

COMPANY REGISTRATION NUMBER 02939840



THE NEUROLOGICAL ALLIANCE

(LIMITED BY GUARANTEE)

FINANCIAL STATEMENTS

FOR THE YEAR ENDED

30 JUNE 2019

Charity Number 103903

THE NEUROLOGICAL ALLIANCE
TRUSTEE ANNUAL REPORT
LETTER FROM THE CHAIR

Dear all

It is a pleasure to write my Chair's letter reflecting back on the year just gone, which has perhaps been one of our most successful years to date. To some extent this year's success can be put down to The Neurological Alliance continuing our strategy of taking an alternative approach to policy and influencing. Neurology has never been a stated priority for the NHS. This remains true in 2019; if you search for 'neuro' within The Long Term Plan for the NHS, the latest policy document to come out of NHS England, it returns zero results. Yet neurology appears to have more national focus than ever before. Why is this? I put it down to an approach to policy and influencing which might be termed 'policy-making in spite of policy'. Neurology may not be a national priority, but this hasn't stopped The Neurological Alliance from finding opportunities to put neurology on the nationally health map. The publication of the progressive neurological conditions RightCare pathway, a neurology-focussed Getting it Right First Time programme getting underway, and the introduction of a neurology wave for the elective care transformation programme are all evidence that our approach is working. Neurology is finally getting some national focus in terms of improvement initiatives.

Central to this new approach has been our work to Co-Chair, fund and champion the National Neuro Advisory Group (NNAG). This group brings together all the neurology leaders from across the system – charities, health care professionals and policy makers. Rather than depending on national health policy makers to take action to improve neurological services, we have worked as part of this cross-sector coalition to create change ourselves. NHS England also began work on the Neurosciences Transformation programme. Initially we were disappointed in its scope, which narrowly focussed on just three neurological disease areas. With the support of our NNAG partners however, we have now broadened the scope to cover another five disease areas; again, demonstrating the power of working in partnership to initiate improvement – rather than waiting for top-down policy to change.

Another factor in this year's success was The National Neurology Patient Experience Survey. Like anything, the more you do something, the better you get at it. This is true for the patient survey. 2018/19 was the third time we have run the survey. We were far more ambitious this year, aiming to increase the response rate and reach new groups of people with neurological conditions. We also wanted to improve the overall methodology so the results would stand up to scrutiny better. The final result demonstrated that we had achieved all of these aims, with over 10,000 responses gathered, not only through an online survey, but also via neurology clinics. This has given us a rich evidence base with which to shout louder than ever before about the needs of people with neurological conditions. The launch also resulted in more media coverage about neurology than we have seen in many years.

So, does all of this amount to a national plan for neurology, our major policy call this year? No, I don't think it does yet. We have still got some way to go. Member helplines are still receiving countless calls from people who are not getting the care they need. Our patient experience survey shows neurological care still falls along way short of the standard experienced by people with other diseases such as cancer. People with neurological conditions are not yet feeling the benefits of the national improvement initiatives. Yet I feel we now have a lot of building blocks in place, moving towards a national plan for neurology.

The focus of our plans for 2019/20 are about building on this momentum, as well as addressing the gaps in improvement that haven't received attention this year. We are going to look more closely at the needs of people with rare neurological diseases. We are going to do more to reach people with neurological conditions who we have not reached through

our patient survey. In response to the patient survey showing the greatest needs are in relation to financial security and social care, we will also step up our activity in these policy areas. We will also of course continue our health policy work with NNAG and NHS England to continue to focus on national improvement.

I would like to end with some thank yous, starting with the 10,339 people affected by neurological conditions who completed our patient survey. We are hugely grateful to each and every one of you for giving up your time to tell your story. I would also like to thank the Association of British Neurologists and the clinicians up and down the country who supported the delivery of our patient experience survey in their clinics. This enabled us to reach far more people with neurological conditions and symptoms who are newly diagnosed or awaiting diagnosis.

Equally, I would like to thank Professor Williams for his tireless work as our national clinical leader, and Hannah Verghese for her work coordinating the NNAG. Thank you also to The Neurological Alliance staff team for all their work and commitment this year. Finally, I would like to thank the members for their ongoing support; you have once again demonstrated the power of our coalition in bringing about change.

Best wishes

Suzanne Dobson
Chair, The Neurological Alliance

**THE NEUROLOGICAL ALLIANCE
ANNUAL REPORT AND ACCOUNTS
YEAR ENDED JUNE 2019**

REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name The Neurological Alliance

Charity registration number 1039034

Company registration number 02939840

Registered office The Xchange Building
Wilmington Close
Watford
Hertfordshire
WD18 0FQ

Independent Examiner Goodman Jones LLP
Chartered Accountants
29-30 Fitzroy Square
London
W1T 6LQ

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

The Trustees present their report and independently examined financial statements for the Neurological Alliance for the year 1 July 2018 to 30 June 2019. 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 20 November 2019. 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 2018-19 has been one of our most successful years ever.

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 2018-19

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.

Our strategic objectives were set at the Board away day in 2018, as follows:

1. Inform and lead the national policy agenda to drive neurology service improvement
2. Empower and support members to drive collective action that raises the profile of neurology and the issues facing people with neurological conditions
3. Improve the collection, analysis and use of data to provide a robust evidence base to inform improvement of neurology services
4. Influence the development of commissioning strategies to ensure neurology is included and proportionately prioritised
5. To build a sustainable organisation, capable of bringing about change

The Annual Report of the Trustees for 2018/19 is set out under these new strategic objectives.

