic Society (BTS), Asthma UK (AUK)/British Lung Foundation (BLF), the NHS Sustainable Development Unit, Sustainable Healthcare Coalition, Campaign for Sustainable Healthcare, UK Health Alliance on Climate Change (UKHACC), UK Inhaler Group, NHS RightCare, NHSE, Public Health England as well as academia and industry representatives. Key elements of greener respiratory healthcare were identified including: putting patients at the heart of systems and decision-making processes, supporting processes and measures that avoid wasted NHS visits and repeated tests, prevention, early and accurate diagnosis, supported self-management and non-pharmacological treatments to improve patient quality of life as well as use of low carbon impact inhalers where appropriate, waste minimisation and recycling schemes. A detailed summary of the meeting was written and a [White Paper](#) subsequently released.

In 2021 we plan to build on this consensus and shared ideas to develop a Greener Respiratory Pathway, with tools and resources that help clinicians deliver respiratory care that is kinder to the environment without compromising quality of care.

PCRS is grateful to Chiesi Ltd, Boehringer Ingelheim Ltd and AstraZeneca UK for sponsoring the PCRS Greener Respiratory Healthcare Initiative in July 2020.

## Policy and Advocacy

### Influencing and contribution to national policy

PCRS works alongside numerous organisations across the UK to inform respiratory policy, promote best practice and ensure standards and guidance is available for primary care.

PCRS is represented on numerous national, regional and local health forums including the NHS Long Term Plan, National Institute for Health and Care Excellence (NICE), National Asthma and COPD Audit Programme (NACAP), the Lung Health Task Force, UK Lung Cancer Coalition and UK Health Alliance for Climate Change. We work in partnership with organisations such as the British Thoracic Society (BTS), Asthma UK/British Lung Foundation (AUK/BLF) and Education for Health to share expertise, improve consistency, educational standards and inform policy priorities.

In 2020, national healthcare policy and service provision focused on coping with the consequences of the COVID-19 pandemic. As a result, many activities and initiatives were placed on hold or delayed until the latter part of the year. PCRS also shifted its attention to informing national policy on the pandemic and supporting colleagues in translating this policy into practice. The priority throughout was to ensure respiratory disease stayed high on the national health agenda.

In England, PCRS sits on the two key bodies that are currently influencing the Long-Term Plan; the NHSE/I respiratory delivery board and associated workstreams (the decision-making body) and the Taskforce for Lung health (an alliance between patient and professional organisations coordinated by the BLF that maintains pressure on NHSE/I to deliver what has been stated).

PCRS chair the NHSE/I Respiratory Delivery Board *Early and accurate diagnosis* workstream providing a primary care perspective and shaping the initiatives that are developed. PCRS also co-chairs the Task Force for Lung Health *Identifying lung disease early* working group. These activities enable PCRS to contribute to the evolution of respiratory diagnostic services across the UK.

While much of the consultation work around guidelines and quality standards has been placed on hold in 2020, PCRS registered as stakeholders for initiatives relevant to respiratory healthcare in the primary care setting including:

- Medical Technologies Evaluation Programme: MyCOPD for self-management of chronic obstructive pulmonary disease (COPD)
- GID-NG10098: Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s
- GID-NG10120: Shared decision making
- GID-NG10086: Tobacco dependency
- GID-QS10113: Indoor air quality at home
- GID-NG10050: Managing common infections -antimicrobial prescribing guidelines
- Vaccine uptake in the general population

PCRS contributed to the consultation on the [Respiratory Care Action Plan](#) for Scotland (2020–2025) and provided extensive feedback with demonstrable change consistent with our recommendations in the response document published later in 2020.

### Representation

NSHE/I respiratory work streams on which PCRS play a key role:

- Early and accurate diagnosis (PCRS chair this group)
- Flexible learning
- Breathlessness
- Pulmonary rehabilitation: Optimizing patient updated and service provision
- Medicines optimisation for inhaler use: Staff training programmes for patient inhaler use

Taskforce for Lung Health working groups on which PCRS play a key role

- 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

## Developing measures, indicators and standards for respiratory care

The availability of universal good quality primary care respiratory data remains poor. This information is necessary to drive quality improvement. In 2020 we have seen no progress at any national level to ensure national datasets are available. In the late part of 2020 there was a new agreement and funding identified by the Lung Health Taskforce with a team at Imperial College, who analysed the Royal College of Physicians, National Asthma and COPD Audit Programme (NACAP) primary care dataset to push forward some better-quality data about diagnosis. This has been the first positive step for some time, but we continue to press for improvements in area.

In February 2020, NHSE announced an update to the respiratory Quality and Outcomes Framework (QOF) indicators for the GP contract for 2020. This new set was a significant improvement and throughout 2019 PCRS had worked with colleagues including NICE, Public Health England, RCGP and the National Clinical director to ensure that this new QOF could influence improvement. However, COVID-19 changes in working meant that the framework was essentially suspended for 2020-21 with payments to practices being rolled over for those aspects such as respiratory indicators. Business rules for GP IT systems also arrived late in the financial year and so PCRS were unable to support practices with understanding the detail of the new contract. Further QOF updates remained on hold for the remainder of 2020. PCRS provided input to the consultation on the *NHS England and NHS Improvement. Network Contract Direct Enhanced Service Draft Outline Service Specifications*.

## PCRS position statements and pragmatic guidance

Throughout 2020, PCRS have continued to support respiratory healthcare colleagues through the publication of [position statements](#) on a range of key topics and issues including:

- Point of care CRP (C-Reactive Protein) testing for acute assessment in COPD
- Diagnostic work up of the patient presenting with respiratory symptoms during the COVID-19 pandemic (issued June 2020 and updated September 2020)
- The use of e-Cigarettes as a smoking cessation aid
- Environmental issues in respiratory disease management
- Remote assessment of breathlessness in the acute primary care setting
- Spirometry and lung function testing in primary care during the COVID-19 pandemic

These position statements provide essential background information and detail the opinion of the PCRS on key topics and are reviewed at least annually.

PCRS actively contributed to the work of the National Institute for Health and Care Excellence (NICE) on the COVID-19 rapid guidelines including:

- COVID-19 rapid guideline: Community-based care of patients with COPD
- COVID-19 rapid guideline: Interstitial lung disease
- COVID-19 rapid guideline: Managing suspected or confirmed pneumonia in adults in the community
- COVID-19 rapid guideline: Severe asthma

Guideline development, including the NICE/BTS/SIGN joint guideline on the management of asthma, was placed on hold throughout 2020. PCRS continue to liaise with organisations developing national guidelines to ensure we contribute the primary care voice once these activities restart.

