THE NEUROLOGICAL ALLIANCE

Annual report

and financial statements for the year ended 30 June 2025

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A welcome from the Chair of Trustees

This year we marked The Neurological Alliance's 30th birthday, and it felt fitting that we celebrated with our biggest parliamentary event to date. More MPs and representatives joined us than ever before, hearing directly from people affected by neurological conditions and our members about the changes that are needed. It was a proud moment for the Alliance and a reminder of how far we have come together.

We reached this milestone in a year that has not been easy. The NHS in England continues to face immense pressures, with people waiting far too long for the treatment, care and support they need. Fundraising and cashflow remain a challenge for us and for many of our members, who are working harder than ever to meet rising demand with limited resources. These pressures are real and deeply felt.

And yet, against this backdrop, together we have delivered meaningful impact. The fifth iteration of My Neuro Survey gathered more than 10,000 experiences, including carers for the first time. It is the largest survey of its kind and is already influencing national plans, strengthening the case for investment in services, and giving decision-makers a clear picture of the realities of living with a neurological condition in England.

We also welcomed the launch of the UK Neuro Forum, the first governmental advisory body dedicated to neuro. The forum operates UK-wide, and we have ensured that the voices of people in England are heard and priorities reflected. Alongside this, our contributions to the 10-Year Health Plan for England, our leadership in the One Brain conference and our work on rare disease policy have ensured that neuro is firmly on the national agenda.

This year we also took stock. Right now, the health policy landscape is shifting faster than ever. NHS England is being abolished, responsibilities are moving to local Integrated Care Boards, and the Department of Health and Social Care is taking on more control – all against a backdrop of staff changes and shrinking budgets. Members, healthcare professionals, and people with neurological conditions often tell us it isn't clear who holds responsibility for services or how we can hold decision-makers to account. In this climate, clarity, coordination and a strong, united voice are essential. That is why the Alliance is focused on turning our collective influence, evidence and expertise into tangible results, ensuring neuro remains firmly on the national agenda.

Through a strategic review, the Board and team have sharpened our focus, ensuring our work is directed to where it will have the greatest impact. Our vision remains clear: that every person affected by a neurological condition in England can access the right treatment, care and support at the right time.

In 2025/26 we will build on the progress of recent years by focusing on three priorities: securing a strong national voice for neuro, deepening connections across our community, and generating evidence that changes minds. We will influence implementation of the NHS 10-Year Plan so it delivers for people with neurological conditions, press for investment and support for the neuro workforce, and ensure the UK Neuro Forum reflects our members' priorities. We will expand opportunities for collaboration and involvement, including a new platform for members and people with lived experience, and publish fresh evidence on mental health, children and young people, and research. Above all, we will continue to make sure that together, as a united community, we can achieve change no organisation could deliver alone.

Thank you to everyone who has stood with us in our 30th year. Together, we have celebrated our achievements and laid strong foundations for the future.

Cath Stanley, Chair, The Neurological Alliance

The Neurological Alliance annual report and accounts

Year ended June 2025

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 1st Floor, Arthur Stanley House 40-50 Tottenham Street London W1T 4RN	
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

The trustees present their report and independently examined financial statements for The Neurological Alliance for the year 1 July 2024 to 30 June 2025. The report and financial statements have been prepared in accordance with the Companies Act 2006 and the Charities Act 2011. The trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" (FRS 102) in preparing the report and financial statements. The report and financial statements will be laid before the members of the charity at the Annual General Meeting to be held on 20 November 2025. 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 100 national charities, professional bodies, regional organisations and corporate organisations working together to transform treatment, care and support for people affected by neurological conditions.

2. What we set out to do in 2024-2025

Our vision, mission and strategic goals are as follows:

- Vision: Every person affected by a neurological condition can access the right treatment, care and support at the right time.
- Mission: To harness the energy and passion of the neurological community to ensure public policy in health reflects the realities of living with a neurological condition, so that everyone can access treatment, care and support whenever they need it.

Our goals

1. Public policy and practice reflects and supports the realities of living with a neurological condition.
2. People affected by neurological conditions and our members are heard and have influence.
3. We are a strong, diverse organisation that delivers change.

Our values

- **Bold:** We will not hesitate to speak truth to power, rooted in the experiences of people with neurological conditions.
- **United:** We unleash the power of our collective community.
- **Inclusive:** We listen to and celebrate the diversity of the neurological community. We work with anyone who shares our vision.
- **Leading:** We are the voice on issues relating to access and experience of healthcare for people with neurological conditions.
- **Expert:** We deliver evidence that changes minds and policy.

The Annual Report of the Trustees for 2024/25 is set out under our three strategic goals:

Goal 1: Public policy and practice reflects and supports the realities of living with a neurological condition

This year, The Neurological Alliance has worked across government, NHS England and wider health system partners to influence national policy and deliver real change with and for the 1 in 6 people living with a neurological condition. At our Annual General Meeting (AGM) in November, we welcomed Andrew Gwynne MP, then Under-Secretary of State for Health and Social Care, who announced the launch of the UK Neuro Forum. This is the first UK-wide government advisory body focused solely on improving services and support for people affected by neurological conditions, and represents a landmark outcome of our #BackThe1in6 campaign.

In line with our commitment to ensure the voices of people with neurological conditions are at the heart of decision-making, we coordinated the first UK Alliances all-member meeting ahead of the forum's inaugural session. Working alongside other Alliances across the UK, we convened members to shape collective priorities and ways of working. Insights gathered from members directly informed contributions at the forum and set the tone for future engagement. We are committed to continuing this model ahead of each forum meeting to ensure our community's expertise and lived experience remain central to national discussions.