This year the Trustees have also included a section on the work of The National Neuro Advisory Group (NNAG). NNAG is a collaborative leadership group for neurosciences in England. The Neurological Alliance, along with several of its members, provides the funding for The National Neuro Advisory group. As a separate entity from The Neurological Alliance, Trustees felt it appropriate to provide a separate report on its activities.

2.1 What we did in 2018/19

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

Theresa May's announcement in June 2018 of a £20 billion funding boost for the NHS meant much of the health sector spent summer 2018 working on the development of the NHS Long Term Plan. The Alliance was no different, working with members during August to publish [The Long Term Plan for the NHS: Getting it Right for Neurology Patients](#). When the plan was published in January 2019 it appeared that neurology had been overlooked, other than expected mentions of stroke and dementia. Yet, closer reading revealed much of what we had included in *Getting it Right* was in there – reducing delayed discharge, a renewed commitment to personalised care, and more investment in community base care. We were also delighted to see autism and learning disability included as a clinical priority for the first time. The challenge this presented however, was getting local and regional decision makers to include neurology in their plans, in the absence of a national neurology priority.

Work began this year on the promised NHS England review of specialised neurosciences and we were pleased to see the inclusion of a measure to reduce variation in patients' access to specialised neurosciences in NHS England's planning guidance, published in December. The Neurosciences Transformation Programme, as it is now known, is seeking to identify how NHS England can best commission specialised neuroscience services that deliver the right care at the right place and right time, therefore improving outcomes for people with neurological conditions. We worked with NHS England to ensure strong patient group representation on each of the three neurology workstreams (epilepsy, MS and autoimmune disease) as well as the three neurosurgery pathways. The Alliance, which sits on the Expert Advisory Group for the programme, also raised a strong concern that other areas of neurology not covered by the review would lack the same impetus for improvement. We were therefore delighted to learn in June that NHS England has agreed to four further pathways covering Parkinson's and movement disorders, MND and muscular dystrophy, migraine and neuralgia, and functional neurological disorder. Work will commence imminently on these pathways, with support from the Alliance and our member charities.

It has been almost three years since The National Neuro Advisory Group (NNAG) was established and we recently supported the publication of NNAG's first [Impact Report](#). Supporting the NNAG programme has been a priority for The Neurological Alliance again this year. We have done this through providing programme management resources, alongside some of our members. Additionally, the Alliance has continued to co-chair NNAG alongside Professor Adrian Williams. This year NNAG has worked on issues ranging from care planning to frailty, but the highlight of the year has perhaps been its work on mental health. Following the publication of the NHS Long Term Plan and the commitment to provide better mental health support to people with long term conditions, the NNAG co-chairs met Professor Tim Kendall, National Clinical Director for Mental Health. At the meeting we challenged him to include neurology as a priority in this new work. Professor Kendall then went on to chair an NNAG national summit on mental health and neurology, which took place in June. Follow-up to this day is ongoing but includes working with local mental health services (IAPT – Improving Access to Psychological Therapies) to improve awareness of the distinct needs of people with neurological conditions among staff.

The Alliance has also supported NNAG's programme of away days throughout the year, which aim to bring together the neurological community to discuss issues and agree actions

for improvement. We supported the Parkinson's Excellence Network to run a Parkinson's dementia and psychiatry meeting in July, and also supported Epilepsy Action at an NNAG epilepsy away day in October. In December the Alliance organised the second national clinical leaders away day for NNAG which saw almost 100 clinical leaders from across the country come together to share best practice and discuss current issues. The Alliance has worked with NNAG and Wilmington Health to support the creation of a neurology managers network and we spoke at their inaugural meeting in May about neurology and the national policy environment.

The long-awaited NICE Guideline for suspected neurological conditions in primary care was published in May and widely regarded across the neurological community as a missed opportunity to improve this critical part of the care pathway. The Alliance strongly supported the principles behind the guideline, but was disappointed with the final version, despite much lobbying behind the scenes to improve the document. As it is published, we believe it is unlikely to provide the support required by primary care professionals to enable better recognition of neurological symptoms as well as more timely and appropriate referrals. We are now discussing with NNAG and professional bodies how we work to better support GPs and other primary care professionals, given the new guideline is unlikely to fulfil its intended purpose.

Our work as a patient public voice representative on the Neurosciences Clinical Reference Group (CRG) this year has included supporting the development of an MS Algorithm, various treatment related policies, and the suite of neurosciences service specifications. This year also saw a review of all Clinical Reference Groups, which support the commissioning of NHS England commissioned services. We successfully lobbied against a merger of the specialised pain and neurosciences CRGs. Our application for a place on the newly re-formulated CRG was successful, following an interview in June.

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

Mental health is a long standing priority for The Neurological Alliance. This year our mental health subgroup worked closely with NNAG to deliver the Mental Health and Neurology Summit. In parallel the group developed a [Consensus Statement](#) outlining what 'good' mental health support for people with neurological conditions looks like and what needs to happen to make this a reality. This was launched at the summit. The Alliance has continued to seek opportunities to promote the importance of appropriate mental health support for people with neurological conditions, such as our presentation to The European Neuro Convention on this subject.

