

COMPANY REGISTRATION NUMBER 2939840

**THE NEUROLOGICAL ALLIANCE
FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2013**

Charity Number 1039034

taylorcocks | chartered accountants
chartered tax advisers

Abbey House
Hickleys Court
South Street
Farnham
Surrey
GU97QQ

THE NEUROLOGICAL ALLIANCE
FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2013

CONTENTS	PAGE
Letter from Chair and Chief Executive of the Neurological Alliance	3
Trustees Annual Report	4 to 19
Independent examiner's report to the members	20
Statement of financial activities (incorporating the income and expenditure account)	21
Balance sheet	22
Notes to the financial statements	23 to 27

THE NEUROLOGICAL ALLIANCE
LETTER FROM CHAIR AND CHIEF EXECUTIVE
YEAR ENDED 30 JUNE 2013

Dear Members and Friends,

The work of the Neurological Alliance is becoming more and more important as the NHS in England starts to give focus to neurological services. This has been another successful year as, through effective joint working of our members, we have seen the impact of our work in the context of the reformed NHS . This report sets out how we have made progress in the three priority areas set out in our strategy.

Our first priority is to campaign for consistently high quality neurological care. We were delighted to see that our campaign for a national clinical leadership and neurology networks have been successful. This gives us a great opportunity to place neurology services firmly on the agenda for health and social care. We need to start by building on the relationships that we are establishing with the emerging local networks to ensure that they include an effective patient voice and develop an open and supportive relationship with our new National Clinical Director. Our success this year also highlights the need for us to continue to campaign for a national neurology dataset and for a national approach to neurological service improvement.

Our second priority is to increase understanding of neurological conditions. The main focus for us this year was Brain Awareness Week, when for the first time Alliance members agreed to work together on a range of activities. We are determined to build on this positive experience in future years.

Our third priority is to achieve sustainability, which is increasingly important with so many opportunities for the Alliance to influence the strategic agenda on behalf of the whole neurological community. The Board of Trustees has recognised that it will not be able to rely on grants to the same extent in the future and therefore to source more funding from the membership. We have now agreed a membership scheme that provides the Alliance's core funding.

We would like to thank all of our members and partners who contribute to the ongoing success of the Alliance and we look forward to working together in these critical times as we seek to improve the lives of all people affected by neurological conditions.

With very good wishes and thanks for your continued support.

Steve Ford
Chair, Board of Trustees

Arlene Wilkie
Chief Executive

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

REFERENCE AND ADMINISTRATIVE DETAILS

Registered charity name	The Neurological Alliance
Charity registration number	1039034
Company registration number	2939840
Registered office	Dana Centre 165 Queen's Gate London SW5 5HE
Independent Examiner	A.G. Rich H.W. Fisher & Company Accountants Acre House 11-15 William Road London NW1 3ER
Accountants	Taylorcocks Chartered Accountants & Statutory Auditor Abbey House Hickleys Court South Street Farnham Surrey GU9 7QQ
Bankers	CAF Bank Ltd 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

The Trustees present their report and Independently Examined financial statements for the Neurological Alliance for the year 1 July 2012 to 30 June 2013. The report and financial statements have been prepared in accordance with the Companies Act 2006 and the Charities Act 2011. The report and financial statements will be laid before the members of the charity at the Annual General Meeting to be held on 26 November 2013. In preparation of this report, the Trustees had regard for the Charity Commission guidance on public benefit. The Trustees are delighted to report that the year 2012-13 has been a successful one.

1. Our objects

Our principal objectives, as derived from the objects set out in our Articles of Association, are to advance the education of the public in all matters concerning neurological disorders by carrying out research and investigation into preventative procedures, treatment and the needs and care of persons affected by neurological conditions, and publishing the useful results thereof, and the relief of those persons in the United Kingdom of Great Britain and Northern Ireland who are receiving or have received treatment for neurological conditions.

We are the only collective voice for over 80 national and regional brain and spine organisations working together to make life better for the 10 million people in England with a neurological condition.

2. What we set out to do in 2012-13

Our vision and mission is to improve the lives of people affected by neurological conditions and work towards their prevention and eradication; and to raise awareness and understanding of neurological conditions to ensure that every person diagnosed with a neurological condition has access to high quality, joined up services and information from their first symptoms, throughout their life.

To achieve this, our strategy sets our four goals that guide our activities:

- Neurology is embedded in health and social care services and that improvements in services can be demonstrated
- People with neurological conditions report that their needs are better understood by the general public and professionals with whom they come into contact with
- A five year strategy for neurological research is developed and implemented
- The charity is adequately resourced and financially sustainable.

