

**COMPANY REGISTRATION NUMBER 02939840**



**THE NEUROLOGICAL ALLIANCE  
(LIMITED BY GUARANTEE)  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED  
30 JUNE 2021**

**Charity Number 103903**

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## THE NEUROLOGICAL ALLIANCE

### Dedication

We dedicate our annual report to our former Chair, colleague and friend, Suzanne Dobson, who passed away in July 2021, to our great sadness. Suzanne was Chair of the Alliance from 2016 – 2020, bringing energy and enthusiasm to the role, and enabling the organisation to go from strength to strength. Suzanne was passionate about ensuring all of our members, regardless of size or scale, were listened to and represented at all levels of Government. Suzanne has had a hugely positive impact on the Alliance, much of which is reflected in this report. We will miss her deeply, and our thoughts are very much with her friends and family.



## TRUSTEE ANNUAL REPORT

### LETTER FROM THE CHAIR

I am pleased to introduce The Neurological Alliance Annual Report for 2020-21. This year has of course been extremely turbulent, and with the Covid-19 pandemic continuing to so deeply impact all of our lives, we have redoubled our efforts to mitigate the impacts of the crisis on people with neurological conditions and our members. At such a critical time, I was honoured to take up the role of Chair in November 2020.

Despite these challenges, the Alliance has continued to go from strength to strength, growing our membership and influence.

Together, we were successful in our campaigns to ensure that the impact of the pandemic on people with neurological conditions and services was recognised in Government efforts to restart health services. This included two reports. The first, in July 2020, detailed the immediate impact of the pandemic. The second report, published by the National Neuroscience Advisory Group (NNAG) in June 2021, collated experiences and evidence from across the neurological community to set out the impact of the pandemic across services. This has undoubtedly contributed to decision making by NHS England and the NHS Improvement specialised commissioning team to prioritise neurology and neurosurgery as part of their plans to support recovery of elective care. Importantly, this means that Integrated Care Systems should have all developed plans to support recovery, which provides an important basis for our community's future engagement with these new bodies.

We welcomed four new members and affiliates to the Alliance, along with two new corporate supporters. Every single one of our national members renewed with us in 2020/21, demonstrating the importance of us, the neurological community, sticking together during these challenging times. We were also pleased to welcome new trustees to the Board: Dr Arani Nitkunan (Consultant Neurologist), Cath Stanley (Huntington's Disease Association) and Sarah Rawlings (MS Society). Alan Bowers (Sue Ryder) also kindly stepped in following the departure of Pamela Mackenzie from Sue Ryder. Their enthusiasm and expertise have already made a positive difference to our work, and I look forward to continuing to work with trustees to enable the Board to be as effective as it can be.

We have also worked closely with the Brain and Spine Foundation, our fellow pan-neurological organisation, to develop NeuroLifeNow, a new app to collect the experiences of people with neurological conditions. The app also enables people with neurological conditions to access information and news. The evidence gathered up via the app has been vital in our efforts to influence the restart of services later on .

The first ever NeuroFest was held in November 2020 – a brand new event to bring together members, associates and individuals interested in improving neurological

treatment, care and support. The event attracted more than 200 attendees, and we received hugely positive feedback.

Working together, we have also ensured that people with neurological conditions and their experiences were amplified in Westminster. We supported the All Party Parliamentary Groups (APPG) for multiple sclerosis (MS), Parkinson's, traumatic brain injury (TBI) and motor neurone disease (MND) to host a joint meeting to discuss the impact of the pandemic on people with neurological conditions. In addition, APPG Chairs and our Chief Executive met with the Minister for Health Edward Argar MP in early 2021 to urge him to support a recovery plan for services for people with neurological conditions. This group of Parliamentarians also worked together to secure a debate in the House of Lords on services for people with neurological conditions, which had excellent attendance from a range of parties, and resulted in a number of important commitments to prioritise neurology in NHS recovery efforts.

Outside policy related to COVID-19, we worked with our rare condition sub group to develop an extensive report on the realities of life with a rare neurological condition, recognising that access to treatment and care can be even more challenging when living with a condition that is less prevalent. The report 'Out of the Shadows' received positive feedback from policy-makers, and many of its recommendations chimed with the UK Government Rare Disease Framework, which was published in January 2021. We, together with our members, are now working closely with NHS England and NHS Improvement and the Department for Health and Social Care to develop an implementation plan that can deliver real change for people with neurological conditions.

These are just some of the highlights of the year, and much more of the Alliance's work, and the difference we have made, is detailed in the pages that follow. You will also find some information about our plans for the coming year, as the NHS continues to try and bring waiting lists down and embed new models of care.

I would like to take this opportunity to thank the Board, the team and every one of our members and supporters for their continued support – we are, I believe, stronger than ever, and are in fantastic position to continue to improve access to treatment, care and support for the one in six of us who live with a neurological condition.

**David Martin, Chair, The Neurological Alliance**

**THE NEUROLOGICAL ALLIANCE**  
**ANNUAL REPORT AND ACCOUNTS**  
**YEAR ENDED JUNE 2021**

**REFERENCE AND ADMINISTRATIVE DETAILS**

**Registered charity name**            The Neurological Alliance

**Charity registration number**    1039034

**Company registration number** 02939840

**Registered office**                    The Junction  
Station Road  
Watford  
Hertfordshire  
WD17 1EU

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

**Accountants**                         Godfrey Wilson  
5th Floor, Mariner House  
62 Prince Street  
Bristol  
BS1 4QD

**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 2020 to 30 June 2021. 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 17 November 2021. In preparation of this report, the Trustees had regard for the Charity Commission guidance on public benefit.

## **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 70 national charities, professional bodies, regional organisations and corporate organisations working together to transform neurological treatment, care and support.

## **2. What we set out to do in 2020-21**

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, set at the Board away day in 2020, were to:

1. Increase the influence and involvement of people with neurological conditions
2. Increase and strengthen the collective voice of the neurological community
3. Increase and drive the national policy profile of neurology
4. Increase and support local action to improve neurological services
5. To build a sustainable organisation capable of bringing about change

The Annual Report of the Trustees for 2020/21 is set out under these strategic objectives.