During the year we also worked on a number of emerging policy issues with and on behalf of our members:

- Following the Home Office decision in November to reschedule cannabis-based products for medicinal use, The Alliance worked with members to develop a policy position statement on cannabis. We used this as the basis of our response to the Select Committee Inquiry on medicinal cannabis and our comments on the scope of the forthcoming NICE Guideline.
- In December we learned that The Department for Health and Social Care had produced a 'Serious Shortages Prescribing Protocol' which stipulated that in the

event of serious national shortages of medicines, Ministers would order pharmacists to dispense a reduced quantity of medicine, an alternative dosage, a therapeutic equivalent or generic equivalent. We wrote to the Department highlighting the potential harm to people with neurological conditions that could result from such a move. We subsequently worked with our member SUDEP Action to raise the issue in the national media and in a debate in the Houses of Parliament in March.

- We also supported our member Sue Ryder in their campaign around appropriate social care for people with neurological conditions. Sue Ryder's Time to Get it Right report showed that many people with neurological conditions are living in old people's nursing homes. This means that individuals are not getting access to the specialist neurological care they need. In many cases it also means working-aged people are living in socially inappropriate placements, alongside older people.
- We worked with the migraine and dystonia community to successfully lobby for Botulinum Toxin to remain on the high cost drugs list. We raised a concern that these proposals may lead to hospital trusts no longer being able to provide the – often life changing – treatment to patients, due to the cost of the drug making it unviable to provide services.
- We were pleased to contribute to the development of the Neurodevelopmental coalition report *Embracing Complexity* and support their parliamentary reception.
- Our other Neurological Alliance subgroup focusses on rare neurological disease. We have developed a workplan for this group which includes publishing a report about rare neurological disease later this year.

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

The third iteration of what has become known as The National Neurology Patient Experience Survey was The Alliance's biggest project of 2018/19. Our main objective for the survey this year was to grow the response rate in order to be able to break down the results to regional level, given much of the decision making in the NHS is now devolved to regional and local decision makers. We also wanted to increase the reliability of the data so that it would better stand up to external scrutiny. In order to achieve these objectives, we engaged survey experts Quality Health. We began the year by testing an updated set of survey questions. We then piloted a new methodology in the summer whereby we gathered data via paper surveys in neurology clinics. This was followed by opening the online survey and recruiting neurology clinics from across England during the Autumn. The data collection finished on 22nd March and we were delighted to report that, together with our member charities, we had achieved 10,339 responses. This was a huge achievement for people with neurological conditions, our member charities and The Alliance.

Using the survey findings, we published a state of the national report [Neuro Patience: Still waiting for improvements in treatment and care](#), and accompanying technical report, in early July 2019. Given the success in the number of responses received, The Board decided to invest in the survey report launch in order to make the most of the data. Working with PR agency PLMR and with the support of members who put forward people with neurological conditions to be interviewed by the media, we achieved national broadcast media coverage on Sky news and Radio 4's Today Programme. We also achieved print media in trade press

such as the BMJ and Charity Today, and local radio coverage. Paula Sherriff MP, Chair of the Epilepsy APPG, hosted a roundtable discussion event in Parliament which was attended by Professor Stephen Powis, Medical Director at NHS England, Professor Adrian Williams, Co-Chair of NNAG, professional bodies, member organisations and people with neurological conditions. We met Professor Powis following the launch to discuss our call for a national plan for neurology.

In March we worked with members to publish the latest edition of [Neuro Numbers](#) to coincide with Brain Awareness Week 2019. The report shows that the number of neurological cases has now reached at least 16.5 million in England. This equates to more than one in six people living with one or more neurological conditions. The report also highlights that the prevalence of neurological conditions will continue to increase due to an ageing population, improvements in diagnosis and advances in neo-natal care. As well as giving the latest prevalence estimates for neurological conditions, Neuro Numbers also brings together all the latest pan-neurological data available for England. The publication was well received by the community. The Kings Fund, National Voices and NHS England, amongst others, promoted the publication. The Patient Library also included the report in their blog and home page. We were delighted to be invited to have a poster on Neuro Numbers at the Association of British Neurologists annual conference in May. Neuro Numbers has continued to be widely quoted as a source of information on the prevalence of neurological conditions, including in a case to Health Education England for more neurologists, developed by the Association of British Neurologists.

Given the Alliance's strong interest in neurological data, we also agreed to take on the secretariat for the Neurology Intelligence Collaborative (NIC) this year. As well as achieving considerable success in aligning and coordinating the different data projects already underway in neurology, the NIC has begun a project focusing on improving neurology outpatient coding. The Alliance has played a project management role bringing together Getting it Right First Time's coding leads and neurologists from across the country with an interest in coding to consider how we improve coding.

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

This continues to be the most challenging part of our work given the number of local and regional commissioning bodies and the small size of the Alliance team. The success of the patient experience survey however provided us with robust regional data with which to influence decision makers. We worked with our web support team Indigo Tree to create online interactive maps and charts highlighting the regional data. A regionally focused summary of the data, including links to the online maps, was sent to all Sustainability and Transformation Partnerships in England. Over the coming months we are presenting to a number of hospital and Sustainability and Transformation Partnership teams about their local and regional data.

Our regional influencing steering group, made up of members of national charities that are undertaking local influencing work, met several times during the year to develop influencing plans. We wrote to all RightCare delivery partners aiming to find out about whether Clinical Commissioning Groups (CCGs) in their areas were planning improvement initiatives relating to neurology. We found that 37 out of 195 CCGs had submitted delivery plans that included neurological problems as part of their RightCare delivery plans.

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

The other big project of 2018/19 has been the redevelopment of The Neurological Alliance's brand and website. We were delighted to launch the new brand and website in time for our AGM in November. As well as providing a modern website, optimized for smart phones, the new site includes a searchable resource library including all of our publications, plus other relevant publications from external bodies. The site also hosts the National Neuro Advisory Group web pages. We have developed a new membership pack using the new brand.