The annual report of the Trustees will outline the work of the Alliance in 2012-13, covering our national, regional and local work, as well as outlining a key focus on long term sustainability.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

Influencing at a national level

National clinical leadership

For many years we have campaigned for the appointment of a National Clinical Director (NCD) within the Department of Health (DH). NCDs play a vital role in raising awareness of and improving services for the health conditions they represent. We were delighted when NHS England confirmed a NCD for Neurological Conditions would be included in its raft of 25 new NCDs. This is a huge success for the entire neurological community, providing a champion for neurological conditions and raising visibility at national level alongside other major condition areas. In addition to the Neurological Conditions NCD, another 17 NCDs will be relevant to us, creating further opportunities to make progress on neurological priorities.

We were part of the interview panel for the appointment of the Neurological Conditions NCD, and Dr David Bateman, a consultant neurologist at City Hospitals Sunderland NHS Foundation Trust, was selected. Working with Dr Bateman is a priority for us and together we will focus on our key neurological policy issues, which are currently specialised commissioning; the strategic clinical network (SCN) for mental health, dementia and neurological conditions; and the neurology dataset.

Neurology dataset

We continued to press hard for the creation and implementation of the neurology dataset, which the DH committed to develop in May 2012. However, despite seeking clarification on multiple occasions from both the DH and NHS England on where responsibility for this will sit, it has taken almost 16 months for the project to officially land under NHS England's remit. The dataset remains a core priority for us as data is the cornerstone of the reformed health system, and is the basis on which commissioning decisions are made; value for money is assessed; and commissioners and providers are held to account.

The current scarcity of data and the delayed development of the neurology dataset are having significant implications for neurological conditions; for example, the lack of consistent neurological data means that neurology was included in less than a third of Joint Strategic Needs Assessments this year. Neurology is similarly underrepresented or excluded from other elements of the quality, improvement and accountability architecture of the reformed NHS, creating an accountability black hole for neurological services and outcomes.

In 2013-14, to support our calls for the urgent development of the neurology dataset and to help promote the inclusion of neurology in other NHS and social care data initiatives, we will produce a report highlighting the lack of consistently-collated neurological data and publish a refreshed version of our prevalence resource, NeuroNumbers.

Specialised commissioning

The area of specialised commissioning has become a significant focus for us. The current lack of clarity between national and local commissioning responsibilities for neurological services under the new commissioning arrangements could mean that clinical commissioning groups (CCGs) misinterpret NHS England's responsibilities to encompass all neurological services.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

We successfully campaigned, via our position on the neurosciences clinical reference group (CRG), for an amended service specification to be drafted by the CRG to make explicit NHS England's intention, in line with current financial allocations, that the majority of neurological services are to be commissioned by CCGs. This revised neurosciences service specification will be subject to public consultation and then implementation from April 2014.

We have also campaigned for the development of a comprehensive list of all those neurological services which will be commissioned by NHS England. This work is due to be carried out by the CRG in 2013-14 and will be contained within the service specification to be implemented in April 2015.

To ensure our involvement in supporting patient engagement within specialised services, we joined NHS England's specialised commissioning Patient and Public Engagement group. The Group has successfully campaigned for enhanced and meaningful patient and carer representation on the CRGs, doubling the number of patient and carer representatives involved in each of the 74 CRGs.

Consultations

The Government's Mandate to the NHS England

We responded to the consultation '*Our NHS care objectives: a draft mandate to the NHS Commissioning Board*', which set a series of objectives for NHS England to May 2015 and describes the Government's expectations of what it will achieve.

We were concerned that the mandate gave focus to major health conditions, specifically mental health, dementia and cancer, but neglected other substantial condition groups such as neurology. We were unsuccessful in securing the change in the published mandate but continue to urge the Government in future versions of the mandate to highlight cross cutting long term condition issues as opposed to identifying such issues and then relating them only to people with a particular condition.

Long Term Conditions Outcomes Strategy

We supported the development of the DH generic, cross departmental Long Term Conditions Outcomes Strategy (LTCOS) in early 2012. Unlike other major long term conditions areas, there is no national strategy dedicated to or covering neurological conditions to address the particular challenge presented by achieving high quality, equitable neurological services. Therefore, it was of utmost importance to ensure that neurological needs were met through the LTCOS.

