THE NEUROLOGICAL ALLIANCE

Annual report

and financial statements for the year ended 30 June 2026











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COMPANY REGISTRATION NUMBER 02939840



THE NEUROLOGICAL ALLIANCE

(LIMITED BY GUARANTEE)

FINANCIAL STATEMENTS

FOR THE YEAR ENDED

30 JUNE 2026

Charity Number 1039034

A welcome from the Chair of Trustees

As I write my final foreword as Chair of The Neurological Alliance, I find myself reflecting on just how much both the Alliance and the wider neurological landscape have changed in the years I've been privileged to serve.

This has been another year of profound change. The publication of the NHS 10-Year Health Plan, proposals to abolish NHS England, the development of Modern Service Frameworks, and the continued shift towards neighbourhood health services have all created both opportunity and uncertainty for people affected by neurological conditions. Through it all, the Alliance has worked tirelessly to keep neurological conditions firmly on the national agenda, and to ensure that the voices of people affected by them continue to shape the future of care.

I am incredibly proud of what we have achieved together. Over the year we strengthened our role as the collective voice for the neurological community, bringing charities, professional bodies, clinicians and people with lived experience together to make the case for a Modern Service Framework for neurological conditions. We deepened our influence on national policy through the UK Neuro Forum, our engagement with Government and Parliament, and our close working relationships with NHS England, the Department of Health and Social Care, and professional bodies.

Our commitment to evidence-based influencing has never been stronger. We published recommendations on preparing the health system for innovative neurological treatments, developed a shared vision for neighbourhood neurological care, and strengthened the evidence base on workforce and inequalities, all while making sure lived experience remained at the heart of everything we do.

This has also been a year of collaboration, and collaboration has always been our greatest strength. As a membership organisation, our power lies in our ability to bring people together, and through our policy groups, CEO Network, Rare Conditions Group and UK Neuro Forum engagement, we have shown time and again that speaking with one voice achieves far more than any single organisation could alone.

The environment we work in remains challenging. Neurological services continue to face unacceptable variation in access to care, persistent workforce shortages and growing demand, while charities across our community are under real financial pressure. These challenges are precisely why organisations like The Neurological Alliance are needed more than ever.

Looking ahead, I am confident the Alliance is well placed for the future. This year, the Board undertook a strategic review that sharpened our focus on where we can have the greatest impact. Our refreshed strategy places greater emphasis on providing a leading collective national voice, strengthening our community, generating compelling evidence, and investing in the organisational capability needed to maximise our influence. Alongside delivering this ambitious programme, the Alliance will begin shaping its next long-term strategy, ensuring it stays responsive to a fast-changing health and care landscape.

As my term as Chair draws to a close, I want to thank my fellow trustees, our dedicated staff team, our advisors, members and partners for their unwavering commitment and support. Above all, I want to thank the thousands of people affected by neurological conditions who continue to share their experiences with us. Your voices are the reason the Alliance exists, and they remain our greatest source of strength.

It has been a privilege beyond words to serve as Chair of this remarkable organisation. I leave knowing the Alliance is stronger, more influential and better connected than ever before, and I can't wait to see what the next chapter brings.

Cath Stanley, Chair, The Neurological Alliance

The Neurological Alliance annual report and accounts

Year ended 30 June 2026

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 1st Floor Arthur Stanley House 40-50 Tottenham Street London W1T 4RN	
Accountants	**Godfrey Wilson** 2nd Floor, South, One Castle Park, Tower Hill, Bristol BS2 0JA	
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 2025 to 30 June 2026. 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 18 November 2026. 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 2025-26

Our vision, mission and strategic goals are as follows:

Vision

A world where everyone affected by a neurological condition is supported to live life to the fullest.

Mission

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 that everyone affected by a neurological condition can access the support they need.

Our goals

We achieve our mission and work towards our vision by:

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

Our values

- **Inclusive:** We listen deeply, value every voice, and welcome all who share our goals, celebrating the full diversity of those affected by neurological conditions.
- **Bold:** We speak truth to power, driven by the real experiences of people living with and affected by neurological conditions and supported by our members.
- **Together:** We achieve more together, harnessing the strength, knowledge and voices of everyone working towards our shared vision.
- **Leading:** We champion the rights and needs of people affected by neurological conditions, shaping debate and influencing the agenda on access to healthcare.
- **Insightful:** We bring clarity and perspective, connecting patterns, voices and data to generate fresh understanding and guide smarter decisions.

The annual report of the trustees is set out under our three strategic goals:

Goal 1: Providing a leading collective, national voice to improve health and care for people affected by neurological conditions

The past year has been one of the most significant periods of change for health and care in England for more than a decade. The publication of the NHS 10-Year Health Plan, proposals to abolish NHS England, the Health Bill, the introduction of Modern Service Frameworks and the continued development of neighbourhood health services have created both opportunities and risks for people affected by neurological conditions.

