

COMPANY REGISTRATION NUMBER 02939840

**THE NEUROLOGICAL ALLIANCE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2014**

Charity Number 1039034

taylorcocks | chartered accountants
chartered tax advisers

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THE NEUROLOGICAL ALLIANCE
FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2014

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THE NEUROLOGICAL ALLIANCE

LETTER FROM CHAIR

YEAR ENDED 30 JUNE 2014

Dear Members

What unites neurology charities is that we are all passionate about seeing better care and services for millions of people living with a neurological condition. For many years it has been a real struggle to get our voice heard. There has been little focus on neurology and wide variation in services across England, whether that's obtaining a diagnosis, being supported to live with the condition or accessing expert health and social care professionals. But by working together through the Neurological Alliance we have been successful in bringing the spotlight onto neurology.

This year we have continued to work closely with the National Clinical Director for Neurological Conditions and the Strategic Clinical Networks to foster greater focus, leadership and action. We know that data and intelligence are fundamental for understanding the current service, identifying priorities and holding the system to account; so we were delighted that our determined campaigning led to success in this last year, with the creation of a neurology data-set by the Health and Social Care Information Centre and NHS England, and subsequently the development of the Neurology Intelligence Network under the leadership of Public Health England. Throughout the year we have provided commentary and recommendations to support these organisations as they start to focus on neurology.

We've been successful and we need to celebrate the progress that we have made through working together as an alliance. However, this success brings with it a whole range of new challenges. Now that neurology is on the national agenda we have so many more opportunities to influence the agenda and provide leadership. To maximise this opportunity we need to redouble our efforts and throw the weight of our organisations behind the Alliance's campaigns. We must now continue to all act together to ensure that we build a stronger alliance within the neuro community. This will ensure commissioners, clinicians and providers respond, and outcomes and quality of life for everyone with neurological conditions improves.

In this next year we will build a stronger voice for neurology by:

- bringing the community together to build consensus on and commitment to working on a neuro strategy
- supporting the development of the Neurology Intelligence Network and ensuring it produces effective tools for commissioners, clinicians and providers to improve services and outcomes for all those with neurological conditions
- using the data from the Neurology Intelligence Network and from our 'state of the nation' report (based on the patient experience survey and the commissioning audit) to support our policies, campaigns and influencing activities
- ensuring that commissioning works for everyone with neurological conditions

I'd like to thank Arlene and her team, all the volunteers and staff from member organisations and my fellow trustees for all their hard work over the last 12 months, and I look forward to seeing how we can build on our achievements for the future.

Steve Ford
Chair of Trustees

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REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name	The Neurological Alliance
Charity registration number	1039034
Company registration number	02939840
Registered office	Dana Centre 165 Queen's Gate London SW5 5HE
Independent Examiner	A.G. Rich H.W. Fisher & Company Accountants Acre House 11-15 William Road London NW1 3ER
Accountants	Taylorcocks Chartered Accountants & Statutory Auditor Abbey House Hickleys Court South Street Farnham Surrey GU9 7QQ
Bankers	CAF Bank Ltd 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ

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The Trustees present their report and Independently Examined financial statements for the Neurological Alliance for the year 1 July 2013 to 30 June 2014. The report and financial statements have been prepared in accordance with the Companies Act 2006 and the Charities Act 2011. The report and financial statements will be laid before the members of the charity at the Annual General Meeting to be held on 25 November 2014. In preparation of this report, the Trustees had regard for the Charity Commission guidance on public benefit. The Trustees are delighted to report that the year 2013-14 has been a successful one.

1. Our objects

Our principal objectives, as derived from the objects set out in our Articles of Association, are to advance the education of the public in all matters concerning neurological disorders by carrying out research and investigation into preventative procedures, treatment and the needs and care of persons affected by neurological conditions, and publishing the useful results thereof, and the relief of those persons in the United Kingdom of Great Britain and Northern Ireland who are receiving or have received treatment for neurological conditions.

We are the only collective voice for over 80 national and regional organisations working together to make life better for millions of people in England with a neurological condition.

2. What we set out to do in 2013-14

Our vision and mission is to improve the lives of people affected by neurological conditions and work towards their prevention and eradication; and to raise awareness and understanding of neurological conditions to ensure that every person diagnosed with a neurological condition has access to high quality, joined up services and information from their first symptoms, throughout their life.

To achieve this, our strategy sets our four goals that guide our activities:

- Neurology is embedded in health and social care services and that improvements in services can be demonstrated
- People with neurological conditions report that their needs are better understood by the general public and professionals with whom they come into contact with
- A five year strategy for neurological research is developed and implemented
- The charity is adequately resourced and financially sustainable.

The annual report of the Trustees will outline the work of the Alliance in 2013-14, covering our national, regional and local work, as well as outlining a key focus on long term sustainability.