However, Government ministers assessed that proceeding with a Departmentally-led strategy in this area would be inappropriate due to NHS England's responsibilities for long term conditions. We have received confirmation directly from the NHS England that this work, together with the National Service Framework for Long Term Conditions, will inform the Domain 2 (long term conditions) vision document currently being developed.

We remain confident that neurological services will only yield improved outcomes and value for money through a national approach to service improvement and will continue our campaign for NHS England adopt this way of working in 2013-14, in part through the development of a neurology improvement framework.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

Health Select Committee inquires

We submitted written evidence to the Health Select Committee inquiry on NICE, and focused on the development of its quality standards and the need to prioritise those that are neurologically focussed as they risk being left until to the end of the development cycle; this now runs until 2019, four years later than it was originally set.

We also submitted written evidence to the Health Select Committee inquiry on implementation of the Health and Social Care Act 2012, highlighting where the ability of the reformed health service to provide comprehensive neurological services was falling short as the NHS reform programme went live on 1 April 2013.

Social care and welfare

We joined both the Care and Support Alliance (CSA) and the Disability Benefits Consortium (DBC). Membership of these two influential coalitions will enable us to maintain a good understanding of key developments in social care and welfare policy and give input from a pan-neurological perspective where relevant. Our Policy Group (see section 3.2.3.1) has agreed that one Alliance representative should attend each meeting of the CSA and DBC representing issues proposed by Alliance members, and report back at each Policy Group meeting. In addition, we have signed up to support a new cross charity campaign, '*Who Benefits?*', which aims to foster a more balanced debate around benefits and the people in receipt of them.

Our Policy Group Chair is also a member of the Department of Work and Pensions, Atos and Capita stakeholder groups on the Personal Independence Payment and has agreed to represent the Neurological Alliance on these three groups.

Meetings with the new Secretary of State for Health

We met with Secretary of State for Health on two occasions this year: with the Richmond Group Chief Executives and a small number of National Voices representatives.

Both meetings presented an opportunity to discuss how to improve outcomes for people with long term conditions and highlight the dearth of neurological data on neurological service performance and patient experience.

Brain awareness week - 'Our brains matter'

For the first time, Alliance members worked together to promote neurological conditions during Brain Awareness Week in March. A steering group of eight members was formed: Sue Ryder, European Brain Council, Parkinson's UK, Epilepsy Society, Royal Hospital for Neuro-disability, Multiple System Atrophy Trust and UKABIF.

To highlight the issues about brain conditions, we produced media materials including press releases, case studies, a fact pack and key messages, and we held a discussion event at the Dana Centre on the subject of persistent vegetative state. Overall this was deemed a successful venture and we will work together to develop activities during Brain Awareness week in the coming years.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

Influencing at a sub-national level

Strategic Clinical Network

As noted in the 2011-12 annual report and accounts, NHS England announced a SCN for mental health, dementia and neurological conditions. This means that there will be NHS funded and administered networks across England dedicated to enhancing services for all people with neurological conditions.

The SCN has been a major focus for us in 2012-13 as we must ensure that neurological conditions receive equal priority within its network along with dementia and mental health.

We have:

- Attended national and regional meetings focused on establishing the SCN in the 12 regional patches.
- Encouraged our members to engage with the SCN in regional patches.
- Invited the Deputy Associate Directors of the Merseyside and Cheshire, and South West SCNs to present at northern and southern regional group network meetings respectively.
- Worked with the Association of British Neurologists to identify relevant clinicians who will actively become involved in the SCN.
- Developed a briefing on SCNs for use by local staff and volunteers at member organisations to ensure that all parts of the neurological community are presenting the same key messages in their interactions with SCN staff and stakeholders.

Our work has enabled us to develop strong relationships with all the neurological leads within the SCNs, and the need for the support of the Alliance and its members has been clear from the outset of our engagement with SCN staff and stakeholders. There is a genuine enthusiasm across all areas to give neurology equal focus to mental health and dementia, although there is considerably more direction and focus on the latter two areas across the health service as a whole.

In response to this, we have produced blueprint for the SCN, '*Navigating neurology services: helping strategic clinical networks to be a success story*', to identify those areas of neurological care most in need of improvement and over which it could have the greatest impact; and also determining how success could be measured. Our work with the SCN will continue next year, with a focus on developing strong links and information exchange across all 12 areas, and achieving active patient and public involvement in the network.

