



# The Primary Care Respiratory Society

ANNUAL REPORT 2023



Registered Company number: 04298947  
Registered Charity number: 1098117

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The Trustees present their Annual Report together with the financial statements of the Company for the year 1 January 2023 to 31 December 2023. The Annual Report serves the purposes of both a Trustees' Report and a Directors' Report under company law. The Trustees confirm that the Annual Report and Financial Statements of the charitable company comply with the current statutory requirements, the requirements of the charitable company's governing document and the provisions of the Statement of Recommended Practice (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2019).

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

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

# About PCRS

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

Our charitable objectives are to:

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

We do this through the following core activities:

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



# 2023 Business Priorities

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

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

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

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



# 2023 Impact Report

## Influencing and Informing Respiratory Policy

### Position Statements

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

### Representation and Collaboration

Action on Smoking and Health

Association of Respiratory Nurse Specialists

British Thoracic Society

Inequalities in Health Alliance

Inhalers Working Group  
Clinical Policy Group on Breathlessness

The National Respiratory Audit Programme (NRAP)

NHS Prevention Programme's Tobacco Dependence Stakeholder Group

NHS Accelerated Access Collaborative for Severe Asthma

NICE

NICE/BTS/SIGN Asthma Guideline Working Group

Pulmonary Rehabilitation National Network Group

Taskforce for Lung Health

UK Health Alliance for Climate Change

UK Inhaler Group

UK Lung Cancer Coalition

In 2023, our policy group delivered a huge work programme updating four existing position statements and creating six new position statements on:

- The National Lung Cancer Screening Programme
- Environmental issues in respiratory disease Management
- Triple therapy in COPD
- Chronic breathlessness: Ensuring a quality diagnosis for everyone
- Spirometry in primary care following the Covid 19 Pandemic
- Respiratory health inequality - Poverty

In 2023, we also worked on a joint position statement with the British Thoracic Society on Integrated Care.

Looking ahead we plan to undertake additional work in breathlessness, case finding in COPD and a position statement on vaping.

### Informing National Policy, Guidelines and the broader respiratory network

PCRS also work to ensure that respiratory disease remains a priority for decision-makers and that the primary care voice is heard where decisions about respiratory healthcare provision are made. In 2023, we contributed to National Institute of Clinical Excellence (NICE) Guidelines and worked collaboratively with other key respiratory organisations including the British Thoracic Society, Taskforce for Lung Health, National Respiratory Audit Programme and Inequalities in Health Alliance.

# Campaign Work - Asthma

In 2023, The Medicines and Healthcare Products Regulatory Agency (MHRA) approved the use of a dual (ICS/Formoterol) combination treatment to be used as a reliever therapy in mild to moderate asthma for people aged 12 and over with the therapy choice situated early in the asthma treatment pathway as an alternative to its current use as a preventer or MART therapy sitting later in traditional treatment pathways.

This therapy option did not yet sit within an approved national guideline following delays in the development of a joint national asthma management guideline.

PCRS therefore looked to the latest Global Initiative for Asthma (GINA) international guideline for asthma management to see how this new approach could work and we developed a simple algorithm for healthcare practitioners to see where this new treatment option sits.

The resulting infographic has been widely adopted across many regions in primary care.

The infographic is supported by many of our other existing asthma resources such as our asthma myths campaign, all of which are geared to improve asthma control, reduce reliance on short acting reliever therapy and deliver the most environmentally friendly asthma management options

**"The greenest inhaler is the one the patient is prepared to use"**

**PCRS guide to the management of asthma aged 12 and over in primary care**

**Before treating asthma, check that the criteria for diagnosis are present and correct.**  
Ensure that you, as the prescriber, can describe to the person with asthma:

- The criteria by which they have been given the diagnosis
- What they can do to help manage it
- What can happen if it's left unmanaged

Any asthma treatment will be more effective if it is created and agreed by both the patient and the clinician, reflects the patient's wishes, encourages self-management and clearly states when to seek further clinician support. **These wishes and choices should:**

- Be written down or recorded in another way (e.g. voice or video note) that is understood
- Include inhaler choice with respect to design, usability, cost and environmental impact
- Describe communication options when help is needed or the plan isn't working anymore

Confirm that the person with asthma understands that the foundation of asthma medical therapy is ensuring that any airway inflammation arising due to triggers such as allergens, pollutants and infections is controlled by an inhaled corticosteroid.

Short-acting beta-agonists are used to dilate airways and do not treat underlying asthma inflammation. Over-reliance on SABA in asthma is associated with an increased risk of asthma attacks and asthma deaths.

Patients may be successfully managed on a lower dose of inhaled corticosteroids and require fewer doses if they can be supported to:

- Maintain a healthy weight and be active
- Understand the impact of indoor and outdoor air pollution and, where possible, how to avoid it
- Avoid smoking/smoky environments and/or seek support to quit smoking
- Understand asthma triggers (pollen, animal fur, perfumes etc.) and how to avoid or modify their effect

\*Where asthma is suspected but there is a delay in diagnostic testing, treatment should be initiated based on clinical judgement while awaiting objective diagnostic testing results.

**Path 1: Dual anti-inflammatory reliever pathway**

	Low-dose (ICS - Formoterol) 200mcg budesonide and formoterol, 2 actuations per day	Moderate-dose (ICS - Formoterol) 200mcg budesonide and formoterol, 4 actuations per day	
1	ICS - Formoterol PRN	Low-dose (ICS - Formoterol) dual reliever PRN as needed (one actuation) for relief of asthma symptoms (without regular maintenance treatment)*.	Step up if control is not achieved and step down level when control is achieved
2	ICS - Formoterol 2 puffs QD	Low-dose (ICS - Formoterol) 2 actuations (1 actuation BD, or 2 actuations QD) with PRN use as required.	
3	ICS - Formoterol 2 puffs QD	Moderate-dose (ICS - Formoterol) 4 actuations (2 actuations BD) with PRN use as required.	
4	ICS - Formoterol 2 puffs QD	Consider add-on therapy with LTRA, reviewing after 4-6 weeks and withdrawing if not effective or tolerated.	
5	If medicinal therapy at step 4 is not controlling asthma symptoms then refer for help from an asthma specialist.		

\* Budesonide 200mcg and Formoterol 6mcg is licensed for use as a reliever, as needed, in response to asthma symptoms in Step 1 without regular maintenance treatment.

