

COMPANY REGISTRATION NUMBER 02939840



THE NEUROLOGICAL ALLIANCE
(LIMITED BY GUARANTEE)
FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2017

Charity Number 1039034

taylorcocks | chartered accountants
chartered tax advisers

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Hickleys Court
South Street
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THE NEUROLOGICAL ALLIANCE
FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2017

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THE NEUROLOGICAL ALLIANCE

LETTER FROM CHAIR

YEAR ENDED 30 JUNE 2017

Dear All

This year has felt like the start of a new chapter for neurology and also for the Neurological Alliance. After a turbulent year in 2015/16 where we witnessed many of our hard-fought policy 'wins' being stripped away, 2016/17 began on a high with NHS England's commitment to work with the Neurological Alliance to develop a new leadership structure for neurology. In turn, this has brought a renewed national focus to service improvement in an area which has suffered from years of being overlooked. This is no small task, starting from such a low baseline, yet the new National Neuro Advisory Group (NNAG) – with the Alliance as part of its core group of members - has ambitious plans over the coming years to spearhead a turnaround in neurology services.

Our patient experience survey, published in March, starkly reminded us that a turnaround cannot come soon enough for people affected by neurological conditions. We were dismayed to report that across every key measure, our survey findings showed a decline in patient experience. While we report on the experience of over 7,000 patients, each one has their own individual story to tell and I was particularly struck by how the data from Tourettes Action's helpline mirrors this. Over 60% of our helpline calls are about the lack of access to diagnosis, treatment or management of Tourette Syndrome. We have had clinicians asking to be removed from our list of consultants because they are so overwhelmed that they cannot cope with new referrals. When this story is repeated across every condition represented by Alliance members it paints a bleak picture and strengthens my resolve that the Neurological Alliance is uniquely placed to work for improvements across the whole sector.

Our mental health report served to further uncover the poor experience of neurology patients, highlighting fragmented pathways, a lack of coordination of care, and patients and carers being left to join up the dots. This is unacceptable and I am determined that the Neurological Alliance will work with a renewed sense of purpose to address the issues highlighted in these two publications.

It is early days but the initial signs look promising, and the year has ended with an announcement by NHS England that they will undertake a service review of neurosciences. We have also seen Right Care further expand their neurology resources for commissioners with the publication of the sustainability and transformation focus packs – and had agreement they will develop optimal value pathways for epilepsy and migraine. Another win for the Alliance has been the agreement that NNAG can lead on a series of annexes to the new neurosciences specification which describe the whole pathway (specialised and non-specialised) for each condition (or group of conditions). This is significant because confusion over commissioning responsibilities has led to CCGs in some areas completely disengaging with neurology – an alarming development, confirmed by the findings of our CCG audit published this year.

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LETTER FROM CHAIR

YEAR ENDED 30 JUNE 2017

A new chapter at the Neurological Alliance itself has also begun this year, with Steve Ford stepping down as Chair after nine years on the Board and Arlene Wilkie moving on from her role as Chief Executive after five years at the helm. I was elected as the new Chair of the Neurological Alliance at our AGM in November 2016. I have been closely involved in the Alliance for many years, serving for three years on the Board as a Trustee and as Chief Executive of Tourette's Action since 2009. Across many years in the voluntary sector I have never known another group of conditions that are so misunderstood by the public nor so under provided for by the NHS than Neurological conditions. During my time as Chair I hope that we can continue to improve this across the sector. Sarah Vibert was recruited by the Board as Arlene's successor in October 2016. Joining us from Alliance member Epilepsy Society, and growing up with a brother with epilepsy, Sarah brings to the Alliance a long-held passion for improving outcomes for people with neurological conditions, as well as a wealth of experience in bringing about policy change.

Sarah and I are immensely grateful to Steve and Arlene, from whom we have inherited a thriving, highly respected, and influential coalition. We do not underestimate the challenges that lie ahead of us, but are hugely motivated by the opportunities we see for bringing about change – change that is urgently needed – so that everyone with a neurological condition gets the care they need and deserve.

Best wishes
Suzanne

Suzanne Dobson
Chair, Neurological Alliance

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REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name	The Neurological Alliance
Charity registration number	1039034
Company registration number	02939840
Registered office	c/o The British Polio Fellowship The Xchange Wilmington Close Watford Hertfordshire WD18 0FQ
Independent Examiner	Mr S. Mehta FCA H.W. Fisher & Company Accountants Acre House 11-15 William Road London NW1 3ER
Accountants	Taylorcocks Chartered Accountants 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 Metro Bank PLC One Southampton Row London WC1B 5HA

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The Trustees present their report and independently examined financial statements for the Neurological Alliance for the year 1 July 2016 to 30 June 2017. The report and financial statements have been prepared in accordance with the Companies Act 2006 and the Charities Act 2011. The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" (FRS 102) in preparing the report and financial statements. The report and financial statements will be laid before the members of the charity at the Annual General Meeting to be held on 22 November 2017. 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 2016-17 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 2016-17

Our mission is 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.