Our Policy Group has established an SCN subgroup to support this work comprising Ataxia UK, Sue Ryder, Epilepsy Action, Epilepsy Society, MND Association, MS Society and Neurological Commissioning Support.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

Influencing at a local level

Building successful regional groups

Following consultation, the Trustees agreed to improve the structure of and agreement with our regional groups. There were two main issues that the Trustees resolved:

1. The difference between the regional groups that are staff led and patient led, and their relationship with the Neurological Alliance. The Trustees have agreed that:
 - Those groups that are staff only shall become Regional Associations of Neurological Organisations (RANOs) and shall be associates of the Neurological Alliance; they will pay a fee to the Neurological Alliance and won't have voting rights at the AGM.
 - The regional groups that are patient led, and may or may not involve staff, will continue to be known as Regional Neurological Alliances (RNAs), will hold affiliate membership status, pay a fee to the Neurological Alliance and retain voting rights.
2. Regional Neurological Alliances and their affiliate membership. The Trustees have agreed that to be an affiliated member of the Neurological Alliance each RNA must:
 - Hold a formal constitution
 - Be an incorporated organisation. However if this is not the wish of the RNA then, on an annual basis, the member must nominate an individual to hold membership rights
 - Hold the correct insurance.

Additionally, as the RNAs use the Neurological Alliance's name and logo in the course of their work, the Trustees are obliged to agree more formally with the groups the basis on which the name and logo may be used; as such each group must sign a membership agreement.

We continued to support our regional groups and hosted autumn and spring meetings for our northern and southern groups. Whilst funding opportunities for the groups themselves is a key concern, they are seeking opportunities to work with CCGs, Health and Wellbeing Boards and the SCNs.

We convened a meeting of representatives from the membership involved in local service development with the purpose of discovering how each organisation is reacting to the new NHS landscape and to explore opportunities of working together neurologically at a regional level. The group felt very strongly that there were opportunities and that further meetings should be convened in 2013-14 to take this project a step further forward.

Ensuring sustainability

Finance strategy

The success of our work, as described in the sections above, outlines a clear need for the Neurological Alliance and highlights more than ever the necessity to ensure our long-term sustainability. As most of our funding comes from time-limited, project based DH grants, we run the risk of not being viable when these come to an end. A major project to develop our funding strategy with a focus on membership subscriptions, DH funding and corporate support was undertaken.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

Membership subscriptions

The Trustees agreed core costs of £200,000, as the funds required to carry out the essential functions through a team of three staff members, and that this should be met through seeking £140,000 from membership fees and a further £60,000 through additional fundraising. Increasing subscriptions to cover our core costs will ensure a strong Alliance with a sound and stable financial base.

The Trustees developed a fair membership subscription scheme, and also agreed to phase in increases over the next three years to allow the full increase to be incorporated into members' budgets.

Department of Health

We applied for the DH Strategic Partnership grant round, but unfortunately we were not successful in our application. We were however successful in extending our current Innovation, Excellence and Service Development grant to the end of March 2014 to ensure that we complete vital projects and we aim to apply for a new Innovation Grant in the autumn of 2013.

Corporate

We commissioned MHP Health Mandate, a specialist health policy and communications consultancy, to work with us to develop our long term policy and public affairs plan and to determine the required resource needs. Our key funding approaches for this work will be made to the pharmaceutical industry. We have formed the Neurological Alliance Industry Reference Group (with Novartis, UCB, Genzyme and Allergan) and work in line with agreed terms of reference. The role of the IRG is to:

- Provide insights and intelligence on the challenges and opportunities facing people with neurological conditions.
- Contribute expertise and ideas to addressing these issues.
- Provide resources to enable the Neurological Alliance to make the best case for improving neurological services, both with and on behalf of its members.

We will continue to develop and increase the membership of the IRG in 2013-14.

Reserves policy

While developing the funding strategy, the Trustees reviewed our reserve policy whose purpose is to make sure that the Alliance has sufficient resources in the bank to deal with a one-off reduction in income or increase in costs, and to ensure that the Alliance has sufficient working capital to fund its operations.

To determine the most appropriate level of reserve, the Trustees considered the risk profile of the different income streams and concluded that a minimum reserve of £51,000 is required to provide contingency for a reduction in income. This minimum reserve of £51,000 equates to a quarter of our core costs and three months' worth of expenditure, and was deemed appropriate and comparable with other similar organisations.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

Human resources

As at the end of March, the Alliance was operating with two full time members of staff. Lynda Poole, Regional Development Officer, completed her two year secondment to the Alliance, during which time she transformed the relationship between the Alliance and its regional groups for which we are very grateful. HR support from Parkinson's UK is gratefully received.