**Path 2: Alternative path - Traditional approach**

1	ICS	SABA	Low-dose inhaled corticosteroid (ICS) each time a short-acting beta-agonist (SABA) is required for relief of asthma symptoms.	Step up if control is not achieved and step down level when control is achieved
2	ICS	SABA	Low-dose daily maintenance ICS as prescribed and use SABA as reliever PRN.	
3	ICS-LABA	SABA	Low-dose daily maintenance (ICS-LABA) as prescribed with SABA as reliever PRN.	
4	ICS-LABA	SABA	Moderate-dose (ICS up to 800mcg BDP equivalent) daily maintenance (ICS-LABA) as prescribed with SABA as reliever PRN.	
5	ICS-LABA	SABA	If add-on therapy is required offer a leukotriene receptor antagonist (LTRA) and review at 4-6 weeks for efficacy and tolerability. Withdraw if not effective or tolerated.	
6	LTRA		If medicinal therapy at step 4 is not controlling asthma symptoms then refer for help from an asthma specialist.	

**Notes**

- Inhalers shown in this document are for illustrative purposes only. Please see prior page regarding inhaler selection.
- Some medicines in this document are only licensed in people aged 15 years and above.
- Please scan the QR code for advice regarding asthma control.

# Health Inequalities

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



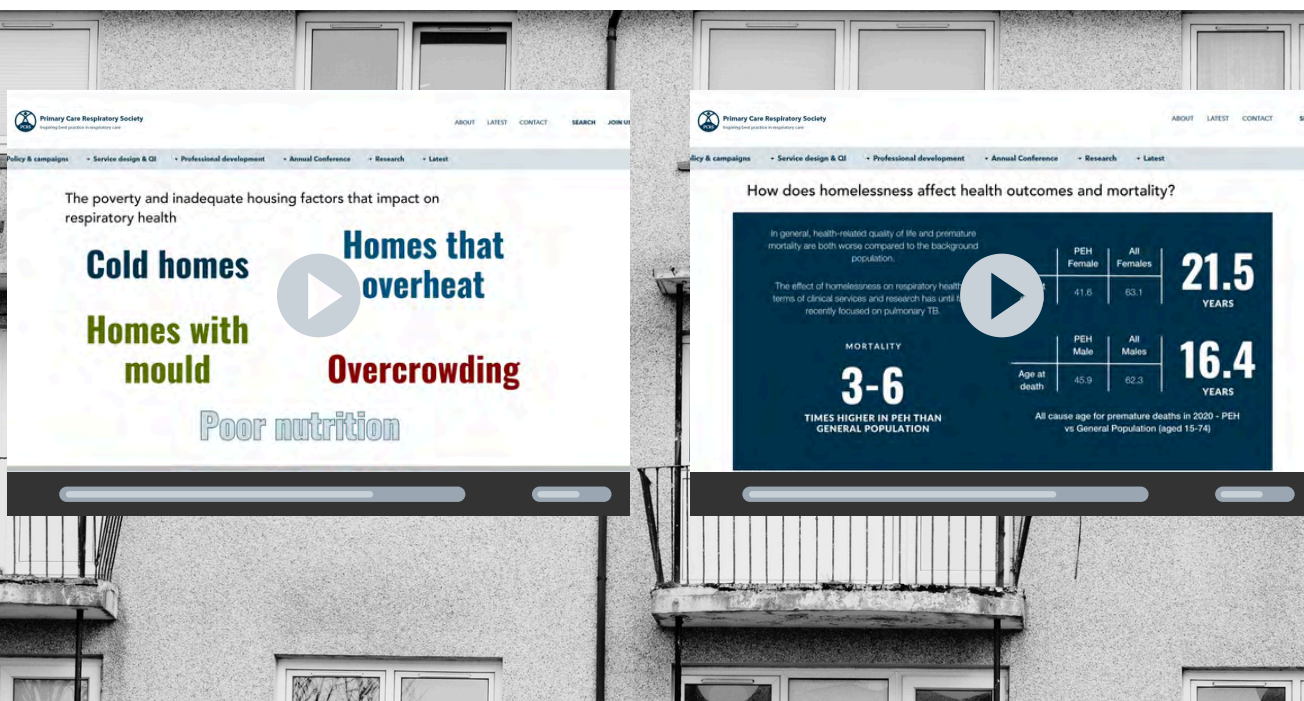
To support PCRS members, we set out to raise awareness of health inequalities that may lead to or exacerbate respiratory conditions and signpost to our members and users to further information and learning to support patients.

In this accounting period we have focused on homelessness and poor housing, social deprivation and poverty, and health literacy. Further work in health inequalities is planned for 2024.

We have also supported the development of simple multi-language resources and developed two videos to support healthcare professional learning on this important area.

We also developed a template GP letter for adaptation by GPs to notify landlords/Councils of health needs of patients and the impact of their homes on health.

Our collaboration with the Health Inequalities Alliance continues.



# Other key work in 2023

In addition to our position statements on critical areas we also developed additional digital and traditional resources on areas of interest to our members. These include:-

## Severe asthma

We developed a document to support healthcare professionals working in primary care to care and support patients with asthma receiving biologic therapy. This was also supported by a webinar. This work was sponsored by GlaxoSmithKline - the sponsors had no input into the content of the resources



## FeNO Testing in Asthma

We developed a simple guide to the use of fractional exhaled nitric oxide testing in asthma which was published in our member magazine. We also collaborated with Wessex Academic Health Sciences Network to host a series of digital FeNO resources upon the conclusion of their programme

## Surgical Options for COPD

In early 2023 we also hosted a webinar on the surgical options available to patients with COPD. This extremely popular webinar was further supported by a pragmatic guide on the same subject which was published in our Autumn issue of Primary Care Respiratory Update. This work was sponsored by Pulmonx Ltd - the sponsors had no input into the content of the material



## Diagnosis and Management of COVID-19

The role of primary and community care in the assessment and management of COVID-19. With COVID-19 an ongoing presence in the respiratory infections world the management of the condition is now largely in the hands of primary and community care

PCRS developed a new resource at the end of 2023 which provided succinct and helpful advice for primary care clinicians on the current diagnosis and management of people with SARS-CoV-2. The work was funded by Pfizer Ltd - the sponsor had no input into the content of the resource.