Against this backdrop, we worked to keep neurological conditions firmly on the national agenda, influencing national policy, strengthening clinical leadership and making the case for more consistent and equitable neurological care.

"I always feel a sense of achievement and being valued when I'm involved in The Neurological Alliance's work. The organisation has worked hard to create a supportive, equitable and embedded infrastructure for involvement that fully considers the views and needs of people living with neurological conditions. I have in the past even recommended other organisations look at elements of The Neurological Alliance's involvement work as a good example of "patient engagement" so that this type of involvement starts to become standard practice across healthcare charities." – Trishna Bharadia, involvement network member.

Calling for a Modern Service Framework for neurological conditions

One of the Alliance's principal priorities this year has been making the case for a Modern Service Framework (MSF) for neurological conditions.

With the Government committing to develop Modern Service Frameworks as part of the NHS 10-Year Health Plan, we recognised an opportunity to secure a long-term national improvement programme for neurological care. Working in partnership with the MS Society, we led the development of 'Neurological Conditions: The Case for a Modern Service Framework'. The report was endorsed by 41 organisations across the neurological community, demonstrating strong cross-sector support for a national improvement programme.

The report sets out the case for a dedicated neurological Modern Service Framework, highlighting the scale of unmet need, longstanding variation in access to care and the growing pressures facing neurological services. It proposes a clear "moonshot" ambition to reduce avoidable emergency admissions for neurological conditions by 30% within 10 years, supported by five pillars for system-wide reform covering workforce, models of care, prevention, community services and digital infrastructure.

The report attracted early interest following its publication in May 2026. By the end of the financial year on 30 June, it had been downloaded 143 times and the accompanying webpage had received 361 views. The launch post was our most popular Facebook post in May, based on combined reactions, shares and comments, and was among our five most popular posts that month on both LinkedIn and Instagram.

Alongside publication of the report, we launched a coordinated programme of influencing with parliamentarians, NHS leaders, clinicians and member organisations to build support for a neurological Modern Service Framework. More than a dozen Parliamentary Questions have been tabled by supportive Parliamentarians either calling for a neurological conditions MSF or directly related to key aspects of the case for change report alongside an oral question in the House of Commons from Mary Glindon MP.

This work has built a strong cross-sector coalition and strengthened the case for neurological conditions to be included in the Government's programme of Modern Service Frameworks.

Strengthening national leadership for neuro

Throughout the year, the Alliance continued to play an active role in national neurological leadership and service improvement.

We maintained representation on the Adult Neurology Clinical Reference Group, supporting implementation of the NHS England Adult Neurology Service Specification and ensuring our members' expertise informed ongoing delivery. We also continued to contribute to the Getting It Right First Time (GIRFT) Neurology Programme, supporting work to improve advice and guidance for primary care and reduce unwarranted variation in neurological services.

We also welcomed the Government's commitment to retain a National Clinical Director for Neurology during the transition following the abolition of NHS England, helping to maintain national clinical leadership for neurological services. Through the UK Neuro Forum, we continued to coordinate member input into discussions across the four nations.

Developing neighbourhood models of neurological care

As the Government progressed its ambition to deliver more care closer to home, we worked to ensure neurological conditions were included in the development of neighbourhood health. A Vision for Neuro Neighbourhood Health published in July 2026, sets out practical recommendations for policymakers and Integrated Care Boards on delivering proactive, coordinated care closer to home while maintaining access to specialist expertise.

"I was pleased to contribute to the Neuro Neighbourhood Health discussions in March 2026… as a neurologically trained physiotherapist working across the health, voluntary and leisure sectors. I was motivated to become involved in this project alongside The Neurological Alliance because its vision for people living with neurological conditions felt broader, particularly in its emphasis on specialist services that could be embedded within, or developed as part of, longer-term community provision.

I felt listened to throughout, and it was encouraging to see the subsequent report reflect the need for different models of care depending on the complexity and progression of an individual's condition." – Bhanu Ramaswamy OBE.

Strengthening the neuroscience workforce

Workforce shortages remain one of the greatest barriers to improving neurological care.

Building on our workforce consensus statement, endorsed by 43 charities and professional bodies, we continued working alongside the Association of British Neurologists and other partners to improve national understanding of workforce gaps and future workforce requirements.

During the year we contributed to discussions on the forthcoming NHS Workforce Delivery Plan, presented our recommendations to the UK Neuro Forum and supported development of the Association of British Neurologists' workforce census 'The State of the UK Neurology Workforce: Needs for a Population of 100,000', helping build the evidence needed to support long-term workforce planning across neurological services. Our news story on ABN's workforce report, has been

our number one most viewed news story since its publication on 26 January 2026, attracting 1,809 views between then and the end of the financial year on 30 June 2026.

Workforce was also discussed as a deep dive topic at the UK Neuro Forum, with colleagues from the Department of Health and Social Care joining the session to update on progress around the forthcoming 10-Year Workforce Plan.