In April 2016, the Board undertook a review of our strategic objectives that sit underneath this mission statement. The outcome of this was a new set of strategic objectives for the organisation, as follows:

1. To deliver service improvements in line with our strategy for neurology
2. To raise the profile of neurological conditions and ensure the voice of people with neurological conditions is heard
3. To ensure data is available, shared and utilized to support improvement of neurology services
4. To increase commissioner engagement in neurology
5. To build a sustainable organisation capable of bringing about change

The Annual Report of the Trustees for 2016/17 is set out under these new strategic objectives.

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2.1 What we did in 2016-17

1. To deliver service improvements in line with our strategy for neurology

During 2016/17 the Alliance undertook our second ever patient experience survey. The first patient experience survey resulted in a landmark report published in 2015 *Invisible Patients*, and marked the first time the experiences of neurology patients had been documented on a national scale. Undertaking a piece of research for the second time is significant as it provides the start of a comparative dataset with which to measure changes over time. The Alliance was very disappointed to report that our research suggested that patient experience in every area – from time taken to receive a diagnosis, to ongoing care and support – has deteriorated in the last two years.

In March 2017, we published the latest survey results in a new report *Falling short – how has neurology patient experience changed since 2014?* Since publication we have presented the findings to decision makers including the NHS England, Public Health England and health leads from the main political parties. As in 2014, this report provides the foundations for the Alliance's activity in the coming two years. We are determined that, working with the wider health system, we will be able to report a turnaround in patient experience by the time we repeat the survey in 2018.

One of the most striking findings from the patient experience survey was that while 45% of respondents rated services to meet their physical health needs as 'good' or 'excellent' – itself an unsatisfactory finding – for services to meet their mental health needs, the percentage of patients rating services as 'good' or 'excellent' fell to just 19%. This reflected the findings of the 2014 patient experience survey in respect to mental health services, prompting the Alliance to give special focus to the experiences of neurological patients with co-morbid mental health conditions, during 2016/17.

Our annual members meeting in November 2016 took mental health as its subject and the Alliance worked with a sub-group of members, led by the Division of Neuropsychology at the British Psychological Society, to undertake a year-long research project to understand more about the needs of neurology patients with co-morbid mental health conditions and the services currently available to them. We published our findings in July 2017 in a new report *Parity of esteem for people affected by neurological conditions*.

The headline message in the report was that, while mental health is a national priority, there has been little attention given to the distinct mental health needs of people with neurological conditions. The report explains that, as neurological conditions relate to the brain and nervous system, there is an increased complexity in the interaction between physical needs and broader emotional, cognitive and mental health needs. Our research also found that often more than 50% of neurology patients will experience mental health problems. Yet services are characterised by disjointed pathways, poorly coordinated care and variation across the country.

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We launched the report at an expert roundtable where we considered the actions that the Alliance, working with partners from across the health system, can take to deliver the recommendations in the report. These actions include working to improve both national and local commissioning of mental health services for people with neurological conditions, promoting the inclusion of mental health specific recommendations in NICE guidance and working with partners to improve care planning and coordination for people with neurological conditions.

This year the Alliance has increasingly recognised that, while our members have much in common, there are pressing issues that apply to sub-sets of neurological conditions. One of these sub-groups within the broader neurology banner is neuro-developmental conditions. In March, the Alliance co-facilitated a meeting of neuro-developmental charities in response to the emerging academic consensus that multi-morbidity is increasingly becoming the norm for people with neurodevelopmental conditions. At the meeting, charities explored the opportunities for greater collaboration in order to better meet the needs of the people they support and represent. Following this initial meeting, a programme of activity is being developed, led by Alliance member Autistica, and involving several neuro-developmental members of the Alliance. This project has provided a format for future activity by the Alliance in facilitating joint work on areas of common interest within sub-groups of the Alliance membership, meaning we can increase our impact beyond our core programme of activity.

2. To raise the profile of neurological conditions and ensure the voice of people with neurological conditions is heard

The status of national leadership for neurology was a key issue for the Alliance last year, with the discontinuation of the National Clinical Director for Neurological Services post and the withdrawal of funding from the Strategic Clinical Networks. After a discouraging preceding twelve months, 2016/17 began on a high however with a significant 'win' for the Alliance when NHS England's Medical Director, Sir Bruce Keogh, conceded that leadership was needed at national level to achieve improvement in neurology, and that NHS England required clinical input on neurology. He challenged the Alliance to develop a new sustainable leadership structure for neurology that would bring together the different parts of the system.