# Professional development

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

Projects	Details	Outcome	Feedback
<p><b>Respiratory Leadership programme</b></p> <p>Sponsored by Chiesi*</p>	<p>A two-day programme held in the West Midlands and facilitated by PCRS Respiratory lead, Siobhan Hollier and Expert Facilitator, Catherine Blackaby. The course focused on leadership skills, coping with imposter syndrome and change management. An additional virtual meeting and a parallel stream of supporting content was included at our national conference.</p>	<p>23 people attended the event.</p> <p>86% of delegates reported course met or exceeded their expectations.</p>	<p><b>“An excellent two days - informative, practical, friendly and very well facilitated. The course has increased my confidence in my own abilities and has encouraged me to want to learn more in my journey with PCRS.”</b></p>
<p><b>PCRS Mentorship Programme</b></p> <p>Sponsored by GSK*</p>	<p>We supported 3 healthcare professionals to get the most out of international respiratory scientific meetings (i.e. European Respiratory Society (ERS) International Congress, the BTS Annual Congress and the PCRS Annual Conference).</p>	<p>Participant goals included supporting further research and improvement in respiratory care, increasing pulmonary rehabilitation referrals, making positive change at local and PCN level and reigniting passion for respiratory care.</p>	<p><b>“I am so incredibly grateful for this opportunity. I now feel more confident and knowledgeable as a respiratory clinician, and the entire experience has rekindled my enthusiasm not only for my respiratory role but for medicine as a whole.”</b></p>
<p><b>Peer Support Network</b></p>	<p>Resources provided to Peer Support Group Leaders, to facilitate and run local respiratory groups. A refreshed PSN dashboard was launched on the PCRS website providing access to a speaker bank, educational webinars, presentations and guidance for use at local groups.</p>	<p>39 Peer Support Networks are currently affiliated to PCRS.</p>	<p><b>“Thank you for your support and excellent resources on the website”</b></p>

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

# Reaching the wider generalist healthcare professional audience

In 2023 we took the decision to end our agreement with Cogora as they had been unable to secure any funding to support the programme of activity and were no longer maintaining the Academy website platform.

Our contractual agreement also prevented us from working with other publishing company educational event organisers which inhibited our ability for additional collaborative working.

Since the agreement has ended, members of the committee have undertaken a number of podcasts with Geeky Medics and Education Lead, Red Lawlor, has also undertaken work with the British Journal of General Practice Nursing to help widen our reach and awareness of the charity.

At the joint meeting of all committees held in September 2023 we discussed how we would target the wider generalist audience in 2024 through local regional meetings, peer support networks, national primary care events such as Best Practice conferences, a monthly “In Conversation” webinar with chair of the Executive Katherine Hickman and additional content targeted at the generalist audience through our website.



# PCRS National Respiratory Conference

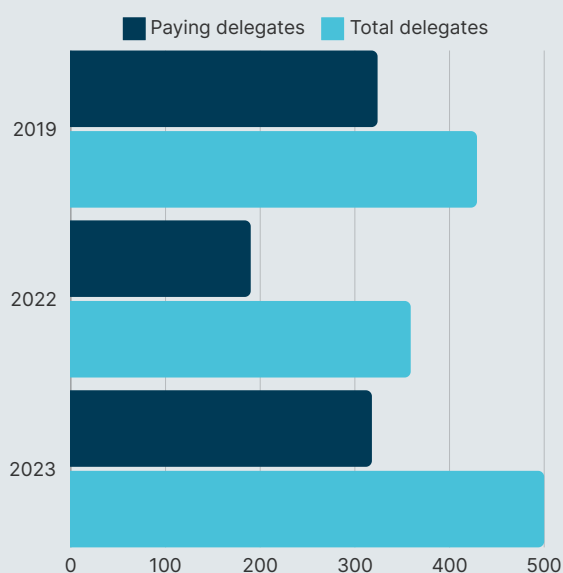
## September 2023

The PCRS Respiratory Conference 2023 was our largest to date, with 500 attendees joining us in Telford. The conference featured six parallel streams of content, including clinical, service improvement, compassionate leadership, practical workshops, and scientific abstract presentations.

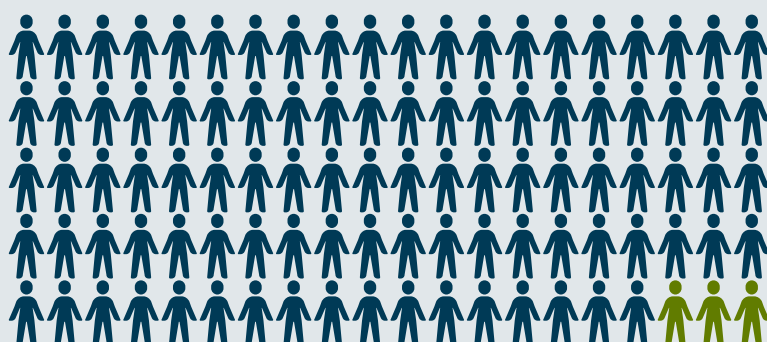
Following positive feedback in 2022 we once again utilised a delegate dashboard hosted on the PCRS website to provide with additional conference content to attendees.

The 500 attendees is a marked increase on 2022, where we achieved 359 attendees with a marked increase in GP and nurse delegates. The conference feedback was excellent.

**Number of conference attendees versus paying delegates**



**Profession of Conference Delegates in 2023**



# 97.4%

of attendees would recommend the PCRS Conference to colleagues

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

The conference in 2023 was sponsored by AstraZeneca and Chiesi Ltd. Other than satellite symposia which were clearly indicated in the programme, sponsors had no input into the conference programme or selection of speakers.

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

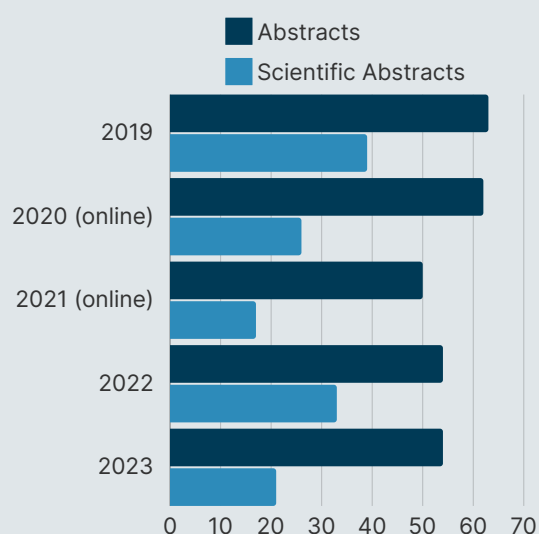
Protected time for ongoing professional development and funding for delegates to attend such events however remains a problem for many healthcare professionals.

Delegates scored the conference on average

# 4.8/5

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

### Abstract submissions since 2019



## What delegates said about the PCRS Conference in 2023

"It was my first PCRS conference and I felt it to be a very warm and welcoming, lots of humour and clinicians passionate about all aspects of respiratory care. I've booked the time out for next years conference already !!! "

"This was my first PCRS conference and it exceeded my expectations. Very well organised, interesting sessions, good exhibition display. I'll be back"

"Thank you to everyone involved in providing this amazing conference. I am so grateful to have attended and will be sharing my experience/thoughts with anyone who will listen. Great work brilliantly executed."