In 2021, we will continue to input and advise on respiratory relates aspects of the COVID-19 pandemic, particularly in regard to testing and differential diagnoses. We anticipate that some of the projects, policy initiatives and consultations put on hold during the pandemic will resume and we will continue to input and contribute our expertise when they do. We also plan to develop further guidance on respiratory care for the frail elderly, screening for lung cancer and spirometry.



## Supporting the professional development of our members

### PCRS National Respiratory Conference

Due to the COVID-19 pandemic, the PCRS Respiratory Conference 2020 was held virtually for the first time. The programme featured sessions on learning from COVID-19, greener healthcare, how to diagnose asthma in children, oxygen therapy and COVID-19, how to assess the acutely breathless patient, inhaler technique and much more. The conference attracted a record 595 attendees including sponsors and exhibitors and 429 delegates (compared to 468 attendees and 324 delegates in 2019). Attendees included generalist and specialist nurses (58%), GP's (19%), physiotherapists (9%), pharmacists (6%) and non-clinical delegates (8%). The overall ratings for the conference were very positive, with 96% saying they would recommend the conference to others and 86.4% said that they would attend another virtual event<sup>2</sup>. The Conference also accepted 62 abstracts (63 in 2019) and 26 science abstracts (39 in 2019). Researchers were able to submit online posters and videos explaining their research.

We ran a virtual exhibition featuring 25 virtual booths (41 stands at our 2019 exhibition). Delegates were able to visit stands, download information, chat and book appointments with exhibitors. Whilst many delegates visited the exhibition (we recorded 2332 unique booth visits), the numbers interacting directly with exhibitors (i.e. through chat and conference call) were low.

The conference generated a net profit of £89k, up from £59k in 2019. This was due to a combination of lower costs, the generous support of sponsors, and a larger number of delegates. We are grateful to our sponsors and exhibitors for sponsoring the conference and to Telford Conference Centre who kindly agreed to carry over the deposit for the 2020 booking to 2021.

Our conference partners were the Association of Chartered Physiotherapists in Respiratory Care (ACPRC), the Association of Respiratory Nurse Specialists (ARNS), the British Thoracic Society (BTS), Asthma UK/BLF and Education for Health.

The conference in 2020 was sponsored by Aspire Pharma, AstraZeneca, Boehringer Ingelheim, Chiesi, GlaxoSmithKline, Orion and Sanofi Genzyme. AstraZeneca, Boehringer Ingelheim, GlaxoSmithKline and Napp Pharmaceuticals sponsored satellite symposiums.

We hope that 2021 will see a return to our face to face event, but we will continue to monitor the ongoing COVID-19 situation and decide in the Spring of 2021 whether a face to face event is likely to go ahead or not.

### PCRS Respiratory Leadership Programme

Like many of our activities in 2020, the PCRS respiratory leaders programme transitioned from a face to face residential event, to a series of online courses.

During the height of the pandemic, members of our Executive Committee and Respiratory Leaders Programme Board ran fortnightly drop in calls for Respiratory Leadership Programme course participants. These popular sessions offered a forum for facilitated discussion and peer support during a difficult time for many in leadership roles within primary care. The Summer "Bitesize" course, designed to fit into a busy practitioner's workload (20 delegates), covered topics including psychological safety, active listening, supporting a distanced or remote team, and the risks around remote working and creating positive employee attitudes. Topics all chosen for their pertinence for the workforce at this time.

In November we ran two workshops (35 delegates) covering: what does post-COVID-19 change mean for respiratory services and primary care?; theory of transition; navigating and negotiating change and exploring what skills we need and how to identify skills gaps.

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<sup>2</sup> 62% completed an evaluation

The 2020 Respiratory Leaders Program evaluated very highly, with participants reporting that they felt more confident, informed and equipped with the right tools and methodologies to help make changes at work.

The popularity of the online format, and the increased ability to fit this format around a busy work life, has caused PCRS to consider how we might run leadership courses fully online in the future.

We are grateful to Chiesi Ltd for sponsoring our leadership program in 2020.

## PCRS Mentorship Programme

The PCRS Mentorship Programme supports up and coming new leaders to further their professional development through participating in international respiratory scientific meetings. An educational grant covers the cost of delegate fees, plus travel and accommodation for the European Respiratory Society (ERS) International Congress in September, the BTS Annual Congress in December and the PCRS conference in September. Whilst all of these events took place online, we were happy to be able to continue to support four mentees through each of these conferences. Two of our mentees completed [blogs](#) detailing their experience of the programme.

We are grateful to Glaxo-SmithKline (GSK) for sponsoring this programme. As costs were far lower than anticipated, we have secured agreement from GSK to carry over the remainder of the grant to fund similar activity in 2021.

## Affiliated groups' leaders' support programme

PCRS support a network of local respiratory groups that affiliate to PCRS. The groups are run by volunteering health care professionals, and bring colleagues in local areas together, to support each other, share best practice and keep up to date with the latest policy and clinical practice. Unfortunately, the pandemic resulted in many of these groups being unable to meet face to face for much of 2020 and increased pressures on health care workers meant many people were simply unable to find the time to meet virtually.

We were disappointed that lack of funding meant resources and support were limited in 2020 and we made a small loss on this activity in 2020. However, we have been looking at ways to better support, equip and resource this essential network of peer support and have secured funding to help do this in 2021.

## Membership and Member Communications

Membership numbers dropped during 2020. We usually offer significant member discounts on conference fees, but as delegate fees were much lower this year the discounts were not applied, which may have led to lower numbers taking up membership. Many of our resources are freely available to non-members, with the exception of some of our life-long learning programmes, our membership magazine and fortnightly members email (In Touch). However, we are a membership society and declining membership numbers are a concern, and something the Society is looking to reverse in 2021.

PCRS database	2020	2019	2018	2017	2016	2105	2014
Members (all)	965	1086	1031	1023	969	979	1042
Members (individual paying)	693	821	738	718	732	728	734
Formal Members <sup>3</sup>	272	297	304	332	657	600	557
Non-members / In Touch	5061	5039	4816				
PCRS Mailing List	7792	5186	4751	6677	6930	7380	7089

<sup>3</sup> Formal voting membership is open to all PCRS members who are a qualified and registered (or in the case of retired members formerly registered) healthcare professional resident in the UK and working or interested in respiratory care in a primary, community or integrated care setting and / or general practice - provided they are not employed by a pharmaceutical company or associated agency and have no connection with the tobacco industry.

