



THE NEUROLOGICAL ALLIANCE

Dear Members and Affiliates of The Neurological Alliance,

I am writing on behalf of the Board of Trustees to invite you to our 2023 Annual General Meeting (AGM) and members meeting on **Wednesday 22nd November**, which will be held at the National Council for Voluntary Organisations, Regent's Wharf, **8 All Saints Street, London, N1 9RL**

Registration will begin at 10:30, and the first keynote speech will be at 10.50. The Annual General Meeting will be held 11:30 – 12:30. The members meeting will be held 12:30 – 15:00. The afternoon will include a panel discussion on NHS Transformation with Richard Sloggett, Future Health, Dr Niran Nirmalanathan, National Clinical Director for Neurology, and chaired by Rhys Holmes of our co-production group.

Please find the following documents enclosed:

- [Notice of the meeting](#), including a [Form of Proxy](#) to be completed if you are unable to attend
- [Agenda](#)
- [Minutes of AGM 2022](#)
- [Ordinary Resolutions](#)
 - Receiving of Annual Report and Accounts 2022-23
 - Appointment of Independent Examiners
 - Trustee resolutions

You are encouraged to join us for the meeting, or to appoint a proxy, or to register a voting instruction in advance of the AGM. At the AGM, the resolutions will be put to a vote on an online poll. If you intend to nominate a proxy, or register a voting instruction, please contact Georgina Carr, Chief Executive, Neurological Alliance at georgina.carr@neural.org.uk.

Yours sincerely,
David Martin, Chair, The Neurological Alliance

THE NEUROLOGICAL ALLIANCE
Company Limited by Guarantee (Company Number: 02939840)
Notice of Annual General Meeting

Notice is hereby given that the 2023 Annual General Meeting of The Neurological Alliance (the Charity) will be held on Wednesday 22 November 2023 at NCVO, **8 All Saints Street, London, N1 9RL**, registration from 10.30am to consider and, if thought fit, to pass the following resolutions:

1. Ordinary Resolutions

- 1.1 to receive the report of the Trustees and accounts for the financial year ending 30 June 2023 and the report of the Independent Examiner;
- 1.2 to delegate responsibility for selecting the Neurological Alliance's Independent Examiners for the forthcoming year and 2023-24 accounts to the Board of Trustees.
- 1.3. To re-elect the following Trustee who having reached the end of their first term is standing down and putting themselves forward for re-election:
 - Sarah Rawlings, MS Society
- 1.4 To re-elect the following Trustee who having reached the end of their first term is standing down and putting themselves forward for re-election:
 - Cath Stanley, Huntington's Disease Association
- 1.5 To appoint the successful candidate following an online election for the remaining seat that the board have agreed is vacant and appoint the elected candidate as a Trustee of the Charity.

By order of the Board
David Martin, Chair, The Neurological Alliance

Minutes of AGM 2022
The Neurological Alliance Annual General Meeting
15 November 2022
National Council for Voluntary Organisations
Regent's Wharf, 8 All Saints Street, London, N1 9RL

Chair: David Martin, Chief Executive, MS Trust.

Present:

Neurological Alliance Board of Trustees:

Kripen Dhrona, British Polio Fellowship, Marc Smith Brain and Spine Foundation. Caroline Morrice, GAIN, Cath Stanley Huntingdon's Disease Association, Ralph Gregory, Independent, David Garmon-Jones, Independent, Chris James MND Association, Alan Bowers, Sue Ryder Care, Amanda Swain, Vice Chair, UKABIF.

Members and friends of The Neurological Alliance:

Ian Brown, 3 Million Steps, Amanda Mortensen, BDFa, Tony Thorburn, Behcets UK, Jessica March, Biogen, Aaron Cox Brain and Spine Foundation, Thomas Brayford Brain Tumour Research, Simon Bull CMT-UK, Austin Willett Different Strokes, Claire Eldred Dravet Syndrome UK (on-line), Victoria Wareham, Dystonia UK, Charlotte Gerada Huntingdon's Disease Association, Lesley Pope, Independent Neurorehabilitation Providers Alliance (INPA); Graham Levy, Intractable Epilepsy, Alex Massey, MND Association, Bernard Elwen, MS Therapy centres, Jonathan Blades, MS Society, Marcus Bell, Nerve Tumours UK; Daiga Heisters Neurology Academy; Stephen Richards, Overcoming MS, Juliet Tizzard, Parkinson's UK; Sam Freeman-Carney, Parkinson's UK; Rebecca Packwood PSPA; Michael Cousins, Roche Products; Monika Hermansson and Felix Boucher Sandoz Ltd; Chris Ward Sanofi UK; Sammy Ashby SUDEP UK; Teresa Dauncey, The National Brain Appeal; Katrina Burchell, The Pernicious Anaemia Society, Dr John Burn Consultant Rehabilitation and Brain Injury