"Another amazingly inspiring PCRS conference, jam-packed with useful and exciting advice and messages to take back to practice."

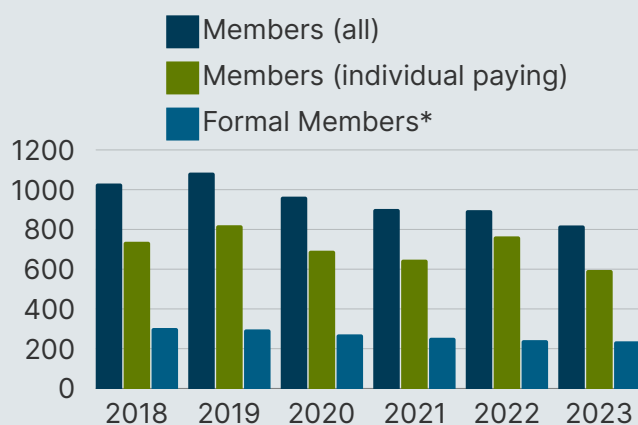
"Provided you with ideas and tangible actions to support best practice that you can take back to share with your own team"

# Membership

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

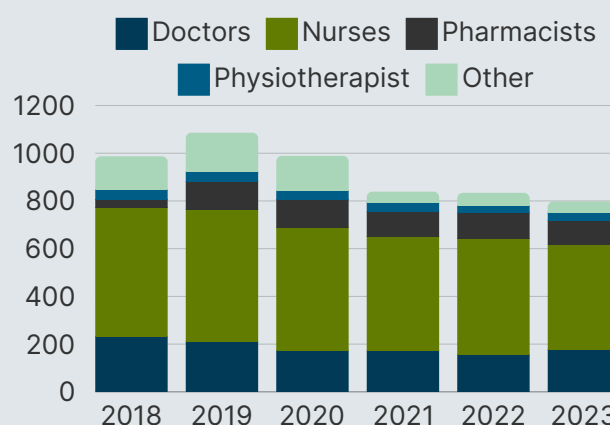
PCRS have paid particular attention to this and at its joint meeting in September developed plans to be implemented in 2024 to reverse this decline in membership.

## Membership breakdown



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

## Membership by professional status



## Members' Magazine: Primary Care Respiratory Update

In 2023, we published two themed editions of our membership magazine, PCRU. Summer 2023 focused on asthma and introduced the GINA approach to the management of asthma in the absence of new British asthma guidelines. We also focused on the diagnosis of asthma and delivering quality care under time pressure. Our Winter 2023 issue concentrated on COPD with updated guidance on the management of COPD, surgical options for COPD and our updated position statements on spirometry and triple therapy. Production costs were met from funds received from AstraZeneca following their purchase of a licence to reproduce our asthma infographic and Pulmonx Ltd in respect of our work on surgical options for COPD. Sponsors had no input into the content of these articles and full editorial control was within the remit of PCRS.

## Members' Fortnightly E-News: In Touch

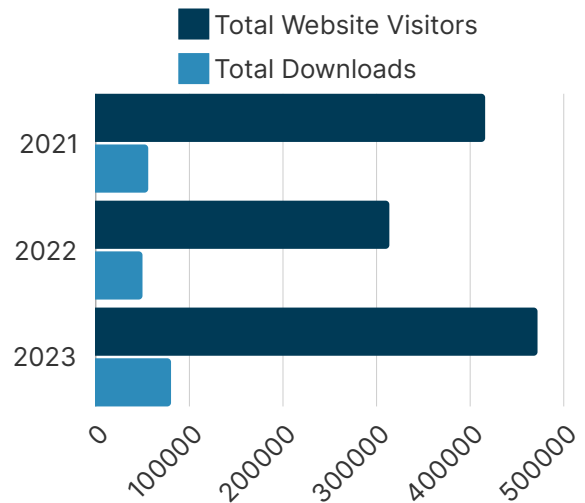
Members receive a fortnightly email containing all the latest news, policy, events, and clinical practice. It remains popular and well read among members. In 2023, it circulated to an average of 815 recipients with an average open rate of 46%, average clicks per edition of around 130, and a total number of click-throughs of over 3,700.

Tackling co  
associated  
help to imp  
outcomes.

# Reaching a wider audience

## Digital Communications

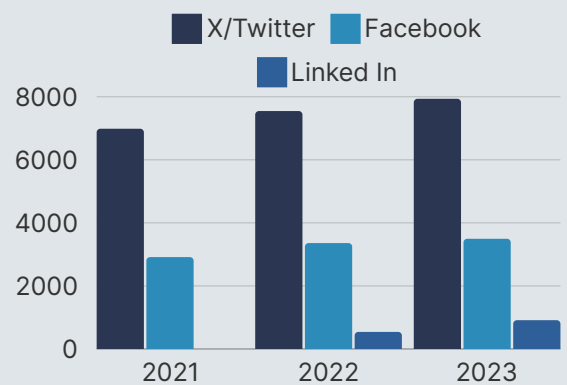
Website visitors increased by 50% in 2023, this significant increase is partly attributable to the size and success of the PCRS Conference. Our conference webpages featured in our top content of the year, alongside asthma resources and guidelines followed by deconditioning and COPD. Many of PCRS's resources are freely available via our website and our new site makes it easier to browse and search for useful guides and tools.



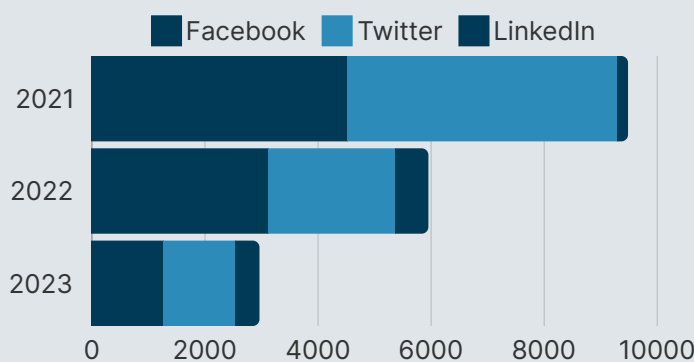
## Social Media

PCRS continues to grow followers on social media, which drives a large number of users to the website, though this has decreased in 2023. This year we continued to allocate resources to LinkedIn posting, and our audience grew on this platform by 68%. While 2023 saw a reduction in Facebook reach, our X (formerly Twitter) and LinkedIn impressions increased.