Our key activities in 2013-14:

- Ensure financial sustainability
- Support the NCD(s)
- Support the establishment of the SCN for Mental Health, Dementia and Neurological Conditions
- Support the establishment and deployment of the neurology dataset
- Support neurological organisations to work with and influence at the local and regional level
- Raise awareness of neurological conditions
- Expand network of decision makers across Westminster, Whitehall and the NHS
- Establish a programme of activity to support neurological research
- Promote the increased visibility of neurology in the quality, accountability and incentive architecture of the NHS.

3. Our structure, governance and management

3.1 Trustees selection

We are governed by a Board of Trustees, made up of a minimum of three and a maximum of 13 people nominated and elected by our members, and recommended by our Trustees.

In advance of each Annual General Meeting (AGM), all members are invited to send in their nominations for the Board. Details of the Trustee candidates are then circulated to all members and votes are made by ballot at the AGM or sent in advance to the Chair using a proxy form; each member organisation is entitled to one vote, placed at the AGM.

After completing a three year term, each Trustee will stand down from the Board. Trustees who have completed only one term may stand for re-election; those who have served two consecutive terms must stand down for one year before they may stand again for the Board.

In joining the Alliance Board, all new Trustees undertake a tailored induction programme. The Trustees, who are also directors for the purpose of the Companies Act, and who served during the year are listed in section 5.1.

The Board has established three sub committees each with specific functions:

- The Human Resources Committee advises the Trustees and the Alliance on all matters relating to Human Resources, including recruitment and development of staff
- The Regional Development Project Steering Group advises the Trustees on all matters relating to our work with the Regional Neurological Alliances
- The Fundraising Advisory Committee advises the Trustees on all matters relating to our fundraising strategy.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

3.2 Structure

We are a company limited by guarantee (no 2939840) and a registered charity (no 1039034). We are governed by Articles of Association and Byelaws (both of which were updated in 2011). Our main activity is to secure the highest standards of care and treatment for every person affected by a neurological condition.

Our Board of Trustees is responsible for our governance and strategy and meets every quarter. Our Chief Executive is responsible for implementing the strategy and reports on its progress at the Board meetings. The Chief Executive reports directly to and is supervised by the Chair. They speak and meet regularly to discuss Alliance business.

Communication, both formal and informal, between Trustees and staff is frequent and effective.

3.2.1 Staff

Arlene Wilkie	Chief Executive and Company Secretary
Tahani Saridar	Communications and Membership Officer (resigned August 2012)
Lynda Poole	Regional Development Officer (completed secondment in March 2013)
Sally Percy	Policy and Public Affairs Manager

3.2.2 Members

- Full membership is open to national voluntary organisations who represent patients, service users, families and carers (non-statutory, non-profit) organisations, who, in addition to the full benefits of membership, will have a right to vote at the AGM, have the right to nominate a trustee and an opportunity to influence our strategic direction. Subscriptions are income assessed.
- Full affiliate membership is open to RNAs operating on a non-statutory, non-profit basis. Affiliate members will pay a subscription rate which is not income assessed.
- Associate status is open to non-profit organisations, including professional associations and statutory authorities, who will play an active part in the Alliance but do not have the right to nominate a trustee or vote at the AGM. Subscriptions are income assessed.
- RANOs are also associates. They are staff led groups and will pay a subscription rate which is not income assessed.
- Corporate supporter status is open to for-profit organisations, who cannot vote at the AGM or nominate a trustee.
- Reciprocal partners are normally umbrella organisations whose aims and objectives match well with those of the Alliance. They can't vote or influence our strategic direction, but are invited to attend general meetings.

Members

Action Duchenne	www.actionduchenne.org
Action for Dystonia, Diagnosis, Education and Research	www.actionfordystonia.co.uk
Action for M.E.	www.actionforme.org.uk
Alzheimers Society	www.alzheimers.org.uk
Ataxia -Telangiectasia Society	www.atsociety.org.uk
Ataxia UK	www.ataxia.org.uk
Batten Disease Family Association	www.bdfa-uk.org.uk