Setting up this new leadership structure – a group that has become known as the National Neuro Advisory Group (NNAG) – has been central to the Alliance's patient voice activity this year. Chaired by Professor Adrian Williams, Consultant Neurologist at Queen Elizabeth Hospital, Birmingham, and Chair of the Neurosciences Clinical Reference Group, the NNAG brings together a range of patient groups, commissioners and clinical leaders to provide national leadership for neurology and support greater alignment across the system. The overarching aim of the NNAG is to develop a system-wide national approach for neurology. The Alliance, as a core member of the NNAG group, has enjoyed building a strong relationship with Professor Adrian Williams, working alongside him as he has worked tirelessly to champion neurological service improvement. The Alliance has facilitated the formation of a number of NNAG sub-groups to focus on particular issues in neurology services.

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In parallel The Neurological Alliance has continued our role on the Neurosciences Clinical Reference Group (CRG) which oversees the development of specialised commissioning policy for neurology and related disciplines. The CRG has delivered several significant new policies this year including an algorithm for disease modifying therapies in MS, and the roll out of thrombectomy - a potentially game-changing procedure for the treatment of stroke and sub-arachnoid haemorrhage. Another significant piece of work has been the redevelopment of the neuroscience specification which aims to set out what elements of neurological services are commissioned as specialised services by NHS England. A particularly welcome development is that NHS England has agreed that NNAG can lead on a series of annexes which describe the whole pathway (specialised and non-specialised) for each condition (or group of conditions). This will help to avoid a situation where Clinical Commissioning Groups (CCGs) are unclear about what their commissioning responsibilities are. These annexes will also be able to take account of the activities of the sustainability and transformation partnerships and emerging accountable care systems. This work is ongoing, likely to conclude during 2017/18.

3. To ensure data is available, shared and utilized to support improvement of neurology services

Back in 2012, the Public Accounts Committee concluded that a lack of data about neurological services meant there was 'no empirical baseline from which progress could be measured nationally or locally for health and social care, and the Department of Health has no way of assessing what resources and activities result in the best outcomes'. While there is still a long way to go, there has been significant improvement since then including the publication of the Compendium of Neurology Data and establishment of the Neurology Intelligence Network. We have continued to influence and call for the development of data and intelligence – particularly in relation to rarer neurological conditions - to support improvement in neurological services. We can report several successes during 2016/17:

- Right Care, the national initiative aimed at reducing unwarranted variation to improve people's health, has developed its neurology focus packs into a resource for Sustainability and Transformation Partnerships (STPs) highlighting the top five opportunities for improvement. Neurology featured in many of the top five opportunities and we wrote to all STPs where neurology was highlighted as an improvement opportunity to flag up the newly available data and offer support to STPs in neurology improvement initiatives.
- Right Care also agreed to include migraine and epilepsy in its 'optimal value pathway' programme. An optimal value pathway identifies the elements of the pathway that are the most promising areas for rapid improvement. Right Care will then seek to support CCGs to quantify the potential improvements to support business cases for change.
- We continued our role on the Neurology Intelligence Network Leadership group, contributing to projects including an update to the Neurology Hospital Activity data compendium and a new data report *Deaths in Neurological Conditions*. The latter highlighted that deaths from neurological conditions are 35% more likely to be premature. Publication of both reports has been delayed due to purdah, expected in autumn 2017.
- NHS Improvement's Getting it Right First Time (GIRFT) programme, which aims to examine patient pathways and highlight delayed transfers of care, has selected neurology to include in its speciality areas in 2017.

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4. To increase commissioner engagement in neurology

While the architecture created by the Health and Social Care Act largely remains in place as established in 2012, there has been significant changes to the health landscape over the last five years. This prompted the Alliance to produce an updated version of our 2014 report *Going the Distance*. Focussed around 'five key tests for neurology', *Going the Distance* sought to quantify the extent to which neurology was prioritised within the new NHS.

Working in partnership with Sue Ryder, our 2017 *Going the Distance II* report added a sixth test considering the extent to which neurology is being prioritised regionally and locally. Here were presented the results of our 2016 quality of commissioning audit (a repeat of our 2014 commissioning audit published in *Invisible Patients*). Among other findings, this showed that just 17% of CCGs have assessed the costs of neurological services in their area. We were also able to present more encouraging findings in relation to the Right Care Neurology Focus packs, with 28% of CCGs saying they had taken specific action because of receiving this data. The audit was undertaken before the second phase of implementation of the neurology focus packs, so we hope to see this figure continue to increase.

Perhaps the most significant recent change to the health and care landscape has been the beginning of a move towards place based commissioning, though the introduction of Sustainability and Transformation Partnerships (STPs). The Alliance welcomed the introduction of STPs, as the introduction of longer term strategic planning covering all commissioning services is potentially an opportunity for improvement in neurology services, which have suffered from fragmentation in commissioning and service delivery. Working with Sue Ryder, we presented the results of their STP audit, which found that fewer than 20% of STPs included substantive plans for neurology, noting that engagement with stroke and dementia was stronger. As noted above, we are now following up directly with STPs that have the greatest potential to make improvement to neurology services, and making place based commissioning an important element of our work for next year.