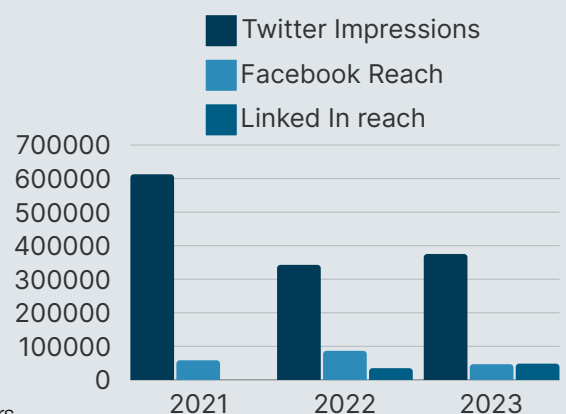
## Followers on social media channels



## Network referrals to the website\*



## Impressions and reach



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

# Real world academic research

## npj: Primary Care Respiratory Medicine

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

PCRS have dedicated significant time during 2023 to plan the termination agreement with Springer Nature and have held discussions with the International Primary Care Respiratory Group (IPCRG) to facilitate a transfer of ownership to IPCRG and Springer Nature; this has been delayed by Springer Nature but we hope to complete this transfer in early 2024.

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

Submission to first editorial decision

**16 days**



**452,485**  
downloads

**3.1**

The latest two year Impact Factor for npj Primary Care Respiratory Medicine has reduced slightly from 3.28

## Research Network

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

In 2023 we also delivered a webinar on how to prepare a conference abstract and poster led by Research Lead Jane Watson to support members to consider small research programmes that can be submitted as abstracts/posters.

# Future Plans for 2024

Our core business into 2024 will focus on the following key areas:

## Education and professional support

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

We will continue our educational campaigns around health inequalities, greener respiratory healthcare and digital technology.

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

We will continue to develop digital tools to support the workforce to deliver bite-size education and learning in a way that is accessible to the workforce of today.

We will continue supporting the leadership development of our members through innovative educational programmes such as our successful respiratory leadership programme and mentorship programme.

## Policy and Representation

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

## Reach and Representation

In 2024 we will be introducing a monthly webinar, "In Conversation with..." in which Executive chair, Dr Katherine Hickman will interview expert clinicians and inspirational contacts, sharing best practice and innovative tips for the wider generalist audience.

We will also be including six podcasts for generalists to enjoy as well as exhibiting at national primary care conferences to help widen our reach. Subject to funding we are also hoping to host a series of regional meetings later in the year to further widen our reach.

## Other programmes

We will continue to support best practice and service innovation led by our service development committee and encourage and support members to take their first steps in research and audit practice.

We will also be supporting those wishing to apply for Advanced Clinical Practitioner status with tools to support their portfolios





# Structure, Governance & Management

## Constitution

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

## Appointment and election of Trustees

The management of the company is the responsibility of the Trustees, who are elected and co-opted under the terms of the Articles of Association. During this financial period, PCRS was Chaired by Professor Martyn Partridge. There were eight Trustees on the Board. No new trustees were recruited during this period.

Mrs Vikki Knowles, Mr Tak Matsuda and Mr Richard Walker were re-elected to the board of trustees at the 2023 Annual General meeting held on 22 September 2023.

## Induction and training of trustees

The Trustees review the skill and experience mix required by the Board and the consequent training and recruitment needs on an annual basis. Induction plans for new Trustees are planned in accordance with the needs of the individual. A trustee skills audit is scheduled to take place early in 2024.

## Best practice in charity governance

The Board of Trustees completed its review of the Charity Governance Code in 2023 adopting new activities to continuously improve governance structures.

In 2023, we introduced a new series of reports to allow trustees to continuously monitor charity performance using Project Management Software - Monday.com. This allows the board to review sponsorship/funding, member and delegate recruitment, educational project participation and digital education outputs at any time.

In 2024, we will also be undertaking a board effectiveness survey.

During this accounting period we updated the following policies:-

- Approval for Educational Events and Programmes
- Code of Conduct
- Committee Terms of Appointment
- Endorsement
- Equality and Diversity
- Funding Agreements with Commercial Companies
- Investment
- Media Relations
- Policy on Payment of Members for Work Undertaken
- Representation and Nomination
- Reserves
- Risk management

We also adopted four new policies on:-

- Anti- Harassment and Bullying
- Engaging External Speakers at Events
- Serious Incident Reporting
- Social Media

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

### **Organisational structure**

In the last quarter of 2022, the role of Executive Director was taken over by Tricia Bryant (an external contractor and director of the agency, delivering day-to-day operations for the charity). The trustees monitored this new role and the performance of Tricia Bryant carefully. A Remunerations and Contracts sub-group of trustees was created reporting to the board of trustees to review contractual agreements and make recommendations on remuneration. A full performance review of Msd Bryant was also conducted by the chair and vice chair of the board of trustees. The feedback from the trustees on the performance of MS Bryant was positive and general feedback on the management of the organisation has also been positive. The trustees were satisfied that the Executive Director was fulfilling her obligations to the role of Executive Director. The trustees were satisfied that any conflicts of interest were acknowledged and mitigations were in place to address such conflicts.

The agency, Red Hot Irons Limited (RHI), is also contracted to run the day-to-day operations of the organisation. Freelance consultants are contracted to coordinate policy and medical communications. A patient and carer reference advisory group provides a patient perspective and feeds into discussion, policy, and priority setting. The Executive is comprised of 12 elected members, including at least three GPs and three nurses active in clinical practice. Two new members joined the Executive Committee in 2023, with a further two re-elected to the Committee.

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

Streamlining of some of the smaller subgroups was planned during this period to help mitigate rising costs and ensure a more cohesive and consolidated education programme of activity.

### **Pay Policy for key management**

The PCRS Executive Chair is a paid role to ensure dedicated time is available to the role (average 6 hours p/w). The pay is set based on market benchmarks for GP pay. PCRS leads for education, policy, service development, and respiratory leaders are contracted with as workers and paid through PCRS payroll. Services provided by Red Hot Irons, including the Executive Director, are contracted and invoiced monthly. The Executive Director fees are paid at the same rate as the Executive Chair.

### **Risk management**

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

# Structure, Governance & Management

High risks closely monitored by the Trustees are:

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

## Volunteers

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

## Accountant

Price Bailey were appointed to deliver the independent examination and accounts from 2022 and following satisfactory accountancy advice and independent scrutiny were reappointed at the 2023 AGM to undertake the accounting activity for PCRS in 2023/4.

## Streamlining and Consolidation of PCRS Activity

In 2023, all committees and trustees of the organisation were brought together for a joint meeting in September ahead of the annual conference. The aim of the meeting was to explore and share ideas, bring the committees together for networking and to celebrate achievements.