In February we ran a member survey and were pleased to find that 93% of members who responded said they were satisfied or very satisfied with their membership of the Alliance. Members commented particularly on our communications, policy horizon scanning, and ability to represent the broad neurological perspective as some of our strengths. In terms of the benefits of membership, members highlighted receiving information through newsletters and meetings as the most important benefit, with being able to raise the profile of individual conditions as another important factor. 96% said the Alliance was good or excellence value for money. Members regarded our future priorities as being to continue to raise the profile of neurology in the NHS, as well as engaging with the new integrated care systems, and influencing social care.

Our policy group and subgroups continued to go from strength to strength, with a range of invited speakers, and we also initiated a new quarterly webinar update. The webinar aims to share the latest policy developments with members, without them having to travel to a physical meeting. It has been well received and attendance has slowly grown throughout the year. We were also pleased to welcome seven new members to the Alliance during the year.

What next in 2019/20?

The Trustees have developed a refreshed strategy for the three year period to 2022 and in parallel The Neurological Alliance team has developed a detailed business plan for 2019/20. The highlights of the new business plan are listed below:

- Build on the momentum of the patient experience survey and begin development a national plan for neurology in England.
- Supporting the neurosciences transformation programme to deliver pathways in other neurological areas beyond the pathways currently underway.
- Lobby for the neurology specification to be prioritised, in our newly re-appointed role on the Neurosciences Clinical Reference Group.
- In our role as secretariat to the Neurology Intelligence Collaborative we will deliver the coding project as well as supporting the development of a new – and much needed - project to develop national data collection about neurology patient outcomes
- Continue to support the National Neuro Advisory Group (NNAG) programme to deliver its programme, including supporting a more rigorous approach to project management.
- Influencing local and regional decision makers to include neurology in their plans. Over the coming months we are presenting the local and regional patient survey data

to a number of hospital and STP teams. We are planning regional level meetings that bring together decision makers and patient groups.

- Support delivery of our mental health consensus statement calls and continue the momentum from the mental health summit.
- Working with our rare disease subgroup we will develop a report on rare neurological disease which makes recommendations for change.
- Support the delivery of a national summit on how tech and digital can support people with neurological conditions
- By growing the team by one person we will broaden the focus of our policy work to be more active in social care, employment and welfare policy; the patient survey showed that people's needs are least well met in relation to financial security and social care.

2.1 The National Neuro Advisory Group

It has been almost three years since The National Neuro Advisory Group (NNAG) was established and it recently published its first [Impact Report](#). This year NNAG has worked on issues ranging from care planning to frailty, but the highlight of the year has perhaps been its work on mental health. Following the publication of the NHS Long Term Plan and the commitment to provide better mental health support to people with long term conditions, the NNAG co-chairs met Professor Tim Kendall, National Clinical Director for Mental Health. At the meeting we challenged him to include neurology as a priority in this new work. Professor Kendall then went on to chair an NNAG national summit on mental health and neurology, which took place in June. Follow-up to this day is ongoing but includes working with local mental health services (IAPT – Improving Access to Psychological Therapies) to improve awareness of the distinct needs of people with neurological conditions among staff.

NNAG has also delivered a programme of away days throughout the year, which aim to bring together the neurological community to discuss issues and agree actions for improvement. With the support of the Parkinson's Excellence Network, NNAG ran a Parkinson's dementia and psychiatry meeting in July, and also worked with Epilepsy Action to run a NNAG epilepsy away day in October. In December NNAG hosted the second national clinical leaders away day for NNAG which saw almost 100 clinical leaders from across the country come together to share best practice and discuss current issues. NNAG has worked with Wilmington Health to support the creation of a neurology managers network.

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

Sarah Vibert	Chief Executive and Company Secretary (returned from maternity leave July 2018)
Joe Korner	Acting Chief Executive and Company Secretary – maternity cover (-July 2018)
Katharine McIntosh	Senior Policy and Campaigns Advisor (from January 2018 – July 2019)
Fiona Tate	Policy and External Affairs Manager (July 2019 – present)
Adenike Adebisi	Administration and Communications Assistant (from January 2017 – September 2019)
	Policy and Campaigns Assistant (August 2019 – present)

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 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 ²	www.actionduchenne.org
Ataxia UK	www.ataxia.org.uk
Autistica	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 UK (formally Brain Research Trust)	www.brainresearchuk.org.uk/
British Polio Fellowship ²	www.britishpolio.org.uk
The Brain Tumour Charity ²	www.thebraintumourcharity.org
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	www.thedaisygarland.org.uk
Different Strokes	www.differentstrokes.co.uk
Downs Syndrome Research (DSRF)	www.dsrf-uk.org
Dystonia Society	www.dystonia.org.uk
Epilepsy Action	www.epilepsy.org.uk
Epilepsy Research UK	www.epilepsyresearch.org.uk
FD UK	www.familialdysautonomia.co.uk
FND Action	www.fndaction.org.uk
FND Hope	www.fndhope.org
GAIN (Guillain-Barré and Associated Inflammatory Neuropathies)	www.gaincharity.org.uk
Huntington's Disease Association ¹	www.hda.org.uk
IIH UK ¹	https://www.iih.org.uk/
I Have IIH Foundation ²	www.ihaveiih.com
Independent Fetal Anti-Convulsant Trust ²	www.facsa.org.uk
Matthew's Friends ¹	https://www.matthewsfriends.org/
The Meath Epilepsy Charity ²	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
Multiple System Atrophy Trust	www.msatrust.org.uk
Myaware	www.myaware.org
Myelopathy.org ¹	https://myelopathy.org/
Narcolepsy UK	www.narcolepsy.org.uk
The National Hospital For Neurology And Neurosurgery Development Foundation	www.nationalbrainappeal.org
National Tremor Foundation	www.tremor.org.uk
Parkinson's UK	www.parkinsons.org.uk
Pernicious Anaemia Society (PAS)	www.pernicious-anaemia-society.org