## Primary Care Respiratory Update

Our members magazine, Primary Care Respiratory Update (PCRU), is published in hard copy twice a year, with ahead of print articles available online. PCRU features articles and guidance on a wide range of topics. [Spring 2020](#) contained articles on Asthma Guidelines in Practice, lung cancer, Fit to Care, and COVID-19. [Autumn 2020](#) was a special edition and contained PCRS guidance and feature articles from the [Winter Wrapped Campaign](#), including articles on influenza vaccination, spirometry, lung function testing, use of rescue packs and encouraging activity as a gateway to good respiratory health. PCRU is distributed in hard copy to members and is also freely available to download.

The cost of printing and producing PCRU remains high. Income received through advertising (£7340) covered just 38% of the direct costs of producing PCRU in 2020, this has dropped from 75% in 2017 and 64% in 2019. In 2020, we dropped the number of printed editions down from 4 to just 2 – however, we continue to feature ahead of print articles online. In 2021 we will seek to use PCRU to promote campaign and Life Long Learning activities, which we hope will help to cover costs of production.

## Members' In Touch

Members received a fortnightly email, containing all the latest news, policy, events and clinical practice. It remains highly popular and well read amongst members. In 2020 it circulated to an average 959 recipients with an average open rate of 42% (compared to 35.8% in 2019), average clicks per edition, 1090, with a total number of click through exceeding 27,000.

# Reaching the wider generalist primary care audiences

## Primary Care Respiratory Academy (Clinical Platform)

PCRS work in partnership with Cogora, the publishers of Pulse and Nursing in Practice to produce the [Primary Care Respiratory Academy \(PCRA\)](#). The purpose of the PCRA is to provide training to a wider generalist primary care and commissioning audience. Usually, the training is run as a regional roadshow, but due to the COVID-19 pandemic, the PCRA like so many other activities transitioned to online activity only in 2020.

During September, we ran six live Regional Clinical webinars entitled 'COVID-19: clinical challenges now and in the future'. The webinars looked at how to assess acute COVID, chest infection, asthma or COPD and a discussion on the use of respiratory testing during COVID-19. 488 delegates attended in total. This was a disappointing number and represented only a quarter of registrations in total. Those that attended evaluated the events very highly with over 90% attendees giving a good or excellent rating for the overall quality, speakers, and administration of the virtual event. 93% of delegates in 2020 compared to 95% in 2019 said their participation would be likely or very likely to affect their approach to respiratory care in practice.

Due to continued fluctuations and uncertainty with respect to sponsorship of the programme, PCRS accepted a reduced management fee for services of £10k in 2020 (as opposed to £20k in 2019). We continue to monitor possible impact of ongoing social restrictions due to COVID-19 on our ability to deliver PCRA activity in 2021.

The PCRA Clinical Platform was sponsored by Chiesi in 2020.

## Networking and Stakeholder Engagement

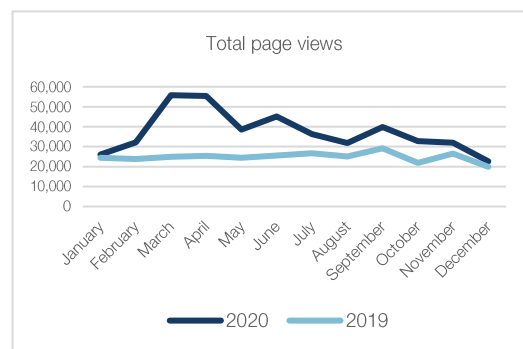
PCRS is the 'go-to' integrated respiratory care organisation in the UK. We are regularly invited to collaborate with other leading health organisations on respiratory-related issues. In 2020, we co-badged the AUK-BLF post-COVID hub; contributed to, and supported, the joint statement from ASH (Action on Smoking and Health) on proposed changes to Public Health England; contributed to the All Party Parliamentary Group (APPG) for Respiratory Health inquiry into why the UK lags behind other European countries in asthma outcomes and fed into BLF consultations on *Your COPD self-management plan* and *Restoring basic care for patients with lung disease* briefing document. We have also worked with the UK Inhaler Group, the UK Health Alliance on Climate Change (UKHACC), NHS Sustainability Group and the NHS Committee on Sustainable Inhalers.

## Other communications reaching a wider audience

PCRS resources, clinical guidance and position statements are freely available on our website and promoted via Social Media and non-member mailings.

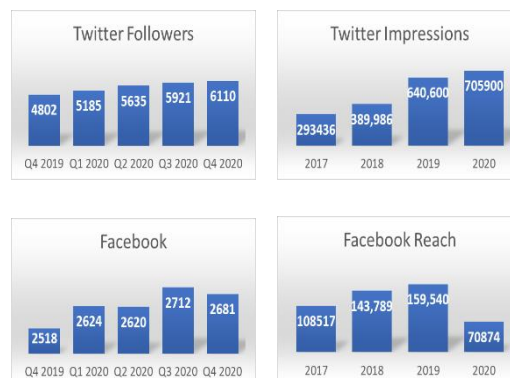
### Website

The [PCRS website](#) saw visitors double at times during 2020 – with the peaks taking place during the height of the first wave of the COVID-19 pandemic, reflecting the increased demand for resources and guidance during this time. Total page views over 2020 reached 448,691 (compared to 298,114 in 2019). Top visited pages included: the MRC dyspnoea scale, the PCRS home page, coronavirus resources, including PCRS guidance and position statements, asthma guidelines in practice, consensus guide on managing COPD, the Asthma Slide Rule and online edition of PCRU.



### Social Media

PCRS continues to grow its presence on social media with followers on Twitter and Facebook growing over the course of the year. Twitter followers and impressions rose reflecting increased number of posts and ongoing popularity of the platform. Meanwhile Facebook reach appeared to fall. However, we began to grow our presence and engagement on LinkedIn, as more professionals use this platform to network and grow their professional knowledge. At the end of 2020 the PCRS LinkedIn page had 107 followers.