Following significant flux in key personnel in 2022 it was agreed that this activity was very successful and helped to harness the enthusiasm, expertise and joint thinking of the organisation and creating the shared purpose. It was agreed a similar meeting will be held in 2024 to further explore the strategy of the organisation for the coming years.

# Trustees, executive committee and senior management

## Trustees

Dr Paul Stephenson (Chair of the Board from 03 July 2024)

Professor Martyn R Partridge (Resigned 03 July 2024)

Ms Vikki Knowles (Resigned 25 July 2024)

Mr Takeshi Matsuda (Re-elected 22 Sept 2023)

Professor Irem Patel

James Rose

Jignesh Sangani

Mr Richard Walker (Re-elected 22 Sept 2023)

## PCRS Executive

### PCRS Executive Chair:

Dr Katherine Hickman

### Education Lead:

Ren Lawlor

### Services Development Committee Chair:

Ms Helena Cummings (Appointed 20 July 2023)

### Policy Lead:

Mrs C Stonham

### Research Lead:

Dr Helen Ashdown (Appointed 1 Jan 2024)

### Conference Organising Committee Chair:

Darush Attar Zadeh

## Executive Director and Company

### Secretary

Tricia Bryant

## Registered office

Tennyson House

Cambridge Business Park

Cambridge

CB4 0WZ

### Company Registered Number:

04298947

### Charity Registered Number:

1098117

## Bankers

Unity Trust Bank PLC

Nine Brindley Place

Birmingham

B1 2HB

CAF Bank Limited

25 Kings Hill Avenue

Kings Hill

West Malling

ME19 4JK

CCLA

Senator House

85 Queen Victoria

London

EC4V 4ET

Nationwide Bank

Nationwide House

Pipers Way

Swindon

SN38 1NW

Teachers Building Society,

Allenvie House, Hanham Road,

Wimborne. Dorset BH21 1AG.

The Charity Bank Limited,

Fosse House, 182 High Street,

Tonbridge, TN9 1BE.

## Independent Examiners

Price Bailey

Tennyson House

Cambridge Business Park

Cambridge

CB4 0WZ

## Solicitors

Blake Morgan

6 New Street Square

London

EC4A 3DJ

# Financial Review

## Principle Funding

The principal funding sources for the Charity in 2023, as in previous years, were:

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

The total funding secured in 2023 (£603,475) was slightly higher than in 2022 (£558,121). An additional grant of £41,131 was received in late 2023 for activity scheduled to take place in 2024 - this has been deferred to 2024.

Sponsorship of our conference represented the largest area of income (55%), followed by income from educational programmes (13%), campaigns and projects (and our corporate sponsorship membership scheme) (6.3%). Income from membership subscriptions comprises just 6%.

PCRS is grateful to all of its corporate supporters in 2023: AstraZeneca UK Ltd, Chiesi Ltd, and Lupin Healthcare Ltd. Details of funding over £10,000 contributed by each company is provided in note 5 to the financial statements.

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

## Principal Expenditure

Total expenditure in 2023 (£495,147) was significantly lower than in 2022 (£609,681).” This was a direct result of rationalisation and streamlining of some administrative functions and reduced project output. The extreme pressure on the clinical workforce continues to impact on the level of work we are able to do as clinicians are less able to take on voluntary work or even paid work beyond their clinical duties. As a result there has been some underspend in key projects. It is hoped that the new contracted project manager starting in early 2024 will be able to drive additional project output through. We are grateful to our committee members for their ongoing contribution to the Society, much of which is now carried out at their own expense and in their own time.

Expenditure on conference accounted for 40% of total expenditure, with education and campaign activity accounting for 12% of the total expenditure, while external communications (e.g., policy, representation, and membership communications) accounted for 6%, with just 0.6% on research/scientific journals.

The largest item in support costs was for administration costs at 13% of total expenditure (paid to Red Hot Irons the agency contracted to deliver the day-to-day operations of the charity), followed by Executive Director costs (11%), wages and salaries for the PCRS Executive Chair, and Committee leads (5%). The fees paid to the Executive Director have proved more cost effective than the employed CEO in 2022 (19% lower in 2023 than in 2022).

## Reserves Policy

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

PCRS has no regular guaranteed sources of income and the long-term funding of the Society is uncertain. The Society, however, does have fixed operating costs in terms of the activities required to maintain its presence and further its charitable objectives. The Society's work is planned one year in advance with financial commitments made up to two years in advance on some programmes such as the annual conference. The Trustees have reviewed their Reserves Policy for 2023 and agreed that to see programmes, professional services, and charitable activities through to completion in the event of a serious reduction in funding, an optimal reserve equivalent to twelve months fixed operating costs plus the annual cost of the conference, plus core activities to promote CPD, research, policy, advocacy, communications, and publications (including publication of Primary Care Respiratory Update and npjPRCM) should be held. This level of reserve also supports the Society in working to a long-term strategy without the need to make short term adjustments forced on it by temporary deficits in funding. Moreover, it allows the Society to take advantage of opportunities that may present and require a relatively small or moderate investment upfront. Minimum and maximum levels of reserves have been agreed as 6 months costs and 18 months costs respectively. The Trustees will be guided only to take drastic action if they see the Charity falling below its minimum level of reserves and to only make significant long-term investments from reserves if the Charity is above its ideal level of reserves. The optimum level of reserve agreed by the trustees amounts to £900k with a minimum of £300k. The level of reserves held by the Society at the end of 2023 was £885,593, which is slightly below the optimal level but substantially above the minimum level.

## Going concern

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

## Financial Review Conclusion

The Society ended the year with a surplus in 2023 of £108,328. As a result of significant changes in key personnel in 2023 it was appropriate to be prudent and cautious with budgets, activities and funding. The surplus and existing restricted funds permits the trustees to confidently deliver an ambitious programme of charitable activity in 2024 with a confident and dynamic team. The Society continues to hold healthy reserves (over 12 months of our anticipated operating costs for 2024) however, we are mindful of the importance of, and our reliance on, our annual conference to raise funds. Sponsorship and funding remain a significant challenge and, after taking as many streamlining activities as we have been able to in 2023, further cost cutting measures in 2024 are unlikely. We will continue to be innovative in our approach to fundraising, cost savings and ensuring value for money.

## Members' liability

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

## Statement of Trustees' responsibilities

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


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

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

## Small Company Exemptions

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

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

  
\_\_\_\_\_  
**Dr Paul Stephenson**  
**Chair of the Board of Trustees**  
Date: 3/7/24

# Independent Examination Report to the Trustees of Primary Care Respiratory Society

I report to the charity trustees on my examination of the accounts of the company for the year ended 31 December 2023 which are set out on pages 24 to 37.