1. Increase the influence and involvement of people with neurological conditions

***"The Neurological Alliance plays an important role in leading the sector's engagement with UK Government and Parliament.***

***"Over the last year this has included bringing together a range of different neurological charities and representative bodies in one unified voice in response to Covid-19, including communicating a vision to politicians for how neurological services should resume in the wake of the pandemic.***

***“The Neurological Alliance is a trusted voice for its knowledge and the expertise of its members and the challenges that people with neurological conditions face, and we’re proud to be a member.” – Joseph Brunwin, MS Society***

Ensuring the impacts of the Covid-19 pandemic on people with neurological conditions are heard by policy-makers has been central to much of our work this year.

In July 2020, we published the results of our survey of more than 1,600 people with neurological conditions, with over 7 in 10 respondents reporting delays to their medical appointments as a result of COVID-19. 1,672 people took part in the survey, and we found that:

- 72% of respondents reported having had their NHS appointments delayed – 4 in 10 people didn’t know when until.
- Almost 4 in 10 people (39%) due to see a neurologist were not given a future date for their delayed appointment, leaving them in complete limbo.
- 19% of respondents felt lonely, 1 in 10 felt hopeless.

The report launched successfully and included a letter from 41 neurological organisations to Simon Stevens, former Chief Executive of NHS England and NHS Improvement (NHSE/I) calling on NHSE/I to set out their plans to restart neurological services. A similar letter, in support of this call, has been co-signed by Neurological All Party Parliamentary Group (APPG) Chairs to the then Secretary of State for Health and Care, Matt Hancock.

We also obtained coverage in the Health Service Journal PharmaForum, Nursing Times and Charity News Today. Our report was also circulated to more than 50 Parliamentarians and policy-makers across Westminster and Whitehall, including Health Education England, the CQC and NHS Digital.

We have worked closely with the Brain and Spine Foundation to launch NeuroLifeNow, a new app for people with neurological conditions to share their experiences of care. The app, which was launched in January 2021, includes a bi-monthly survey – more than 800 survey responses were collected before the end of July 2021, and five reports of the results have been published, providing invaluable real-time evidence of the impact of the pandemic on people with neurological conditions.

We also worked with Wilmington Healthcare and a volunteer data analyst to develop a briefing that brings together Hospital Episode Statistics and GP Prescribing datasets to look at how NHS activity changed over the first lockdown. We published the national analysis of this data on our website and have provided condition specific data to our members.

As a result of this evidence and engagement, we were able to highlight the impacts of the pandemic on people and services. This included working with the MS Society, UKABIF, MNDA, Epilepsy Action and Parkinson’s UK to organise and present at a joint meeting of the All Party Parliamentary Groups (APPGs) for motor neuron disease

(MND), multiple sclerosis (MS), epilepsy, Traumatic Brain Injury (TBI) and Parkinson's in December 2020. This meeting focussed in on the impacts of the pandemic on rehabilitation in particular.

The Chairs of these Groups, together with our Chief Executive, met with the Minister for Health, Edward Argar MP, early in 2021.

As a result of the community's tireless campaigning, we were pleased to see neurology and neurosurgery prioritised as part of NHSE/I recovery strategy. NHSE/I published the 2021/22 Priorities and Operational Planning Guidance for Integrated Care Systems (ICSs) in March 2021, setting out the priorities for the year ahead including restoration of services and reducing the elective care backlogs that have built up as a result of the pandemic. As part of the implementation guidance ICSs were asked to submit a national template summarising their recovery plans for all elective activity including a breakdown of particular specialties including neurology and neurosurgery. These plans are now being used by ICSs to monitor restoration of elective activity at a local level.

Finally, we have been developing the next iteration of the Patient Experience Survey, now entitled 'My Neuro Survey'. In 2020/21, we worked with members and people with neurological conditions to revise and test the survey, and recruit two clinics to pilot the survey. For the first time ever, we will be launching a survey for children and young people with a neurological condition, as well as adults, and are gathering up responses from across the UK. We are working closely with a number of organisations, including Stonewall and Healthwatch, to ensure we are reaching as many people as possible through the survey too.

We would like to thank everyone who has been involved in developing the survey so far – your input has been invaluable, and we very much look forward to launching the results in 2022.

## 2. Increase and strengthen the collective voice of the neurological community

***“We were proud to be part of work to develop the ‘Out of the Shadows’ report, alongside fellow members of the Alliance. The report allowed us to bring an important and much needed focus on the experiences of people living with r20 and other rare epilepsies. Being part of the campaign meant that we were able to amplify our voice, and our families, right when public policymakers needed to hear it most.”***

***Quote from Allison Watson, member of the rare conditions group, Ring20 Support***

Through our policy group and interest groups on mental health, rare conditions, regional work and research, we have been able to support members to share and develop evidence on common areas of interest.



In particular, we published our rare condition report, 'Out of the Shadows' in November 2020. It is available [here](#). The report, which was featured in Rare Revolution magazine, was developed following a short survey of our membership, a deep dive into public policy related to rare conditions, engagement with Genetic Alliance UK and additional analysis of the 2018/19 Patient Experience Survey. The recommendations of the report fed into our engagement with the Department of Health and Social Care ahead of the publication of the UK Framework for Rare Diseases in January 2021.

As a result of this engagement, we were invited to join the UK Government Rare Diseases Forum, which has been set up to support the development of the forthcoming Framework Implementation Plans and ongoing engagement with Government throughout the lifetime of the Framework. Our Trustee, Sue Millman, sits on this group as a representative for the Alliance.

Our new Research Interest Group has met twice this year, and has provided a new opportunity for charitable members who fund research to share experiences and collaborate. Thus far, the group has been working on gathering evidence to examine the investment into neurological research, which will be published in 2021/22.

We have continued to work tirelessly to highlight the importance of mental health support for people with neurological conditions. This has included working with members via our Mental Health Interest Group to develop a refreshed plan for our work together, and providing input into the forthcoming National Neuroscience Advisory Group (NNAG) pathway on mental health services for people with neurological conditions. We were also pleased to join the Royal College of Psychiatry Faculty of NeuroPsychiatry Executive Committee, to provide another important opportunity to influence professional practice. A particular highlight was working with NHSE/I to deliver a webinar on mental health and neurological conditions to IAPT conditions in the Autumn, where practitioners heard first-hand from Phil and Mandy, who live with neurological conditions, about the importance of support for their mental wellbeing. We also worked with members to develop a response to the Government Consultation on the reform of the Mental Health Act in May 2021.