### Non Member Mailings

PCRS sent out four quarterly e-mailings with news and updates to those who have expressed an interest in receiving relevant updates but are not members of PCRS. These were sent out to 3404 recipients (compared to 3421 in 2019). Average open rate was 27% (compared to 23.3% in 2019), with total click throughs numbering 5727 (compared to 2228 in 2019). The top four links for non-member mailings in 2020 were:

- PCRS Pragmatic Guidance for crisis management of asthma and COPD during the UK,
- Diagnostic work up of the patient presenting with respiratory symptoms during the COVID-19 pandemic
- PCRS Position statement on spirometry and lung function testing during COVID-19
- COVID-19 Shared Resources for Healthcare Professionals

## Supporting effective respiratory service provision

### PCRA Commissioning Platform

In 2020, our Primary Care Respiratory Academy (PCRA) Commissioning Platform, delivered in partnership with Cogora alongside the PCRA Clinical Platform also moved from Regional Roadshow to an online platform. Promoted through Cogora's publications, Healthcare Leader and Management in Practice as well as our own networks, this series of six live regional commissioning roundtable events took place in October and November. The workshops addressed "What does 'RESET' look like for respiratory pathways?"; "How do we ensure system resilience?" and "How do we promote prevention and reduce acute episodic care?". Turn out was low (less than 15 delegates per session). A survey and analysis into why, is being carried out – for example length, timing, webinar fatigue etc – in order to ensure we avoid similar issues in 2021. The PCRA Commissioning Platform was sponsored by Chiesi in 2020.

### Respiratory Services Framework

The [PCRS population focused respiratory service framework](#) was updated in 2019 to help those designing a holistic and integrated respiratory service. In 2020 we took this work one step further and with the support of an NHS Engagement Manager on secondment and a Medical Education Grant from Chiesi we were able to build an interactive Quality Improvement Tool aligning the Respiratory Service Framework's six pillars of care with PCRS Fit to Care guidance. The online, interactive toolkit includes a workforce calculator, a series of workforce audit surveys, templates for job descriptions plus a library of resources to further clinical knowledge and skills in addition to advice on service re-design and delivery. In 2021, we aim to continue to add to the library of resources, build awareness and engagement with the tool and develop materials to help commissioners use the resources effectively.

## Promoting 'real world' academic research

### Npj Primary Care Respiratory Medicine

The Society's official Journal *npj: Primary Care Respiratory Medicine* is jointly owned by the Society and Springer Nature. Springer Nature and PCRS is jointly responsible for agreeing the budget for the Journal, appointing the Editors and for operational decisions through a Joint Management Committee (JMC). After an extensive search, a new Editor in Chief, Ioanna Tsiligianni was appointed in early 2020 who has set about improving processes, systems and turnaround times for the journal. We were pleased that 2020 saw an increase in article submissions (largely an increase in articles associated with COVID-19).

npj:PCRM	Submissions	Acceptances	Published Articles
2017	117	54	70
2018	118	43	45
2019	125	46	44
2020	182	55	38

We are also pleased to report that the latest Impact Factor for *npj Primary Care Respiratory Medicine*, released at end June 2020 was 3.231 (for 2019) up from 2.820 for 2018. This also exceeds the estimated Impact Factor calculated when we first entered the agreement with Springer Nature – who then calculated an estimated impact factor for 2019 of 3.17.

The costs of running the journal continue to outstrip income such that a significant loss was incurred in 2019 (Eur 20,377). It was agreed in 2020 that Article Processing Charge (APC) waivers and discounts for PCRS and IPCRG members would need to be discontinued as of January 2021, in order to mitigate future losses. The higher number of acceptances did lead to a small profit in 2020 (Eur 8,049,66). PCRS is in ongoing discussions with Springer Nature regarding the profit share arrangements (currently PCRS is entitled to 50% profit share) and continue to discuss how we can work together to improve the growth, sustainability and continued high quality reputation of the journal.



## The PCRS Research network

The annual research network event was held online this year due to COVID-19. It was attended by 25 delegates of multidisciplinary backgrounds and four faculty members. The evaluation of the event by delegates was positive.

The Society's Research Activity has reduced over the year, partly a result of re-focusing on other activities triggered by COVID-19. Our Research Lead stepped down at the end of 2020 following a period of extended maternity leave. Towards the end of 2020 we advertised for applicants from within the PCRS membership and made an appointment in early Spring 2021.

In 2021 we aim to reinvigorate our support and activity to promote and disseminate Research. Meanwhile, we continue to support academic research centres through letters of support for grant applications, connecting our Patient Reference Group with research and encouraging members to take part in research studies and surveys.

## Plans For Future Periods

As we look to 2021, the business activities and priorities of the Society remain focused on increasing awareness of respiratory conditions, promoting best practice, supporting our members and the wider generalist audience whilst adapting and responding to the evolving situation with regard to COVID-19.

We will continue to prioritise the following strategic objectives:

- Campaigning to drive change specifically focusing on further activity to reduce salbutamol overreliance through our Asthma Right Care campaign and promoting Greener Healthcare throughout the respiratory patient pathway.
- Influencing national policy, setting standards and providing pragmatic guidance – helping to guide and ensure best practice as we navigate our way through the ongoing COVID-19 crisis and ensuring we can get back on track once the height of the crisis passes.
- Supporting the professional development of our members through an online Respiratory Leadership programme, strengthened the network of Affiliated Groups, continued mentorship and the production of high quality, relevant and practical clinical guidance
- Reaching out to and educating the wider generalist primary/community care audiences through our online Primary Care Respiratory Academy Clinical Platform and raising awareness of our resources through our website and social media.
- Supporting effective respiratory service provision through the Primary Care Respiratory Academy Quality Improvement Platform and further development of the Respiratory Services Framework Toolkit
- Continuing to promote and encourage 'real world' research to generate the evidence of what works and how to implement it, focusing particularly on the growth and sustainability of our Research Journal and Research Network

We will also work to secure the long-term future of PCRS, including the development of strategies to diversify income streams and reach out to new funders, as well as working to make long term cost savings and exploring options to work in partnership with other organisations.

# Structure, Governance & Management

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## 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.

## Method of appointment and election of trustees

The management of the company is the responsibility of the Trustees who are elected and co-opted under the terms of the Articles of Association. During this financial period, the PCRS was managed by Professor Martyn Partridge. There were six trustees on the Board. Jane Watson was re-elected at the September AGM. One third of the Trustees retire each year and may be re-appointed for a maximum of three consecutive terms. A drive to recruit a Trustee with financial experience began towards the end of December 2020, (we subsequently appointed in the Spring of 2021). The role was advertised on recruitment sites including National Council for Voluntary Organisations (NCVO) the Institute of Chartered Accountants (ICAEW), Charity Job and REACH Volunteering websites. Applicants were asked to provide a CV and covering statement. A shortlist was drawn up and interviewed by a panel appointed by the Board of Trustees.