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2.1 Influencing at a national level

2.1.1 National clinical leadership

Strong clinical leadership at the national level is essential for raising awareness of neurological conditions, and for improving relevant services and outcomes. We have continued to evolve our close working relationship with Dr David Bateman, National Clinical Director for Neurological Conditions, primarily through our involvement in the development of the neurological dataset and Neurology Intelligence Network (NIN) and specialised commissioning.

2.1.2 Data and intelligence

Data and intelligence is the cornerstone of the reformed health system, and is the basis on which commissioning decisions are made; value for money is assessed; and commissioners and providers are held to account. In recent years we have been pressing hard for both a neurology dataset and a public health observatory for neurology.

In 2014, two major announcements were made regarding data and intelligence. First, NHS England realised the Department of Health's 2012 commitment to produce a dataset by commissioning the Health and Social Care Information Centre to publish the first neurology dataset. This pulls together, for the first time, a range of nationally available data relevant to neurology, from hospital episode statistics to workforce data, to create a publically accessible resource from which a (currently partial) national picture of neurological services can be established.

Secondly, Public Health England (PHE) launched the first NIN. The NIN will analyse information and currently available data and the NIN, and turn it into meaningful, timely health intelligence for commissioners, policy makers, clinicians and health professionals to improve neurological services and outcomes.

In 2014-15, lobbying for the continued investment in and expansion of the neurological dataset and the NIN will be a core focus of our work. Our recent report, *Measuring up: improving the quality of neurological data and intelligence*, sets out the case for continued investment and a vision for the development of a comprehensive system of neurological data and intelligence collection and analysis.

We published '*Neuro Numbers*' which revealed the economic and societal impact of neurological conditions and setting out the steps needed to address the major gaps in neurological data and intelligence. The new figures show that:

- The number of neurological cases in England has now reached approximately 12.5 million – this equates to 59,000 cases per clinical commissioning group (CCG)
- 1.3 million hospital admissions were recorded for people with a neurological diagnosis in 2012/13 – representing an increase of more than 500,000 over a five year period
- The NHS spent over £4.4 billion on neurological conditions in 2012/13 alone
- NHS expenditure on neurological conditions increased by over 200% between 2003/4 and 2012/13

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2.1.3 Specialised commissioning

The area of specialised commissioning has remained a significant focus for us due to the ongoing confusion around neurology commissioning responsibilities in the reformed NHS. We meet with Head of Specialised Services at NHS England to discuss the detrimental impact the current neurosciences service specification is having on local neurological service provision and secured commitments from NHS England that:

- the neurology specific content in the Manual for Prescribed Specialised Services would be reviewed and clarified by the clinical reference group for neurosciences
- NHS England would clarify the commissioning responsibilities of CCGs in relation to neurological services in a communication via the NHS Commissioning Assembly and the strategic clinical networks (SCNs)

Progress however has been hampered by NHS England's the launch of the specialised commissioning review. A task force was put in place to review the way in which NHS England commissions specialised services, and to put commissioning arrangements on a stronger footing for the longer-term. We produced a submission detailing our immediate concerns on specialised commissioning, and a letter offering to meet and work with the taskforce and Simon Stevens, the new CE of the NHS.

2.1.4 Public Accounts Committee review of neurological services

In December 2013, the Government was due to publish its progress towards its 2012 commitments made to the Public Accounts Committee (PAC) after the PAC's review of neurological services. Despite our efforts there has been no communication from the Treasury as to why this delay has occurred. The importance of this update is that it may determine whether or not the PAC fulfils their commitment to reviewing neurological services in 2014.

In anticipation of reinitiating our contact with the PAC on the progress review, we published, *'Going the distance: National calls to action to drive neurological service improvement'*. The report takes a critical look at how neurology is represented in the within the new system of incentives, accountability and quality measures introduced under the NHS reform programme. It will act as a useful annual benchmarking tool against which to assess national prioritisation of neurology.

2.1.5 The Richmond Group of charities

With support from Parkinson's UK and the MS Society, we renewed our membership of the Richmond Group of charities. The key themes of the Richmond Group are: Prevention, and Keeping people well and out of hospital.

2.1.6 General election

In advance of the general election in 2015, we worked with our members to produce our manifesto, in which we call for:

- Data and intelligence must:
 - cover all aspects of neurological care and outcomes
 - be collected and published at least annually
 - be routinely used to improve services

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- Access to specialist care must be:
 - a reality for all people with neurological conditions, from diagnosis to the end of life
 - available across all care settings (home, community and hospital)
- Research into new and better treatments must:
 - receive ring-fenced UK Government investment and leadership to match the burden of all neurological conditions
 - take place in an environment that promotes clinical trials in the UK

2.2 Influencing at a sub-national level

2.2.1 Support the development of the neurological SCN

We continue to support the neurological SCN as an essential body which will improve local service and outcomes for those with neurological conditions. To ensure a pan neurological voice is heard we have attended and presented at meetings of the SCN Associate Directors and at individual SCN meetings, we are members of several of the SCN steering groups and we continue to encourage Alliance member engagement with the SCNs. To encourage the best use of SCN resource, we hosted meetings of the neurological SCN leads with Dr David Bateman. These meetings allow the SCN leads to share their successes and issues. They also share their work plans, to prevent duplication and to encourage joint work programmes. Three key themes have emerged in terms of their immediate priorities: epilepsy, headache and migraine, and rehabilitation. The work of the SCNs will be strongly supported through links with the PHE and the NIN.