5. To build a sustainable organisation capable of bringing about change

Eight new members joined the Alliance in 2016/17 – this included two affiliate regional neurological Alliances, and six national charities representing conditions including autism, functional neurological disorder and restless leg syndrome. This brings the total number of members in the Alliance to 81. We also welcomed Allergan as a new corporate member.

The Alliance has also taken steps to diversify our income by undertaking a review of the potential for fundraising from charitable trusts and foundations. This identified several strong prospects as potential new sources of income and we will be making applications to these trusts and foundations early in 2017/18.

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What next in 2017/18?

1. Inform and lead the national policy agenda to drive neurology service improvement

- Appoint a programme manager to join the core Neurological Alliance team to provide support to the NNAG programme of activity, in particular influencing the national service review of neurology and development of the long term conditions framework.
- Work with primary care stakeholders to ensure the new NICE guideline on suspected neurological conditions in primary care is widely promoted and adopted to ensure benefits to patients are realised. We will focus on primary care at our annual members meeting to support this activity.

2. Empower and support members to drive collective action that raises the profile of neurology and the issues facing people with neurological conditions

- Undertake a campaign highlighting what it is like to live with a neurological condition. Drawing upon our patient experience survey data and ongoing work with members, we will pull together comprehensive report highlighting the reality of day to day life for millions of people who have a neurological condition. We will launch this report as part of a wider campaign to raise awareness of the urgency of improving services and support for people with neurological conditions.
- Facilitate members to come together to focus on issues within neurology, for example rare diseases, end of life care, young people and rehabilitation.

3. Improve the collection, analysis and use of data to provide a robust evidence base to inform improvement of neurology services

- Publish an update to *Neuronumbers* outlining the latest national data on neurological services and our latest prevalence estimates. In parallel we will publish a paper on the current shortcomings and gaps in existing data, and what is needed to improve the availability of neurology data. We will also seek to address the current shortcomings with data, specifically by working with Public Health England to develop more accurate models of measuring prevalence in neurology.
- Prepare for the third biennial neurology patient experience survey and neurology commissioning audit. Based on feedback on this year's survey we want to ensure the focus of the questions captures as much detail on the experience of neurology patients, considering in more detail, for example, elements of care such as rehabilitation and long term care and support. We also want to improve the statistical validity of the data by increasing the response rate and aim to work with the Association of British Neurologists to support dissemination of the survey.

4. Influence the development of place based commissioning strategies to ensure neurology is included and proportionately prioritised

- Defining the impact and needs of people with neurological conditions in sustainability and transformation plans as well as future place and population based commissioning strategies.

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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 by our members, recommended by our Trustees and then elected by our members.

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.

On 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.

3.2 Structure

We are a company limited by guarantee (no 02939840) 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.

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 (to October 2016)
Sarah Vibert	Chief Executive and Company Secretary (from October 2016)
Alex Massey	Senior Policy and Campaigns Advisor (to December 2016)
Elaine Cooper	Senior Policy and Campaigns Advisor (from January 2017)
Fiona Tate	Administration and Communications Assistant (from January 2017)

We would like to thank Parkinson's UK for providing HR support to the Neurological Alliance.

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.

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- Full affiliate membership is open to Regional Neurological Alliances 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.
- Regional Associations of Neurological Organisations 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.

Members

Action Duchenne	www.actionduchenne.org
Action for ME ²	www.actionforme.org.uk
Alzheimer's Research UK ²	www.alzheimersresearchuk.org.uk
Ann Conroy Trust	www.theannconroytrust.org.uk
Ataxia UK	www.ataxia.org.uk
Autistica ¹	www.autistica.org.uk
Batten Disease Family Association	www.bdfa-uk.org.uk
Brain and Spine Foundation	www.brainandspine.org.uk
Brain And Spinal Injury Centre (BASIC)	www.basiccharity.org.uk
Brain Research Trust	www.brt.org.uk
British Polio Fellowship	www.britishpolio.org.uk
Cavernoma Alliance UK	www.cavernoma.org.uk
CMT United Kingdom	www.cmt.org.uk
Cure Parkinson's Trust	www.cureparkinsons.org.uk
The Daisy Garland ¹	www.thedaisygarland.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
FND Action ¹	www.fndaction.org.uk
GAIN (Guillain-Barré and Associated Inflammatory Neuropathies)	www.gaincharity.org.uk
Hemihelp	www.hemihelp.org.uk
I Have IIH Foundation	www.ihaveiih.com
IIH UK	www.iih.org.uk
Independent Fetal Anti-Convulsant Trust	www.facsa.org.uk
The Meath Epilepsy Charity ¹	www.meath.org.uk
Migraine Trust	www.migrainetrust.org
Motor Neurone Disease Association	www.mndassociation.org
Multiple Sclerosis National Therapy Centres	www.msntc.org.uk
Multiple Sclerosis Society	www.mssociety.org.uk
Multiple Sclerosis Trust	www.mstrust.org.uk