We have continued to generate and shape evidence to drive improvements in care. A key piece of work this year has been our collaboration with the Association of British Neurologists (ABN) on a new neurology workforce report, due for publication in late 2025. For the first time, this report will model the neurology workforce required per 100,000 population and provide policymakers, commissioners and service leaders with the data they need to understand gaps and plan for sustainable, high-quality services.

Our leadership role extended to the Royal College of Psychiatry, where we continued as a co-opted member of the Neuropsychiatry Faculty Executive Committee. We also joined the newly established Neuro Quality Improvement Network Advisory Group, working to benchmark and drive improvements across neuropsychiatry services nationwide. This cross-sector collaboration is essential to tackling long-standing inequalities in access to mental health support for people with neurological conditions.

In June, we partnered with the Faculty of Neuropsychiatry and the British Psychological Society's Division of Neuropsychology to deliver the One Brain conference on integrating neurological and mental health services. The conference, held at the Royal College of Psychiatrists, was attended by more than 100 clinicians, commissioners, system leaders and voluntary organisations. The event showcased practical examples of service integration, while also enabling stakeholders to shape recommendations for change. These insights will feed into a forthcoming consensus statement, setting out how health and care systems can deliver truly joined-up care for people living with neurological conditions.

The government's decision in October 2024 to launch a national conversation on the future of the NHS presented an important opportunity to embed neuro in long-term health policy. We worked closely with members and people affected by neurological conditions to develop our consultation response, underpinned by three "tests" to ensure the new NHS 10-Year Plan delivers for our community. To strengthen this, we collaborated with the Department of Health and Social Care to convene a roundtable of adults and carers affected by neurological conditions. Their contributions provided direct evidence of lived experience to shape the government’s thinking.

Alongside this, our Chief Executive was invited to join the 10-Year Plan Partners Council, sitting alongside senior leaders from professional bodies, healthcare providers and the wider charity sector. This provided an important platform to ensure neuro remained a central part of national discussions during the development of the plan.

We supported the development of new optimal clinical pathways for MS and mental health. These pathways, originally developed through the National Neuro Advisory Group, set out what good treatment, care and support looks like and have directly informed commissioning policy.

Our membership of the NHS England Adult Neurology Clinical Reference Group (CRG) enabled us to play a direct role in shaping the new adult neurology service specification, published in August 2025. For the first time, this specification establishes minimum standards of care for people with neurological conditions, ensuring a benchmark for quality and access across the country. We supported members to participate in a dedicated session with NHS England and Dr Niran Nirmalananthan, National Clinical Director for Neurology, to inform the draft specification. The final document sets out a networked model of care and an integrated, population-based approach that marks a significant improvement on previous policy.

Throughout the year and in collaboration with our members, we have supported people with lived experience of neurological conditions to share their experiences with the group and shape national policy directly.

Beyond policy, we worked with the NHS England neuroscience transformation team to develop and roll out practical resources to support service improvement. This included shaping a new data dashboard on health inequalities in adult neurology, enabling Integrated Care Boards (ICBs) to understand variation in their areas and plan targeted action. We also led the development of a new resource exploring the benefits and common pitfalls of collaboration between the voluntary sector and NHS neurology services. Drawing on interviews with people affected by neurological conditions, clinicians and service managers, the resource provides real-world insights to strengthen partnership working.

The announcement that NHS England would be abolished, with responsibilities transferred to the Department of Health and Social Care and ICBs, created huge uncertainty for our community. We worked hard to analyse what these reforms could mean in practice and campaigned for positive elements of the current system to be preserved. Alongside Genetic Alliance UK and the Specialised Healthcare Alliance, we wrote to the Secretary of State for Health and Social Care, Wes Streeting, and NHS England leadership, to seek urgent clarification. Our letter highlighted concerns about the future of commissioning expertise, the stability of nationally commissioned specialised services, and the retention of vital clinical leadership roles.

We also called for a continued commitment to the UK Rare Diseases Framework, warning that budget cuts to ICBs and reduced capacity in the Department of Health and Social Care must not undermine progress. Together, we urged government to work collaboratively with the sector to safeguard services and ensure people with rare, genetic and neurological conditions are not left behind.

We were pleased to maintain our role on the England Rare Disease Action Plan Patient Advisory Group, supporting development of the penultimate England Rare Disease Action Plan. Through our rare conditions subgroup, we provided substantive feedback on draft versions of the plan, calling for a stronger focus on mental health support and the role of care coordinators. Both priorities were reflected in the final version of the plan, demonstrating the power of collaborative advocacy.

Goal 2: People affected by neurological conditions and our members are heard and have influence

We believe change is only possible if people affected by neurological conditions and our members shape it. This year, thousands of people shared their experiences and insights through our programmes, influencing both government policy and public debate.

In April, we supported eight people living with neurological conditions to meet senior Department of Health and Social Care officials shaping the 10-Year Plan.

> “Thank you for the invitation to join the session. It was good to be able to contribute and reassuring to hear that many of the points and themes raised are already being addressed in the plan. I will continue to follow the progress of the plan with interest.” – Attendee.

> “Many thanks to you and Georgina for all of your help organising yesterday’s event, we all thought it was a really great discussion with lots of insights that will help us going forwards.” – Department of Health and Social Care.

We also trialled new ways of engaging people, including online polling, to gather views on what good care looks like. These methods, alongside our more established programmes, helped us to reach even more people and ensure their voices shaped our priorities.