2.3 Influencing at a local level

2.3.1 Is localism working

We recognise that while national influencing is still essential, the powers to change and bring about better services are at local level. Patient and public voice in the health and care system is a key driver of service improvement through improved understanding of needs and better-targeted services. This greater emphasis on the role of patients and service users should provide excellent opportunities for local groups and individuals to help improve neurological services. To establish the extent to which people are engaging with and influencing locally, we surveyed our members and published *'Is localism working for people with neurological conditions'*.

The report found that patient and public involvement under the reformed system is not working as it should and that people working at local level are struggling to exert influence on behalf of people with neurological conditions. This means that patients' needs may not be properly met. The report makes recommendations to charities, the Neurological Alliance, NHS England, Public Health England, local commissioners, local Healthwatch and politicians on their future to role in responding and engaging with localism. These recommendations will be central to our work in 2014-15.

2.3.2 Providing tools

To help staff and volunteers of member organisations, and others, influence effectively we have published the following guides:

- i. The *'Guide to effective influencing and engagement: How to work with the new health and social care structures'* and the *'Neuro champions toolkit for local organisations and*

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volunteers, were developed in collaboration with the Black Country Neurological Alliance. The guide contains information on the different opportunities and how to influence within the NHS system, and the toolkit provides tools on how to train an individual to become a neuro champion within a locality.

ii. The '*Directory of neurological conditions*' includes a description, symptoms, treatment options and useful contacts for 50 neurological conditions. In addition there is a section on national neurological and disability charities that can offer information, advice and support on a range of issues. More broadly, there is contact information for a range of other services including; mental health; social care; welfare benefits and carers support.

2.4 Is the system improving care and outcomes?

In order to provide a comprehensive picture of what is happening in relation to neurological services, patient experience and outcomes across the country, we launched a patient experience survey and conducted a commissioning audit of both CCG and NHS England

2.4.1 Patient experience survey

The neurological patient experience survey, which is the first of its kind in England, aims to collect vital information about the experiences of care received by people affected by neurological conditions and help us understand how much progress has been made in improving neurological services. Almost 7,000 responses were received.

2.4.2 Commissioning audit

To support the patient experience survey we also launched a commissioning audit to assess the quality of neurological commissioning, how needs are assessed, what variations exist across the country, and to identify any gaps between specialised and non-specialised commissioning of neurological services.

This activity will consist of a Freedom of Information audit of Clinical Commissioning Groups (CCGs) and NHS England to improve the Alliance's understanding of the quality of commissioning of neurological services. The questions cover needs assessment, prioritisation, patient involvement, accountability, use of guidance, and coordination of NHS England and CCG commissioning.

2.4.3 Variations report

The purpose of the variations report is to bring together the findings of the FOI audit and patient survey and highlight variations across the country in relation to the commissioning of neurological services, patient experience and outcomes. The report is scheduled for publication in December 2014.

It will be used to engage with the NAO to inform its follow-up review of neurological services and assessment of progress against the PAC's 2012 recommendations on how services need to be improved. The report will also help to raise awareness of neurological conditions among target stakeholders and provide a baseline from which to measure progress in improving services in future years.

In using information submitted by people with neurological conditions and commissioners of services, we should be able to identify where there are discrepancies between people's experiences of services and commissioners' perceptions of how services are being delivered.

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Our key activities in 2014-15:

- Ensure financial sustainability
- Support the National Clinical Director(s)
- Support the SCN for Mental Health, Dementia and Neurological Conditions
- Support the establishment and deployment of the neurology dataset and the NIN
- Support neurological organisations to work with and influence at the local and regional level
- Expand network of decision makers across Westminster, Whitehall and the NHS
- Establish a programme of activity to support neurological research
- Promote the increased visibility of neurology in the quality, accountability and incentive architecture of the NHS.

3. Our structure, governance and management

3.1 Trustees selection

We are governed by a Board of Trustees, made up of a minimum of three and a maximum of 13 people nominated and elected by our members, and recommended by our Trustees.

In advance of each Annual General Meeting (AGM), all members are invited to send in their nominations for the Board. Details of the Trustee candidates are then circulated to all members and votes are made by ballot at the AGM or sent in advance to the Chair using a proxy form; each member organisation is entitled to one vote, placed at the AGM.

After completing a three year term, each Trustee will stand down from the Board. Trustees who have completed only one term may stand for re-election; those who have served two consecutive terms must stand down for one year before they may stand again for the Board.

In joining the Alliance Board, all new Trustees undertake a tailored induction programme. The Trustees, who are also directors for the purpose of the Companies Act, and who served during the year are listed in section 5.1.