Members (continued)

Polio Survivors Network	www.poliosurvivorsnetwork.org.uk
PSP Association	www.pspeur.org
Restless Legs Syndrome UK	www.rls-uk.org
Ring 20 Research and Support UK CIO ¹	ring20researchsupport.co.uk/
Spinal Injuries Association ²	www.spinal.co.uk
Spinal Muscular Atrophy Support UK ¹	smauk.org.uk/
Spotlight YOPD ¹	spotlightyopd.org/
SUDEP Action	www.sudep.org
Sue Ryder	www.sueryder.org
Tourettes Action	www.tourettes-action.org.uk
Transverse Myelitis Society	www.myelitis.org.uk
Trigeminal Neuralgia Association UK	www.tna.org.uk
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
Division of Neuropsychology (British Psychological Society)	www.bps.org.uk/networks-and-communities/member-microsite/division-neuropsychology
ILAE British Chapter ²	ilaebritish.org.uk

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	www.allergan.co.uk
Bial Pharma UK Ltd ¹	www.bial.com/en/
Biogen	www.biogen.uk.com
Coloplast ²	www.coloplast.co.uk
Genzyme	www.genzyme.co.uk
MedDay Pharmaceuticals ²	www.medday-pharma.com
Merck Serono	www.merckserono.co.uk
Novartis	www.novartis.co.uk
Teva UK Limited ¹	www.tevauk.com
UCB Pharma Ltd	www.ucb.co.uk

Regional Neurological Alliances

Black Country Neurological Alliance	www.blackcountryneuroalliance.org.uk
Bolton Neuro Voices	www.boltoncvvs.org.uk
Cumbria Neurological Alliance	www.cumbrianeurologicalalliance.wordpress.com
Greater Manchester Neurological Alliance	www.gmna.co.uk/
Hampshire Neurological Alliance	www.hantsneuroalliance.hampshire.org.uk
Lancashire and South Cumbria Neurological Alliance ³	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 ³	www.northernna.org.uk
Staffordshire Neurological Alliance ³	www.staffsneurologicalalliance.org.uk
Swindon and Wiltshire Neurological Alliance ³	www.swna.org.uk
West Berkshire Neurological Alliance	www.wbna.org.uk

Reciprocal members

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 2018-19

². Ceased members in 2018-19

³. Organisation closed in 2018-19

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 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.

3.2.3.1ai Policy Group leads

Hannah Verghese	Advocacy and Policy Manager, The Migraine Trust, Co-Chair (to September 2018)
Duncan Lugton	Policy and Campaigns Manager, Sue Ryder, Co-Chair (to May 2019)
Sammy Ashby	Deputy Chief Executive, SUDEP Action, Co-Vice Chair (from June 2018) Co-Chair (from October 2018)
Jack Doughty	Senior Policy Officer (Medicines and Clinical Pathways), MS Society, Co-Vice Chair (June to November 2018)
Fredi Cavander-Attwood	Policy Manager for Health and Care, MS Society Co-Vice Chair (from November 2018), Co-Chair (from July 2019)

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. We also have a risk-based reserves policy which mitigates one of our main financial risks in terms of having over three quarters of our income coming from just 13 funders (four charities, nine corporates).

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 was the c/o The British Polio Fellowship, The Xchange, Wilmington Close, Watford, Hertfordshire, WD18 0FQ until 20th September 2019. The Alliance's new registered office, from 21st September 2019 is The Junction, Station Road, Watford, WD17 1ET.

5.1 Trustees and the nominating organisation

Val Buxton	Parkinson's UK
Suzanne Dobson	Tourette's Action (Chair)
Alice Doyle	Brain and Spine Foundation (resigned November 2018)
Genevieve Edwards	MS Society
Sally Light	Motor Neurone Disease Association (Vice-Chair)
Pamela Mackenzie	Sue Ryder (appointed November 2018)
David Martin	Multiple Sclerosis Trust (appointed November 2018)
Sue Millman	Ataxia UK

Caroline Morrice	Guillain-Barre and Associated Inflammatory Neuropathies
Matt O'Neill	Narcolepsy UK
Amanda Swain	UK Acquired Brain Injury Forum (appointed November 2018)
Simon Wigglesworth	Epilepsy Action (Treasurer)
David White	Cavernoma Alliance UK (resigned November 2018)

The during the year the Board, again, co-opted two independent Trustees with the aim of achieving greater diversity on the board in terms of the professional backgrounds of members. The two co-opted trustees are:

David Garmon-Jones	appointed February 2018, reappointed February 2019
Ralph Gregory	appointed February 2018, reappointed February 2019

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	Goodman Jones LLP, 29-30 Fitzroy Square, London W1T 6LQ

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

A new reserves policy was agreed by Trustees during 2016/17. This new 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.

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 unrestricted reserves of £87,484 were held. This is £35,539 above the level of reserves the trustees calculate are required. As such in approving the 2019/20 budget, £20,155 of the reserves have been allocated for expenditure in 2019/20 to support the Alliance's key projects, such as the National Neuro Advisory Group.