Our Policy Group worked to share experiences of the pandemic and connect to policy-makers and influencers about key public policy topics of interest. Most recently, the group worked together to develop guidelines on Patient Initiated Follow-Up (PIFU) – these guidelines are already being used to input into the NHSE/I outpatient transformation programme.

We were very pleased to welcome Dawn Golder, Chief Executive of FND Hope UK as Vice-Chair of the group. A huge thank you to our Policy Group Officers for their tireless commitment, enthusiasm and leadership, ensuring the group reflects the needs and priorities of our membership. A special thank you to Sammy Ashby, Deputy Chief Executive of SUDEP Action, who stepped down as Chair of the Policy Group this year.

### 3. Increase and drive the national policy profile of neurology

***NNAG and in particular the Patients Forum is vital in driving better services for people with neurological conditions. It ensures we have a collective voice in presenting our case to decision makers***

***Quote from Chris James, trustee and co-chair of the NNAG patient forum, member of NNAG, Motor Neurone Disease Association***

The National Neuroscience Advisory Group (NNAG) published its report, Lessons Learnt From The COVID-19 Pandemic, on the impact of COVID-19 on neuroscience services in April 2021. The report, which was developed using evidence collected from patient groups, NHS England and NHS Improvement key datasets, professional bodies and services, highlights:

- An estimated backlog of more than 225,000 neurology appointments and 58,000 neurosurgery appointments at the end of 2020 – the winter surge of COVID cases is likely to have increased these figures further.
- A growing number of long-COVID patients who now require neurological, neurorehabilitation and neuro-psychiatric and/or neuro-psychological care to manage their symptoms and functioning – this will too increase demand for neuroscience services.
- A slow-down in referrals more generally. For example, specialist centres for MND have experienced an estimated 30-50% drop in referrals, leading to delays in diagnosis and support.
- There was already a significant shortage of specialist neuroscience professionals across the country prior to the pandemic. Redeployment to COVID-19 wards and increased pressure to reduce waiting lists are having a significant impact on the mental health of health and care professionals, and without the right support and planning, we risk losing much needed specialist expertise after COVID-19.
- The COVID-19 pandemic has magnified the challenges facing rehabilitation services in particular. NHS data shows there were 20,000 fewer outpatient appointments with a rehab consultant across all neurological conditions between March and June 2020 compared with the same period last year.
- New models of care, particularly remote consultations, must be rolled out carefully – evidence received from across the neurological sector suggests mixed patient experience with remote consultations, and clear concerns about the possible exacerbation of health inequalities should they become common place.

The report was developed following a call for evidence from NNAG member organisations, including the Alliance, and outlines a series of short- and long-term recommendations for the future. These recommendations were discussed in detail with the Medical Director for NHSE/I, Professor Stephen Powis, and have resulted in representatives from the neurological community now sitting on key strategic groups at a national level. These include the NHSE/I Long COVID taskforce and elective recovery taskforce.

NNAG optimum clinical pathways continue to be developed, with seven pathways out for consultation during the course of the year. More than 100 individuals and organisations have responded to these pathways during consultation.

In addition, we have partnered with the Migraine Trust, FND Hope UK and UKABIF to host focus groups with more than 35 people with neurological conditions to review the Functional Neurological Disorder, Headache and Migraine, and Traumatic Brain Injury pathways. The findings from these focus groups are being collated and have fed directly into the revision of these pathways.

The final Quality Standards for suspected neurological conditions were published in January. The Alliance has fed into this work throughout the development of the Quality Standards, submitting a response to the consultation and providing input as a lay member of the Quality Standard Committee. We were pleased to see considerable improvement to the Standards following consultation, in particular of Standards on Functional Neurological Disorder and patient experience. We hope to use the results of My Neuro Survey to shed light on the implementation of the Standards in practice.

We have of course been engaging very closely with NHS reform in England. This has included working with other key infrastructure organisations, such as National Voices and the Specialised HealthCare Alliance (SCHA) to shape our national policy positioning on the reforms, and supporting the Health Foundation to engage with our membership on the reforms. Through the national NHSE/I Specialised Commissioning Forum and the Neuroscience Transformation Programme, we have also sought to influence the future model of commissioning for neuroscience services, work which will continue in 2021/2022.

#### 4. Increase and support local action to improve neurological services

***“As the northern-most Regional Neurological Alliance, we have found it difficult influencing neuro-disability policy outside of London. Although we are a charity in our own right, The Neurological Alliance has offered a platform for discussion and inclusion in the past 12 months which has increased the volume of and validated our beneficiaries lived experience and contribution to strategic thinking.” Jo Cole, Neurokey***

We have continued to work closely with our Regional Alliances, who have been working closely with local policy-makers, clinicians and services to shape COVID-19 recovery strategy.

We have hosted meetings of our Regional Alliances every 6-8 weeks, and have focussed on sharing experiences of engagement with Integrated Care Systems (ICSs), and, of course, what people with neurological conditions have been sharing with at a regional level. Many of our members have also developed new information resources for people with neurological conditions.

As NHS reform develops, it is clear that Integrated Care Systems (ICSs) are likely to play an increased role in the commissioning of services for people with neurological conditions. The neurological community’s ability to engage and influence these systems is therefore paramount. That’s why this year we have been working with

members across the Alliance to understand levels of engagement with ICSs thus far and map ICS priorities where possible.

We also held two events specifically looking at our local influencing strategy – a Chatham House discussion with policy makers, clinicians and patient groups debating the question “Will ICSs improve treatment, care and support for people with neurological conditions?”, and a panel discussion with more than 20 people during NeuroFest 2020.

We have also had the pleasure of continuing to be closely involved in the South London Neuroscience Operational Delivery Network, sitting on their Programme Board and having the opportunity to observe the patient network. Understandably, much of the work this network has undertaken has been to support the coordination of delivery of services during surges of COVID-19.

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

***‘I am really proud of the way we have continued to develop and improve virtual events with diverse, insightful content, great speakers and high levels of participation from member organisations.’ Angie Pullen, trustee and Neurofest task and finish group, Epilepsy Action***

The Alliance has gone from strength to strength this year. We were pleased to welcome six new members and corporate supporters in 2020/2021, and every single national member of the Alliance renewed their membership with us despite the multiple challenges brought about by COVID-19.

We also held our first NeuroFest, an opportunity for the neurological community to come together to share their experiences and debate key topics of interest. More than 200 attendees took part in the online series of workshops and panel debates, with people with neurological conditions on every panel session held. Of those who responded to our feedback survey, every attendee said they would attend the event again. The event culminated with our AGM, which included Professor Stephen Powis, Medical Director NHSE/I, as keynote speaker.