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Multiple System Atrophy Trust	www.msatrust.org.uk
Myaware	www.myaware.org
Narcolepsy UK ¹	www.narcolepsy.org.uk
National Tremor Foundation	www.tremor.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
Restless Legs Syndrome UK ¹	www.rls-uk.org
SUDEP Action	www.sudep.org
Sue Ryder	www.sueryder.org
Tourettes Action	www.tourettes-action.org.uk
Tranverse 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
Association of Independent Healthcare Organisations (AIHO)	www.aiho.org.uk
British Paediatric Neurology Association	www.bpna.org.uk
Chartered Society of Physiotherapists	www.csp.org.uk
Division of Neuropsychology (British Psychological Society)	www.bps.org.uk/networks-and-communities/member-microsite/division-neuropsychology
Forward ME ²	www.forward-me.org.uk
The National Hospital for Neurology and Neurosurgery Development Foundation	www.nationalbrainappeal.org
Royal Hospital for Neuro-disability ²	www.rhn.org.uk
Stoke Mandeville Spinal Research	http://lifeafterparalysis.com

Associate Regional Group

East Midlands Association of Neurological Organisations	
South West Alliance of Neurological Organisations	www.swano.org
Yorkshire and Humberside Association of Neurological Organisations	www.yhano.org.uk

Corporate supporters

AbbVie	www.abbvie.co.uk
Allergan Limited ¹	www.allergan.co.uk
Biogen	www.biogen.co.uk
Coloplast	www.coloplast.co.uk
Genzyme	www.genzyme.co.uk
Merk Serono	www.merckserono.co.uk
Novartis	www.novartis.co.uk

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UCB Pharma Ltd	www.ucb.co.uk
Regional Neurological Alliances	
Black Country Neurological Alliance	www.blackcountryneuroalliance.org.uk
Bolton Neuro Voices ¹	www.boltoncvs.org.uk
Cumbria Neurological Alliance	www.cumbrianeurologicalalliance.wordpress.com
Gloucestershire Neurological Alliance	www.glosna.org.uk
Greater Manchester Neurological Alliance ¹	
Hampshire Neurological Alliance	www.hantsneuroalliance.hampshire.org.uk
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
Neuro Key (formerly Tees Valley, Durham, and North Yorkshire Neurological Alliance)	www.na-tvdny.org.uk
Northern Neurological Alliance	www.northernna.org.uk
Oxfordshire Neurological Alliance	www.oxna.org.uk
Staffordshire Neurological Alliance	www.staffsneurologicalalliance.org.uk
Swindon and Wiltshire Neurological Alliance	www.swna.org.uk
West Berkshire Neurological Alliance	www.wbna.org.uk
West London Neurological Alliance ³	

Reciprocal members

National Voices	www.nationalvoices.org.uk
Neurological Alliance of Ireland	www.nai.ie
Neurological Alliance of Scotland	www.scottishneurological.org.uk
Neurological Alliance of Wales	www.walesneurologicalalliance.org.uk

¹. New members in 2016-17

². Ceased members in 2016-17

³. Organisation closed in 2016-17

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 with the Trustees, the Policy Group and Policy Steering group to determine our strategy and plans.

3.2.3a 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

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- 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.

3.2.3.1ai Policy Group leads

Ahmad Butt	Head of Support Services, British Polio Fellowship, Vice Chair
Hannah Verghese	Advocacy and Policy Manager, The Migraine Trust (Chair)
Duncan Lugton	Policy and Campaigns Manager, Sue Ryder, Vice Chair
Dan Rattigan	Policy Manager, MS Society, Vice Chair

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. The main risks facing the Alliance during 2016/17 were:

3.3.1 Income is insufficient to cover Alliance costs

During 2016/17 two larger members informed the Alliance they would not be renewing their membership. Both organisations (one focussing on Alzheimer's and the other specialist healthcare provider) felt that that working as part of a pan-neurological patient coalition was no longer the most effective means to deliver their own organisation's objectives. This meant a reduction in income of just under £16,000. While our level of reserves means this did not present an immediate risk to the financial viability of the charity, we responded to this in a number of ways to ensure we did not draw upon reserves more than necessary, and mitigate against future reduction in income:

- Reforecasting our budget to reduce expenditure in line with reforecast income where possible.
- Developing a more pro-active stakeholder management approach to working with members to ensure the Alliance is responding to changing priorities of members, and developing new projects to align with member interests.
- Actively recruiting new members to the Alliance – with eight new charity members joining during 2016/17 (and five additional member applications being processed during July 2017).
- Undertaking a piece of research to understand the potential for diversifying our income beyond membership fees and corporate partnerships. This has resulted in several strong trust and foundation prospects being identified and applications will be submitted early in the new financial year.

3.3.2 Policy makers cannot deliver our objectives

As outlined in section 2 of this annual report, the landscape in terms of national leadership for neurology has changed considerably since last year. The General Election and announcement of structural changes at NHS England means further changes are highly likely. While the new National Neuro Advisory Group is a welcome development, it is still early days and the Alliance has continued to put pressure on policy makers to deliver the changes that are urgently required. We have taken the strategic decision to prioritise the new NNAG model and are devoting additional resources to supporting this new national

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2017

agenda. In parallel we maintain a breadth of relationships across Government, NHS England and beyond.