Our flagship My Neuro Survey 2024 gathered the experiences from more than 10,000 adults, children, and carers across the UK, creating our largest ever evidence base of lived experience. It was delivered in collaboration with Neurological Alliances across the UK and Republic of Ireland – Wales Neurological Alliance, Neurological Alliance of Scotland, Northern Ireland Neurological Charities Alliance (niNCA) and The Neurological Alliance of Ireland. There were a couple of important firsts for

2024: opening it up to people in the Republic of Ireland and delivering a version of the survey specifically for carers.

We worked closely with members, people affected by neurological conditions and clinicians to design and deliver the survey, in partnership with research company Revealing Reality. Special thanks go to everyone who contributed – as respondents, as advisors shaping the survey questions, and as partners supporting its roll-out. As one participant told us:

> "…Thank you, Neurological Alliance, for putting the 2024 Survey together to give us a voice." – survey respondent.

My Neuro Survey 2024 has created a strong, evidence-based case for change, revealing that only one in three respondents felt their care met their needs. Access to mental health support was especially poor, with many people turned away from services because of their neurological diagnosis. Despite these challenges, the survey also highlighted the positive impact of good care when it is available. Using these findings, we launched an open letter to the Secretary of State for Health and Social Care, calling for urgent action on workforce shortages, mental health access, and a dedicated implementation plan for neuro services. More than 3,000 people signed the open letter which we shared with the Secretary of State in July 2025. We will continue to use the data and experiences shared throughout 2025 and 2026.

At the same time, the survey revealed important gaps. 95% of respondents identified as White, a figure not reflective of the UK population. We recognise this as a significant shortcoming and are committed to strengthening our approach to reach and listen to underrepresented communities.

This year, we also worked with our UK Alliance partners to campaign for greater investment in neurological research. Led by the Neurological Alliance of Scotland, the #InvestInNeuroResearch campaign ran during Brain Awareness Week and showcased the experiences of people affected by neurological conditions alongside researchers.

> "The government could help by providing funding for more research into neurological conditions, why they happen and how to treat them. Especially some of the rarer conditions like mine that have so little known about them. It makes it hard to know how to improve your quality of life when there is no evidence or information to tell you why the condition happens, what causes it and how to manage the symptoms. It also makes it really difficult to find and stay in work because your employer doesn't know how they can help you. Eventually they give up and let you go when there could be an easy fix…" – survey respondent.

> “Care for neurological patients is obviously lacking in all areas. It is important that research studies can be accessed as how else will progression be made to improve conditions for patients?” – person with a neurological condition.

Together, we shared the experiences and insights of people affected by neurological conditions and researchers from across the UK through social media videos, and sent an open letter to the Secretary of State for Science, Innovation and Technology calling for increased investment into neurological conditions research. The letter was supported by 74 member organisations across the UK and the four UK Alliances.

The campaign had significant engagement online with the videos viewed more than 20,000 times and the #InvestInNeuroResearch hashtag reaching more than 500,000 users across Facebook, Instagram and X.

> “…The limited availability of psychological support for those with [my condition], in my area there is no provision for counselling for [my condition]. NHS Talking Therapies are not available due to the national service model, the only psychological support available is private and has to be self funded.” – person with a neurological condition.

Mental health and rare conditions remain priority areas for our community. Our subgroup meetings in 2024/25 brought together members, clinicians and people with lived experience to share insights and influence national workstreams including the NHS 10-Year Plan, the England Rare Disease Action Plan and My Neuro Survey 2024.

> “The medical profession does not acknowledge rare neurological conditions and the vital acceptance these patients need.” – person living with a neurological condition.

The rare conditions subgroup hosted sessions with leading experts including Nicole Symes, Head of Trauma Programme of Care at NHS England, and Louise Fish, Chair of NHS England’s Rare Disease Advisory Group. The mental health subgroup welcomed Debra Moore, Head of Quality Transformation for Learning Disability and Autism at NHS England, and Dr Phil Yates, from the British Psychological Society’s Division of Neuropsychology, who outlined new commissioning guidelines for NHS neuropsychological services.

The progression of the Terminally Ill Adults (End of Life) Bill in Parliament this year had profound implications for people affected by neurological conditions. Recognising the importance of shaping this debate, we convened a working group of members to share experiences and align approaches to the Bill. We also worked closely with our colleagues in the Scottish Neurological Alliance to share learning, as a parallel Members' Bill advanced in Scotland.

We collaborated with our membership to develop a submission to the Commission on End of Life Care in March 2025, ensuring that the voices and needs of people affected by neurological conditions were represented. This work builds on our wider commitment to improving palliative and end of life care for our community, ensuring services provide dignity, compassion and the right support at every stage of life.

Goal 3: We are a strong, diverse organisation that delivers change

This year has shown more clearly than ever that the strength of The Neurological Alliance lies in the diversity and commitment of our growing membership. From large national charities to small, volunteer-led organisations, together we represent the breadth of the neurological community – common and rare conditions alike. It is this collective power that enables us to deliver real change: influencing Parliament, shaping national policy, and ensuring that the voices of people with neurological conditions are heard at the highest levels.

On Thursday 16 January, we hosted the Parliamentary Neuro Reception, attended by 35 MPs or their representatives from across the UK. This was the largest number of parliamentarians to attend an Alliance event in our 30-year history, and a powerful demonstration of the influence we are building. The reception followed a public action encouraging people across the UK to write to their MPs and ask them to attend. The response was extraordinary: in just one week, more than 1,400 people contacted their MPs, meaning 548 MPs received at least one letter – the highest reach we have ever achieved through a single action. This mobilisation was a striking example of people power in action and showed how, when we come together, our community cannot be ignored.