Our annual membership survey yielded hugely positive findings, with 49 members responding to the survey. 95% of members agreed that the Alliance was a strong national voice for the neurological community, and 8 of 10 said that our priorities work for them as an organisation. Every single respondent said their membership was value for money. Some respondents highlighted that we could improve how we communicate, and also felt they would like to be more engaged with the Alliance’s activities.

Our online presence has also continued to grow this year. We have recently launched our refreshed website, and our Twitter followers have grown to more 6000.

## What next?

The Trustees have developed a refreshed annual plan for the Alliance. We have developed the plan using input from across the sector, and importantly, from our membership. 49 member organisations covering a range of neurological conditions responded to our membership survey. They told us these topics should be top of our list:

1. Disruption of neurological services due to COVID
2. Accessing the right health specialist
3. Accessing effective treatment
4. Support for mental wellbeing
5. Health inequalities
6. Information and support at diagnosis
7. Rehabilitation

We're also focusing on understanding the continuing impact of COVID-19 on people with neurological conditions, and calling for much needed support for services to recover.

### - **Increase the influence and involvement of people with neurological conditions**

We will continue to work closely with the Brain and Spine Foundation to refresh and improve NeuroLifeNow, ensuring the experiences shared influence positive change at every level of Government.

We will launch the results from our flagship project, My Neuro Survey. The survey will provide an important opportunity to understand how the pandemic has impacted people, and what's needed now.

We have redoubled our efforts to ensure equity, diversity and inclusion are at the heart of everything we do. This year, that means ensuring My Neuro Survey reaches as many people as possible, and we also intend to publish a literature review, developed with Dr Kit Wu and Dr Arani Nitkunan, looking at how experience and outcomes of care may differ according to sociodemographic characteristics.

### - **Increase and strengthen the collective voice of the neurological community**

We will continue to provide a space for our members to meet and network via our Policy Group and mental health, research and rare conditions interest groups.

The Mental Health Group will work together to develop a new report looking at what services need to be in place now as we rebuild from the COVID-19 pandemic.

We will work with ACPIN to develop new evidence looking at access to and experience of rehabilitation services, particularly amongst seldom heard groups.

We have also commissioned RAND Europe to undertake an analysis of the current number of health and care professionals in secondary and tertiary neurology, dementia and stroke care. We hope that this work will enable us to conduct a more in-depth

analysis of the workforce needs of the future, particularly in light of expanding treatment options.

- **Increase and drive the national policy profile of neurology**

The NHS in England is undergoing some of its most significant reform in nearly a decade – this is likely to have profound impacts on the way in which services for people with neurological conditions are funded and provided across the country.

We will therefore continue to work with partners across the sector to ensure the Health and Care Bill brings about structural change which aids the improvement of treatment, care and support for people with neurological conditions.

We also look forward to continuing to take on the role of Patient and Public Voice (PPV) representative on the NHSE/I neuroscience Clinical Reference Group (CRG), particularly as the future commissioning model for neuroscience services is further refined.

The National Neuroscience Advisory Group (NNAG) will continue to meet, with a particular focus on defining the outcomes associated with good care, and supporting members to engage with ICSs. The finalised optimum pathways will be published, providing an important suite of evidence for the neurological community to use when engaging with NHS systems.

- **Increase and support local action to improve neurological services**

We will work with members to refine our collective local influencing strategy, which will include an in-depth mapping of ICS priorities, and the extent to which they are involving people with long term conditions in their work.

We will also use the results of My Neuro Survey to further understand unwarranted geographical variation.

- **Build a sustainable organisation capable of bringing about change**

We hope to continue to grow our membership, despite the challenges so many organisations face at present.

We will also review our internal processes and policies, ensuring that they reaffirm our commitment to equity, diversity and inclusion. This will include, for example, reviewing our recruitment practices to ensure they are as equitable and fair as possible.

### **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. 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**

Georgina Carr	Chief Executive and Company Secretary (from January 2020 – present)
Katharine McIntosh	Senior Policy and Campaigns Advisor (from January 2018 – July 2019), Policy and External Affairs Manager (July 2019 – June 2021) (Maternity leave from April 2020 – January 2021)
Judith Abel	Policy and External Affairs Manager (April 2020 – December 2020) (Maternity cover)
Samuel Mountney	Policy and External Affairs Manager (June 2021 – present)
Caroline Davies	Administrator and Membership Assistant (From October 2019 – present)
Miranda Lloyd	Communications and External Affairs Officer (March 2021 – 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 cannot vote or influence our strategic direction.