Neurological Alliance staff and Co-production team

Georgina Carr, Chief Executive; Caroline Davies, Administration and Membership Officer, Miranda Lloyd, Communications Officer, Jessica Mansel Co-production.

Debbie Williams (Co-production), Rhys Holmes (Co-production online), Jeanie King (Co-production online),

Apologies:

Arani Nitkunan Association of British Neurologists, Sarah Rawlings MS Society.

1. Welcome and opening remarks

David Martin welcomed members to the first in-person meeting since 2019. The AGMs in 2020 and 2021 had been held online in observance of the covid restrictions. Today arrangements have been made for those not able to travel to London to take part via Zoom.

David thanked the two trustees who had retired from the Board during 2021. Pamela McKenzie of Sue Ryder had left in the spring. Sue Millman had retired in November 2021 after serving four terms as a trustee with the required break of a year between periods in office. Sue had been the longest standing of the trustees and her contributions made a huge impact on the work of the Alliance.

2. Minutes of the Annual General Meeting 2021

Members approved the minutes as a true and accurate record of the AGM of The Neurological Alliance held on 17th November 2021. There were no matters arising.

3. Review of the year – July 2021 – June 2022

David Martin and Georgina Carr presented a review of the year, including a video of the work of the Co-production group edited by a member of the group Rhys Holmes. They thanked the team, trustees, co-production group and members for their support in enabling the work of the Alliance.

The Neurological Alliance continued to organise its work in pursuit of [five goals](#) and the highlights are as follows;

1. Listened to 8,500 people with neurological conditions through My Neuro Survey
2. Set-up the Alliance co-production group – 12 people on the group, more than 80 people applied
3. 7 members joined us, 1 new corporate supporter
4. 2 National Clinical Directors on the way, 2 National Specialty Advisors TBC
5. More than 13,500 people have shown their support for #Backthe1in6
6. Over 100 organisations promoted My Neuro Survey online
7. Worked with the College of Psychiatrists to improve support
8. Part of the covid CNS trial working group
9. Working closely to support the development of the UK ABI strategy
10. Outcomes day of November 2021 with the National Neurosciences Advisory group (NNAG) on the features of good outcomes
11. Renewed our commitment to equity, diversity and inclusion including reviewing our internal processes, supporting members to share approaches to EDI
12. 34 members responded to the March Annual member survey saying that the NA represents value for money, provides a strong voice at national level, is a good place for collective action but could give people affected by neurological conditions a stronger voice in Alliance work and do more to communicate changes of health policy

4. Financial review of the year

Caroline Morrice gave an overview of The Alliance's financial position during the past year. The accounts have been prepared by Goodman Jones and financial matters remain subject to the oversight of the Finance and General Purposes committee (including the treasurer, Chair of trustees, Vice-chair of trustees and two trustees), reporting to the Board.

In 2020-21, the Alliance's funds came from two main sources: membership subscriptions and corporate supporters. Income from membership subscriptions was £96,883 and corporate funding was increased £110, 296. The Alliance received charitable donations of £2,500. Overall, there is a deficit of £60,267 (before transfers) on the unrestricted funds (2020/21 surplus of £41,646) and a deficit of £19,632 (before transfers) on restricted funds (2020/21: deficit of £11,238). This leaves an overall deficit of £64,198 (2020/21 surplus of £30,408) for the year.

In response to a question from the floor the CEO explained that the Alliance had decided to invest in additional funding for the Patient Experience Survey (My Neuro Survey) which had resulted in the planned deficit.

5. Resolutions

5.1 Receiving of Annual Report and Accounts for the year ending 30 June 2022

Resolution 1, to receive the report of the Trustees and accounts for the financial year ending 30 June 2022 and the report of the Independent Examiner Goodman Jones, was approved by The Neurological Alliance members.