6.4 Financial position

Income from membership subscriptions fell by 8% in the year to £90,545 (2017/18: £98,841). This was due to three medium-sized members leaving the Alliance, with some of the shortfall made up by recruiting new, albeit smaller, members. In parallel, the corporate funding has increased by 15% from £82,480 to £94,694. We also received charitable donations totalling £5,694. We would like to thank The Edith Lilian Harrison 2000 Foundation for funding our work for the second year running. In line with our relationships policy, income from the pharmaceutical industry remained at less than 50% of our unrestricted income.

In addition, again we received Gift in Kind support from The Strategy Unit, NHS Midlands to support the NNAG work. We would like to thank The Strategy Unit for their support. We also received restricted donations from three charity members to support the NNAG work. We

would like to thank the charity members for their support of this important work. We also received funding from a non-member charity in return for consultancy support for their patient experience survey, which in turn provided a contribution towards the costs of The Neurological Alliance patient experience survey.

Overall there is a deficit of £44,605 on the unrestricted funds (2017/18: deficit of £8,618) and a deficit of £3,244 on restricted funds (2017/18: surplus of £6,000). This leaves an overall deficit of £47,849 (2017/18: deficit of £2,618) for the year.

6.5 Trustees' responsibilities statement

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

Company law requires the trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2015 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant information of which the charitable company's independent examiner is unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant information and to establish that the independent examiner is aware of that information.

6.6 Independent Examiners

At the AGM in November 2018, members agreed to delegate responsibility for selecting the Neurological Alliance's Independent Examiners for the forthcoming year and 2018-19 accounts to the Board of trustees.

The Board decided to appoint Goodman Jones LLP to be our independent examiner for 2018/19.

6.7 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:

INDEPENDENT EXAMINER'S REPORT
TO THE TRUSTEES OF THE NEUROLOGICAL ALLIANCE (the 'Charity')
YEAR ENDED 30 JUNE 2019

I report to the charity Trustees on my examination of the accounts of the Neurological Alliance for the year ended 30 June 2019.

This report is made solely to the Charity's Trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. My work has been undertaken so that I might state to the Charity's Trustees those matters I am required to state to them in an Independent Examiner's Report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Charity and the Charity's Trustees as a body, for my work or for this report.

Responsibilities and basis of report

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

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

Independent examiner's statement

I have completed my examination. I can confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

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

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

Martin Bailey, FCA
Goodman Jones LLP
Chartered Accountants
29-30 Fitzroy Square
London W1T 6LQ

Dated:

THE NEUROLOGICAL ALLIANCE

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

YEAR ENDED 30 JUNE 2019

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2019 £	Total Funds 2018 £
INCOME AND ENDOWMENTS FROM:					
Donations and legacies	2	5,694	9,000	14,694	21,433
Charitable activities	3	185,739	11,000	196,739	199,421
Investments	4	290	-	290	-
TOTAL		191,723	20,000	211,723	220,854
EXPENDITURE ON:					
Raising funds		10,878	-	10,878	5,000
Charitable activities	9	212,283	36,411	248,694	218,472
TOTAL	5	223,161	36,411	259,572	223,472
NET EXPENDITURE BEFORE TRANSFERS					
Transfers between Funds	15	(31,438) (13,167)	(16,411) 13,167	(47,849) -	(2,618) -
NET INCOME/EXPENDITURE		(44,605)	(3,244)	(47,849)	(2,618)
NET MOVEMENT IN FUNDS		(44,605)	(3,244)	(47,849)	(2,618)
RECONCILIATION OF FUNDS:					
Total funds brought forward		132,189	6,000	138,189	140,807
TOTAL FUNDS CARRIED FORWARD		87,584	2,756	90,340	138,189

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

All income and expenditure derives from continuing activities.

The notes below part of these financial statements.

THE NEUROLOGICAL ALLIANCE

BALANCE SHEET

30 JUNE 2019

	Note	2019 £	2018 £
FIXED ASSETS			
Tangible assets	12	410	956
CURRENT ASSETS			
Debtors	13	56,110	62,019
Cash at bank and in hand		64,755	101,288
		<u>120,865</u>	<u>163,307</u>
CREDITORS: Amounts falling due within one year	14	<u>(30,935)</u>	<u>(26,074)</u>
NET CURRENT ASSETS		89,930	137,233
NET ASSETS		<u>90,340</u>	<u>138,189</u>
CHARITY FUNDS			
Restricted income funds	15	2,756	6,000
Unrestricted income funds	15	87,584	132,189
TOTAL FUNDS		<u>90,340</u>	<u>138,189</u>

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

The Trustees consider that the Charity is entitled to exemption from the requirement to have an audit under the provisions of section 477 of the Companies Act 2006 ("the Act") and members have not required the Charity to obtain an audit for the year in question in accordance with section 476 of the Act.

The Trustees acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

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

Suzanne Dobson
Chair, Board of Trustees

Simon Wigglesworth
Treasurer, Board of Trustees

Company Registration Number: 02939840

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

1. ACCOUNTING POLICIES

1.1 Basis of preparation of financial statements

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.

1.2 Company status

The Charity is a company limited by guarantee. The members of the company are the Trustees named on page 1. In the event of the Charity being wound up, the liability in respect of the guarantee is limited to £10 per member of the Charity.

1.3 Going concern

The Trustees have assessed whether the use of the going concern assumption is appropriate in preparing these accounts and are of the opinion that the Charity will have sufficient resources to meet its liabilities as they fall due. The Trustees have made this assessment in respect of a period of one year from the date of approval of these accounts. The Trustees of the Charity have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the Charity to continue as a going concern.