## 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 individual and as a minimum include an induction day/meetings with the Chief Executive, discussion with the Chair and Executive Chair as well as access to all key PCRS documents and relevant Charity Commission guidance.

## Organisation structure and decision making

The Trustees are assisted by the Executive and an employed Chief Executive. The Chair of the Executive Committee attends trustee meetings along with the Chief Executive. Anne Smith who had been Chief Executive for over 16 years retired in May 2020. Anne contributed a huge amount to PCRS over the years, and under her strong leadership, the organisation grew in size, strength and reputation.

After a successful recruitment process, the Board of Trustees appointed, Lynn Ladbrook as Chief Executive. Lynn has over 25 years experience in the charity and public sectors and headed up two health charities prior to becoming CEO at PCRS. Lynn took over from Anne following a short hand over period on 1<sup>st</sup> 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 and communications work. A patient and carer reference advisory group has also been established to provide the patient perspective on our activity and feed into discussion, policy and priority setting.

The Executive is comprised of 12 elected members, including at least three GPs and three nurses active in clinical practice. One new member joined the Executive Committee in 2020, with a further three re-elected to the role. The Executive Committee also has the power to co-opt up to four additional members. All members of the Executive must be formal company members of PCRS and all have expertise in respiratory medicine in primary or community care. The Executive, supported by its education, service development, conference, respiratory leadership, affiliated groups and policy sub-committees 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. The Chief Executive supports the Executive in the implementation of the charity's activities and supports the Trustees on governance matters.

## Pay Policy for key management

The Chief Executive was the only employee of PCRS in 2020. Pay for the role is set based on market benchmarks and is reviewed annually with any 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 7.5 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 and paid through PCRS payroll.

## Application and adherence to the Charity Governance Code

PCRS recognise good governance is essential to our effectiveness, reputation and credibility. The Board of Trustees regularly review activities, policies and processes to ensure the Society is delivering against its mission and charitable objectives. We have robust measures in place to ensure effective and clear overview of financial controls. The board undertakes a regular review (every two years) of its effectiveness, assessing competencies, skills gaps and training needs through a process of external audit and facilitated discussion. In 2020, the Society approved a new policy on Equality, Diversity and Inclusion (EDI) to ensure PCRS operations, activities and personnel is reflective, of the wider healthcare community it represents. We operate a robust conflicts of interest policy and all Trustees and Committee members complete declarations of interest each year. Conflict of interests form a standing item on all Committee agendas. The Board aims to continuously improve its governance processes and is currently working through the new [Charity Governance Code](#) to ensure its governance structures adhere to the principles of the code and recommended practice.

## Risk management

The Trustees analyse and undertake a review of the risks the Charity is exposed to as part of an annual business planning process and in accordance with Charity Commission guidance (CC26), scoring the risks according to likelihood and impact. The systems and actions established to mitigate those risks are also reviewed by Trustees at each Board meeting and updated and adjusted accordingly, with the net risk in each area agreed. High risks closely monitored by the Trustees are:

- High level of dependency on two few income streams puts PCRS at risk of sudden and/or long-term loss of funding – efforts continue to diversify income streams to include more Trusts and Foundations as well as funding from non-pharmaceutical companies.
- Lack of engagement in respiratory care by generalist primary care health professionals, made worse by workforce pressures and potentially by changing structures, is a risk to PCRS maintaining/growing its membership – efforts to improve membership retention and improve messaging around the value of membership and support planned for 2021/2022.
- Partner (Cogora, Springer Nature) pulls out of partnership agreement resulting in negative impact on delivery of those aspects of service delivery – we work hard to maintain good relationships with all partners whilst ensuring the Society's own reputation and strategic objectives are preserved.

## Volunteers

The Society is heavily reliant on the time, expertise and energy of its Executive and Committee members. 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) may claim for any loss of earnings incurred as a result of their time where they are required to participate in half/full day meetings on behalf of the Society. They may also be reimbursed where they undertake significant pieces of work for the Society.

# Trustees, executive committee & senior management

## Trustees

Professor Martyn R Partridge (Chair of the Board)  
Mrs Alison Clough  
Professor Irem Patel  
Dr Paul Stephenson  
Professor Steph Taylor  
Mrs Jane Watson (Resigned 3<sup>rd</sup> March 2021)  
Mr Richard Walker (Co-opted 25<sup>th</sup> February 2021)

## Chief Executive and Company Secretary

Anne Smith – retired 1st May 2020  
Lynn Ladbrook – appointed 1st May 2020

## Registered office

Miria House  
1683b High Street  
Knowle  
Solihull  
B93 0LL

## Company Registered Number:

04298947

## Charity registered Number:

1098117

## Bankers

Unity Trust bank plc  
Nine Brindley Place  
Birmingham  
B1 2HB

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

CCLA  
Senator House  
85 Queen Victoria  
London  
EC4V 4ET

## PCRS Executive

### PCRS Executive Chair:

Mrs C Stonham

### Services Development Committee Chair:

Dr D Freeman

### Policy Lead:

Dr N Baxter (Resigned 31<sup>st</sup> March 2021)

Mrs C Stonham (From 1<sup>st</sup> April 2021)

### Research Lead:

Dr H Ashdown/Dr Ann Hutchinson

### Conference Organising Committee Chair:

Dr K Hickman

### Education Lead:

Dr S Holmes (Resigned 31<sup>st</sup> December 2020)

Ren Lawlor (from 1<sup>st</sup> January 2021)

### Primary Care Respiratory Update Editor:

Dr I Small

### Respiratory Leaders Programme Board Chair:

Mrs C Cook

## Independent auditors

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

## Solicitors

Bates Wells Braithwaite  
10 Queens Street Place  
London  
EC4R 1BE

# Financial Review

## Principal Funding

The principal funding sources for the Charity in 2020 as in previous years were:

- Voluntary income from the pharmaceutical industry (fees from the PCRS Corporate Supporter Scheme)
- Income from sponsorship of charitable activities by pharmaceutical and or device companies
- Membership and conference delegate fees

The total funding secured in 2020 (£648,733) was 2.88% lower than 2019 (£667,981). This was due to the lower level of income generated from the virtual conference (i.e. less income from sponsorship, exhibition sales and delegate fees). However, net income from the conference was higher than budgeted, due to the significantly lower costs and popularity of the online event for both sponsors and delegates alike. Sponsorship for specific projects was also higher than anticipated, with some funding secured in the last quarter of 2020 for activity due to start in 2021. Unrestricted grants and sponsorship for charitable activities (e.g. campaigns, professional development and clinical guidance) comprised the largest source of income (44% of the total) followed by Conference income (26%) made up of sponsorship, exhibition and delegate fees. The Corporate Supporter Membership Scheme amounted to 16% of total funding (down from 22% on 2019).