5.2 Appointment of Independent Examiners

Resolution 2, to delegate responsibility for selecting The Neurological Alliance's Independent Examiners for the forthcoming year 2022-23 accounts to the Board of Trustees, was approved by The Neurological Alliance members.

5.3 Re-Election of Trustees

Under item 27 of the current Articles of Association, each Trustee shall retire at the AGM held in the third year following their appointment. They may then stand for re-election, but after two consecutive terms must retire for a year before standing for re-election again.

The Neurological Alliance members agreed to re-elect the following trustees who having reached the end of their first term and standing down and putting themselves for re-election.

- Chris James, Motor Neurone Disease Association
- Marc Smith, Brain and Spine Foundation

Election of Trustees

Standing down from the Board as she has completed her second three-year term on the Board of Trustees is Caroline Morrice of GAIN. Standing down from the Board as they have left their member charities are Angie Pullen, Epilepsy Action and Katherine Crawford, Parkinson's UK.

As there were three trustee vacancies available and five applicants, an election was held among members present at the meeting in person or on-line. The following were elected to the Neurological Alliance board.

- Victoria Wareham, Dystonia UK
- Alison Fuller, Epilepsy Action
- Rob Music, The Migraine Trust

4. Close

The Chair thanked those present for their attendance and declared the meeting closed.

Resolutions 2023

Resolutions must be formally proposed at the Annual General Meeting.

All contributions to the resolutions proposed will be directed to the Chair and must be kept to the matter under discussion. Members shall participate in debate and discussion only after being called upon to do so by the Chair.

If you have any questions for the Board in advance of the meeting, please direct them to the Chair by contacting the Chief Executive, Georgina Carr at georgina.carr@neural.org.uk.

Following resolutions proposed and any discussion, each member will cast a vote. The results of each will be announced at the end of the agenda item.

- 1.1 to receive the report of the Trustees and accounts for the financial year ending 30 June 2023 and the report of the Independent Examiner;
- 1.2 to delegate responsibility for selecting the Neurological Alliance's Independent Examiners for the forthcoming year and 2023-24 accounts to the Board of Trustees.
- 1.3. To re-elect the following Trustee who having reached the end of their first term is standing down and putting themselves forward for re-election:
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- 1.5 to appoint the successful candidate following an online election for the remaining seat that the board have agreed is vacant and appoint the elected candidate as a Trustee of the Charity.

1. Annual Report and Accounts for the year ending 30 June 2023

Trustees' resolution

This AGM receives the Annual Report and Accounts for the year ending 30 June 2023.

Supporting statement

Receiving the annual report and approving the accounts is a formal part of every AGM. The full Annual Report and Accounts have been circulated along with this notice pack.

The Neurological Alliance's finances have been Independently Examined and the Annual Report and Accounts 2022-23 have been signed by the Alliance's Independent Examiners, Goodman Jones.

The Board of Trustees recommends that the Annual Report and Accounts 2022-23 be agreed as a true and accurate representation of the Neurological Alliance's activities in 2022-23.

The Board of Trustees recommends you vote 'For' this resolution.

2. Appointment of Independent Examiners

Trustees' resolution

This AGM delegates responsibility for selecting the Neurological Alliance's Independent Examiners for the forthcoming year and 2023-24 accounts to the Board of trustees.

Supporting statement

The Board of Trustees recommends you vote 'For' this resolution.

3. Election of Trustees

Trustee resolutions

3.1 To re-elect the following Trustee who having reached the end of their first term is standing down and putting themselves forward for re-election:

- Sarah Rawlings, MS Society

3.2 To re-elect the following Trustee who having reached the end of their first term is standing down and putting themselves forward for re-election:

- Cath Stanley, Huntington's Disease Association

3.3 To appoint the successful candidate following an election for remaining seats that the board have agreed are vacant and appoint the elected candidates as a Trustee of the Charity.

Supporting statement

In accordance with item 26 of our Articles of Association, nominees have been endorsed by the member organisation to which they belong and have been recommended by Trustees.

We have received four nominations from:

- Aneeta Prem, TNA-UK Facial Pain
- Annalisa Casarin, The PSP Association
- Steven Webster, FND Dimensions
- Tony Lloyd, West Berkshire Neurological Alliance

Details of how to vote in the online election are here: <https://bit.ly/49mcE4f>

Our Articles of Association state the maximum number of Trustees is 14 (item 25.1). Election of trustees have been held as follows:

- There are four nominations for one vacant seat on the board
- Members were asked to vote electronically to cast one vote for their preferred candidate.
- Votes will be counted ahead of the meeting and the result announced by the Chair at the AGM.
- In the event of an equality of votes, the chair will be entitled to a casting vote (in accordance with paragraph 43.4 of our Articles of Association):
 - In the case of an equality of votes, whether on a show of hands or on a poll, the chair of the meeting shall not be entitled to a casting vote in addition to any other vote he or she may have.