At the reception itself, MPs heard directly from people with lived experience of neurological conditions. Their testimonies were powerful and deeply moving, leaving a lasting impression on attendees and sparking commitments to raise neurological conditions in Parliament. Many have since followed through by asking questions and engaging with national policy opportunities. As one speaker reflected afterwards:

> "Thank you for including me in such a powerful and hand on heart event, I feel privileged to be part of it. I have received lots of positive feedback, even off a guy sat opposite me on the train who saw the video Tourette's Action had posted on LinkedIn, amazing. Once more many thanks." – Paul Stevenson, speaker at Parliamentary Neuro Reception.

This event underlined the Alliance's ability to convene, influence and connect. It was not only a milestone in terms of parliamentary engagement but also a clear signal of the trust people place in us to carry their voices to decision-makers. Learn more about the event and watch a short video of lived experience volunteer Paul speaking on the day here.

Alongside our influencing work, we continued to grow our membership and strengthen our collective voice. Between July 2024 and June 2025, the Board approved six new applications for membership: CHAMP1 UK, FND Friends, the MEF2C Foundation supporting people with MEF2C Haploinsufficiency Syndrome (MCHS), the Medcan Family Foundation, Muscular Dystrophy UK and the Nystagmus Network. Each of these organisations brings fresh perspectives, expertise and energy to our community. Together they reflect the breadth of the neurological community – from more common conditions to the rarest – and reinforce the Alliance's position as the home of a united and diverse movement.

Listening to our members and responding to their views remains at the heart of our work. Each spring, we invite members to share feedback on our activities and how we can improve. In 2025, 29 organisations responded, and the findings were strongly positive: two thirds of respondents 89% said they were very satisfied or satisfied with their membership and all members reported that they considered their membership to be excellent or good value.

Comments from members highlighted the Alliance's ability to advocate nationally and bring people together around shared goals. As members reflected:

> "There seems to be so much happening in the neuro world and the Alliance are managing to be a voice whenever one is needed." – Member organisation of The Neurological Alliance.

> "Raising awareness, campaigning and influencing. Establishing strong relationships at a national level – e.g. Minister coming to NA AGM to announce launch of Neuro Forum is evidence of this." – Member organisation of The Neurological Alliance.

While 39% of respondents did not suggest any changes, several raised valuable points about how we can continue to improve. Priorities identified by members include ensuring smaller charities feel included and supported, developing new ways of engaging such as online channels, continuing to provide clear explainer materials as the health system evolves, and revitalising and communicating our Equality, Diversity and Inclusion strategy. Members also emphasised the importance of continuing to develop the Involvement Network to include people affected by neurological conditions, organisational members and other stakeholders, making sure it is promoted widely and accessible to all, and considering how best to engage regionally as part of our wider strategic review and continue to provide a powerful, united voice at national level.

We remain committed to embedding equity, diversity and inclusion (EDI) across every aspect of our work. Over the past year, we have reviewed and updated our recruitment practices to ensure fairer processes and wider reach, introduced training and support for our team to strengthen knowledge and confidence around EDI, and begun revising our approach to involving people affected by neurological conditions so that barriers to participation are reduced. This means being more flexible, offering different ways to engage, and recognising the diverse needs of those who want to share their experiences. By taking these steps, we are working to make sure that both our organisation and the wider neurological community we represent are more inclusive, representative and equitable, but recognise much more work needs to be done.

3. What we are setting out to do in 2025-26

As we enter 2025-26, The Neurological Alliance stands at a pivotal moment, both for the organisation and for the wider neurological community.

In light of the significant shifts in the external landscape and new evidence from My Neuro Survey, we have developed a refreshed strategic framework for 2025 - 2027 that recognises the scale of the challenge ahead and our unique role in driving system change.

Our revised vision is a world where everyone affected by a neurological condition is supported to live life to the fullest. Our mission is to unite and empower people affected by neurological conditions and our members to influence health and care policy in England, so it reflects real-life experiences – ensuring everyone can access the support they need.

We will do this by:

- Providing a leading collective, national voice to improve health and care.
- Developing a strong, connected community that strives for the collective good.
- Generating compelling evidence about what matters most to people affected by neurological conditions.

This work is underpinned by the values we live by:

- **Inclusive:** We listen deeply, value every voice, and celebrate the full diversity of those affected by neurological conditions.
- **Bold:** We speak truth to power, driven by lived experience and our members' insight.
- **Together:** We harness collective strength to achieve more.
- **Leading:** We shape the debate and influence the agenda.
- **Insightful:** We bring clarity, connect patterns and data, and guide smarter decisions.

We are preparing for the most significant changes to NHS structures in a decade. The proposed dissolution of NHS England, new commissioning responsibilities, and the roll-out of the NHS 10-Year Plan all represent high-stakes opportunities and risks. We will engage with decision-makers across Parliament and government to ensure that the needs of people with neurological conditions are not overlooked. As a core member of the UK Neuro Forum, we will work with national leaders, our members and people affected by neurological conditions to shape the delivery of these reforms.

We will also respond to major developments in workforce and mental health policy. Building on the work of our members, we will highlight the needs of the neuro workforce now and in the future, and seek to influence national workforce policy.