Improving mental health support

Mental health remains one of the most significant unmet needs for people affected by neurological conditions. Throughout the year we continued to champion better integration between neurological and mental health services, working with clinicians, NHS England and our members to improve access to psychological support.

During the year we published the Optimal Clinical Pathway for Mental Health, setting out what good care should look like for people living with neurological conditions and co-existing mental health needs. The pathway provides practical recommendations to support more integrated, person-centred care and builds on our wider programme of work to improve access to neuropsychology and neuropsychiatry services. The publication of the optimal clinical guidelines for mental health was the subject of our most popular post on LinkedIn in February 2026.

Alongside this, we engaged with NHS England's Talking Therapies programme to highlight the barriers experienced by people affected by neurological conditions when accessing psychological support. We were pleased to secure a commitment from NHS England to develop national positive practice guidance for Talking Therapies practitioners, helping to improve understanding of neurological conditions and support more equitable access to appropriate psychological care.

The Alliance continues to hold a position on the Royal College of Psychiatrists Neuropsychiatry Faculty Executive Committee, ensuring ongoing alignment between respective priorities and workstreams.

2026 also saw the Government launch a consultation on a cross-departmental mental health strategy for England. We engaged with members and others to inform and develop our response to the call for evidence, ensuring that the mental health needs of the neurological community were represented.

Goal 2: Developing a strong community that is connected to one another and strives for the collective good

Throughout the year, we continued to bring together our diverse membership to share expertise, identify emerging priorities and develop collective positions to the issues that matter most to people affected by neurological conditions. At year end, the Alliance comprised 107 member organisations, the most ever. Our annual membership survey found that 94% of respondents were satisfied or very satisfied with their membership of the Alliance.

Our Policy Group and Rare Conditions Subgroup provided regular opportunities for members to hear directly from national leaders, discuss policy developments and shape the Alliance's priorities. Meeting themes reflected the rapidly changing policy landscape, including the Getting it Right First Time (GIRFT) neurology programme, elective care reform, the Health Bill, rare disease policy, neighbourhood health and the future of neurological treatments. Members also heard directly from senior NHS and Department of Health and Social Care leaders including Professor Stella Vig, National Clinical Director for Elective Care, Dr Adrian Wills, Joint Clinical Lead for the GIRFT Neurology Programme, and Jason Yiannikkou, Director for Legislation at the Department of Health and Social Care.

Around seven in ten member organisations participated in at least one Alliance meeting or event during the year, reflecting strong engagement across our membership, with opportunities to deepen our offer even further.

Importantly, 21 people affected by neurological conditions were involved in our work this year – this included being part of roundtable discussions on Neighbourhood Health, developing the National Adult Neurology service audit and supporting the development of the My Neuro Survey data tool.

Building consensus to influence change

In partnership with Parkinson’s UK, we convened charities, Royal Colleges, professional bodies and specialist societies to develop a shared position on the future of the clinical neuroscience workforce. More than 40 organisations came together behind the resulting consensus statement, demonstrating the Alliance’s role in enabling the neurological community to develop and advocate for shared priorities.

"I got involved with The Neurological Alliance because after my grown up son had a traumatic brain injury I was shocked by the inadequacy of the NHS neuro rehabilitation services. I was very pleased to be invited to represent carer views at the Alliance modern service framework roundtable. It was a really interesting experience and I had plenty of opportunity to contribute. I have been campaigning for over 12 years. We have to keep on campaigning until neurological conditions are considered a national priority and we get neurological services that fully meet people's needs." – Jane Allberry, roundtable participant.

Members played a central role in developing our Vision for Neuro Neighbourhood Health. A working group of Alliance members, representing paediatric, adult, rare and more prevalent neurological conditions, helped shape the methodology and objectives of the work. This was complemented by interviews and a roundtable involving 30 people, bringing together voluntary sector representatives, clinicians, system leaders and people affected by neurological conditions. Together, their insights helped us develop a practical vision for specialist-informed, coordinated neurological care delivered closer to home.

Our Rare Conditions Subgroup provided a dedicated space for members to shape our work on emerging neurological treatments and the future of rare disease policy. Members identified priorities for the future UK Rare Disease Framework, contributed evidence to Genetic Alliance UK's Future for Rare campaign and highlighted the importance of care coordination, workforce, research and equitable access to specialist care.

Our news story responding to the Government's extension of the Rare Disease Framework until 2027 received 1,934 views by the end of the financial year, making it one of the five most viewed pages on our website during that period. Our Rare Disease Day posts supporting Genetic Alliance UK's Equity for Rare campaign were also our most popular Facebook and Instagram posts in February.

Connecting the neurological community across the UK

We also strengthened collaboration across the UK through the UK Neuro Forum, working with the Neurological Alliance of Scotland, the Wales Neurological Alliance

and the Northern Ireland Neurological Charities Alliance to bring together organisations and develop shared priorities for neurological health and care.