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

Brain and Spine Foundation	www.brainandspine.org.uk
Brain Research Trust	www.brt.org.uk
Brain Tumour UK	www.braintumouruk.org.uk
British Acoustic Neuroma Association ¹	www.bana-uk.com
The Ann Conroy Trust	www.annconroytrust.org.uk
Cavernoma Alliance	www.cavernoma.org.uk
CMT United Kingdom	www.cmt.org.uk
Different Strokes	www.differentstrokes.co.uk
Epilepsy Action	www.epilepsy.org.uk
Epilepsy Bereaved	www.sudep.org
Epilepsy Society	www.epilepsysociety.org.uk
FibroAction	www.fibroaction.org
Fighting Strokes	www.fightingstrokes.org
Guillain-Barré Syndrome Support Group	www.gbs.org.uk
Headway	www.headway.org.uk
Hemihelp ¹	www.hemihelp.org.uk
Joint Epilepsy Council of the UK and Ireland	www.jointepilepsycouncil.org.uk
Matthew's Friends ²	www.matthewsfriends.org
Motor Neurone Disease Association	www.mndassociation.org
Multiple Sclerosis Society	www.mssociety.org.uk
Multiple Sclerosis Trust	www.mstrust.org.uk
Multiple System Atrophy Trust	www.msatrust.org.uk
Myasthenia Gravis Association	www.mgauk.org
National ME Centre	www.nmec.org.uk
National Tremor Foundation	www.tremor.org.uk
Neurosupport	www.neurosupport.org.uk
Pain Concern	www.painconcern.org.uk
Parkinson's UK	www.parkinsons.org.uk
Polio Survivors Network	www.poliosurvivorsnetwork.org.uk
Royal Hospital for Neuro-disability	www.rhn.org.uk
Speakability ²	www.speakability.org.uk
Sue Ryder	www.suerydercare.org
The British Polio Fellowship	www.britishpolio.org.uk
The Cure Parkinson's Trust	www.cureparkinsons.org.uk
The Dystonia Society	www.dystonia.org.uk
The Migraine Trust	www.migrainetrust.org
The Nerve Centre Kirklees	www.thenervecentrekirklees.org.uk
The PSP Association	www.pspeur.org
The Stroke Association	www.stroke.org.uk
The Tuberous Sclerosis Association	www.tuberous-sclerosis.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

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

Associates

Association of British Neurologists	www.theabn.org
British Paediatric Neurology Association	www.bpna.org.uk
Chartered Society of Physiotherapists ¹	www.csp.org.uk
Aerotoxic Association ²	www.aerotoxic.org
Forward M.E.	www.forward-me.org.uk
The Encephalitis Society	www.encephalitis.info
The National Hospital for Neurology and Neurosurgery Development Foundation ¹	www.nationalbrainappeal.org
The Stoke Mandeville Spinal Foundation ¹	www.smsf.org.uk
Glenside Manor	www.glensidemanor.co.uk
Independent Healthcare Advisory Services	www.independenthealthcare.org.uk
PJ Care Limited	www.pjcare.co.uk
QEF Neuro Rehabilitation ²	www.qef.org.uk
South West Alliance of Neurological Organisations	www.swano.org
Yorkshire and Humberside Association of Neurological Organisations	www.yhano.org.uk

Corporate supporters

Novartis ¹	www.novartis.co.uk
UCB ¹	www.ucb.co.uk
Genzyme ¹	www.genzyme.co.uk
Allergan ¹	www.allergan.co.uk

Regional Neurological Alliances

Black Country Neurological Alliance ¹	www.blackcountryneuroalliance.org.uk
Buckinghamshire Association of Neurological Organisations	www.bucksvoice.net/bano
Cornwall Alliance of Neuro-Domain Organisations	www.candoweb.org
Gloucestershire Neurological Alliance	www.glosna.org.uk
Greater Manchester Neurological Alliance	www.gmneuro.org.uk
Hampshire Neurological Alliance	www.hantsneuroalliance.hampshire.org.uk
Hounslow and Richmond Neurological Partnership	
Lancashire and South Cumbria Neurological Alliance	www.lascna.co.uk
Lincolnshire Neurological Alliance	www.lincolnshire-neurological-alliance.org.uk
Merseyside and Cheshire Neurological Alliance	www.neurosupport.org.uk
Northern Neurological Alliance	www.northernna.org.uk
Oxfordshire Neurological Alliance	www.oxna.org.uk
Swindon and Wiltshire Neurological Alliance	www.swna.org.uk
Tees Valley, Durham, and North Yorkshire Neurological Alliance	www.na-tvdny.org.uk
West Berkshire Neurological Alliance	www.wbna.org.uk

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

Reciprocal members

Specialised Healthcare Alliance	www.shca.info
National Voices	www.nationalvoices.org.uk
Pain UK	www.painuk.org
Neurological Commissioning Support	www.ncssupport.org.uk

¹. New members in 2012-13

². Ceased members in 2012-13

³. New members in the first quarter of 2013-14

3.2.3 The way we work

As a membership organisation, our whole ethos is to work in partnership. We work across the neurological community to identify common priorities for people affected by a condition and then seek to influence, shape and support policy development to reduce inequalities, enhance their outcomes and, where possible, help them live for longer and in better health. Our activities are therefore based on a clear and shared sense of purpose. We work primarily through two groups: the Policy Group and the Neurology National Leadership Group (NNLG).