## Responsibilities and basis of report

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

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

## Independent examiner's statement

Since the company's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales' which is one of the listed bodies. I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect

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

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



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

**Date:** 30 September 2024



## Statement of Financial Activity (incorporating income and expenditure account) for the year ended 31 December 2023

	Note	Unrestricted Funds 2023 (£)	Restricted Funds 2023 (£)	Total Funds 2023 (£)	Total Funds 2022 (£)
<b>Income from</b>					
Donations	3	114,337	45,167	159,504	167,519
Charitable activities	4	417,541	12,500	430,041	387,614
Investments	6	13,930		13,930	2,988
Other Income					-
<b>Total Income</b>		<b>545,808</b>	<b>57,667</b>	<b>603,475</b>	<b>558,121</b>
<b>Expenditure on:</b>					
Raising funds	7	30,450	-	30,450	37,139
Charitable Activities	8	420,017	44,680	464,697	572,542
<b>Total Expenditure</b>		<b>450,467</b>	<b>44,680</b>	<b>495,147</b>	<b>609,681</b>
<b>Net Movement of funds</b>		<b>95,341</b>	<b>12,987</b>	<b>108,328</b>	<b>(51,560)</b>
<b>Reconciliation of funds</b>					
Total funds brought forward		691,726	88,121	779,847	831,407
Net movement in funds		95,341	12,987	108,328	(51,560)
<b>Total funds carried forward</b>		<b>787,067</b>	<b>101,108</b>	<b>888,175</b>	<b>779,847</b>

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

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

## Balance Sheet as at 31 December 2023

	Note	2023 (£)	2022 (£)
<b>Fixed Assets</b>			
Tangible Assets	11	276	356
<b>Current Assets</b>			
Debtors	12	144,553	184,895
Cash at bank and in hand		817,200	723,554
		<b>961,753</b>	<b>908,449</b>
Creditors: amounts falling due within one year	13	(73,854)	(128,958)
Net current assets		887,899	779,491
<b>Total assets less current liabilities</b>		<b>888,175</b>	<b>779,847</b>
<b>Charity Funds</b>			
Restricted Funds	14	101,108	88,121
Unrestricted Funds	14	787,067	691,726
<b>Total Funds</b>		<b>888,175</b>	<b>779,847</b>

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

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

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

  
\_\_\_\_\_  
**Dr Paul Stephenson**  
Chair of Trustees

Date: \_\_\_\_\_

8/7/24

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 DECEMBER 2023

	note	2023 (£)	2022 (£)
<b>Cash flows from operating activities</b>			
Net cash used in operating activities	15	(£79,716)	£23,502
<b>Cash flows from investing activities</b>			
Purchase of property, plant and equipment			
Interest received		£13,930	£2,988
<b>Net cash used in investing activities</b>		£13,930	£2,988
<b>Change in cash and cash equivalents</b>			
<b>Change in cash and cash equivalents in the reporting period</b>		(£93,646)	£20,514
Cash and cash equivalents at the beginning of the period		£723,554	£744,068
<b>Cash and cash equivalents at the end of the reporting period</b>		<b>£817,200</b>	<b>£723,554</b>
Cash in hand		£817,200	£723,554
<b>Total cash and cash equivalents at the end of the period</b>		<b>£817,200</b>	<b>£723,554</b>

The notes on pages 28 to 41 form part of these financial statements.

# Notes to the Financial Statements for the year ended 31 December 2023

## 1. General information

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

## 2. Accounting policies

### 2.1 Basis of preparation of financial statements

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

Primary Care Respiratory Society UK meets the definition of a public benefit entity under FRS 102 2019. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

The financial statements are presented in Sterling, which is the functional currency of the charity, and are rounded to the nearest £1.

### 2.2 Going concern

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

### 2.3 Income

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

### 2.4 Expenditure

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

# Notes to the Financial Statements for the year ended 31 December 2023

## 2. Accounting policies continued

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

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

All expenditure is inclusive of irrecoverable VAT.

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

## 2.5 Taxation

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

## 2.6 Tangible fixed assets and depreciation

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

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

Depreciation is provided on the following basis:

Office equipment	-	-25% reducing balance
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## 2.7 Debtors

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

# Notes to the Financial Statements for the year ended 31 December 2023

## 2. Accounting policies continued

### 2.8 Cash at bank and in hand

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

### 2.9 Liabilities and provisions

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

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

### 2.10 Financial instruments

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

### 2.11 Pensions

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

### 2.12 Fund accounting

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

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

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

## Notes to the Financial Statements for the year ended 31 December 2023

### 3. Income from donations and legacies

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

There were no donations in kind in 2023

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

### 4. Income from charitable activities

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

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

## Notes to the Financial Statements for the year ended 31 December 2023

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

Company	Corporate Membership	Education	Communications	Conference sponsorship	Campaigns	2023 total (£)
Abbott Rapid Diagnostics		-	-	10,000	-	10,000
AstraZeneca	40,500	10,500	-	67,113	-	118,113
Chiesi	30,000	20,000	-	18,400	25,000	93,400
GSK	-	-	-	26,250	-	26,250
Trudell	-	-	-	8,950	12,500	21,450
Pulmonx	-	-	22,500	3,875	-	26,375
<b>Total</b>	70,500	30,500	22,500	134,588	37,500	295,588

### 6. Investment Income

	Unrestricted funds 2023 (£)	Total Funds 2023 (£)
<b>Bank Interest</b>	<b>13,930</b>	<b>13,930</b>

	Unrestricted funds 2022 (£)	Total Funds 2022 (£)
<b>Bank Interest</b>	<b>2,988</b>	<b>2,988</b>

### 7. Expenditure on raising funds

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

	Unrestricted funds 2022 (£)	Restricted funds 2022	Total Funds 2022 (£)
<b>Costs of raising voluntary income</b>			
Support costs	916	36,223	37,139

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



## Notes to the Financial Statements for the year ended 31 December 2023

### 8. Analysis of expenditure by activities

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

	Activities undertaken directly 2022 (£)	Support costs 2022 (£)	Total Funds 2022 (£)
Research	552	12,568	13,120
Scientific Journal	(2,374)	10,221	7,847
Education*	322,816	114,527	437,343
External communications**	63,328	50,904	114,232
	<b>384,322</b>	<b>188,220</b>	<b>572,542</b>

\*PCRS educational activity includes our campaigns, professional development activities such as leadership and mentorship, cost of delivering reach programmes, as well as our wide range of clinical resources.