Our UK Neuro Forum members' meeting brought together 71 participants from across the four nations, creating an opportunity to share perspectives, identify common challenges and consider where collective action could have the greatest impact. Members helped shape the Forum's emerging work programme, including priorities around cross-border care, workforce, innovation and access to new therapies.

Goal 3: Developing compelling evidence about what matters to people affected by neurological conditions and our member organisations

Throughout the year, we developed evidence, tools and guidance to help policymakers, NHS leaders and our members make better-informed decisions and support improvement at national and local level. We published four major reports and briefings during the year.

"My passion for helping others is driven by my character, training, education and life experience, my own neurological conditions and comorbidities, and my mother and her neurological conditions. I have an interest in health and well being, self care and the need to manage involvement with healthcare professionals and allied healthcare professionals. I'm a representative of an international charity and a trustee of The Neurological Alliance of Scotland. I had previously worked with them on My Neuro Survey. I was pleased to be involved in The Neurological Alliance's neurology audit. Participating in the group, I felt good: listened to and valued." – Steve Portelly, neurology audit participant and Trustee, Neurological Alliance of Scotland.

Supporting local improvement with better data

This year, we launched the My Neuro Survey data tool, giving members, NHS organisations and policymakers access to local data on the experiences of people affected by neurological conditions. The interactive dashboard combines My Neuro Survey findings with publicly available NHS datasets, enabling users to explore local

variation and identify opportunities for improvement. People affected by neurological conditions and our member organisations helped to develop the tool and the language we use to talk about it, maximising its usefulness and usability.

"Having lived with a neurological condition for 35 years I feel it's important to try to turn a negative into a positive. For me this has meant focusing some energy into assisting organisations that support and work with people with neurological conditions. I have had a positive experience each time I have assisted The Neurological Alliance. I have been listened to, shown respect and felt an equal partner with staff. Sharing my lived experience is vital to their work, and if you are considering getting involved I would encourage you to do so. Lived experience input means that the organisation focuses its work on what matters to you and I." – anonymous, My Neuro Survey Tool developer.

The tool attracted early interest following its launch in May 2026. By the end of the financial year on 30 June, its webpage had received 393 views. The launch was our most popular LinkedIn post in May, based on combined reactions, shares and comments, and was among our five most popular posts that month on both Facebook and Instagram.

Preparing the NHS for innovation

Scientific advances are creating new opportunities to improve outcomes for people affected by neurological conditions, but health services need to be ready to adopt new treatments consistently and equitably.

Working with clinicians and member organisations, we published 'Future-proofing neurology services: What emerging treatments mean for people, services, and policy in England'. The briefing identifies the changes needed to prepare the NHS for emerging neurological treatments, including a Modern Service Framework for neurological conditions, sustained national clinical leadership, workforce planning, modernised NICE appraisal processes and stronger support for implementation across integrated care systems.

The briefing attracted interest following publication, with the accompanying news story receiving more than 1,100 views. Its launch was our most popular Facebook post in March and among our five most popular LinkedIn posts that month.

We are grateful to WA Communications for their support in developing and publishing the briefing.

Developing tools to support transformation

The Neurological Alliance and The Migraine Trust developed 'Improving headache and migraine care together: A tool for NHS professionals & providers', launching the tool in May 2026.

The new tool is designed to help NHS commissioners, providers and professionals to plan, design and improve local services for people of all ages affected by headache and migraine. It identifies and signposts to the best available resources and provides a framework for local service transformation.

The tool is focused on care pathways that can be delivered in the community with key stakeholders, partners and services and has been developed with support from people living with migraine, health professionals, service managers at Integrated Care Boards (ICBs) and NHS provider representatives from across England.

Supporting NHS neurology transformation

We also contributed to NHS England's Neurology Transformation Programme, which developed practical resources to support implementation of the Adult Neurology Service Specification and local service improvement. As part of the programme, we developed new guidance on collaboration between the NHS and voluntary sector, drawing on lived experience and examples of how voluntary organisations can support comprehensive, coordinated neurological care.

As the national transformation programme wound down in early 2026, we also contributed to discussions about how its resources, learning and community of practice could be sustained.

Developing a national audit of neurology services

We helped develop the pilot for the UK's first national audit of adult neurology services, working with the NHS England Getting It Right First Time programme and the Association of British Neurologists. The Alliance led the involvement of people affected by neurological conditions, whose feedback strengthened the audit's focus on listening to patient experience and feedback, and the need to ensure neurology services are linked in with a multi-disciplinary range of services. The pilot, involving nine neurology centres across the UK, will test the feasibility of a future national audit and the potential to provide comparable data to support service improvement.

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

The year ahead presents significant opportunities to improve health and care for people affected by neurological conditions, but also considerable uncertainty. As the NHS continues to reform, we will work to ensure neurological conditions remain a national priority and that people affected benefit from changes to the health system.