Alongside this and using insight from our members and My Neuro Survey, we will publish new evidence on access to mental health services, support for children and young people, and seek to grow our ability to listen and hear from seldom heard communities.

Strengthening the neurological voice is about more than influencing Westminster. We will deepen our support for members through a refreshed membership event programme and new resources to support members and people affected by neurological conditions to influence service improvement and policy change.

We will also build our capacity to listen. By July 2026, we aim to establish a network of lived experience leaders, people who will shape our campaigns, inform our communications and represent our work nationally. Their voices will help ensure everything we do is grounded in real life.

But ambition requires focus. We know that resources, across the system and within the Alliance, are finite. That's why we're taking steps to improve our digital infrastructure, streamline our internal processes, better evidence our impact and diversify our income streams.

We are proud of the work achieved over the past year. But we know there is still plenty to achieve together. As we enter 2025-26, we do so with a renewed sense of purpose and resolve. Together with our members, supporters, and people affected by neurological conditions, we will make this coming year one of real and lasting progress.

4. Our structure, governance and management

4.1 Trustee selection

We are governed by a Board of Trustees, made up of a minimum of three and a maximum of 14 people nominated by our members, recommended by our trustees and then elected by our members.

In advance of each AGM, all members are invited to send in their nominations for the Board for available elected trustee posts. 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, who served during the year are listed in section 6.1.

4.2 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.

4.2.1 Staff

Name	Role
Caroline Davies	Administration and Membership Officer (From September 2019 – present)
Georgina Carr	Chief Executive and Company Secretary (from January 2020 – present)
Jessica Mansel	Involvement Lead (February 2022 – July 2024, May 2025 – present)
Miranda Lloyd	Communications and External Affairs Officer (March 2021 – present)
Sam Mountney	Policy and External Affairs Manager (June 2021 – present)

4.2.2 Members

Full membership is open to national voluntary (non-statutory, non-profit) organisations who represent people affected by neurological conditions, including friends, families and carers 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 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 can also be 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 2024 - 2025

Organisation	Website
3 Million Steps	www.3millionsteps.org
Ataxia UK	www.ataxia.org.uk
Batten Disease Family Association	www.bdfa-uk.org.uk
Behcets UK	www.behcetsuk.org
The Brain and Spine Foundation	www.brainandspine.org.uk
The Brain Charity	www.thebraincharity.org.uk
Brain Research UK	www.brainresearchuk.org.uk
British Polio Fellowship	www.britishpolio.org.uk
Cavernoma Alliance UK	www.cavernoma.org.uk
CASK Research Foundation	www.caskresearch.org
Childhood Tumour Trust	www.childhoodtumourtrust.org.uk
CMT United Kingdom	www.cmt.org.uk
CSF Leak	www.csfleak.uk
Cure Parkinson's Trust[1]	www.cureparkinsons.org.uk
The Daisy Garland	www.thedaisygarland.org.uk
Different Strokes	www.differentstrokes.co.uk
Downs Syndrome Research (DSRF)	www.dsrf-uk.org
Dravet Syndrome UK	www.www.dravet.org.uk
Dystonia UK	www.dystonia.org.uk
Epilepsy Action	www.epilepsy.org.uk
Epilepsy Research Institute UK	www.epilepsyresearch.org.uk
Face Blind[1]	www.faceblind.org.uk
FD UK	www.familialdysautonomia.co.uk
FND Action	www.fndaction.org.uk
FND Dimensions	http://fnddimensions.org
FND Hope	www.fndhope.org
Inflammatory Neuropathies UK (previously GAIN)	www.inflammatoryneuropathies.uk
Glut1 Deficiency UK	www.glut1deficiency.org.uk
Harry's Hat	www.harrys-hat.org
Headway[1]	www.headway.org.uk
Hereditary Brain Aneurysms Support (HBA Support)	www.hbasupport.org
Hereditary Spastic Paraplegia Support Group	www.hspgroup.org
Huntington's Disease Association	www.hda.org.uk
IIH UK	www.www.iih.org.uk
Intractable Epilepsy	www.www.intractable.org.uk
Matthew’s Friends	www.www.matthewsfriends.org
Migraine Trust	www.migrainetrust.org
Motor Neurone Disease Association	www.mndassociation.org
MS Together[1]	www.mstogether.org
Multiple Sclerosis Society	www.mssociety.org.uk

Multiple Sclerosis Trust	www.mstrust.org.uk
Multiple System Atrophy Trust	www.msatrust.org.uk
Myaware	www.myaware.org
Myelopathy.org[2]	www.myelopathy.org
Narcolepsy UK	www.narcolepsy.org.uk
Naseems Manx Brain Tumour Charity[1]	www.naseemsmanxbraintumourcharity.co.uk
The National Hospital for Neurology and Neurosurgery Development Foundation	www.nationalbrainappeal.org
National Tremor Foundation	www.tremor.org.uk
Nerve of My MS	www.thenerveofmyms.org.uk
Nerve Tumours UK	www.nervetumours.org.uk
Neuro Therapy Network	www.neurotherapynetwork.org.uk
NF2 Biosolutions[1]	www.nf2biosolutions.org/nf2-biosolutions-uk-europe
Overcoming MS	www.overcomingms.org
Pans Pandas UK	www.www.panspandasuk.org
Parkinson's UK	www.parkinsons.org.uk
Pernicious Anaemia Society (PAS)	www.pernicious-anaemia-society.org
Polio Survivors Network	www.poliosurvivorsnetwork.org.uk
PSP Association	www.www.pspassociation.org.uk
Restless Legs Syndrome UK[1]	www.www.rls-uk.org
Ring 20 Research and Support UK CIO	www.ring20researchsupport.co.uk
Spotlight YOPD	https://spotlightyopd.org
SUDEP Action	www.sudep.org
Timothy Syndrome Alliance	www.timothysyndrome.org
Tourettes Action	www.tourettes-action.org.uk
Transverse Myelitis Society	www.myelitis.org.uk
Trigeminal Neuralgia Association UK	www.tna.org.uk
UK Acquired Brain Injury Forum	www.ukabif.org.uk