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

### Analysis of support costs

	Research 2023 (£)	Scientific Journal 2023 (£)	Education 2023 (£)	External Comms 2023 (£)	Fundraising 2023 (£)	Total Funds 2023 (£)
Staff costs	756	2,741	42,074	10,509	18,971	75,051
Depreciation	-	3	32	33	12	80
Secretariat and administration costs	4,178	1,709	51,193	27,465	9,878	94,423
Legal fees	-	766	96	96	-	958
Insurance	45	91	418	127	227	908
Auditors remuneration	540	135	540	1,080	405	2,700
Unallocated costs	61	152	1,156	1,217	456	3,042
	<b>5,580</b>	<b>5,597</b>	<b>95,509</b>	<b>40,527</b>	<b>29,949</b>	<b>177,162</b>

## Analysis of support costs 2022

	Research 2022 (£)	Scientific Journal 2022 (£)	Education 2022 (£)	External Comms 2022 (£)	Total Funds 2023 (£)
Staff costs	4,250	3,603	50,575	14,719	73,147
Depreciation	20	6	20	41	87
Secretariat and administration costs	6,829	2,463	61,868	32,756	103,916
Legal fees	-	3,685	460	460	4,605
Insurance	43	108	178	75	404
Auditors remuneration	512	128	512	1,025	2,177
Unallocated costs	914	228	914	1,828	3,884
	12,568	10,221	114,527	50,904	<b>188,220</b>

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

	2023 £	2022 £
Depreciation of tangible fixed assets	80	87
Accountancy and bookkeeping	5,875	2,177
Independent examination fee	3,042	5000

## Notes to the Financial Statements for the year ended 31 December 2023

### 10. Staff costs

	2023 £	2022 £
Wages and salaries	34,011	102,167
Social security costs	-	4,138
Contribution to defined contribution pension schemes	1,836	4,421
	<b>35,847</b>	<b>110,726</b>

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

	2023 No.	2022 No.
Staff team	-	1
PCRS Executive Chair	1	1
PCRS Leads	7	7
	<b>8</b>	<b>9</b>

The average headcount expressed as full-time equivalents was:

	2023 No.	2022 No.
Staff team	0.00	0.80
PCRS Executive Chair	0.19	0.19
PCRS Leads	0.19	0.19
	<b>0.38</b>	<b>1.18</b>

In 2023 there were 0 employees (2022: 0) whose employee benefits (excluding employer pension costs) exceeded £60,000

The Charity has no employees as defined by employment law (2022:0). However, for the purposes of tax law, the charity has a number of additional workers, being the PCRS executive chair, vice chair, PCRS policy, education and conference leads plus service development lead and respiratory leadership programme lead. See page 17 regarding notes on Executive Director.

### 11. Trustees remuneration and expenses

During the year, no trustees received any remuneration or other benefits (2022 - £nil). During the year ending 31 December 2023, expenses totalling £113 were reimbursed or paid directly to one trustee (2022 - £210 to one trustee for the reimbursement of leaving gifts) for conference attendance expenditure.

## Notes to the Financial Statements for the year ended 31 December 2023

### 12. Tangible fixed assets

	Office Equipment (£)
<b>Cost or valuation</b>	
At 1 January 2023	698
At 31 December 2023	698
<b>Depreciation</b>	
At 1 January 2023	342
Charge for the year	80
At 31 December 2023	422
<b>Net book value</b>	
At 31 December 2023	276
At 31 December 2022	356

### 13. Debtors

	2023 (£)	2022 (£)
<b>Due within one year</b>		
Trade debtors	128,638	91,499
VAT debtor	10,618	-
Other debtors	-	1,200
Prepayments and accrued income	5,297	92,196
	<b>144,553</b>	<b>184,895</b>

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

	2023 (£)	2022 (£)
<b>Due within one year</b>		
Trade creditors	12,481	76,655
Other taxation and social security	971	2,433
Other creditors	7,879	19,383
Accruals and deferred income	52,523	30,487
	<b>73,854</b>	<b>128,958</b>

Deferred income relates to the Managing Asthma in the 21st Century campaign taking place after the year end

## Notes to the Financial Statements for the year ended 31 December 2023

### 15. Statement of funds

#### Statement of funds - current year

	Balance at 1 January 2023 (£)	Income (£)	Expenditure (£)	Balance at 31 December 2023 (£)
<b>Unrestricted funds</b>				
General Funds	691,726	545,808	(450,467)	787,067
<b>Restricted funds</b>				
Quality improvement resources for ARC	3,596	-	(3,596)	-
Greener healthcare campaign	21,901	25,000	(5,955)	40,946
Respiratory leadership	5,705	20,167	(16,395)	9,477
Mentorship programme	10,243	-	(9,065)	1,178
Respiratory service framework	-	-	-	-
Challenging COPD Perceptions	35,793	-	(1,746)	34,047
Digital technology campaign	5,825	12,500	(1,700)	16,625
Inequalities campaign	1,500	-	(3,775)	(2,275)
Peer support networks	3,558	-	(2,448)	1,100
	<b>88,121</b>	<b>57,667</b>	<b>(44,680)</b>	<b>101,108</b>
<b>Total of funds</b>	<b>779,847</b>	<b>603,475</b>	<b>(495,147)</b>	<b>888,175</b>

#### Statement of funds - prior year

	Balance at 1 January 2022 (£)	Income (£)	Expenditure (£)	Balance at 31 December 2022 (£)
<b>Unrestricted funds</b>				
General Funds	682,217	470,621	(461,112)	691,726
<b>Restricted funds</b>				
Quality improvement resources for ARC	17,690	20,000	(34,094)	3,596
Greener healthcare campaign	11,018	25,000	(14,117)	21,901
Respiratory leadership	3,647	20,000	(17,942)	5,705
Mentorship Programme	30,031	-	(19,788)	10,243
Respiratory Services Framework	2,534	0	(2,534)	-
Challenging COPD Perceptions	71,770	-	(35,977)	35,793
Partnership programmes	-	13,000	(13,000)	-
Campaigns - Inequalities	-	2,000	(500)	1,500
Affiliated peer support networks	-	7,500	(3,942)	3,558
	149,190	87,500	(148,569)	88,121
<b>Total of funds</b>	<b>831,407</b>	<b>558,121</b>	<b>(609,681)</b>	<b>779,847</b>

## Notes to the Financial Statements for the year ended 31 December 2023

### 16. Net assets between funds 2023

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

### Net assets between funds 2022

	Unrestricted Funds 2022	Restricted Funds 2022	Total Funds 2022
Fixed assets	356	-	356
Current assets	820,328	88,121	908,449
Creditors due within one year	(128,958)	-	(128,958)
	<b>691,726</b>	<b>101,108</b>	<b>779,847</b>