"I believe The Neurological Alliance's work is crucial for achieving the best support, services and care for people living with neurological conditions in England. As one of those people, I wanted to have a direct impact on helping the NA to do this, particularly because I know that the support of people with lived experience makes a huge impact on influencing change." – Trishna Bharadia, involvement network member.

Our work will continue to be guided by our three strategic goals.

We will provide a leading collective voice for the neurological community by championing a Modern Service Framework for neurological conditions, influencing implementation of the Government's health reforms and 10-Year Health Plan, and ensuring neurological conditions are represented in national policy and decision-making. We will also continue to make the case for investment in the specialist neuroscience workforce and stronger national leadership for neurological services.

We will strengthen our community by supporting members to collaborate, influence policy and share learning. This includes continuing to develop our Policy Group, Rare Conditions Subgroup and CEO Network, supporting the work of the UK Neuro Forum, growing our membership and equipping organisations with practical resources to influence change nationally and within local health systems.

We will continue to build the evidence needed to improve neurological care through the next My Neuro Survey, while strengthening our engagement with communities whose voices are too often underrepresented in policy and service design. Alongside this, we will develop new evidence and insight to support better decision-making across the health system.

"If you're thinking of getting involved in the Alliance's work, go for it – you have got nothing to lose. It may help you. You might enjoy it. You will be listened to. You are an "expert by experience". Your lived experience is very valuable: Many healthcare professionals or allied health professionals don't have this insight. You are a stakeholder. Don't be afraid of doctors. They are human beings after all. They are on your side, although it might not feel that way at first." – Steve Portelly, neurology audit participant and Trustee, Neurological Alliance of Scotland.

Alongside our policy and influencing work, we will invest in the organisation itself. During the year we will develop a new organisational strategy, refresh our brand and website, implement a new customer relationship management (CRM) system, strengthen our digital infrastructure and continue embedding equality, diversity and inclusion across our work. These investments will help ensure the Alliance remains sustainable, effective and well placed to maximise its impact in the years ahead.

Throughout the year, we will continue to work in partnership with our member organisations, people affected by neurological conditions, clinicians, researchers, policymakers and the wider health and care system. Together, we will strive to ensure everyone affected by a neurological condition can access the care, treatment and support they need to live well.

"I've seen firsthand the impact neurological conditions can have on a person and those around them. There's still so much to be done to improve our understanding of different conditions, and ensure people receive the support they need. I'm really pleased to be running for a group that brings together so many organisations in this area, because – as we all know – voices are stronger together than they are apart." – Catrin Hughes, The Neurological Alliance's first ever London Marathon runner.

4. Our structure, governance and management

4.1 Trustees 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 member organisations.

"Great umbrella organisation, clear on purpose, executed excellently." – Member Survey respondent.

In advance of each Annual General Meeting (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 5.1.

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

"You really lead from the front. Feels like you are equals with all the main charities and government," – Member Survey respondent.

Staff	Role
Caroline Davies	Administration and Membership Officer (From September 2019 – April 2026)
Georgina Carr	Chief Executive and Company Secretary (from January 2020 – present)
Susan Hurrell	Administration and Membership Officer (From April 2026 – present)
Jessica Mansel	Involvement Lead (February 2022 – July 2024, May 2025 – December 2025)
Miranda Lloyd	Communications and External Affairs Officer (March 2021 – present)
Sam Mountney	Head of Policy and External Affairs (April 2026 – present), Policy and External Affairs Manager (June 2021 – April 2026)

3.2.2 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.

"You are incredibly collaborative, inclusive, effective and articulate in influencing change. There was a huge gap before The Neurological Alliance existed, we are

grateful you are here and undertaking the work you do and looking forward to the future." – Member Survey respondent.

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 2025 – 2026

Member	Website
3 Million Steps	www.3millionsteps.org
Ataxia UK	www.ataxia.org.uk
Batten Disease Family Association	www.bdfa-uk.org.uk
Behçets UK	www.behcetsuk.org
The Brain and Spine Foundation	www.brainandspine.org.uk
The Brain Charity	www.thebraincharity.org.uk
Brain Research Trust	www.brainresearchuk.org.uk
Brain Tumour Research	https://braintumourresearch.org
British Polio Fellowship	www.britishpolio.org.uk
British Home and Hospital	www.britishhome.org.uk
Cadasil Support UK	https://cadasilsupportuk.co.uk
Cavernoma Alliance UK	www.cavernoma.org.uk
CASK Research Foundation	www.caskresearch.org
Childhood Tumour Trust	www.childhoodtumourtrust.org.uk
Children's Hyperinsulinism Charity[1]	https://hyperinsulinism.co.uk
Champ1 UK	https://champ1.uk
CMT United Kingdom	www.cmt.org.uk
CSF Leak	www.csfleak.uk
Cure Parkinson's Trust	www.cureparkinsons.org.uk
The Daisy Garland	www.thedaisygarland.org.uk
Different Strokes	www.differentstrokes.co.uk
Downs Syndrome Research (DSRF)	www.dsrf-uk.org
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	www.faceblind.org.uk
Fahr Beyond[1]	https://www.fahrbeyond.org