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 (02939840) registered in England. The Alliance's registered office is the c/o The British Polio Fellowship, The Xchange, Wilmington Close, Watford, Hertfordshire, WD18 0FQ.

5.1 Trustees and the nominating organisation

Val Buxton	Parkinson's UK (appointed November 2016)
Suzanne Dobson	Tourette's Action (Chair, appointed November 2016)
Alice Doyle	Brain and Spine Foundation (appointed November 2016)
Steve Ford	Parkinson's UK (Chair, resigned November 2016)
Ruth Ingledew	Myaware
Sally Light	Motor Neurone Disease Association (Vice-Chair)
Sue Millman	Ataxia UK
Caroline Morrice	Guillain-Barre and Associated Inflammatory Neuropathies
Matt O'Neill	Narcolepsy UK (appointed November 2016)
Guy Parckar	Dystonia Society
Nick Rijke	MS Society (resigned September 2017)
Amanda Swain	UK Acquired Brain Injury Forum
Simon Wigglesworth	Epilepsy Action (Treasurer)
David White	Cavernoma Alliance UK

5.2 Professional advisors

Bankers	CAF Bank Ltd, PO Box 289, West Malling, Kent, ME19 4TA Metro Bank PLC, One Southampton Row, London, WC1B 5HA
Accountants	Taylorcocks Chartered Accountants, Abbey House, Hickleys Court, South Street, Farnham, Surrey, GU9 7QQ
Independent Examiners	HW Fisher & Company, Acre House, 11-15 William Road, London, NW1 3ER

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2017

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

During 2016/17 the Trustees agreed a new reserves policy. The new reserves policy is a risk-based policy, to reflect the reality that any reduction in income or increasing in costs would take place over a period of time. It is based on an assessment of the key income and expenditure risks to ensure the organisations has sufficient funds to run while taking appropriate action in the event of reduced income or increased costs. Trustees have considered risks in three areas:

- Funding working capital – given the Alliance’s funding is largely cyclical this was not deemed a major risk by Trustees.
- Funding unexpected expenditure– this was also not considered a major risk by Trustees as the Alliance’s expenditure is largely staff costs or projects delivered by third parties with controls in place to manage contracts.
- Funding shortfalls in income, when income does not reach expected levels. This was considered a more significant risk for the Alliance. £148,000 of income (over 75%) comes from just six charity members and seven corporate members. If one of these were to decide to not renew their membership, this would leave a short fall in income, as has happened in 2016/17.

Having considered the risks, Trustees consider it prudent that reserves should be maintained in order to cover the loss of income from one third of the significant income sources. This equates to approximately £50,000.

At the end of the year reserves equal to 5 months of planned expenditure was held.

6.4 Financial position

Income from membership subscriptions fell by 8.7% in the year to £100,597 (2015-16: £110,232). As noted in the risk management section, this was due to one large charity member leaving the Alliance. The corporate funding is continuing, with £70,000 being committed in the year. Overall there is a surplus of £1,209 (2015-16: £64,761) for the year.

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.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2017

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

Suzanne Dobson

Chair, Board of Trustees Date:

THE NEUROLOGICAL ALLIANCE
INDEPENDENT EXAMINER'S REPORT
YEAR ENDED 30 JUNE 2017

I report on the accounts of the Neurological Alliance for the year ended 30 June 2017, which are set out on pages 21-31.

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) 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) 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 in the statement below.

Independent examiner's statements

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

- (1) 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, 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.

Sailesh Mehta, FCA
Audit Partner
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 2017

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2017 £	Total Funds 2016 £
INCOME AND ENDOWMENTS					
FROM:					
Donations and legacies	3	-	-	-	1,120
Charitable activities	4	170,597	-	170,597	230,232
TOTAL		170,597	-	170,597	231,352
EXPENDITURE ON:					
Charitable activities	5	127,258	42,130	169,388	166,591
TOTAL		127,258	42,130	169,388	166,591
NET INCOME/EXPENDITURE		43,339	(42,130)	1,209	64,761
Transfers between funds		-	-	-	-
NET MOVEMENT IN FUNDS		43,339	(42,130)	1,209	64,761
RECONCILIATION OF FUNDS					
Total funds brought forward		97,468	42,130	139,598	74,837
TOTAL FUNDS CARRIED FORWARD	15	140,807	-	140,807	139,598

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

All income and expenditure derives from continuing activities.