3.2.3.1 The Policy Group

Any member of the Alliance can take be part of the Policy Group. The Group's purpose is to:

- Make recommendations to Alliance Trustees on Alliance policy and activity, ensuring that these reflect the needs and objectives of its member organisations
- Build collective ownership of the Alliance beyond staff and Trustees and to promote team-working across the member organisations
- Provide a forum for policy and campaigns staff of member organisations to share information and provide mutual support
- More closely align member organisations' priorities with the collective needs of the Alliance
- Ensure that all member organisations, large and small, can contribute to the work of the Alliance.

3.2.3.1.1 Policy group leads

Blanche Jones	Head of Policy and Campaigns, Sue Ryder, Chair (resigned April 2013)
Daisy Ellis	Senior Policy and Campaigns Officer, MS Society, Vice Chair (resigned April 2013)
Sarah Vibert	Head of Development and Policy at Epilepsy Society, Chair (elected June 2013)
Lotte Good	Senior Policy and Campaigns Officer, Sue Ryder, Vice Chair (elected June 2013)
John Kell	Policy Manager, Motor Neurone Disease Association, Vice Chair (elected June 2013)

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

3.2.3.2 The Neurology National Leadership Group

The NNLG's purpose is to bring together key opinion leaders from across the neurological community to enable patient organisations, healthcare professionals and civil servants to collectively shape the strategic direction of neurological services and monitor the progress of health and social care policy relevant to neurology.

The NNLG's key role is to act as a resource of specialist knowledge and opinion on neurological conditions for NHS England, the Department of Health, strategic clinical networks, commissioners and providers. In doing so, the NNLG seeks to raise the profile of neurology and champion the delivery of the best outcomes for people with neurological conditions in England.

3.2.3.2.1 NNLG members:

Gill Ayling	Deputy Director, Social Care, Local Government and Care Partnerships, Department of Health
Professor Mike Barnes	Chair, UKABIF
Jon Barrick	Chief Executive, Stroke Association
Amanda Cheesley	Long Term Conditions Advisor, Royal College of Nursing
Dr Michael Dixon	Chairman, NHS Alliance
Steve Ford (NNLG Chair)	Chair, Neurological Alliance
Dr Geraint Fuller	President, Association of British Neurologists
Phil Gray	Chief Executive, Chartered Society of Physiotherapy
Lorraine Jackson	Senior Policy Manager, Older People and Dementia, Social Care Local Government Care Partnerships, Department of Health
Stephen Johnson	Deputy Director-Head of Long Term Conditions, Department of Health
Phil Lee	Chief Executive, Epilepsy Action
Alex Mair	Chief Executive, The British Geriatrics Society
Sue Millman	Chief Executive, Ataxia UK
Val Moore	Implementation Programme Director, NICE
Dr Venkateswaran Ramesh	President, British Paediatric Neurology Association
Angus Somerville	Chief Executive, Royal Hospital for Neurodisability
Amanda Swain	Member, College of Occupational Therapists
Wendy Thomas	Chief Executive, Migraine Trust
Professor Graham Venables	Co-Chair, Neurosciences Clinical Reference Group

3.3 Risk management

The Trustees have assessed the major risks to which the charity is exposed, and are satisfied that systems are in place to mitigate exposure to major risks. A risk management strategy, reviewed annually, is in place.

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

4. Public benefit

Our work benefits people affected by a neurological condition and those who represent them. Sections 1 and 2 of this report set out our objectives, reports on our activities and successes, and set out our plans for the current financial year.

The Trustees consider that they have complied with their duty in s4 of the Charities Act 2011 to have due regard to the guidance on public benefit published by the Charity Commission. The Trustees have considered this matter and concluded:

- That the aims of the organisation continue to be charitable
- That the aims and the work done give identifiable benefits to the charitable sector and both indirectly and directly to individuals in need
- That the benefits are for the public, are not unreasonably restricted in any way and certainly not by ability to pay
- That there is no detriment or harm arising from the aims or activities.