The Board has established two sub committees each with specific functions:

- The Human Resources Committee advises the Trustees and the Alliance on all matters relating to Human Resources, including recruitment and development of staff
- The Fundraising Advisory Committee advises the Trustees on all matters relating to our fundraising strategy.

3.2 Structure

We are a company limited by guarantee (no 2939840) and a registered charity (no 1039034). We are governed by Articles of Association and Byelaws (both of which were updated in 2011). Our main activity is to secure the highest standards of care and treatment for every person affected by a neurological condition.

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Our Board of Trustees is responsible for our governance and strategy and meets every quarter. Our Chief Executive is responsible for implementing the strategy and reports on its progress at the Board meetings. The Chief Executive reports directly to and is supervised by the Chair. They speak and meet regularly to discuss Alliance business.

Communication, both formal and informal, between Trustees and staff is frequent and effective.

3.2.1 Staff

Arlene Wilkie	Chief Executive and Company Secretary
Sally Percy	Policy and Public Affairs Manager (resigned May 2014)
Alex Massey	Senior Policy and Campaigns Advisor (appointed July 2014)

HR support from Parkinson's UK is gratefully received.

3.2.2 Members

- Full membership is open to national voluntary organisations who represent patients, service users, families and carers (non-statutory, non-profit) organisations, who, in addition to the full benefits of membership, will have a right to vote at the AGM, have the right to nominate a trustee and an opportunity to influence our strategic direction. Subscriptions are income assessed.
- Full affiliate membership is open to RNAs operating on a non-statutory, non-profit basis. Affiliate members will pay a subscription rate which is not income assessed.
- Associate status is open to non-profit organisations, including professional associations and statutory authorities, who will play an active part in the Alliance but do not have the right to nominate a trustee or vote at the AGM. Subscriptions are income assessed.
- RANOs are also associates. They are staff led groups and will pay a subscription rate which is not income assessed.
- Corporate supporter status is open to for-profit organisations, who cannot vote at the AGM or nominate a trustee.
- Reciprocal partners are normally umbrella organisations whose aims and objectives match well with those of the Alliance. They can't vote or influence our strategic direction, but are invited to attend general meetings.

Members

Action Duchenne	www.actionduchenne.org
Action for Dystonia, Diagnosis, Education and Research	www.actionfordystonia.co.uk
Action for M.E.	www.actionforme.org.uk
Ann Conroy Trust	www.annconroytrust.org.uk
Ataxia -Telangiectasia Society	www.atsociety.org.uk
Ataxia UK	www.ataxia.org.uk
Batten Disease Family Association	www.bdfa-uk.org.uk
Brain and Spine Foundation	www.brainandspine.org.uk
Brain Research Trust	www.brt.org.uk
Brain Tumour UK ²	www.braintumouruk.org.uk
British Acoustic Neuroma Association	www.bana-uk.com
British Polio Fellowship	www.britishpolio.org.uk

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Cavernoma Alliance UK	www.cavernoma.org.uk
CMT United Kingdom	www.cmt.org.uk
Cure Parkinson's Trust	www.cureparkinsons.org.uk
Different Strokes	www.differentstrokes.co.uk
Dystonia Society	www.dystonia.org.uk
Epilepsy Action	www.epilepsy.org.uk
Epilepsy Society	www.epilepsysociety.org.uk
FibroAction ²	www.fibroaction.org
Fighting Strokes	www.fightingstrokes.org
GAIN (Guillain-Barré and Associated Inflammatory Neuropathies) charity	www.gaincharity.org.uk
Headway – the brain injury association	www.headway.org.uk
Hemihelp	www.hemihelp.org.uk
Huntingdon's Disease Association	www.hda.org.uk
I Have IIH Foundation	www.ihaveiih.com
Joint Epilepsy Council of the UK and Ireland	www.jointepilepsycouncil.org.uk
Migraine Trust	www.migrainetrust.org
Motor Neurone Disease Association	www.mndassociation.org
Multiple Sclerosis Society	www.mssociety.org.uk
Multiple Sclerosis Trust	www.mstrust.org.uk
Multiple System Atrophy Trust	www.msatrust.org.uk
Myaware	www.myaware.org
National ME Centre	www.nmec.org.uk
National Tremor Foundation	www.tremor.org.uk
Nerve Centre Kirklees	www.thenervecentrekirklees.org.uk
Neurosupport	www.neurosupport.org.uk
Pain Concern	www.painconcern.org.uk
Parkinson's UK	www.parkinsons.org.uk
Polio Survivors Network	www.poliosurvivorsnetwork.org.uk
PSP Association	www.pspeur.org
Royal Hospital for Neuro-disability	www.rhn.org.uk
Sudep Action	www.sudep.org
Sue Ryder	www.sueryder.org
Stroke Association ²	www.stroke.org.uk
Tourettes Action	www.tourettes-action.org.uk
Transverse Myelitis Society	www.myelitis.org.uk
Trigeminal Neuralgia Association UK	www.tna.org.uk
Tuberous Sclerosis Association	www.tuberous-sclerosis.org
UK Acquired Brain Injury Forum	www.ukabif.org.uk