FD UK	www.familialdysautonomia.co.uk
FND Action	www.fndaction.org.uk
FND Dimensions	http://fnddimensions.org
FND Friends	https://fndfriends.com
FND Hope UK[2]	www.fndhope.org.uk
Glut1 Deficiency UK	www.glut1deficiency.org.uk
Harry's Hat	www.harrys-hat.org
Headway	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.iih.org.uk
Inflammatory Neuropathies UK	www.inflammatoryneuropathies.uk
Intractable Epilepsy	www.intractable.org.uk
Matthew's Friends	www.matthewsfriends.org
Migraine Trust	www.migrainetrust.org
MEF2C Foundation [2]	www.mef2cfoundation.com
Medcan Family Foundation [2]	https://medcanfoundation.co.uk
Motor Neurone Disease Association	www.mndassociation.org
MS Together	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
Muscular Dystrophy UK	www.musculardystrophyuk.org
Myaware	www.myaware.org
Narcolepsy UK	www.narcolepsy.org.uk
Naseems Manx Brain Tumour Charity	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	www.nf2biosolutions.org/nf2-biosolutions-uk-europe
The Nystagmus Network	https://nystagmusnetwork.org
Overcoming MS	www.overcomingms.org
Pans Pandas UK	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.pspassociation.org.uk
Reverse Rett[2]	www.reverserett.org.uk
Restless Legs Syndrome UK	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
Tourette's 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
UP The Adult Cerebral Palsy Movement[1]	https://upmovement.org.uk
Associates	
Association of British Neurologists (ABN)	www.theabn.org
Association of Chartered Physiotherapists in Neurology (ACPIN)	www.acpin.net
British Paediatric Neurology Association (BPNA)	www.biasp.org
British Society of Physical and Rehabilitation Medicine (BSPRM)	www.bpna.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	
AbbVie	www.abbvie.co.uk
Angelini Pharma	www.angelinipharma.com
Biogen	www.biogen.uk.com
Sanofi	www.sanofi.co.uk/en
Lundbeck[2]	www.lundbeck.com/uk
Merck Serono	www.merckgroup.com/uk-en
Novartis	www.novartis.com/uk-en/
Pfizer	www.pfizer.co.uk/science/pfizer-in-the-uk
Roche	www.roche.com
Sandoz	www.sandoz.com
Teva UK Limited	www.tevauk.com
UCB Pharma Ltd	www.ucbpharma.co.uk
Affiliates	
Bolton Neuro Voices	www.boltoncvs.org.uk/services/group-details/162218/
Essex Neurology Network	www.essex.ac.uk/departments/health-and-social-care/research/neuro-developmental-and-acquired-disorders/essex-neurology-network
Hampshire Neurological Alliance	www.hampshireneural.org.uk/index.html
Merseyside and Cheshire Neurological Alliance	N/A
West Berkshire Neurological Alliance	www.wbna.org.uk

Reciprocal members	
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[1]	www.ninca.org.uk
Pain UK[1]	https://painuk.org

[1]. New members in 2025 – 2026

[2]. Ceased members in 2025 – 2026

[3]. Organisation closed in 2025 – 2026

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.

"The ethos of the charity I am founder of is, 'mutual support and mutual respect'. The great thing about The Neurological Alliance (NA) is that it also operates within this mindset. As a small charity, it is sometimes hard to keep up with developments and therefore have our say. The NA helps to pull all those developments, issues and priorities together, meaning we have a chance to get involved, alongside others, where we are heard, have the chance to discuss and question and then be part of one bigger voice in arguing and pushing for greater neurological services and political backing. We simply could not do this by ourselves, but being part of the NA amplifies our and other voices together. I think for any organisation within the neurological sector, it's not a case of 'should

we join the NA?', you should be asking, 'why haven't we joined already?' The opportunities are simply too great. – Steve Webster, Founder, FND Dimensions.

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;
- ensure that all member organisations, large and small, can contribute to the work of the Alliance; and
- 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

Catherine Wallis, Senior Policy Officer (Health & Social Care), MS Society.