PCRS is grateful to all of its corporate supporters in 2020: AstraZeneca UK Ltd, Boehringer Ingelheim Ltd and Cipla Ltd (members of the corporate sponsorship scheme) as well as Aspire Pharma, GlaxoSmithKline, Napp Pharmaceuticals, Orion and Sanofi Enzyme – corporate sponsors of the Conference in 2020, without whom we could not have hosted such a successful event. Details of the funding over £10,000 contributed by each company is provided in note 6 to the financial statements.

PCRS does not solicit donations directly from members of the public or work with professional fundraisers, therefore the code of fundraising practice does not apply. All sources of funding are declared on the PCRS website and relevant materials. No complaints were received in respect of fundraising.

## Principal Expenditure

Total expenditure in 2020 (£554,991) which was significantly lower than 2019 (£788,124). This was a direct result of the COVID-19 pandemic which led to reduced costs for events and conferences, as well as reduced claims for travel and accommodation. 2019 expenditure was also slightly inflated due a planned one off investment in a digital marketing strategy. In early 2020, the Trustees and Executive Committee carried out a thorough strategic review of funding. A number of options were drawn up to reduce costs. This included a transition to more online meetings and a revised claims policy for meetings attendance such that claims for attendance may only be made where the individual is likely to suffer a loss of income or financial hardship as a result of attending (travel expenses continue to be reimbursed). Prior to this, committee members could claim an attendance allowance to attend all meetings. We are grateful to our Committee members for their ongoing contribution to the Society, much of which is now carried out at their own expense, in their own time.

Expenditure on Education activity accounted for 55% of the total expenditure (including support costs) whilst external communications (e.g policy, representation and membership communications) accounted for 33% with just 2% on research/scientific journal. The annual conference (included within education) was the single largest item of expenditure (30% total direct charitable costs).

The largest item in support costs was secretariat and administration costs (59% total), which includes fees paid to Red Hot Irons. Red Hot Irons is contracted to run the day to day operations of the Society, including maintenance and upkeep of the PCRS website, membership management and communications, committee management, events, IT, analytics and database. The next largest area of expenditure in support costs was wages and salaries for the PCRS CEO and PCRS Executive Chair and Committee leads (35% total).



## 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 2021 budget amounts to £731k with a minimum of £244k. The level of unrestricted reserves held by the Society at the end of 2020 was £519k, which is below the optimal level but substantially above the minimum level.

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

## Going concern

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

## Financial Review Conclusion

The Society ended the year with a surplus of £94k in 2020 – a significant improvement when compared to the end of year losses (£120k) in 2019. The Society continues to hold healthy reserves (just under 12 months of our anticipated operating costs for 2021). However, sponsorship and funding remain a significant challenge and cutting further costs will be difficult. 2020 was an unprecedented year and many savings were made due to an inability to travel and hold face to face events, but like many organisations, it is likely that we will revert back to some level of travel and face to face events in the future which will inevitably see some costs rise. The Trustees continue to recognise that the funding situation remains challenging and will continue to be innovative in our approach to fundraising, cost savings and ensuring value for money.

The impact of COVID-19 on our finances has been mixed. The Society has incurred lower costs due to less expenditure on travel, venue hire and accommodation. However, income from the exhibitions and events which usually attract funding due to the benefits derived from sponsorship (i.e. face to face interaction with key clinical audiences), has dropped. Whilst this year, the two have more or less balanced each other out – what is less certain is whether, once restrictions ease, companies will return to events and exhibitions or if they will find alternative ways of reaching their audiences.

Meanwhile there continues to be support for campaigns that drive change, clinical resources and life long learning which has helped us to offset losses from exhibitions and events in this financial year.

## Members' liability

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

## Statement of Trustees' responsibilities

The Trustees (who are also the directors of the Company for the purposes of company law) are responsible for preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Company and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles of the Charities SORP (FRS 102);
- make 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

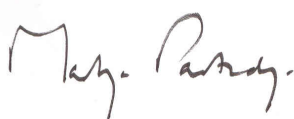
Each of the persons who are Trustees at the time when this Trustees' report is approved has confirmed that:

- 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:



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### Professor M R Partridge

Chair of the Board of Trustees, PCRS

Date: 8 July 2021

# Independent Auditors' Report to the Members of Primary Care Respiratory Society

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## Opinion

We have audited the financial statements of Primary Care Respiratory Society UK (the 'charitable company') for the year ended 31 December 2020 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 2020 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

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

## 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.

## 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.

Irregularities, including fraud, are instances of non compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management and those charged with governance around the actual and potential litigation and claims.
- Performing audit work over the risk of management override of controls, including testing of large or otherwise unusual journal entries and other adjustments for appropriateness.
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with the applicable laws and regulations.
- Review of legal and professional nominal accounts and minutes for indications of any actual or potential litigation.
- Review of accounting estimates for accrued income and bad debt provisions for indications of management bias.

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](http://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

Birmingham

Date: 14 July 2021



# Statement of Financial Activities

## Incorporating income and expenditure account for the year ended 31 December

	Note	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
<b>Income from:</b>					
Donations	4	146,572	210,281	356,853	252,321
Charitable activities	5	287,795	-	287,795	413,010
Investments	7	736	-	736	1,533
Other income		3,349	-	3,349	1,117
<b>Total income</b>		<b>438,452</b>	<b>210,281</b>	<b>648,733</b>	<b>667,981</b>
<b>Expenditure on:</b>					
Raising funds	8	44,724	-	44,724	59,013
Charitable activities		392,316	117,951	510,267	729,111
<b>Total expenditure</b>		<b>437,040</b>	<b>117,951</b>	<b>554,991</b>	<b>788,124</b>
<b>Net movement in funds</b>		<b>1,412</b>	<b>92,330</b>	<b>93,742</b>	<b>(120,143)</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward		518,452		518,452	638,595
Net movement in funds		1,412	92,330	93,742	(120,143)
<b>Total funds carried forward</b>		<b>519,864</b>	<b>92,330</b>	<b>612,194</b>	<b>518,452</b>

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

The notes on pages 25 to 35 form part of these financial statements.