1.4 Fund accounting

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

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

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

1. ACCOUNTING POLICIES *(continued)*

1.5 Income

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

The following specific policies are applied to particular categories of income:

Subscription income is invoiced in line with the financial year and recognised in the period to which it relates.

Corporate support represents amounts invoiced in the year.

Donated services or facilities are recognised when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably.

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

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

1.6 Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Charity; this is normally upon notification of the interest paid or payable by the Bank.

1.7 Expenditure

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

Support costs are those costs incurred directly in support of expenditure on the objects of the Charity. Governance costs are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

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

1.8 Operating leases

Rentals under operating leases are charged to the Statement of Financial Activities incorporating Income and Expenditure Account on a straight-line basis over the lease term.

1.9 Tangible fixed assets and depreciation

A review for impairment of a fixed asset is carried out if events or changes in circumstances indicate that the carrying value of any fixed asset may not be recoverable. Shortfalls between the carrying value of fixed assets and their recoverable amounts are recognised as impairments. Impairment losses are recognised in the Statement of Financial Activities incorporating Income and Expenditure Account.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Office equipment - 3 years straight line

1.10 Debtors

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

1.11 Cash at Bank and in hand

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

1.12 Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the Charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

1.13 Financial instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

1. ACCOUNTING POLICIES *(continued)*

1.14 Pensions

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

1.15 Critical accounting estimates and areas of judgement

In the application of the Charity'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.

2. INCOME FROM DONATIONS AND LEGACIES

	Unrestricted Funds £	Restricted Funds £	Total Funds 2019 £	Total Funds 2018 £
Donations	5,694	-	5,694	5,433
Gift in kind	-	9,000	9,000	16,000
	5,694	9,000	14,694	21,433
<i>Total 2018</i>	<i>5,433</i>	<i>16,000</i>	<i>21,433</i>	

3. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted Funds £	Restricted Funds £	Total Funds 2019 £	Total Funds 2018 £
Corporate Support	94,694	-	94,694	82,480
Subscriptions	90,545	-	90,545	98,841
Projects	500	11,000	11,500	18,100
	185,739	11,000	196,739	199,421
<i>Total 2018</i>	<i>181,921</i>	<i>17,500</i>	<i>199,421</i>	

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

4. INVESTMENT INCOME

	Unrestricted Funds £	Restricted Funds £	Total Funds 2019 £	Total Funds 2018 £
Interest income	290	-	290	-

5. ANALYSIS OF EXPENDITURE BY EXPENDITURE TYPE

	Staff Costs £	Depreciation £	Other costs £	Total Funds 2019 £	Total Funds 2018 £
Expenditure on raising voluntary income	7,232	23	3,623	10,878	5,000
Costs of raising funds	7,232	23	3,623	10,878	5,000
Policy Development	62,301	279	101,463	164,043	147,635
Members Activities	45,010	190	19,183	64,383	57,045
Charitable activities	107,311	469	120,646	228,426	204,680
Expenditure on governance	13,463	54	6,751	20,268	13,792
	128,006	546	131,020	259,572	223,472
<i>Total 2018</i>	<i>114,821</i>	<i>546</i>	<i>108,105</i>	<i>223,472</i>	

Expenditure on charitable activities attributable to unrestricted funds was £242,572 (2018: £190,972) and £32,991 (2018: £27,500) was attributable to restricted funds. All expenditure on raising funds was attributable to unrestricted funds in both the current and prior years.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

6. ANALYSIS OF EXPENDITURE BY ACTIVITIES

	Activities undertaken directly £	Support costs £	Total 2019 £	Total 2018 £
Policy Development	114,973	19,070	164,043	147,635
Members Activities	51,368	13,015	64,383	57,045
Total 2019	196,341	32,085	228,426	204,680
<i>Total 2018</i>	<i>182,630</i>	<i>22,050</i>	<i>204,680</i>	

7. DIRECT COSTS

	Policy Development £	Members Activities £	Total 2019 £	Total 2018 £
Project costs	83,032	3,779	86,811	68,657
Meeting costs	2,929	3,209	6,138	6,726
Telephone	1,433	593	2,026	4,226
Trustee meetings and AGM	-	2,000	2,000	-
Wages and salaries	48,725	35,700	84,425	91,343
National insurance	5,118	3,519	8,637	7,062
Pension cost	3,736	2,568	6,304	4,616
Total 2019	144,973	51,368	196,341	182,630
<i>Total 2018</i>	<i>134,849</i>	<i>47,781</i>	<i>182,630</i>	

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

8. SUPPORT COSTS

	Fundraising costs £	Governance £	Policy Development £	Members Activities £	Total 2019 £	Total 2018 £
Project costs	85	199	1,034	706	2,024	2,552
Subscriptions	36	86	445	303	870	460
Post, printing and stationery	15	36	188	128	367	632
Property costs	408	963	4,999	3,413	9,783	8,815
Bank charges	3	6	35	23	67	60
Insurance	51	120	620	423	1,214	1,236
Recruitment	89	212	1,101	751	2,153	2,276
ICO registration	2	4	20	14	40	35
Trustee meetings and AGM	-	4,041	-	-	4,041	5,175
Accountancy and payroll	216	509	2,643	1,804	5,172	5,155
Independent examination fee	77	181	940	642	1,840	2,100
Marketing	167	394	2,044	1,395	4,000	-
Wages and salaries	-	13,463	4,722	3,223	21,408	6,800
Depreciation	23	54	279	190	546	546
Total 2019	1,172	20,268	19,070	13,015	53,525	35,842
<i>Total 2018</i>	<i>538</i>	<i>13,792</i>	<i>12,786</i>	<i>8,726</i>	<i>35,842</i>	