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

Trustee	Nominating organisation
Aneeta Prem	TNA UK
Alison Fuller	Epilepsy Action (re-appointed Nov 2025)
Lucy Taylor	MS Trust (trustee with responsibility for safeguarding)
Cath Stanley	Huntington's Disease Association
Alex Massey	Motor Neurone Disease Association (Appointed May 2025, stepped down April 2026)
Kripen Dhrona	British Polio Fellowship (Treasurer)
Tony Lloyd	West Berkshire Regional Neurological Alliance
Sue Millman	Ataxia UK (appointed Nov 2025)
Rob Music	Migraine Trust (re-appointed Nov 2025)

Sarah Rawlings	MS Society (Vice-chair)
Victoria Wareham	Dystonia UK (stepped down February 2026)
Adine Adonis	Independent
Gideon Schulman	Independent
Mike Dilley	Independent

6.2 Professional advisors

Institution	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, 2nd Floor, South, One Castle Park, Tower Hill, Bristol, BS2 0JA
Independent Examiners	Goodman Jones LLP, 1st Floor Arthur Stanley House, 40-50 Tottenham Street, London, W1T 4RN

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:

Advisors	Date appointed
Dr. Paul Cooper	February 2025
David Garmon-Jones	February 2025
Nadia Jefferies	February 2025
Dr Ailsa McLellan	June 2026
Prof. Adrian Williams	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 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 in 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 £121,519 (24/25 £55,495) were held, of which £28,951 (24/25 £21,069) were restricted. This is £61,519 above the level of reserves the trustees calculate are required.

7.4 Financial position

Income from membership subscriptions increased by 10% in the year to £121,084 (24/25: £109,705). In parallel, unrestricted corporate funding decreased by 5% to £150,420 (24/25: £158,314).

Overall, there is a surplus of £58,142 (before transfers) on the unrestricted funds (24/25 deficit of £ 52,888) and a surplus of £7,882 (before transfers) on restricted funds (24/25: surplus of £1,994). This leaves an overall surplus of £66,024 (24/25 deficit of £50,894) for the year.

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 (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 2025, members agreed to delegate responsibility for selecting The Neurological Alliance's Independent Examiners for the forthcoming year and 2025 - 2026 accounts to the Board of Trustees.

The Board decided to appoint Goodman Jones LLP to be our independent examiner.

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,



Lucy Taylor

Chair, Board of Trustees

Date: 23-11-26

INDEPENDENT EXAMINER'S REPORT FOR THE YEAR ENDED 30 JUNE 2026

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 2026.

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 ICAEW, 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 2026

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: Martin Bailey Dated: 24-11-26

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 2026

	Note	Unrestricted funds 2026 £	Restricted funds 2026 £	Total funds 2026 £	*Total funds 2025 £*
Income from:					
Donations and legacies	4	**18,194**	**-**	**18,194**	*2,242*
Charitable activities	5	**293,620**	**14,257**	**307,877**	*291,936*
Investments	6	**234**	**-**	**234**	*354*
Other income	7	**6,932**	**627**	**7,559**	*2,587*
Total income		**318,980**	**14,884**	**333,864**	*297,119*
Expenditure on:					
Raising funds		**7,294**	**-**	**7,294**	*690*
Charitable activities	8	**253,544**	**7,002**	**260,546**	*347,323*
Total expenditure		**260,838**	**7,002**	**267,840**	*348,013*
Net movement in funds		**58,142**	**7,882**	**66,024**	*(50,894)*
Reconciliation of funds:					
Total funds brought forward		**34,426**	**21,069**	**55,495**	*106,389*
Net movement in funds		**58,142**	**7,882**	**66,024**	*(50,894)*
Total funds carried forward		**92,568**	**28,951**	**121,519**	*55,495*

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

The notes on pages 38 to 49 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE
(A Company Limited by Guarantee)
REGISTERED NUMBER: 02939840

BALANCE SHEET
AS AT 30 JUNE 2026

	Note		2026 £		*2025 £*
Fixed assets					
Tangible assets	12		**666**		*-*
			666		*-*
Current assets					
Debtors	13	**59,006**		*60,617*	
Cash at bank and in hand		**66,248**		*41,222*	
		125,254		*101,839*	
Current liabilities					
Creditors: amounts falling due within one year	14	**(4,401)**		*(46,344)*	
Net current assets			**120,853**		*55,495*
Total net assets			**121,519**		*55,495*
Charity funds					
Restricted funds	15		**28,951**		*21,069*
Unrestricted funds	15		**92,568**		*34,426*
Total funds			**121,519**		*55,495*

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:

Lucy Taylor
.....
Lucy Taylor
Chair of Trustees
Date: 23-11-26

The notes on pages 38 to 49 form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2026

1. General information

The Neurological Alliance is a registered charity and company limited by guarantee registered in England & Wales. 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.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

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.

2. Accounting policies (continued)

2.7 Expenditure (continued)

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.

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 Tangible fixed assets and depreciation

Tangible fixed assets costing £NIL or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably.

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives .

Depreciation is provided on the following basis:

Office equipment	- 3 years straight line

2.9 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.

2.10 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.

2.11 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. Accounting policies (continued)

2.12 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.