Aneeta Prem, TNA-UK Facial Pain

Pen profile (200 words maximum)

With a strong foundation in human rights advocacy, I, transitioned from founding Freedom Charity to leading TNA, significantly doubling its membership. My tenure as a magistrate in London and a member of the MPA overseeing the Met Police's £1.3 billion budget has honed my legal and financial acumen, aligning with the trustee role at the Neurological Alliance in ensuring compliance and financial stability. My strategic leadership at TNA mirrors the trustee duty of setting and evaluating the Alliance's policy and goals. Engagements with senior ministers on law amendments reflect my ability to represent and uphold the values of the Alliance. My active participation in board meetings during my tenure at the local NHS Trust Board underpins the trustee role's requirement for board meeting attendance and contribution. Additionally, my diverse skill set, encompassing financial oversight, legal compliance, and policy advocacy, resonates with the trustee's duty of utilising specific skills to aid the board in decision-making. This alignment underscores my readiness to effectively fulfil the trustee role, aiming to advance the Alliance's objectives and enhance its governance.

How can you demonstrate your commitment to strengthening the involvement of people affected by neurological conditions in our work and that of our members? (300 words maximum)

Assuming the CEO position at TNA, I confronted membership disengagement and no grant funding. My motivation not only in personal experience with bilateral trigeminal neuralgia, drove me towards a holistic strategy. I have rebranded to TNFP (Trigeminal Neurological Facial Pain) expanded our focus beyond TN, inviting a broader community of neurological conditions, embodying inclusivity.

I facilitated national Zoom sessions with neurology experts, alongside weekly in-person and virtual meetings in Norwich, the heart of our national TN charity. The zoom meetings attracting over 340 members, kindled a sense of belonging and community.

In addressing challenges like cost of living and access to Personal Independence Payments (PIP), I led awareness campaigns to ensure neurological conditions remain highlighted in healthcare funding and policy dialogues.

The pandemic necessitated a digital transition. Regular expert-led Zoom interactions sustained our community's engagement, broadening our neurological understanding. I also established a more active Medical Advisory Board not just in the field of TN

Reinitialising volunteer-run helpline, regional meetings, and regular updates fortified our support channels and transparency, reviving trust and active participation.

Through diligent fundraising and sound financial management, financial stability was restored, ensuring a sustainable growth pathway.

My vision extends to nurturing relations with other neurological communities, championing a united stance in confronting common challenges. This approach, paired with transparent and collaborative practices, showcases my steadfast commitment to enhancing the involvement of those affected by neurological conditions, aligning with the Neurological Alliance's broader objectives and its members' work. Through these endeavours, I aim to foster a more engaged, informed, and supportive environment for all navigating neurological conditions.

If elected, how would you help ensure the board was effective and what would you prioritise? (200 words maximum)

If elected, my priority will be to amplify the effectiveness of the board by leveraging my experience from managing a small charity outside of London. It's pivotal to ensure voices from such communities are heard, especially when addressing hidden disabilities and neurological conditions. I aim to raise awareness about the cost-of-living challenges and extended waiting lists faced by individuals with neurological conditions, aligning our agenda with real-world issues impacting our members.

Engagement with the membership to understand their priorities will be key, especially in light of the upcoming general election. This dialogue will ensure our advocacy is member-driven and politically timely.

To maintain an effective board, I advocate for a culture of open communication, continuous learning, and strategic foresight. Utilising a collaborative approach, I will work towards fostering a board environment conducive to informed decision-making and proactive advocacy. By keeping abreast of the legislative landscape and prioritising member engagement, we can ensure that our advocacy efforts are both responsive and impactful, aligning the board's actions with the needs and aspirations of our members and the broader neurological community.