Associates

Association of British Neurologists	www.theabn.org
British Paediatric Neurology Association	www.bpna.org.uk
Chartered Society of Physiotherapists	www.csp.org.uk
Forward M.E.	www.forward-me.org.uk

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The Encephalitis Society	www.encephalitis.info
The National Hospital for Neurology and Neurosurgery Development Foundation	www.nationalbrainappeal.org
The Stoke Mandeville Spinal Foundation	www.smsf.org.uk
Glenside Manor ²	www.glensidemanor.co.uk
Independent Healthcare Advisory Services	www.independenthealthcare.org.uk
PJ Care Limited ²	www.pjcare.co.uk
South West Alliance of Neurological Organisations	www.swano.org
Yorkshire and Humberside Association of Neurological Organisations	www.yhano.org.uk

Corporate supporters

Abbvie ¹	www.abbvie.co.uk
Allergan	www.allergan.co.uk
Britannia Pharmaceuticals ¹	www.britannia-pharm.co.uk
Genzyme	www.genzyme.co.uk
Merk Serono ¹	www.merckserono.co.uk
Novartis	www.novartis.co.uk
UCB	www.ucb.co.uk

Regional Neurological Alliances

Black Country Neurological Alliance	www.blackcountryneuroalliance.org.uk
Buckinghamshire Association of Neurological Organisations	www.bucksvoice.net/bano
Cornwall Alliance of Neuro-Domain Organisations	www.candoweb.org
Cumbria Neurological Alliance ¹	www.cumbrianeurologicalalliance.wordpress.com
Gloucestershire Neurological Alliance	www.glosna.org.uk
Greater Manchester Neurological Alliance	www.gmneuro.org.uk
Hampshire Neurological Alliance	www.hantsneuroalliance.hampshire.org.uk
Hounslow and Richmond Neurological Partnership	
Lancashire and South Cumbria Neurological Alliance	www.lascna.co.uk
Lincolnshire Neurological Alliance	www.lincolnshire-neurological-alliance.org.uk
Merseyside and Cheshire Neurological Alliance	www.neurosupport.org.uk
Northern Neurological Alliance	www.northernna.org.uk
Oxfordshire Neurological Alliance	www.oxna.org.uk
Swindon and Wiltshire Neurological Alliance	www.swna.org.uk
Tees Valley, Durham, and North Yorkshire Neurological Alliance	www.na-tvdny.org.uk
West Berkshire Neurological Alliance	www.wbna.org.uk

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Reciprocal members

National Voices	www.nationalvoices.org.uk
Neurological Commissioning Support	www.ncssupport.org.uk
Pain UK	www.painuk.org
Specialised Healthcare Alliance	www.shca.info

¹. New members in 2013-14

². Ceased members in 2013-14

3.2.3 The way we work

As a membership organisation, our whole ethos is to work in partnership. We work across the neurological community to identify common priorities for people affected by a condition and then seek to influence, shape and support policy development to reduce inequalities, enhance their outcomes and, where possible, help them live for longer and in better health. Our activities are therefore based on a clear and shared sense of purpose. We work primarily through two groups: the Policy Group and the Neurology National Leadership Group (NNLG).

3.2.3.1 The Policy Group

Any member of the Alliance can take be part of the Policy Group. The Group's purpose is to:

- Make recommendations to Alliance Trustees on Alliance policy and activity, ensuring that these reflect the needs and objectives of its member organisations
- Build collective ownership of the Alliance beyond staff and Trustees and to promote team-working across the member organisations
- Provide a forum for policy and campaigns staff of member organisations to share information and provide mutual support
- More closely align member organisations' priorities with the collective needs of the Alliance
- Ensure that all member organisations, large and small, can contribute to the work of the Alliance.

3.2.3.1.1 Policy group leads

Sarah Vibert Head of Development and Policy at Epilepsy Society, Chair
Lotte Good Senior Policy and Campaigns Officer, Sue Ryder, Vice Chair
John Kell Policy Manager, Motor Neurone Disease Association, Vice Chair

3.2.3.2 The Neurology National Leadership Group

The NNLG's purpose is to bring together key opinion leaders from across the neurological community to enable patient organisations, healthcare professionals and civil servants to collectively shape the strategic direction of neurological services and monitor the progress of health and social care policy relevant to neurology.

The NNLG's key role is to act as a resource of specialist knowledge and opinion on neurological conditions for NHS England, the Department of Health, strategic clinical networks, commissioners and providers. In doing so, the NNLG seeks to raise the profile of neurology and champion the delivery of the best outcomes for people with neurological conditions in England.