Associates

Organisation	Website
Association of British Neurologists (ABN)	www.theabn.org
Association of Chartered Physiotherapists in Neurology (ACPIN)	www.acpin.net
British Paediatric Neurology Association (BPNA)	www.bpna.org.uk
British Society of Physical and Rehabilitation Medicine (BSPRM)	www.bsprm.org.uk
Division of Neuropsychology (British Psychological Society)	www.bps.org.uk/networks-and-communities/member-microsite/division-neuropsychology
The British and Irish Association of Stroke Physicians (BIASP)	www.biasp.org
Neurology Academy	www.neurologyacademy.org
Independent Neurorehabilitation Providers Alliance (INPA)	www.in-pa.org.uk

Corporate supporters

Organisation	Website
AbbVie	www.abbvie.co.uk
Angelini Pharma	www.angelinipharma.com
Biogen	www.biogen.uk.com
Boston Scientific[2]	www.bostonscientific.com
Sanofi Genzyme	www.genzyme.co.uk
Lundbeck[2]	www.lundbeck.com/uk
Merck Serono	www.merckserono.co.uk
Novartis	www.novartis.co.uk
Pfizer	www.pfizer.co.uk/science/pfizer-in-the-uk
PTC Therapeutics[2]	www.ptcbio.com
Roche	www.roche.com
Sandoz	www.sandoz.com
Teva UK Limited	www.tevauk.com
UCB Pharma Ltd	www.ucb.co.uk

Affiliates

Organisation	Website
Bolton Neuro Voices	www.boltoncvs.org.uk
Essex Neurology Network[1]	www.community360.org.uk/blog/essex-neurology-network
Hampshire Neurological Alliance	https://www.hampshireneural.org.uk/index.html
Merseyside and Cheshire Neurological Alliance	www.neurosupport.org.uk
West Berkshire Neurological Alliance	www.wbna.org.uk

Reciprocal members

Organisation	Website
Genetic Alliance UK	https://geneticalliance.org.uk
National Voices	www.nationalvoices.org.uk
Neurological Alliance of Ireland	www.nai.ie
Neurological Alliance of Scotland	www.scottishneurological.org.uk
Neurological Alliance of Wales	www.walesneurologicalalliance.org.uk
Northern Ireland Neurological Charities Alliance	www.ninca.org.uk

[1] New members in 2024 – 25. [2] Ceased members in 2024 – 25.

4.2.3 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 neurological conditions 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 our trustees, the policy group and policy steering group to determine our strategy and plans.

4.2.4 The policy group

Any member of the Alliance can be part of the policy group. The group's purpose is to:

- make recommendations 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;
- ensure alignment between member organisations' priorities and the collective needs of the Alliance; and
- ensure that all member organisations, large and small, can contribute to the work of the Alliance;
- help to devise and oversee the Alliance's outputs, including policy statements, the Alliance's workplan; campaign activities, and any Alliance manifestos.

4.2.5. Policy group leads

Name	Role & organisation
Frankie Bowyer	Senior Policy Officer, MS Society, Chair (November 2023 – June 2024)
Sam Mountney	Policy & External Affairs Manager, The Neurological Alliance, Chair (June 2024 – present)

4.3 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 framework, reviewed annually, is in place. We also have a risk-based reserves policy which mitigates our main financial risks.

5. 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, report 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.

6. 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 21st September 2019, The Junction, Station Road, Watford, WD17 1ET.

6.1 Trustees and the nominating organisation

Name	Nominating organisation
Aneeta Prem	TNA UK (appointed Nov 2024)
Alison Fuller	Epilepsy Action
Lucy Taylor	MS Trust (appointed Nov 2024)
Cath Stanley	Huntington’s Disease Association
Alex Massey	Motor Neurone Disease Association (Appointed May 2025)
Kripen Dhrona	British Polio Fellowship (Treasurer)
Tony Lloyd	West Berkshire Regional Neurological Alliance (appointed Nov 2024)
Richard Evans	Motor Neurone Disease Association (Appointed November 2024, stepped down May 2025)
Rob Music	Migraine Trust
Sarah Rawlings	MS Society (re-appointed Nov 2024) (Vice-chair)
Victoria Wareham	Dystonia UK (trustee with responsibility for safeguarding)

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:

Name	Date appointed
Adine Adonis	Appointed May 2025
Gideon Schulman	Appointed May 2025
Mike Dilley	Appointed May 2025

6.2 Professional advisors

Supplier	Address
Banks	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

6.3 Advisors

In February 2025 the Board agreed to appoint four advisors to provide the Board with clinical and health industry experience and expertise:

Name	Date appointed
Dr. Paul Cooper	Appointed February 2025
David Garmon-Jones	Appointed February 2025
Nadia Jefferies	Appointed February 2025
Prof. Adrian Williams	Appointed February 2025

7. Finances

7.1 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 suitability of investments and the need for diversification.