Annalisa Casarin, The PSP Association

Pen profile (200 words maximum)

I am the research coordinator at PSPA (the only UK charity supporting people with PSP&CBD), I have a medical background. I am a qualified medical doctor, specialised in Anaesthesia and Intensive Care (2006), covering roles as Neuro/Trauma Intensive Care clinical fellow in Italy, Canada, the NHS; as research fellow in the UK. I have lived experience of caring for people with PSP. I am a senior research fellow in Health Services Research at the University of Hertfordshire, an adviser for the Research Design Service at NIHR and an impact and public involvement champion. I am interested in joining the board to make a difference for people with rare neurological diseases, especially with complex needs, helping them to access the right treatment, care and support at the right time. I can contribute with knowledge in health systems, research & evaluation design and impact plus public perspective and co-production (I established the research involvement group at PSPA). I will be leaving PSPA next month to focus on a project exploring policy and practice for people with parkinsonism, keeping the link with the association as a volunteer. At the Alliance, I will contribute to activities for influencing policy and networking.

How can you demonstrate your commitment to strengthening the involvement of people affected by neurological conditions in our work and that of our members? (300 words maximum)

Public and patients' involvement has two meanings: one is the activities that an organisation promotes to let people affected, their carers, and professionals caring for them have their say on changes that need to happen in current practice and services (bottom-up approach). The second one is the involvement of those groups, and the wider public, in research. In both cases, the best way to assure people are heard is coproduction, when they become partners in designing services and research studies, with the possibility to also deliver some of those activities. To make all the partners equal and able to contribute, it is important to provide complete and accurate information and deliver them at layman level. In this way, people affected, and their carers should be able to be involved in planning, implementing and decision making. They should be invited to liaise with managers and professionals at same level and be listened to. As part of the charity PSPA, I established the successful PRIM group (PSPA Research Involvement members) involving carers and ex-carers in activities that stimulate the partnership between expert by experience and researchers. Good communication, integrity and professionalism were paramount in maintaining their involvement, and key principles for strengthening involvement of a wider group as the one supported by members of the Alliance will be found in the equity, diversity and inclusion strategy. Hard to reach populations need to be approached in an appropriate manner, identifying gatekeepers that can promote the Alliance aims. Having established links with several 3 professionals and support groups in UK and being part of the national public involvement group at NIHR, will enable me to contribute to this important objective of the Alliance. People's lived experiences should be a key driver for health and social care practice and research.

If elected, how would you help ensure the board was effective and what would you prioritise? (200 words maximum)

The Board should ensure the Alliance is delivering on its objectives: educating the public on matters concerning neurological disorders; reviewing preventative procedures, treatments, and care needs of people affected, their carers, and professionals; ensuring public policy in health reflects the realities of living with a neurological condition. As a member of the Board, I would provide insights drawn on my experience on communicating difficult concepts to the public, engaging them in conversation with several stakeholders, supporting them to have their voice heard. My research&evaluation skills will provide valuable support in reviewing and disseminating care practice information. Using knowledge derived from developing a project to influence policy, I can provide monitoring capabilities on activities leading to increasing and driving the national policy profile of neurology. The NHS and non-NHS delivery of services is going through a major shift towards integrated systems, I would investigate the impact of changes at local (micro) and wider (macro) levels plus support engagement with local authorities and boards to promote co-production from the inception of that shift. The strength and the purpose of the Alliance are to provide a collective voice; I would safeguard and widen the common objectives of the organisations it represents.

Steven Webster, FND Dimensions

Pen profile (200 words maximum)

I have an unwavering commitment to see neurological services gain greater awareness and support. I have supported people with diverse neurological needs for 10+ years. I founded the national Charity FND Dimensions and for 5 years chaired the board of trustees. Now as CEO I ensure delivery within Charity Commission governance guidelines, including our annual reporting, financial accountability and operational development and impact. I developed 60+ UK support groups providing grass roots support based on personal and members 'lived experience' and local, regional and national support. As FND Dimension's key ambassador, I have initiated and participated in multiple projects and events; represented the charity in many organisations, and undertaken radio and tv interviews. One collaborative voice across the neurological sector is key in achieving equity of support and services. Combining the voices of all the NA's 90+ members can create a massive groundswell that cannot be ignored. The NA's own campaign #Backthe1in6 highlights the scale of the impact that neurological conditions have on the UK's population. Mainstream services that support, treat and raise awareness across health services, must ensure all patients have suitable health pathways that meet individual's needs to help everyone achieve their best 'quality of life'. (198 words)

How can you demonstrate your commitment to strengthening the involvement of people affected by neurological conditions in our work and that of our members? (300 words maximum)