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3.2.3.2.1 NNLG members:

Gill Ayling	Deputy Director, Social Care, Local Government and Care Partnerships, Department of Health
Professor Mike Barnes	Chair, UKABIF
Jon Barrick	Chief Executive, Stroke Association
Amanda Cheesley	Long Term Conditions Advisor, Royal College of Nursing
Dr Michael Dixon	Chairman, NHS Alliance
Steve Ford (NNLG Chair)	Chair, Neurological Alliance
Dr Geraint Fuller	President, Association of British Neurologists
Phil Gray	Chief Executive, Chartered Society of Physiotherapy
Lorraine Jackson	Senior Policy Manager, Older People and Dementia, Social Care Local Government Care Partnerships, Department of Health
Stephen Johnson	Deputy Director-Head of Long Term Conditions, Department of Health
Phil Lee	Chief Executive, Epilepsy Action
Alex Mair	Chief Executive, The British Geriatrics Society
Sue Millman	Chief Executive, Ataxia UK
Val Moore	Implementation Programme Director, NICE
Dr Venkateswaran Ramesh	President, British Paediatric Neurology Association
Angus Somerville	Chief Executive, Royal Hospital for Neurodisability
Amanda Swain	Member, College of Occupational Therapists
Wendy Thomas	Chief Executive, Migraine Trust
Professor Graham Venables	Co-Chair, Neurosciences Clinical Reference Group

3.3 Risk management

The Trustees have assessed the major risks to which the charity is exposed, and are satisfied that systems are in place to mitigate exposure to major risks. A risk management strategy, reviewed annually, is in place.

4. Public benefit

Our work benefits people affected by a neurological condition and those who represent them. Sections 1 and 2 of this report set out our objectives, reports on our activities and successes, and set out our plans for the current financial year.

The Trustees consider that they have complied with their duty in s4 of the Charities Act 2011 to have due regard to the guidance on public benefit published by the Charity Commission. The Trustees have considered this matter and concluded:

- That the aims of the organisation continue to be charitable
- That the aims and the work done give identifiable benefits to the charitable sector and both indirectly and directly to individuals in need
- That the benefits are for the public, are not unreasonably restricted in any way and certainly not by ability to pay
- That there is no detriment or harm arising from the aims or activities.

5. Reference and administrative details

The Alliance is a registered charity (1039034) and company limited by guarantee (2939840) registered in England. The Alliance's registered office is the Dana Centre, 165 Queen's Gate, London SW7 5HD.

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5.1 Trustees and the nominating organisation

Steve Ford	Parkinson's UK (Chair)
Sue Millman	Ataxia UK (Vice-Chair; Treasurer)
Jon Barrick	The Stroke Association (resigned November 2013)
Paul King	Dystonia Society UK (appointed November 2013)
Philip Lee	Epilepsy Action (resigned November 2013)
Sally Light	Motor Neurone Disease Association (appointed November 2013)
Nick Rijke	MS Society (appointed November 2013)
Angus Somerville	Royal Hospital for Neuro-disability
Jason Suckley	Sue Ryder (appointed November 2013; resigned May 2014)
Amanda Swain	UK Acquired Brain Injury Forum
Simon Wigglesworth	Epilepsy Action (appointed November 2013)
David White	Cavernoma Alliance UK (appointed November 2013)
Sharon Wood	Joint Epilepsy Council (resigned May 2014)

5.2 Professional advisors

Bankers	CAF Bank Ltd, PO Box 289, West Malling, Kent ME19 4TA
Accountants	Taylorcocks Chartered Accountants & Statutory Auditors, Abbey House, Hickleys Court, South Street, Farnham, Surrey, GU97QQ
Independent Examiners	HW Fisher & Company, Acre House, 11-15 William Road, London NW1 3ER

6. Finances

6.1 Investment

Article 5.1.23 empowers the Alliance, with advice from a financial expert, to invest the funds of the Alliance as it sees fit, with consideration of the the suitability of investments and the need for diversification.

6.2 Subscriptions

Subscription rates are determined by the organisational income of each member and associate. Subscriptions for affiliate members are at a fixed rate.

6.3 Reserves policy

The Trustees will seek to ensure a minimum reserve of three months planned expenditure in order that we can deliver our core activities in the event of a significant shortfall in income.

6.4 Financial position

In 2013-14, the Alliance's funds have arisen from three main sources: membership subscriptions, corporate support and grants from the Department of Health for specific projects. The Alliance received income from one grant from the Department of Health, with income from this source totalling £87,300 (£19,400 in 2012-13). Income from membership subscriptions grew by 24.1% in the year to £75,687 (2012-13: £61,001). Corporate support is a new source of income for the year, with each company donating £8,000. In total £80,000 was generated. This money is to be spent on our policy and public affairs programme. Overall there is a surplus of £75,055 (deficit of £93,364 in 2012-13) for the year which is primarily made up of corporate funding for projects that will take place in the 2014-15 financial year. Our office accommodation is kindly provided free of charge by the European Dana Alliance for the Brain, an initiative of the Dana Foundation.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2014

6.5 Independent Examiners

H.W. Fisher and Company continues as the organisation's Independent Examiner and a resolution proposing its reappointment will be put to the Annual General Meeting.