## Members 2020-2021

Ataxia UK	<a href="http://www.ataxia.org.uk">www.ataxia.org.uk</a>
Autistica	<a href="http://www.autistica.org.uk">www.autistica.org.uk</a>
Batten Disease Family Association	<a href="http://www.bdfa-uk.org.uk">www.bdfa-uk.org.uk</a>
Brain and Spine Foundation	<a href="http://www.brainandspine.org.uk">www.brainandspine.org.uk</a>
Brain And Spinal Injury Centre (BASIC)	<a href="http://www.basiccharity.org.uk">www.basiccharity.org.uk</a>
Brain Research UK (formally Brain Research Trust)	<a href="http://www.brainresearchuk.org.uk">www.brainresearchuk.org.uk</a>
Brain Tumour Research <sup>1</sup>	<a href="http://www.braintumourresearch.org">www.braintumourresearch.org</a>
British Polio Fellowship	<a href="http://www.britishpolio.org.uk">www.britishpolio.org.uk</a>
Cavernoma Alliance UK	<a href="http://www.cavernoma.org.uk">www.cavernoma.org.uk</a>
CMT United Kingdom	<a href="http://www.cmt.org.uk">www.cmt.org.uk</a>
Cure Parkinson's Trust	<a href="http://www.cureparkinsons.org.uk">www.cureparkinsons.org.uk</a>
The Daisy Garland	<a href="http://www.thedaisygarland.org.uk">www.thedaisygarland.org.uk</a>
Different Strokes	<a href="http://www.differentstrokes.co.uk">www.differentstrokes.co.uk</a>
Downs Syndrome Research (DSRF)	<a href="http://www.dsrf-uk.org">www.dsrf-uk.org</a>
Dravet Syndrome UK	<a href="https://www.dravet.org.uk/">https://www.dravet.org.uk/</a>
Dystonia Society	<a href="http://www.dystonia.org.uk">www.dystonia.org.uk</a>
Epilepsy Action	<a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a>
Epilepsy Research UK	<a href="http://www.epilepsyresearch.org.uk">www.epilepsyresearch.org.uk</a>
FD UK	<a href="http://www.familialdysautonomia.co.uk">www.familialdysautonomia.co.uk</a>
FND Action	<a href="http://www.fndaction.org.uk">www.fndaction.org.uk</a>
FND Hope	<a href="http://www.fndhope.org">www.fndhope.org</a>
GAIN (Guillain-Barré and Associated Inflammatory Neuropathies)	<a href="http://www.gaincharity.org.uk">www.gaincharity.org.uk</a>
Huntington's Disease Association	<a href="http://www.hda.org.uk">www.hda.org.uk</a>
IIH UK	<a href="https://www.iih.org.uk/">https://www.iih.org.uk/</a>
Matthew's Friends	<a href="https://www.matthewsfriends.org/">https://www.matthewsfriends.org/</a>
Migraine Trust	<a href="http://www.migrainetrust.org">www.migrainetrust.org</a>
Motor Neurone Disease Association	<a href="http://www.mndassociation.org">www.mndassociation.org</a>
Multiple Sclerosis National Therapy Centres	<a href="http://www.msntc.org.uk">www.msntc.org.uk</a>
Multiple Sclerosis Society	<a href="http://www.mssociety.org.uk">www.mssociety.org.uk</a>
Multiple Sclerosis Trust	<a href="http://www.mstrust.org.uk">www.mstrust.org.uk</a>
Multiple System Atrophy Trust	<a href="http://www.msatrust.org.uk">www.msatrust.org.uk</a>
Myaware	<a href="http://www.myaware.org">www.myaware.org</a>
Myelopathy.org	<a href="https://myelopathy.org/">https://myelopathy.org/</a>
Narcolepsy UK	<a href="http://www.narcolepsy.org.uk">www.narcolepsy.org.uk</a>
The National Hospital for Neurology And Neurosurgery Development Foundation	<a href="http://www.nationalbrainappeal.org">www.nationalbrainappeal.org</a>
National Tremor Foundation	<a href="http://www.tremor.org.uk">www.tremor.org.uk</a>
Overcoming MS <sup>1</sup>	<a href="http://www.overcomingms.org">www.overcomingms.org</a>
Parkinson's UK	<a href="http://www.parkinsons.org.uk">www.parkinsons.org.uk</a>

**Members (continued)**

Polio Survivors Network	<a href="http://www.poliosurvivorsnetwork.org.uk">www.poliosurvivorsnetwork.org.uk</a>
PSP Association	<a href="http://www.pspeur.org">www.pspeur.org</a>
Ring 20 Research and Support UK CIO	<a href="http://ring20researchsupport.co.uk/">ring20researchsupport.co.uk/</a>
Spinal Muscular Atrophy Support UK	<a href="http://smauk.org.uk/">smauk.org.uk/</a>
Spotlight YOPD	<a href="http://spotlightyopd.org/">spotlightyopd.org/</a>
SUDEP Action	<a href="http://www.sudep.org">www.sudep.org</a>
Sue Ryder	<a href="http://www.sueryder.org">www.sueryder.org</a>
Tourettes Action	<a href="http://www.tourettes-action.org.uk">www.tourettes-action.org.uk</a>
Transverse Myelitis Society	<a href="http://www.myelitis.org.uk">www.myelitis.org.uk</a>
Trigeminal Neuralgia Association UK	<a href="http://www.tna.org.uk">www.tna.org.uk</a>
UK Acquired Brain Injury Forum	<a href="http://www.ukabif.org.uk">www.ukabif.org.uk</a>

**Associates**

Association of British Neurologists	<a href="http://www.theabn.org">www.theabn.org</a>
Association of Chartered Physiotherapists in Neurology <sup>1</sup>	<a href="http://www.acpin.net">www.acpin.net</a>
British Paediatric Neurology Association	<a href="http://www.bpna.org.uk">www.bpna.org.uk</a>
Division of Neuropsychology (British Psychological Society)	<a href="http://www.bps.org.uk/networks-and-communities/member-microsite/division-neuropsychology">www.bps.org.uk/networks-and-communities/member-microsite/division-neuropsychology</a>
Neurology Academy <sup>1</sup>	<a href="http://www.neurologyacademy.org">www.neurologyacademy.org</a>

**Associate Regional Groups**

South West Alliance of Neurological Organisations	<a href="http://www.swano.org">www.swano.org</a>
Yorkshire and Humberside Association of Neurological Organisations	<a href="http://www.yhano.org.uk">www.yhano.org.uk</a>

**Corporate supporters**

AbbVie	<a href="http://www.abbvie.co.uk">www.abbvie.co.uk</a>
Allergan Limited	<a href="http://www.allergan.co.uk">www.allergan.co.uk</a>
Biogen	<a href="http://www.biogen.uk.com">www.biogen.uk.com</a>
Boston Scientific <sup>1</sup>	<a href="http://www.bostonscientific.com">www.bostonscientific.com</a>
Kyowa Kirin <sup>1</sup>	<a href="http://www.kyowakirin.com">www.kyowakirin.com</a>
Merck Serono	<a href="http://www.merckserono.co.uk">www.merckserono.co.uk</a>
Novartis	<a href="http://www.novartis.co.uk">www.novartis.co.uk</a>
Sanofi Genzyme	<a href="http://www.genzyme.co.uk">www.genzyme.co.uk</a>
Teva UK Limited	<a href="http://www.tevauk.com">www.tevauk.com</a>
Roche	<a href="https://www.roche.com/">https://www.roche.com/</a>
UCB Pharma Ltd	<a href="http://www.ucb.co.uk">www.ucb.co.uk</a>