FND Dimensions is a member's centric charity; as Founder and CEO the impact on our members is at the heart of everything I do. I have worked committed for 10+ years of long full-time hours to improve the lives of those affected by FND and related conditions – this is who I am 24/7. Member surveys and ongoing comments drive our strategies and I believe NA operates in a similar way. Member volunteers are actively listened to and offered roles based on their personal goals and we have roles for every member volunteer. Support, training, empowerment, and self-development are innate. Volunteers work closely with our active board, ensuring empowerment and connection. A volunteer co-ordinator is dedicated to 3 facilitating volunteers own 'lived experience' needs, including a monthly meetup. I believe I am well placed to help drive forward NA priorities. As a Deputy Chair of the UK Functional Neurological Disorder Network, member of the VCSE Alliance in Derbyshire and Chair of my GP surgery's Patient Participation Group, I have valuable insight at all levels to the development of the ICS and its impacts on the ground. This has highlighted that neurological conditions are often branded under 'long-term' conditions, rather than recognised in their own right, resulting in a lack of relevant resources being available, this has to change. Basing NA activity on the 'lived experience' of both individuals and the member charities, NA can truly reflect the needs of the people it is fighting for. Actively discussing with all stakeholders to truly hear and understand, is essential for rounded and well thought-out arguments to be made. To achieve true equity of resources, campaigns can be developed based on real need and influence delivery within the NHS, government departments policy (particularly health and treasury), and service delivery on the ground. (297 words)

If elected, how would you help ensure the board was effective and what would you prioritise? (200 words maximum)

Greater communication between neurological organisations, utilising NA and its board as a conduit for developing joined up strategies that brings added power and meaning to the NA's 'Together we are stronger' strapline. Maintain the push behind the #Backthe1in6 campaign and attract wider media attention/endorsements to bring it further into the public consciousness. Gain political allies – given the probable general election next year, politicians will be keen to be seen. Commitments to support wider service delivery from all political parties may help ensure the ideal health pathways. Build on the work of member organisations, ensuring up to date case studies as evidence of need. Encourage a growth in NA membership and wider member involvement and participation. Gathering knowledge and latest research from relevant doctors and science/social researchers in the neurological field, to help back up the work of member organisations. Thinking outside of the box. By being creative, we can deliver strong messages through positive stories and events that highlight the abilities of individuals and organisations, to emphasise the need for change. Use the results from #MyNeuroSurvey to develop a presentation that could be shared on conference platforms to influence key decision makers. Ensure key messages are reaching all Commissioners to bridge service planning and neurological health department needs, based on the progress made to date through relationships with the NNAG and NIC. (222 words)

Tony Lloyd, West Berkshire Neurological Alliance

Pen profile (200 words maximum)

Although I have been associated with the WBNA for more than 10 years as a patient representative (LINKs and various PPG organisations) I volunteered to become a Trustee and Secretary when the incumbent became irreversibly indisposed in Sept 2022.

I am a PWC trained chartered accountant with many years experience in the Food Industry and start ups despite a degree in Engineering Science at Oxford. I have recently retired as the Lead Governor at the Royal Berkshire Hospital after 9 years service and I have a seat on the Long Term Conditions Board for Berkshire West as well as chairing my local surgery Patient Participation Group and the Area Forum for Wokingham. Together with the other WBNA trustees I am trying to build up our mailing lists not only within Berkshire West but more widely across the BOB (Buckinghamshire, Oxfordshire and Berkshire West) ICS. Many peer support groups have folded because of lack of support, Covid and the loss of key personnel. I am also engaged in restoring a website for the organisation. I would bring my regional experience to the Board together with some significant evidence of local patient experiences.

How can you demonstrate your commitment to strengthening the involvement of people affected by neurological conditions in our work and that of our members? (300 words maximum)

I can really only do that by citing correspondence with peer support groups in the area and by my considerable time commitment to help recover the administration and governance of the WBNA

If elected, how would you help ensure the board was effective and what would you prioritise? (200 words maximum)

My priorities as a Trustee would be to do what I can to download as much positive information from the Board to patients with Neurological conditions in my own region and, where possible, to other regions. In return I would do what I could to represent the views of patients to the Board recognizing that there are significant differences in provision even within ICS structures. Where appropriate, I would endeavor to delve into the finances of the organization and identify opportunities if any should be apparent.