6.6 Small company provisions

This report has been prepared in accordance with the provisions applicable to companies entitled to the small companies exemption.

On behalf of the Board of Trustees

Steve Ford

Chair, Board of Trustees Date:

THE NEUROLOGICAL ALLIANCE
INDEPENDENT EXAMINERS REPORT
YEAR ENDED 30 JUNE 2014

I report on the accounts of the Neurological Alliance for the year ended 30 June 2014, which are set out on pages 19-25.

Respective responsibilities of Trustees and examiner

The Trustees (who are also directors of the Neurological Alliance for the purposes of company law) are responsible for the preparation of the accounts. The Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- (i) examine the accounts under section 145 of the 2011 Act;
- (ii) to follow the procedures laid down in the general Directions given by the Charity Commission under section 145 (5)(b) of the 2011 Act; and
- (iii) to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as Trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out below.

Independent examiner's statements

In connection with my examination, no matter has come to my attention:

- (a) which gives me reasonable cause to believe that in any material respect the requirements:
 - (i) to keep accounting records in accordance with section 386 of the Companies Act 2006; and
 - (ii) to prepare accounts which accord with the accounting records and comply with the accounting requirements of the section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities have not been met; or
- (b) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

A G Rich
Chartered Accountant
C/o H W Fisher & Company Accountants
Acre House
11-15 William Road, London, NW1 3ER

Dated:

THE NEUROLOGICAL ALLIANCE

**STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING THE
INCOME AND EXPENDITURE ACCOUNT)**

YEAR ENDED 30 JUNE 2014

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2014 £	Total Funds 2013 £
INCOMING RESOURCES					
Incoming resources from generating funds:					
Voluntary income	2				
Donations		1,477	-	1,477	270
Dept of Health Grants		-	87,300	87,300	19,400
Corporate Support		8,000	72,000	80,000	-
Activities for generating funds					
Subscriptions		75,687	-	75,687	61,001
Investment income	3	120	-	120	162
Miscellaneous		0	-	0	753
TOTAL INCOMING RESOURCES		85,284	159,300	244,584	81,586
RESOURCES EXPENDED					
Charitable activities	4	25,418	136,821	162,239	161,081
Governance costs	4	7,290	-	7,290	13,869
TOTAL RESOURCES EXPENDED		32,708	136,821	169,529	174,950
NET INCOMING/(OUTGOING) RESOURCES FOR THE YEAR					
		52,576	22,479	75,055	(93,364)
Transfers between funds					
		-	-	-	-
RECONCILIATION OF FUNDS					
Total funds brought forward		53,972	17,727	71,699	165,063
TOTAL FUNDS CARRIED FORWARD		106,548	40,206	146,754	71,699

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared. It also complies with the requirements for an income and expenditure account under the Companies Act 2006.

All of the above amounts relate to continuing activities.

The notes on page 21 to 25 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE

BALANCE SHEET

30 JUNE 2014

	Note	2014 £	2013 £
FIXED ASSETS			
Tangible assets	7	-	-
CURRENT ASSETS			
Debtors	8	24,947	1,006
Cash at bank		132,870	83,474
		<hr/>	<hr/>
		157,817	84,480
CREDITORS: Amounts falling due within one year	9	(11,063)	(12,781)
		<hr/>	<hr/>
NET CURRENT ASSETS		146,754	71,699
		<hr/>	<hr/>
TOTAL ASSETS LESS CURRENT LIABILITIES		146,754	71,699
		<hr/>	<hr/>
NET ASSETS		146,754	71,699
		<hr/> <hr/>	<hr/> <hr/>
FUNDS			
Restricted income funds	10	40,206	17,727
Unrestricted income funds	11	106,548	53,972
		<hr/>	<hr/>
TOTAL FUNDS		146,754	71,699
		<hr/> <hr/>	<hr/> <hr/>

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 30 June 2014. No member of the company has deposited a notice, pursuant to section 476, requiring an audit of these accounts.

The directors acknowledge their responsibilities for ensuring that the company keeps accounting records which comply with section 386 of the Act and for preparing accounts which give a true and fair view of the state of affairs of the company as at the end of the financial year and if its incoming resources and application of resources, including its income and expenditure, for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to accounts, so far as applicable to the company.

The Trustees approved the financial statements on its behalf by:

2014 and signed on

Steve Ford
Chair, Board of Trustees

Sue Millman
Treasurer, Neurological Alliance

Company Registration Number: 02939840

The notes on pages 21 to 25 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2014

1. ACCOUNTING POLICIES

Basis of preparation

The accounts have been prepared under the historical cost convention. The accounts have been prepared in accordance with applicable accounting standards, the Statement of Recommended Practice, '*Accounting and Reporting by Charities*', issued in March 2005 and the Companies Act 2006.

Income

Income represents subscriptions, revenue grants, corporate support and donations receivable.