## Regional Neurological Alliances

Black Country Neurological Alliance	<a href="http://www.blackcountryneuroalliance.org.uk">www.blackcountryneuroalliance.org.uk</a>
Bolton Neuro Voices	<a href="http://www.boltoncvs.org.uk">www.boltoncvs.org.uk</a>
Cumbria Neurological Alliance <sup>2</sup>	<a href="http://www.cumbrianeurologicalalliance.wordpress.com">www.cumbrianeurologicalalliance.wordpress.com</a>
Greater Manchester Neurological Alliance	<a href="http://www.gmna.co.uk/">www.gmna.co.uk/</a>
Hampshire Neurological Alliance	<a href="http://www.hantsneuroalliance.hampshire.org.uk">www.hantsneuroalliance.hampshire.org.uk</a>
Lincolnshire Neurological Alliance	<a href="http://www.lincolnshire-neurological-alliance.org.uk">www.lincolnshire-neurological-alliance.org.uk</a>
Merseyside and Cheshire Neurological Alliance	<a href="http://www.neurosupport.org.uk">www.neurosupport.org.uk</a>
Neuro Key (formerly Tees Valley, Durham, and North Yorkshire Neurological Alliance)	<a href="http://www.na-tvdny.org.uk">www.na-tvdny.org.uk</a>
West Berkshire Neurological Alliance	<a href="http://www.wbna.org.uk">www.wbna.org.uk</a>

## Reciprocal members

National Voices	<a href="http://www.nationalvoices.org">www.nationalvoices.org</a>
Neurological Alliance of Ireland	<a href="http://www.nai.ie">www.nai.ie</a>
Neurological Alliance of Scotland	<a href="http://www.scottishneurological.org.uk">www.scottishneurological.org.uk</a>
Neurological Alliance of Wales	<a href="http://www.walesneurologicalalliance.org.uk">www.walesneurologicalalliance.org.uk</a>

<sup>1</sup>. New members in 2020-21

<sup>2</sup>. Ceased members in 2020-21

<sup>3</sup>. Organisation closed in 2020-21

### 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
- 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**

Sammy Ashby	Deputy Chief Executive, SUDEP Action, Co-Vice Chair (from June 2018) Co-Chair (from October 2018 – January 2021)
Sam Mountney	Senior Policy and Campaigns Officer, Epilepsy Action, Co-Vice Chair (from November 2019 – March 2020 ) Co-Chair (from April 2020 – June 2021)
Dawn Golder	Chief Executive, FND Hope UK, Co-Chair (from February 2021 - present)

### **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, from 21 September 2019, The Junction, Station Road, Watford, WD17 1ET.

#### **5.1 Trustees and the nominating organisation**

Katharine Crawford	Parkinson's UK
Marc Smith	Brain and Spine Foundation (Vice Chair)
Sarah Rawlings	MS Society (Appointed November 2020)
Chris James	Motor Neurone Disease Association
Pamela Mackenzie	Sue Ryder (resigned August 2021)

David Martin	Multiple Sclerosis Trust (Chair)
Sue Millman	Ataxia UK
Caroline Morrice	Guillain-Barre and Associated Inflammatory Neuropathies (Treasurer)
Cath Stanley	Huntington's Disease Association (Appointed November 2020)
Amanda Swain	UK Acquired Brain Injury Forum
Angie Pullen	Epilepsy Action

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

David Garmon-Jones	appointed February 2018, reappointed February 2021
Ralph Gregory	appointed February 2018, reappointed February 2021
Arani Nitkunan	Appointed July 2020

## 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	Godfrey Wilson, 5th Floor, Mariner House, 62 Prince Street Bristol, BS1 4QD
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 reserves policy was agreed by Trustees during 2020/21. 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. In 2020/21, this equates to approximately £59,000.

At the end of the year cash reserves of £ 125,222 were held. This is £66,585 above the level of reserves the trustees calculate are required. Total unrestricted funds totalled £88,486.

#### **6.4 Financial position**

Income from membership subscriptions decreased by 0.7% in the year to £96,652 (20/20: £96,945). In parallel, the corporate funding has increased from £96,732 to £109,180. We also received charitable donations totalling £2,000. Given the unprecedented impact of the COVID-19 pandemic on voluntary sector income, the Trustees decided to lift the 50% cap on income from corporate membership for three years (until 2023/24).

We received restricted donations from the University Hospital Birmingham Charity to support the NNAG work. Unrestricted funds have however been used to support this work also. We would like to thank the charity for their significant support this year.

We also received generous support from the Brain and Spine Foundation to develop the NeuroLifeNow application. This totalled £5,000.

Overall, there is a surplus of £41,646 (before transfers) on the unrestricted funds (2019/2020 surplus of £9,434) and a deficit of £11,238 (before transfers) on restricted funds (2019/2020: deficit of £7,948). This leaves an overall surplus of £30,408 (2019/2020: surplus of £1486) 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; and
- 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 2020, members agreed to delegate responsibility for selecting The Neurological Alliance's Independent Examiners for the forthcoming year and 2020-2021 accounts to the Board of Trustees.

The Board decided to appoint Goodman Jones LLP to be our independent examiner for 2020/21.

### **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

*David Martin*

**David Martin**

**Chair, Board of Trustees Date:** 23-11-21

**INDEPENDENT EXAMINER'S REPORT**  
**TO THE TRUSTEES OF THE NEUROLOGICAL ALLIANCE (the 'Charity')**  
**YEAR ENDED 30 JUNE 2021**

I report to the charity Trustees on my examination of the accounts of the Neurological Alliance for the year ended 30 June 2021.

**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.

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.

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

*Martin Bailey*

Dated: 23-11-21



**THE NEUROLOGICAL ALLIANCE**

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

**YEAR ENDED 30 JUNE 2021**

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2021 £	Total Funds 2020 £
<b>INCOME AND ENDOWMENTS FROM:</b>					
Donations and legacies	2	500	-	500	2,000
Charitable activities	3	210,832	12,500	223,332	218,677
Investments	4	7	-	7	536
<b>TOTAL</b>		<b>211,339</b>	<b>12,500</b>	<b>233,839</b>	<b>221,213</b>
<b>EXPENDITURE ON:</b>					
Raising funds		5,857	-	5,857	8,962
Charitable activities		163,836	23,738	187,574	210,765
<b>TOTAL</b>	5	<b>169,693</b>	<b>23,738</b>	<b>193,431</b>	<b>219,727</b>
<b>NET EXPENDITURE BEFORE TRANSFERS</b>					
Transfers between Funds	14	41,646 (16,763)	(11,238) 16,763	30,408 -	1,486 -
<b>NET MOVEMENT IN FUNDS</b>		<b>24,883</b>	<b>5,525</b>	<b>30,408</b>	<b>1,486</b>
<b>RECONCILIATION OF FUNDS:</b>					
Total funds brought forward		88,186	3,640	91,826	90,340
Net movement in funds		24,883	5,525	30,408	1,486
<b>TOTAL FUNDS CARRIED FORWARD</b>		<b>113,069</b>	<b>9,165</b>	<b>122,234</b>	<b>91,826</b>