# Balance Sheet

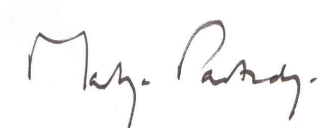
As at 31 December 2020

	Note	2020 £	2019 £
<b>Fixed assets</b>			
Tangible assets	12	590	249
<b>Current assets</b>			
Debtors	13	211,598	182,643
Cash at bank and in hand		481,908	494,328
		<u>693,506</u>	<u>676,971</u>
<b>Creditors: amounts falling due within one year</b>	14	<b>(81,902)</b>	<b>(158,768)</b>
		<u></u>	<u></u>
<b>Net current assets</b>		<b>611,604</b>	<b>518,203</b>
<b>Total assets less current liabilities</b>		<b>612,194</b>	<b>518,452</b>
<b>Total net assets</b>		<b>612,194</b>	<b>518,452</b>
		<u></u>	<u></u>
<b>Charity funds</b>			
Restricted funds	15	92,330	
Unrestricted funds	15	519,864	518,452
		<u></u>	<u></u>
<b>Total funds</b>		<b>612,194</b>	<b>518,452</b>
		<u></u>	<u></u>

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  
Chair of the Board of Trustees, PCRS  
Date: 8 July 2021

The notes on pages 25 to 35 form part of these financial statements.

# Notes to the Financial Statements

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## 1. General information

Primary Care Respiratory Society UK is a charitable company limited by guarantee registered in England and Wales. Its registered office is Miria House, 1683b High Street, Knowle, Solihull, B93 0LL and its principal activity is to improve respiratory health for all through information, education and research.

## 2. Accounting policies

### 2.1 Basis of preparation of financial statements

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

Primary Care Respiratory Society UK meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy. The financial statements are presented in Sterling, which is the functional currency of the charity, and are rounded to the nearest £1.

### 2.2 Going concern

The financial statements are prepared on a going concern basis. The trustees acknowledge that the pandemic has created a great deal of uncertainty for many organisations in terms of both income and expenditure. In 2021, the Society continue to adapt to the consequences of the pandemic and the impact social restrictions have had on their delivery to hold educational events, which are a key source of income generation. Many of the events have been reformatted to be delivered successfully online. Our services continue to engage members, delegates, funders and sponsors alike. Meanwhile, social restrictions throughout 2020 have also meant that the Society has been able to make a number of savings on venue costs, accommodation, travel and subsistence. It is likely that these cost savings will remain in place for much of 2021, as well as into the medium term, as we recognise the benefits of reduced travel and effectiveness of virtual meetings – however it is expected that some travel and face to face events will resume in 2022. We continue to monitor and assess cashflows and forecasts extremely closely, along with the evolution of the pandemic and its impact on our members, sponsors and partners. 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.

## **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 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

### **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.

### **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. Accounting policies continued**

### **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.

## **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 2020 £	Restricted funds 2020 £	Total funds 2020 £
Corporate Supporter Scheme	105,813	-	105,813
Membership fees	40,514	-	40,514
Donations	245	171,256	171,501
Donations in kind	-	39,025	39,025
	<b>146,572</b>	<b>210,281</b>	<b>356,853</b>

The donations in kind shown above represent contributions towards the Greener Healthcare Campaign round table events, and the part time secondment of a staff member to PCRS to assist with the Respiratory Services Framework Project. The value attributed has been provided by the donors.

	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
	<b>187,321</b>	<b>65,000</b>	<b>252,321</b>

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

#### 5. Income from charitable activities

	Unrestricted funds 2020 £	Total funds 2020 £
Research	-	-
Scientific Journal	303	303
Education	260,767	260,767
External communications	26,725	26,725
<b>Total 2020</b>	<b>287,795</b>	<b>287,795</b>

	Unrestricted funds 2019 £	Total funds 2019 £
Research	750	750
Scientific Journal	369	369
Education	398,391	398,391
External communications	13,500	13,500
	<b>413,010</b>	<b>413,010</b>

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

	Corporate membership	Respiratory Leaders	Communi-cations	Conference Sponsorship	Campaigns and Other Projects	2020 Total £
Astra Zeneca*	30,000	-	8,500	24,500	82,356	145,356
Boehringer	30,000	-	-	24,500	1,425	55,925
Ingelheim						
Cipla	20,000	-	-	-	-	20,000
Chiesi	30,000	17,500	5,000	14,500	25,000	92,000
GSK	-	-	10,000	24,500	17,600	52,100
Napp	-	-	-	17,500	-	17,500
Sanofi	-	-	-	12,000	-	12,000
Total	110,000	17,500	23,500	117,500	126,381	394,881

\*AstraZeneca campaigns and other projects, includes project funds of £47,766 agreed in December 2020 for project activity in 2021.

## 7. Investment income

	Unrestricted funds 2020 £	Total funds 2020 £
Bank interest	736	736

	Unrestricted funds 2019 £	Total funds 2019 £
Bank interest	1,533	1,533

## 8. Expenditure on raising funds

### Costs of raising voluntary income

	Unrestricted funds 2020 £	Total funds 2020 £
Corporate Supporter Scheme	485	485
Support costs	44,239	44,239
	<u>44,724</u>	<u>44,724</u>

	Unrestricted funds 2019 £	Total funds 2019 £
Corporated supporter scheme	99	99
Support costs	58,914	58,914
	<u>59,013</u>	<u>59,013</u>

## 9. Analysis of expenditure by activities

	Activities undertaken directly 2020 £	Support costs 2020 £	Total funds 2020 £
Research	1,750	15,803	17,553
Scientific Journal	-	8,864	8,864
Education	174,023	128,780	302,803
External communications	83,295	97,752	181,047
	<u>259,068</u>	<u>251,199</u>	<u>510,267</u>

	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>

## 9. Analysis of expenditure by activities (continued)

### Analysis of direct costs

	Research 2020 £	Education 2020 £	EC* 2020 £	Total funds 2020 £
Research department	1,750	-	-	1,750
Primary care conference	-	78,512	-	78,512
Affiliated group and respiratory leader programmes	-	17,441	-	17,441
Primary Care Respiratory Update	-	19,122	-	19,122
Other education	-	58,948	-	58,948
Influencing policy*	-	-	28,850	28,850
Website and marketing/members communication*	-	-	54,445	54,445
	<u>1,750</u>	<u>174,023</u>	<u>83,295</u>	<u>259,068</u>