7.2 Subscriptions

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

7.3 Reserves policy

A reserves policy was agreed by trustees during 2024. This policy is a risk-based policy, to reflect the reality that any reduction in income or increasing in costs would take place over a period of time.

Having considered the risks, trustees consider it prudent that reserves should be maintained in order to cover the loss of income from one third of the significant income sources. This equates to approximately £68,000.

At the end of the year reserves of £55,495 were held, of which £21,069 were restricted. This is £12,505 below the level of reserves the trustees calculate are required. The shortfall reflects our decision to invest in My Neuro Survey, alongside delays in anticipated payments from funders. Trustees are confident that the position will be recovered in 25/26 and have approved a conservative budget.

7.4 Financial position

Income from membership subscriptions increased by 14% in the year to £109,705 (23/24: £95,885). In parallel, unrestricted corporate funding increased by 6% to £158,314 (23/24 £149,225).

Overall, there is a deficit of £52,888 (before transfers) on the unrestricted funds (23/24 deficit of £4,365) and a surplus of £1,994 (before transfers) on restricted funds (23/24: surplus of £14,834). This leaves an overall deficit of £50,894 (23/24 surplus of £10,469) for the year.

Our focus for 2025/26 will be to return to a surplus and begin rebuilding our reserves to a sustainable level.

7.5 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.

7.6 Independent examiners

At the AGM in November 2024, members agreed to delegate responsibility for selecting The Neurological Alliance's Independent Examiners for the forthcoming year and 2024-2025 accounts to the Board of Trustees.

The Board decided to appoint Goodman Jones LLP to be our independent examiner for 2024-25.

7.7 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,

Cath Stanley

Chair, Board of Trustees   Date:

INDEPENDENT EXAMINER'S REPORT FOR THE YEAR ENDED 30 JUNE 2025

Independent Examiner's Report to the Trustees of The Neurological Alliance ('the Charity')

I report to the charity Trustees on my examination of the accounts of the Charity for the year ended 30 June 2025.

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

Since the Charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of (enter body here), which is one of the listed bodies.

I have completed my examination. I 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 Charity 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.

INDEPENDENT EXAMINER'S REPORT (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2025

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.

Signed:	Dated:
Martin Bailey	FCA

Martin Bailey FCA
Goodman Jones LLP
1st Floor, Arthur Stanley House
40-50 Tottenham Street
London
W1T 4RN

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 30 JUNE 2025

	Note	Unrestricted funds 2025 £	Restricted funds 2025 £	Total funds 2025 £	*Total funds 2024 £*
Income from:					
Donations and legacies	4	**2,242**	**-**	**2,242**	*301*
Charitable activities	5	**277,942**	**13,994**	**291,936**	*266,770*
Investments	6	**2,941**	**-**	**2,941**	*1,747*
Total income		**283,125**	**13,994**	**297,119**	*268,818*
Expenditure on:					
Raising funds		**690**	**-**	**690**	*5,635*
Charitable activities	7	**335,323**	**12,000**	**347,323**	*252,714*
Total expenditure		**336,013**	**12,000**	**348,013**	*258,349*
Net movement in funds		**(52,888)**	**1,994**	**(50,894)**	*10,469*
Reconciliation of funds:					
Total funds brought forward		**87,314**	**19,075**	**106,389**	*95,920*
Net movement in funds		**(52,888)**	**1,994**	**(50,894)**	*10,469*
Total funds carried forward		**34,426**	**21,069**	**55,495**	*106,389*

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

The notes on pages 10 to 20 form part of these financial statements.

BALANCE SHEET
AS AT 30 JUNE 2025

	Note		2025 £		*2024* *£*
Fixed assets					
			-		-
Current assets					
Debtors	11	**60,617**		*53,258*	
Cash at bank and in hand		**41,222**		*64,306*	
		101,839		*117,564*	
Current liabilities					
Creditors: amounts falling due within one year	12	**(46,344)**		*(11,175)*	
Net current assets			**55,495**		*106,389*
Total net assets			**55,495**		*106,389*
Charity funds					
Restricted funds	13		**21,069**		*19,075*
Unrestricted funds	13		**34,426**		*87,314*
Total funds			**55,495**		*106,389*

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 and signed on their behalf by:

....
Cath Stanley
Chair of Trustees

Date:

The notes on pages 10 to 20 form part of these financial statements.

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. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

The financial statements are presented in Sterling which is the functional currency of the Charity and monetary amounts are rounded to the nearest £.

The Neurological Alliance meets the definition of a public benefit entity under FRS 102.

2.2 Company status

The Charity is a company limited by guarantee. The members of the company are the Trustees named in the Trustee report section 5.1. 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.

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.

Expenditure on raising funds includes all expenditure incurred by the Charity to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

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.

2. Accounting policies (continued)

2.7 Expenditure (continued)

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 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.

2.9 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.

2.10 Liabilities and Provision

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.

2.11 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.

2.12 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.