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 2021

	Note	2021 £	2020 £
<b>FIXED ASSETS</b>			
Tangible assets	11	999	1,694
<b>CURRENT ASSETS</b>			
Debtors	12	56,265	36,394
Cash at bank and in hand		80,405	60,824
		<u>136,670</u>	<u>97,218</u>
<b>CREDITORS: Amounts falling due within one year</b>	13	<u>(15,435)</u>	<u>(7,086)</u>
<b>NET CURRENT ASSETS</b>		<b>121,235</b>	90,132
<b>NET ASSETS</b>		<u><b>122,234</b></u>	<u>91,826</u>
<b>CHARITY FUNDS</b>			
Restricted income funds	14	9,165	3,640
Unrestricted income funds	14	113,069	88,186
<b>TOTAL FUNDS</b>		<u><b>122,234</b></u>	<u>91,826</u>

The Charity was entitled to exemption from audit under section 477 of the Companies Act 2006. The members have not required the company to obtain an audit for the year in question in accordance with section 476 of Companies Act 2006.

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

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

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

*David Martin*

**David Martin**  
**Chair, Board of Trustees**

**Date:** 23-11-21

Company Registration Number: 02939840

**The notes below part of these financial statements.**

**THE NEUROLOGICAL ALLIANCE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**YEAR ENDED 30 JUNE 2021**

**1. GENERAL INFORMATION**

The Neurological Alliance is a registered charity and company limited by guarantee. Its charitable objects are set out in the Trustees' Report. Its registered office address is The Junction, Station Road, Watford, WD17 1EU

**2. ACCOUNTING POLICIES**

**2.1 Basis of preparation of financial statements**

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

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.

**2.2 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.

**2.3 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.

**2.4 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 2021**

**2. ACCOUNTING POLICIES** *(continued)*

**2.5 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.

**2.6 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.

**2.7 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 2021**

Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds. All expenditure is inclusive of irrecoverable VAT.

### **2.8 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.

### **2.9 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

### **2.10 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.

### **2.11 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.

### **2.12 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.

### **2.13 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 2021**

**2. ACCOUNTING POLICIES** *(continued)*

**2.14 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.

**2.15 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.

**3. INCOME FROM DONATIONS AND LEGACIES**

	<b>Unrestricted Funds £</b>	<b>Restricted Funds £</b>	<b>Total Funds 2021 £</b>	<b>Total Funds 2020 £</b>
Donations	500	-	500	2,000
	<u>500</u>	<u>-</u>	<u>500</u>	<u>2,000</u>
<i>Total 2020</i>	<u>2,000</u>	<u>-</u>	<u>2,000</u>	

**4. INCOME FROM CHARITABLE ACTIVITIES**

	<b>Unrestricted Funds £</b>	<b>Restricted Funds £</b>	<b>Total Funds 2021 £</b>	<b>Total Funds 2020 £</b>
Corporate Support	109,180	-	109,180	96,732
Subscriptions	96,652	-	96,652	96,945
Projects	5,000	12,500	17,500	25,000
	<u>210,832</u>	<u>12,500</u>	<u>223,332</u>	<u>218,677</u>
<i>Total 2020</i>	<u>193,677</u>	<u>25,000</u>	<u>218,677</u>	

**THE NEUROLOGICAL ALLIANCE**  
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**5. INVESTMENT INCOME**

	Unrestricted Funds £	Restricted Funds £	Total Funds 2021 £	Total Funds 2020 £
Interest income	7	-	7	536

**6. ANALYSIS OF EXPENDITURE BY EXPENDITURE TYPE**

	Staff Costs £	Depreciation £	Other costs £	Total Funds 2021 £	Total Funds 2020 £
Expenditure on raising voluntary income	4,048	69	1,740	5,857	8,962
<b>Costs of raising funds</b>	<b>4,048</b>	<b>69</b>	<b>1,740</b>	<b>5,857</b>	<b>8,962</b>
Policy Development	48,579	278	43,064	91,921	89,871
Members' Activities	36,435	-	4,500	40,935	36,738
Support costs	33,736	208	5,415	39,359	53,469
<b>Charitable activities</b>	<b>118,750</b>	<b>486</b>	<b>52,979</b>	<b>172,215</b>	<b>180,078</b>
<b>Expenditure on governance</b>	<b>12,146</b>	<b>140</b>	<b>3,073</b>	<b>15,359</b>	<b>30,687</b>
	<b>134,944</b>	<b>695</b>	<b>57,792</b>	<b>193,431</b>	<b>219,727</b>
<i>Total 2020</i>	<i>137,610</i>	<i>800</i>	<i>81,317</i>	<i>219,727</i>	

Expenditure on charitable activities attributable to unrestricted funds was £166,693 (2020: £184,304) and £23,738 (2020: £32,948) was attributable to restricted funds. All expenditure on raising funds was attributable to unrestricted funds in both the current and prior years.

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**7. DIRECT COSTS**

	Policy Development £	Members Activities £	Total 2021 £	Total 2020 £
Project costs	37,538	1,956	39,494	37,621
Meeting costs	(200)	(200)	(400)	3,670
Office and property costs	1,271	-	1,271	-
Legal & professional	4,455	2,744	7,199	-
Wages and salaries	42,854	32,140	74,994	75,325
National insurance	3,025	2,269	5,294	5,486
Pension cost	2,701	2,025	4,726	4,507
Depreciation	278	-	278	-
<b>Total 2021</b>	<b>91,922</b>	<b>40,934</b>	<b>132,856</b>	126,609
<i>Total 2020</i>	<i>89,871</i>	<i>36,738</i>	<i>126,609</i>	