\* External communications

	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>

### Analysis of support costs

	Research 2020 £	Scientific Journal 2020 £	Education 2020 £	EC* 2020 £	Total funds 2020 £
Staff costs	3,600	3,758	62,395	17,949	87,702
Depreciation	26	6	26	51	109
Secretariat and administration costs	9,465	2,491	62,882	73,736	148,574
Legal fees	-	1,813	604	604	3,021
Trustees' meetings and expenses	52	130	213	91	486
Insurance	522	131	522	1,044	2,219
Auditor's remuneration	2,138	535	2,138	4,277	9,088
	<u>15,803</u>	<u>8,864</u>	<u>128,780</u>	<u>97,752</u>	<u>251,199</u>

## 9. Analysis of expenditure by activities (continued)

### Analysis of support costs (continued)

	<i>Research</i> 2019 £	<i>Scientific Journal</i> 2019 £	<i>Education</i> 2019 £	<i>EC*</i> 2019 £	<i>Total funds</i> 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>

During the year ended 31 December 2020, the company incurred total governance costs of £14,814 (2019: £8,773) comprising legal fees, trustee meetings and expenses including insurance and fees paid to the auditor.

## 10. Staff costs

	2020 £	2019 £
Wages and salaries	100,721	128,934
Social security costs	11,158	9,093
Contribution to defined contribution pension schemes	5,313	8,140
	<u>117,192</u>	<u>146,167</u>

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

	2020 No.	2019 No.
Staff team	1	1
PCRS Executive Chair	1	1
PCRS Leads	5	7
	<u>7</u>	<u>9</u>

The average headcount expressed as full-time equivalents was:

	2020 No.	2019 No.
Staff team	0.80	0.80
PCRS Executive Chair	0.19	0.19
PCRS Leads	0.19	0.19
	<u>1</u>	<u>1</u>

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

	2020 No.	2019 No.
In the band £70,001 - £80,000	-	1



## 10. Staff costs (continued)

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.

In 2020 the services of the education and research leads are contracted through their employers but as of 2021, will move onto the payroll of the Company.

## 11. Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2019 - £750). In the prior period one Trustee received remuneration for facilitating a session on the PCRS Respiratory Leadership Programme for which there was no other suitably qualified person available.

During the year ended 31 December 2020, expenses totalling £318 were reimbursed or paid directly to 2 Trustees (2019 - £543 to 2 Trustees). The expenses reimbursed were for travel.

## 12. Tangible fixed assets

	Office equipment £
<b>Cost or valuation</b>	
At 1 January 2020	1,136
Additions	698
Disposals	(1,136)
At 31 December 2020	<u>698</u>
<b>Depreciation</b>	
At 1 January 2020	887
Charge for the year	127
On disposals	(906)
At 31 December 2020	<u>108</u>
<b>Net book value</b>	
At 31 December 2020	<u>590</u>
At 31 December 2019	<u>249</u>

## 13. Debtors

	2020 £	2019 £
<b>Due within one year</b>		
Trade debtors	98,908	150,360
Other debtors	845	989
Prepayments and accrued income	<u>111,845</u>	<u>31,294</u>
	<u>211,598</u>	<u>182,643</u>

#### 14. Creditors: Amounts falling due within one year

	2020 £	2019 £
Trade creditors	43,115	16,580
Other taxation and social security	12,129	10,313
Other creditors	5,158	38,803
Accruals and deferred income	21,500	93,072
	<u>81,902</u>	<u>158,768</u>

#### 15. Statement of funds

##### Statement of funds - current year

	Balance at 1 January 2020 £	Income £	Expenditure £	Balance at 31 December 2020 £
<b>Unrestricted funds</b>				
General Funds - all funds	518,452	438,452	(437,040)	519,864
<b>Restricted funds</b>				
Quality Improvement Resource for ARC	-	47,756	-	47,756
Hospital Saturday Fund	-	10,000	-	10,000
Asthma Right Care	-	16,000	(16,000)	-
Greener Healthcare Campaign	-	40,000	(22,422)	17,578
COVID-19	-	10,000	(10,000)	-
Respiratory Leadership	-	17,500	(15,211)	2,289
Mentorship Programme	-	25,000	(10,293)	14,707
Respiratory Services Framework	-	5,000	(5,000)	-
Donations in Kind	-	39,025	(39,025)	-
	-	210,281	(117,951)	92,330
<b>Total of funds</b>	<u>518,452</u>	<u>648,733</u>	<u>(554,991)</u>	<u>612,194</u>

##### Statement of funds - prior year

	Balance at 1 January 2019 £	Income £	Expenditure £	Balance at 31 December 2019 £
<b>Unrestricted funds</b>				
General Funds - all funds	619,346	602,981	(703,875)	518,452
<b>Restricted funds</b>				
Tobacco dependency guidance	19,249	-	(19,249)	-
Scientific (ERS) mentorship	-	25,000	(25,000)	-
Napp Bursary	-	5,000	(5,000)	-
Asthma Right Care	-	25,000	(25,000)	-
Severe Asthma Guidance	-	10,000	(10,000)	-
	19,249	65,000	(84,249)	-
<b>Total of funds</b>	<u>638,595</u>	<u>667,981</u>	<u>(788,124)</u>	<u>518,452</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 £7,091 (2019 - £8,140). Contributions totalling £1,824 (2019: £1,398) 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.

## 18. Related party transactions

PCRS leads for policy, education, service development, respiratory leadership programme, research and conference are key management personnel. In early 2020, the incumbent CEO announced their intention to retire at the beginning of May. Following a successful recruitment process, a new CEO was appointed and started in mid April to allow for a short handover period between the two posts. The cost to the charity of remuneration (inclusive of employer pension and national insurance contributions) of the Chief Executive post was £87,716 (2019: £83,782). The slightly elevated figure in comparison to 2019, reflects this overlap between the two roles.

In addition payments were made to the Committee Chairs in this respect totalling £72,332 (2019: £71,701). Fees for services were paid to employing organisations of £10,700 (2019: £12,225). Expenses of £1,237 (2019: £5,354) were reimbursed to Committee Chairs.

During the year no (2019: one) trustees received remuneration in 2019, one trustee received remuneration (£750) for facilitating a session on the PCRS Respiratory Leadership Programme for which there was no other suitably qualified person available. Two (2019: 2) trustees received reimbursement of travel expenses amounting to £318 (2019: £543).