Subscription income is invoiced annually in advance and recognised on receipt in the year to which it relates.

Corporate support represents amounts invoiced in the year.

Grants towards revenue expenditure and general donations are treated as income when they are receivable, and allocated over the period to which they relate.

Resources expended

Resources expended are included in the Statement of Financial Activities on an accruals basis inclusive of any VAT that cannot be recovered. Certain expenditure is directly attributable to specific activities and has been included in those cost categories. Where costs are attributable to more than one activity, those costs are apportioned on the basis of the time spent on those activities.

Governance costs are those incurred in connection with the administration of the charity and compliance with constitutional and statutory requirements.

Tangible fixed assets

Tangible fixed assets are stated at cost less depreciation. All assets have been fully depreciated in previous years.

Funds accounting

Unrestricted funds are those funds that can be used in accordance with the charitable objects at the discretion of the Trustees.

Restricted funds are those funds that can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purpose.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2014

2. VOLUNTARY INCOME

	Unrestricted Funds £	Restricted Funds £	Total Funds 2014 £	Total Funds 2013 £
Donations				
Donations	1,477	-	1,477	270
Grants receivable				
Department of Health	-	87,300	87,300	19,400
Corporate Support	8,000	72,000	80,000	-
	<u>9,477</u>	<u>159,300</u>	<u>168,777</u>	<u>19,670</u>

3. INVESTMENT INCOME

	Total Funds 2014 £	Total Funds 2013 £
Bank interest receivable	<u>120</u>	<u>162</u>

4. COSTS OF CHARITABLE ACTIVITIES BY ACTIVITY

	Staff Costs £	Depreciation £	Other costs £	Total 2014 £	Total Funds 2013 £
Policy development	87,869	-	48,952	136,821	117,372
Members activities	24,712	-	706	25,418	43,709
	<u>112,581</u>	<u>-</u>	<u>49,658</u>	<u>162,239</u>	<u>161,081</u>
Governance	-	-	7,290	7,290	13,869
	<u>112,581</u>	<u>-</u>	<u>56,948</u>	<u>169,529</u>	<u>174,950</u>

5. NET INCOMING RESOURCES FOR THE YEAR

This is stated after charging:

	2014 £	2013 £
Staff pension contributions	6,520	6,924
Depreciation	-	-
	<u>6,520</u>	<u>6,924</u>

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2014

6. STAFF COSTS AND EMOLUMENTS

Total staff costs were as follows:

	2014	2013
	£	£
Wages and salaries	96,998	118,912
Social security costs	9,063	10,329
Other pension costs	6,520	6,924
	<u>112,581</u>	<u>136,165</u>

The average number of employees during the year was 2 (2013: 3).

No employee received remuneration of more than £60,000 during the year (2013 - Nil). No trustee received any emoluments in the year (2013: Nil). Trustees received out of pocket expenses of £166 (2013: £584) for travelling to board or trustee meetings.

7. TANGIBLE FIXED ASSETS

	Computer equipment £	Office equipment £	Total £
COST			
At 1 July 2013	-	98	98
Additions	-	-	-
At 30 JUNE 2014	<u>-</u>	<u>98</u>	<u>98</u>
DEPRECIATION			
At 1 July 2013	-	98	98
Charge for the year	-	-	-
At 30 JUNE 2014	<u>-</u>	<u>98</u>	<u>98</u>
NET BOOK VALUE			
At 30 JUNE 2014	<u>-</u>	<u>-</u>	<u>-</u>
At 30 JUNE 2013	<u>-</u>	<u>-</u>	<u>-</u>

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2014

8. DEBTORS

	2014	2013
	£	£
Prepayments	947	1,006
Corporate support debtors	24,000	0
	<u>24,947</u>	<u>1,006</u>

9. CREDITORS: Amounts falling due within one year

	2014	2013
	£	£
Trade creditors	5,269	9,925
Other creditors and accruals	5,652	2,856
Deferred income	142	-
	<u>11,063</u>	<u>12,781</u>

10. RESTRICTED INCOME FUNDS

	Balance at 1 July 2013	Incoming resources	Outgoing resources	Transfer to Unrestricted Funds	Balance at 30 June 2014
	£	£	£	£	£
Dept of Health	17,727	87,300	105,027		-
Corporate Support	-	72,000	31,794		40,206
Restricted funds	<u>17,727</u>	<u>159,300</u>	<u>136,821</u>	<u>-</u>	<u>40,206</u>

The restricted income funds are fully explained in note 6.4 of the Trustees Report.

11. UNRESTRICTED INCOME FUNDS

	Balance at 1 July 2013	Incoming resources	Outgoing resources	Transfer from Restricted Funds	Balance at 30 June 2014
	£	£	£	£	£
General funds	53,972	85,284	32,708	-	106,548

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2014

12. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Tangible fixed assets £	Net current assets £	Total £
Restricted income funds	-	40,206	40,206
Unrestricted income funds	-	106,548	106,548
Total funds	-	146,754	146,754