**8. SUPPORT COSTS**

	Fundraising costs £	Governance £	Policy and Members Activities £	Total 2021 £	Total 2020 £
Project costs	278	555	1,112	1,945	574
Subscriptions	422	422	562	1,406	274
Post, printing and stationery	25	49	74	148	206
Property costs	39	78	117	234	8,396
Bank charges	8	16	23	47	61
Insurance	139	278	416	833	1,260
Recruitment and training	30	29	317	376	7,361
ICO registration	-	-	-	-	40
Trustee meetings and AGM	-	47	-	47	5,502
Accountancy and payroll	370	739	1,478	2,587	5,480
Legal Fees	25	50	100	175	4,210
Marketing	405	810	1,216	2,431	4,187
Fundraising expenses	-	-	-	-	2,475
Wages and salaries	4,048	12,146	33,735	49,929	52,291
Depreciation	68	140	209	417	800
<b>Total 2021</b>	<b>5,857</b>	<b>15,359</b>	<b>39,359</b>	<b>60,575</b>	93,117
<i>Total 2020</i>	<i>8,962</i>	<i>30,687</i>	<i>53,469</i>	<i>93,117</i>	



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**9. GOVERNANCE COSTS**

	Unrestricted Funds £	Restricted Funds £	Total Funds 2021 £	Total Funds 2020 £
Support costs - Governance	3,073	-	3,073	14,014
Wages and salaries	12,146	-	12,146	16,513
Depreciation	140	-	140	160
	<u>15,359</u>	<u>-</u>	<u>15,359</u>	<u>30,687</u>

**10. NET INCOME/(EXPENDITURE)**

This is stated after charging:

	2021 £	2020 £
Depreciation of tangible fixed assets:		
- owned by the charity	695	800
Independent examination fee	<u>1,800</u>	<u>1,800</u>

During the year, no Trustees received any remuneration (2020 - £NIL).

During the year, no Trustees received any benefits in kind (2020 - £NIL).

During the year, no Trustees received any reimbursement of expenses (2020 - £NIL).

**11. STAFF COSTS**

**Staff costs were as follows:**

	2021 £	2020 £
Wages and salaries	119,039	121,492
Social security costs	8,403	8,849
Other pension costs	7,502	7,269
	<u>134,944</u>	<u>137,610</u>

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

	2021 No.	2020 No.
Employees	4	4

No employee received remuneration amounting to more than £60,000 in either year. Key management personnel remuneration, including employer's NIC and pension, incurred by the charity in the 2020/21 year amounted to £66,042. This compared to £54,746 during 2019/20.

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**12. TANGIBLE FIXED ASSETS**

	<b>Office Equipment £</b>
<b>COST</b>	
At 1 July 2020	3,821
Additions in the year	-
	3,821
<b>At 30 June 2021</b>	<b>3,821</b>
<b>DEPRECIATION</b>	
At 1 July 2020	2,127
Charge for the year	695
	2,822
<b>At 30 June 2021</b>	<b>2,822</b>
<b>NET BOOK VALUE</b>	
<b>At 30 June 2021</b>	<b>999</b>
At 30 June 2020	1,694

**13. DEBTORS**

	<b>2021</b>	2020
	£	£
Trade debtors	11,660	13,748
Prepayments and accrued income	44,605	22,646
	<b>36,394</b>	36,394

**14. CREDITORS: Amounts falling due within one year**

	<b>2021</b>	2020
	£	£
Trade creditors	4,685	60
Other creditors	2,245	2,776
Other taxation and social security	5,265	-
Accruals and deferred income	3,240	4,250
	<b>15,435</b>	7,086

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**15. STATEMENT OF FUNDS**

**STATEMENT OF FUNDS – CURRENT YEAR**

	Balance at 1 July 2021 £	Income £	Expenditure £	Transfers in/out £	Balance at 30 June 2021 £
<b>Unrestricted funds</b>					
General Funds	88,186	211,339	(169,693)	(16,763)	113,069
<b>Restricted funds</b>					
NNAG Events	2,356	-	-	-	2,356
NNAG Pathways	4,284	5,000	(2,475)	-	6,809
NNAG	(3,000)	7,500	(21,263)	16,763	-
	<b>3,640</b>	<b>17,500</b>	<b>(23,738)</b>	<b>16,763</b>	<b>9,165</b>
Total of funds	<b>91,826</b>	<b>223,839</b>	<b>(193,431)</b>	<b>-</b>	<b>123,234</b>

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

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

**THE NEUROLOGICAL ALLIANCE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
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**15. STATEMENT OF FUNDS (continued)**

**STATEMENT OF FUNDS – PRIOR YEAR**

	<i>Balance at 1 July 2019 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Transfers in/out £</i>	<i>Balance at 30 June 2020 £</i>
<b><i>Unrestricted funds</i></b>					
<i>General Funds</i>	87,584	196,213	(186,779)	(8,832)	88,186
<b><i>Restricted funds</i></b>					
<i>NNAG Events</i>	2,756	2,500	(2,900)	-	2,356
<i>NNAG Pathways</i>	-	15,000	(10,716)	-	4,284
<i>NNAG</i>	-	7,500	(19,332)	8,832	(3,000)
	2,756	25,000	(32,948)	-	3,640
<i>Total of funds</i>	90,340	221,213	(219,727)	-	91,826

**16. ANALYSIS OF NET ASSETS BETWEEN FUNDS**

**ANALYSIS OF NET ASSETS BETWEEN FUNDS – current year**

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>Total funds 2021 £</b>
<i>Tangible fixed assets</i>	999	-	999
<i>Current assets</i>	127,506	9,165	136,670
<i>Creditors due within one year</i>	(15,435)	-	(15,435)
	113,069	9,165	122,234

**ANALYSIS OF NET ASSETS BETWEEN FUNDS – prior year**

	<i>Unrestricted funds £</i>	<i>Restricted funds £</i>	<i>Total funds 2020 £</i>
<i>Tangible fixed assets</i>	1,694	-	1,694
<i>Current assets</i>	93,578	3,640	97,218
<i>Creditors due within one year</i>	(7,086)	-	(7,086)
	88,186	3,640	91,826

**THE NEUROLOGICAL ALLIANCE**  
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**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 £7,502 (2020 - £7,269).

Contributions totalling £2,245 (2020 - £1,158) were payable to the fund at the balance sheet date and are included in creditors.

**18. OPERATING LEASE COMMITMENTS**

At 30 June 2021 the total of the Charity's future minimum lease payments under non-cancellable operating leases was:

	<b>2021</b>	2020
	<b>£</b>	£
Amounts payable:		
Within 1 year	<b>9,000</b>	9,000
Between 1 and 5 years	-	-
	<hr/>	<hr/>
Total	<b>9,000</b>	9,000
	<hr/> <hr/>	<hr/> <hr/>

**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.