9. GOVERNANCE COSTS

	Unrestricted Funds £	Restricted Funds £	Total Funds 2019 £	Total Funds 2018 £
Support costs - Governance	6,751	-	6,751	6,938
Wages and salaries	13,463	-	13,463	6,800
Depreciation	54	-	54	54
	20,268	-	20,268	13,738

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

10. NET INCOME/(EXPENDITURE)

This is stated after charging:

	2019	2018
	£	£
Depreciation of tangible fixed assets:		
- owned by the charity	546	546
Independent examination fee	1,840	2,100
	<u><u>1,840</u></u>	<u><u>2,100</u></u>

During the year, no Trustees received any remuneration (2018 - £NIL).

During the year, no Trustees received any benefits in kind (2018 - £NIL).

During the year, no Trustees received any reimbursement of expenses (2018 - £NIL).

11. STAFF COSTS

Staff costs were as follows:

	2019	2018
	£	£
Wages and salaries	113,065	103,143
Social security costs	8,637	7,062
Other pension costs	6,304	4,616
	<u><u>128,006</u></u>	<u><u>114,821</u></u>

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

	2019	2018
	No.	No.
Employees	3	3

No employee received remuneration amounting to more than £60,000 in either year.

Key management personnel remuneration incurred by the charity in the 2018/19 year amounted to £72,445. This compared to £75,395 during 2017/18.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

12. TANGIBLE FIXED ASSETS

	Office Equipment £
COST	
At 1 July 2018 and at 30 June 2019	1,737
DEPRECIATION	
At 1 July 2018	781
Charge for the year	546
At 30 June 2019	1,327
NET BOOK VALUE	
At 30 June 2019	410
At 30 June 2018	956

13. DEBTORS

	2019	2018
	£	£
Trade debtors	52,740	51,550
Other debtors	1,705	8,805
Prepayments and accrued income	1,665	1,664
	56,110	62,019

14. CREDITORS: Amounts falling due within one year

	2019	2018
	£	£
Trade creditors	3,666	7,478
Other creditors	2,072	2,026
Accruals and deferred income	25,197	16,570
	30,935	26,074

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

15. STATEMENT OF FUNDS

STATEMENT OF FUNDS – CURRENT YEAR

	Balance at 1 July 2018 £	Income £	Expenditure £	Transfers in/out £	Balance at 30 June 2019 £
Unrestricted funds					
General Funds	132,189	191,723	(223,161)	(13,167)	87,584
Restricted funds					
NNAG Events	6,000	-	(3,244)	-	2,756
PES Stroke Association	-	3,500	(3,500)	-	-
NNAG Support	-	7,500	(20,667)	13,167	-
NNAG Support - GIK	-	9,000	(9,000)	-	-
	6,000	20,000	(32,911)	13,167	2,756
Total of funds	138,189	211,723	(259,572)	-	90,340

NNAG events - events and activities to support the development of an epilepsy pathway

PES Stroke Association - consultancy support to Stroke Association to develop a stroke version of The National Neurology Patient Experience Survey

NNAG support - programme management support for The National Neuro Advisory Group, includes organising meetings, workstreams and events.

NNAG support - GIK - programme management support for The National Neuro Advisory Group, provided as a gift in kind from NHS Midlands.

STATEMENT OF FUNDS – PRIOR YEAR

	<i>Balance at 1 July 2017 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Balance at 30 June 2018 £</i>
General Funds	<i>140,807</i>	<i>187,354</i>	<i>(197,972)</i>	<i>130,189</i>
Restricted funds				
NNAG Events	<i>-</i>	<i>33,500</i>	<i>(27,500)</i>	<i>6,000</i>
Total of funds	<i>140,807</i>	<i>220,854</i>	<i>(225,472)</i>	<i>136,189</i>

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2019

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS – current year

	Unrestricted funds £	Restricted funds £	Total funds 2019 £
Tangible fixed assets	410	-	410
Current assets	118,609	2,756	120,865
Creditors due within one year	(30,935)	-	(30,935)
	<u>87,584</u>	<u>2,756</u>	<u>90,340</u>

ANALYSIS OF NET ASSETS BETWEEN FUNDS – prior year

	<i>Unrestricted funds £</i>	<i>Restricted funds £</i>	<i>Total funds 2018 £</i>
<i>Tangible fixed assets</i>	956	-	956
<i>Current assets</i>	157,307	6,000	163,307
<i>Creditors due within one year</i>	(26,074)	-	(26,074)
	<u>132,189</u>	<u>6,000</u>	<u>138,189</u>

17. PENSION COMMITMENTS

The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £6,304 (2018 - £4,616).

Contributions totalling £2,072 (2018 - £2,026) were payable to the fund at the balance sheet date and are included in creditors.

18. OPERATING LEASE COMMITMENTS

At 30 June 2019 the total of the Charity's future minimum lease payments under non-cancellable operating leases was:

	2019 £	2018 £
Amounts payable:		
Within 1 year	5,115	6,820
Between 1 and 5 years	-	5,115
Total	<u>5,115</u>	<u>11,935</u>

19. RELATED PARTY TRANSACTIONS

Other than disclosed elsewhere in these financial statements, there were no related party transactions requiring disclosure during the current or previous year.