The notes on page 23 to 31 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE

BALANCE SHEET

30 JUNE 2017

	Note	2017 £	2016 £
FIXED ASSETS			
Tangible assets	11	1,502	-
CURRENT ASSETS			
Debtors	12	63,403	31,020
Cash at bank		85,338	125,589
		<u>148,741</u>	<u>156,609</u>
CREDITORS: Amounts falling due within one year	13	<u>(9,436)</u>	<u>(17,011)</u>
NET CURRENT ASSETS		139,305	139,598
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>140,807</u>	<u>139,598</u>
NET ASSETS		<u>140,807</u>	<u>139,598</u>
FUNDS			
Restricted income funds	15	-	42,130
Unrestricted income funds	15	140,807	97,468
TOTAL FUNDS		<u>140,807</u>	<u>139,598</u>

For the year ending 30 June 2017 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

Directors' responsibilities:

- The members have not required the company to obtain an audit of its accounts for the year in question in accordance with section 476;
- The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

The Trustees approved the financial statements on 2017 and signed on its behalf by:

Suzanne Dobson
Chair, Board of Trustees

Simon Wigglesworth
Treasurer, Neurological Alliance

Company Registration Number: 02939840

The notes on pages 23 to 31 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2017

1. ACCOUNTING POLICIES

Basis of accounting

The Neurological Alliance is a charitable company limited by guarantee incorporated in England and Wales. In the event of winding up, each member may be required to contribute an amount, not exceeding £10, towards the settlement of the company's liabilities. The registered office is c/o The British Polio Fellowship, The Xchange, Wilmington Close. Watford, Hertfordshire, WD18 0FQ.

The financial statements have been prepared in accordance with 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 2015) – (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The financial statements are prepared on the going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are presented in sterling which is the functional currency of the charitable company and rounded to the nearest £.

The Neurological Alliance meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

These financial statements for the year ended 30 June 2017 are the first financial statements of the charitable company prepared in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. The date of transition to FRS 102 was 1 July 2015. The reported financial position and financial performance for the previous period are not affected by the transition to FRS 102.

Going concern

The trustees have assessed the charity's ability to continue as a going concern and there are no material uncertainties.

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 2017

Incoming resources

All incoming resources are included in the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies are applied to particular categories of income:

Subscription income is invoiced annually in advance and recognised on receipt.

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. Depreciation is provided at rates calculated to write-off the cost of each asset over its expected useful life as follows:

Office equipment - 3 years straight line

Pensions

The charity operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the charity in an independently administered fund.

Taxation

The charity is an exempt charity within the meaning of schedule 3 of the Charities Act 2011 and is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK tax purposes.

Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks and other short-term liquid investments with original maturities of three months or less.

Financial instruments

The charitable company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charitable company's balance sheet when the charitable company becomes party to the contractual provisions of the instrument.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2017

Financial assets and liabilities are offset, with the net amounts recognised in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future receipts discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities.

Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

2. CRITICAL ACCOUNTING ESTIMATES AND JUDGEMENTS

In the application of the charitable company's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

In the opinion of the trustees, there are no significant areas of estimation, uncertainty and critical judgements in applying accounting policies that have significant effect on the amounts recognised in the financial statements.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2017

3. INCOME FROM DONATIONS

	Unrestricted Funds £	Restricted Funds £	Total Funds 2017 £	Total Funds 2016 £
Donations	-	-	-	1,120

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds £	Restricted Funds £	Total Funds 2017 £	Total Funds 2016 £
Corporate Support	70,000	-	70,000	120,000
Subscriptions	100,597	-	100,597	110,232
	170,597	-	170,597	230,232

Income from charitable activities was £170,597 (2016 - £230,232) of which £170,597 (2016 - £110,232) was attributable to unrestricted funds and £nil (2016 - £120,000) was attributable to restricted funds.

5. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted Funds £	Restricted Funds £	Total Funds 2017 £	Total Funds 2016 £
Staff costs	89,724	22,040	111,764	110,065
Other costs	23,335	20,090	43,425	47,795
Governance (note 6)	14,199	-	14,199	8,731
	127,258	42,130	169,388	166,591

Expenditure on charitable activities was £169,388 (2016 - £166,591) of which £127,258 (2016 - £88,721) was attributable to unrestricted funds and £42,130 (2016 - £77,870) was attributable to restricted funds.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2017

6. ANALYSIS OF CHARITABLE ACTIVITIES BY ACTIVITY

	Staff Costs (note 9)	Depreciation	Other costs	Total Funds 2017	Total Funds 2016
	£	£	£	£	£
Policy development	22,040	-	28,292	50,332	77,870
Members activities	82,922	137	9,996	93,055	79,990
Fundraising consultant	-	-	5,000	5,000	-
	104,962	137	43,288	148,387	157,860
Governance (note 7)	6,802	-	14,199	21,001	8,731
	111,764	137	57,487	169,388	166,591

7. GOVERNANCE COSTS

	2017 £	2016 £
Staff costs	6,802	-
Property costs	1,965	-
Accountancy and payroll	5,792	4,638
Independent examination fees	1,854	1,343
ICO registration fees	35	35
Trustees meetings & AGM expenses	4,553	2,715
	21,001	8,731

8. NET INCOMING RESOURCES FOR THE YEAR

This is stated after charging:

	2017 £	2016 £
Staff pension contributions	2,229	4,848
Independent examination fees	1,854	1,343
Accountancy and payroll	5,792	4,638
Depreciation	137	-

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2017

9. STAFF COSTS AND TRUSTEE REMUNERATION AND EXPENSES

Total staff costs were as follows:

	2017	2016
	£	£
Wages and salaries	101,260	96,960
Social security costs	8,275	8,257
Other pension costs	2,229	4,848
	<u>111,764</u>	<u>110,065</u>

The average number of employees during the year was 2 (2016 - 2).