3. 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 Charity makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. The estiamtes and assumptions that have a significatn risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Critical areas of judgement:

Income recognition - the Charity receives grant income. These agreements may include quantitative and qualitative milestones, performance conditions, and /or donor imposted time donditions which must be met in order for the Charity to have entitlement to the funds

4. Income from donations and legacies

	Unrestricted funds 2025 £	**Total funds 2025 £**	*Total funds 2024 £*
Donations	2,110	**2,110**	*301*
Legacies	132	**132**	-
	2,242	**2,242**	*301*
Total 2024	*301*	*301*	

5. Income from charitable activities

	Unrestricted funds 2025 £	**Restricted funds 2025 £**	**Total funds 2025 £**	*Total funds 2024 £*
Corporate support	158,314	-	**158,314**	*133,319*
Subscriptions	113,336	-	**113,336**	*95,885*
Projects	6,292	13,994	**20,286**	*37,566*
	277,942	13,994	**291,936**	*266,770*
Total 2024	*241,910*	*24,860*	*266,770*	

6. Investment income

	Unrestricted funds 2025 £	**Total funds 2025 £**	*Total funds 2024 £*
Interest income	2,941	**2,941**	*1,747*
Total 2024	*1,747*	*1,747*	

7. Analysis of expenditure on charitable activities

Summary by fund type

	Unrestricted funds 2025 £	**Restricted funds 2025 £**	**Total 2025 £**	*Total 2024 £*
Policy Development	124,887	-	**124,887**	*61,031*
Members Activities	210,436	12,000	**222,436**	*191,683*
	335,323	12,000	**347,323**	*252,714*
Total 2024	*242,688*	*10,026*	*252,714*	

8. Analysis of expenditure by activities

	Activities undertaken directly 2025 £	**Support costs 2025 £**	**Total funds 2025 £**	*Total funds 2024 £*
Policy Development	95,415	29,472	**124,887**	*61,031*
Members Activities	218,513	3,923	**222,436**	*191,683*
	313,928	33,395	**347,323**	*252,714*
Total 2024	*220,513*	*32,201*	*252,714*	

9. Staff costs

	2025 **£**	*2024* *£*
Wages and salaries	**173,694**	*151,982*
Social security costs	**11,443**	*9,932*
Contribution to defined contribution pension schemes	**9,872**	*9,052*
	195,009	*170,966*

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

	2025 **No.**	*2024* *No.*
Employees	**5**	*4*

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

	2025 **No.**	*2024* *No.*
In the band £60,001 - £70,000	**-**	*1*
In the band £70,001 - £80,000	**1**	-

Key management personnel remuneration, including employer's NIC and pension contributions, incurred buy the Charity in the year totalled £80,898 (2024: £79,996).

10. Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits *(2024 - £NIL)*.

During both the current and prior years, no expenses were reimbursed or paid directly to any trustee.

11. Debtors

	2025 **£**	*2024* *£*
Due within one year		
Other debtors	**23,675**	*18,443*
Prepayments and accrued income	**36,942**	*34,815*
	60,617	*53,258*

12. Creditors: Amounts falling due within one year

	2025 **£**	*2024* *£*
Trade creditors	**28,457**	*6,890*
Other taxation and social security	**2,907**	*2,763*
Other creditors	**-**	*1,172*
Accruals and deferred income	**14,980**	*350*
	46,344	*11,175*

13. Statement of funds

Statement of funds - current year

	Balance at 1 July 2024 £	Income £	Expenditure £	Balance at 30 June 2025 £
Unrestricted funds				
General Funds - all funds	87,314	283,125	(336,013)	34,426
Restricted funds				
NNAG Events	719	-	-	719
Epilepsy Tool	16,020	1,994	-	18,014
Neurolifenow	2,334	12,000	(12,000)	2,334
Outpatient Transformation	2	-	-	2
	19,075	13,994	(12,000)	21,069
Total funds	106,389	297,119	(348,013)	55,495

13. Statement of funds (continued)

Statement of funds - prior year

	Balance at 1 July 2023 £	*Income* £	*Expenditure* £	*Balance at 30 June 2024* £
Unrestricted funds				
General Funds - all funds	*91,679*	*243,958*	*(248,323)*	*87,314*
Restricted funds				
NNAG Pathways	*719*	-	-	*719*
Epilepsy Tool	*1,020*	*15,000*	-	*16,020*
Neurolifenow	*2,500*	*9,860*	*(10,026)*	*2,334*
Outpatient Transformation	*2*	-	-	*2*
	4,241	*24,860*	*(10,026)*	*19,075*
Total funds	*95,920*	*268,818*	*(258,349)*	*106,389*

Restricted funds represent the following:

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

Neurolifenow - funds received for a real-time survey which aims to provide routine patient experience data to support service improvement and positive public policy change.

Epilpesy Navigator Tool - a tool developed to provide a range of resources to support service development.

Outpatient Transformation - funds to provide improvements to outpatient services and resources.

14. Analysis of net assets between funds

Analysis of net assets between funds - current year

	Unrestricted funds 2025 £	**Restricted funds 2025 £**	**Total funds 2025 £**
Current assets	80,770	21,069	**101,839**
Creditors due within one year	(46,344)	-	**(46,344)**
Total	34,426	21,069	**55,495**

Analysis of net assets between funds - prior year

	Unrestricted funds 2024 £	*Restricted funds 2024 £*	*Total funds 2024 £*
Current assets	*98,489*	*19,075*	*117,564*
Creditors due within one year	*(11,175)*	*-*	*(11,175)*
Total	*87,314*	*19,075*	*106,389*

15. Pension commitments

The Charity operates a defined contribution 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 £9,872 (2024: £9,052).

Contributions totalling £218 were receivable from (2024: £1,172 payable to) the fund at the balance sheet date.

16. 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

Together
we are stronger.

The Neurological Alliance
The Junction
Station Rd
Watford
WD17 1EU

01923 882590
www.neural.org.uk
info@neural.org.uk

Connect
with us.

www.linkedin.com/company/neurological-alliance

@neurologicalalliance

@neurological_alliance

@NeuroAlliance

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England 2939840. Registered charity 1039034.