2.13 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 2026 £	**Total funds 2026 £**	*Total funds 2025 £*
Donations	18,147	**18,147**	*2,110*
Legacies	47	**47**	*132*
	18,194	**18,194**	*2,242*
Total 2025	*2,242*	*2,242*	

5. Income from charitable activities

	Unrestricted funds 2026 £	Restricted funds 2026 £	Total funds 2026 £	*Total funds 2025 £*
Corporate support	150,420	-	**150,420**	*158,314*
Subscriptions	121,084	-	**121,084**	*113,336*
Projects	22,116	14,257	**36,373**	*20,286*
	293,620	14,257	**307,877**	*291,936*
Total 2025	*277,942*	*13,994*	*291,936*	

6. Investment income

	Unrestricted funds 2026 £	Total funds 2026 £	*Total funds 2025 £*
Interest income	234	**234**	*354*
Total 2025	*354*	*354*	

7. Other incoming resources

	Unrestricted funds 2026 £	Restricted funds 2026 £	Total funds 2026 £	*Total funds 2025 £*
Other incoming resources 1	6,932	627	**7,559**	*2,587*
Total 2025	*2,587*	*-*	*2,587*	

8. Analysis of expenditure on charitable activities

Summary by fund type

	Unrestricted funds 2026 £	Restricted funds 2026 £	Total 2026 £	*Total 2025 £*
Policy Development	66,052	1,507	**67,559**	*124,887*
Members Activities	187,492	5,495	**192,987**	*222,436*
	253,544	7,002	**260,546**	*347,323*
Total 2025	*335,323*	*12,000*	*347,323*	

9. Analysis of expenditure by activities

	Activities undertaken directly 2026 £	Support costs 2026 £	Total funds 2026 £	*Total funds 2025 £*
Policy Development	39,067	28,492	**67,559**	*124,887*
Members Activities	185,505	7,482	**192,987**	*222,436*
	224,572	35,974	**260,546**	*347,323*
Total 2025	*313,928*	*33,395*	*347,323*	

10. Staff costs

	2026 £	*2025* *£*
Wages and salaries	**166,149**	*173,694*
Social security costs	**11,066**	*11,443*
Contribution to defined contribution pension schemes	**9,863**	*9,872*
	187,078	*195,009*

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

	2026 No.	*2025* *No.*
Employees	**5**	*5*

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

	2026 No.	*2025* *No.*
In the band £70,001 - £80,000	**1**	*1*

Key management personnel remuneration, including employer's NIC and pension contributions, incurred by the Charity in the year totalled £85,627 (2025: £80,898).

11. Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits *(2025 - £NIL)*.

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

12. Tangible fixed assets

	Office equipment £
Cost or valuation	
At 1 July 2025	**3,723**
Additions	**799**
At 30 June 2026	**4,522**
Depreciation	
At 1 July 2025	**3,723**
Charge for the year	**133**
At 30 June 2026	**3,856**
Net book value	
At 30 June 2026	**666**
At 30 June 2025	-

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2026

13. Debtors

	2026 £	*2025 £*
Due within one year		
Other debtors	**43,661**	*23,675*
Prepayments and accrued income	**15,345**	*36,942*
	59,006	*60,617*

14. Creditors: Amounts falling due within one year

	2026 £	*2025 £*
Trade creditors	**872**	*28,457*
Other taxation and social security	**-**	*2,907*
Other creditors	**29**	*-*
Accruals and deferred income	**3,500**	*14,980*
	4,401	*46,344*

15. Statement of funds

Statement of funds - current year

	Balance at 1 July 2025 £	Income £	Expenditure £	Balance at 30 June 2026 £
Unrestricted funds				
General Funds - all funds	**34,426**	**318,980**	**(260,838)**	**92,568**
Restricted funds				
NNAG Events	**719**	**-**	**-**	**719**
Epilepsy Tool	**18,014**	**2,565**	**(2,000)**	**18,579**
Neurolifenow	**2,334**	**-**	**-**	**2,334**
Outpatient Transformation	**2**	**-**	**-**	**2**
Thought leadership	**-**	**12,292**	**(4,975)**	**7,317**
My Neuro Survey	**-**	**27**	**(27)**	**-**
	21,069	**14,884**	**(7,002)**	**28,951**
Total funds	**55,495**	**333,864**	**(267,840)**	**121,519**

15. Statement of funds (continued)

Statement of funds - prior 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*

Restricted funds represent the following:

NNAG Pathways/Events - 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.

Thought leadership - funds received for the "Defining Moddern Service Framework" project.

My Neuro Survey - funds received towards the patient experience survey.

16. Analysis of net assets between funds

Analysis of net assets between funds - current year

	Unrestricted funds 2026 £	Restricted funds 2026 £	Total funds 2026 £
Tangible fixed assets	666	-	**666**
Current assets	96,303	28,951	**125,254**
Creditors due within one year	(4,401)	-	**(4,401)**
Total	92,568	28,951	**121,519**

Analysis of net assets between funds - prior 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*

17. 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 £9,863 (2025: £9,872).

Contributions totalling £29 were payable to (2025: £218 receivable from) the fund at the balance sheet date.

18. Related party transactions

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

Together

we are stronger.

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