No employees received remuneration of more than £60,000 during the year (2016 - One).

No trustee received any emoluments in the year (2016 - Nil). No Trustees received out of pocket expenses in the year (2016 - Nil) for travelling to board or trustee meetings.

10. RELATED PARTY TRANSACTIONS

Mr S. Ford who resigned as the Chair of the Trustees in November 2016 is the Chief Executive of Parkinson's UK. During the previous year the company entered into an agreement to rent office space from Parkinson's UK at an annual cost of £10,000. This increased to £12,000 per annum when additional space was required.

The agreement ended on 21st April 2017 and as such there is a charge of £8,526 relating to this transaction in the year. The transaction took place under normal commercial terms.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2017

11. TANGIBLE FIXED ASSETS

	Office Equipment £	Total £
COST		
At 1 July 2016	98	98
Additions	1,639	1,639
	<hr/>	<hr/>
At 30 June 2017	1,737	1,737
	<hr/> <hr/>	<hr/> <hr/>
DEPRECIATION		
At 1 July 2016	98	98
Charge for the year	137	137
	<hr/>	<hr/>
At 30 June 2017	235	235
	<hr/> <hr/>	<hr/> <hr/>
NET BOOK VALUE		
At 31 July 2017	1,502	1,502
	<hr/> <hr/>	<hr/> <hr/>
At 31 July 2016	-	-
	<hr/> <hr/>	<hr/> <hr/>

12. DEBTORS

	2017 £	2016 £
Prepayments	1,598	1,020
Corporate funding debtors	61,805	30,000
	<hr/>	<hr/>
	63,403	31,020
	<hr/> <hr/>	<hr/> <hr/>

13. CREDITORS: Amounts falling due within one year

	2017 £	2016 £
Trade creditors	1,270	7,551
Other creditors and accruals	8,166	9,460
	<hr/>	<hr/>
	9,436	17,011
	<hr/> <hr/>	<hr/> <hr/>

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2017

14. PENSION COSTS

The company operates a defined contribution scheme for all qualifying employees. The total pension charge for the year was £2,229 (2016 - £4,848). There is £1,191 (2016 - £1,078) included within Other creditors and accruals in respect of outstanding pension contributions at the year-end.

15. ANALYSIS OF CHARITABLE FUNDS

ANALYSIS OF MOVEMENT IN UNRESTRICTED INCOME FUNDS

	Balance at 1 July 2016	Incoming resources	Outgoing resources	Transfer from Restricted Funds	Balance at 30 June 2017
	£	£	£	£	£
General funds	97,468	170,597	(127,258)	-	140,807

ANALYSIS OF MOVEMENT IN UNRESTRICTED INCOME FUNDS – previous year

	Balance at 1 July 2015	Incoming resources	Outgoing resources	Transfer from Restricted Funds	Balance at 30 June 2016
	£	£	£	£	£
General funds	74,837	111,352	(88,721)	-	97,468

ANALYSIS OF MOVEMENT IN RESTRICTED INCOME FUNDS

	Balance at 1 July 2016	Incoming resources	Outgoing resources	Transfer to Unrestricted Funds	Balance at 30 June 2017
	£	£	£	£	£
Restricted funds	42,130	-	(42,130)	-	-

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

ANALYSIS OF MOVEMENT IN RESTRICTED INCOME FUNDS – previous year

	Balance at 1 July 2015	Incoming resources	Outgoing resources	Transfer to Unrestricted Funds	Balance at 30 June 2016
	£	£	£	£	£
Restricted funds	-	120,000	(77,870)	-	42,130

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2017

17. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted income funds £	Restricted income funds £	Total £
Tangible fixed assets	1,502	-	1,502
Cash at bank and in hand	85,338	-	85,338
Current assets	63,403	-	63,403
Current liabilities	(9,436)	-	(9,436)
	<hr/>	<hr/>	<hr/>
Total funds	140,807	-	140,807
	<hr/>	<hr/>	<hr/>

ANALYSIS OF NET ASSETS BETWEEN FUNDS – previous year

	Unrestricted income funds £	Restricted income funds £	Total £
Cash at bank and in hand	113,459	12,130	125,589
Current assets	1,020	30,000	31,020
Current liabilities	(17,011)	-	(17,011)
	<hr/>	<hr/>	<hr/>
Total funds	97,468	42,130	139,598
	<hr/>	<hr/>	<hr/>