5. Reference and administrative details

The Alliance is a registered charity (1039034) and company limited by guarantee (2939840) registered in England. The Alliance's registered office is the Dana Centre, 165 Queen's Gate, London SW7 5HD.

5.1 Trustees and the nominating organisation

Steve Ford	Parkinson's UK (Chair)
Sue Millman	Ataxia UK (Vice-Chair; Treasurer June 2013)
Simon Gillespie	MS Society (Treasurer) (resigned 4 February 2013)
Nick Rijke	MS Society (co-opted July 2013)
Jon Barrick	The Stroke Association
Steve Jenkin	Sue Ryder (resigned 3 May 2013)
Jason Suckley	Sue Ryder (co-opted July 2013)
Maureen Kelly	Neurosupport (term of office completed November 2012)
Philip Lee	Epilepsy Action
Farah Nazeer	Motor Neurone Disease Association (resigned 3 May 2013)
Sally Light	Motor Neurone Disease Association (co-opted July 2013)
Nicola Russell	MS Trust (term of office completed November 2012)
Angus Somerville	Royal Hospital for Neuro-disability
Amanda Swain	UKABIF (appointed 22 November 2011)
Sharon Wood	Joint Epilepsy Council

5.2 Professional advisors

Bankers	CAF Bank Ltd, PO Box 289, West Malling, Kent ME19 4TA
Accountants	Taylorcocks Chartered Accountants & Statutory Auditors, Abbey House, Hickleys Court, South Street, Farnham, Surrey, GU97QQ
Independent Examiners	HW Fisher & Company, Acre House, 11-15 William Road, London NW1 3ER

THE NEUROLOGICAL ALLIANCE

TRUSTEES ANNUAL REPORT

YEAR ENDED 30 JUNE 2013

6. Finances

6.1 Investment

Article 5.1.23 empowers the Alliance, with advice from a financial expert, to invest the funds of the Alliance as it sees fit, with consideration of the the suitability of investments and the need for diversification.

6.2 Subscriptions

Subscription rates are determined by organisational income for members and associates, and at a fixed sum for all affiliate members. As in previous years, for 2012-13 Trustees agreed to raise subscription rates in line with RPI, at 3.7% in April 2012.

6.3 Reserves policy

The Trustees will seek to ensure a minimum reserve of three months planned expenditure in order that we can deliver our core activities in the event of a significant shortfall in income.

6.4 Financial position

In 2012-13, the Alliance's funds continue to come from two main sources: membership subscriptions and grants from the Department of Health for specific projects.

The largest proportion of the Alliance's core income continued to be from member subscriptions. Growth in membership led to a 6.15% increase in subscription income from 2011-12 (2012-13: £61,001, 2011-12: £57,469).

The Alliance received income from one grant from the Department of Health, with income from this source totalling £19,400 in 2012-13 (2011-12: £133,625). Much of the deliverables for the Department of Health grants received in this year and last occurred in this accounting year, hence the expected deficit on restricted funds.

Overall there is a deficit of £87,124 for the year; however this is purely as a result of the timing of the costs in relation to grant income as described above.

Core income exceeded core costs by £4,608 in the year.

6.5 Independent Examiners

H.W. Fisher and Company continues as the organisation's Independent Examiner and a resolution proposing its reappointment will be put to the Annual General Meeting.

6.6 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

Steve Ford

Chair, Board of Trustees Date:

THE NEUROLOGICAL ALLIANCE
INDEPENDENT EXAMINERS REPORT
YEAR ENDED 30 JUNE 2013

I report on the accounts of the Neurological Alliance for the year ended 30 June 2013, which are set out on pages 21-27.

Respective responsibilities of Trustees and examiner

The Trustees (who are also directors of the Neurological Alliance for the purposes of company law) are responsible for the preparation of the accounts. The Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- (i) examine the accounts under section 145 of the 2011 Act;
- (ii) to follow the procedures laid down in the general Directions given by the Charity Commission under section 145 (5)(b) of the 2011 Act; and
- (iii) to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as Trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out below.

Independent examiner's statements

In connection with my examination, no matter has come to my attention:

- (a) which gives me reasonable cause to believe that in any material respect the requirements:
 - (i) to keep accounting records in accordance with section 386 of the Companies Act 2006; and
 - (ii) to prepare accounts which accord with the accounting records and comply with the accounting requirements of the section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities have not been met; or
- (b) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

A G Rich
Chartered Accountant
C/o H W Fisher & Company Accountants
Acre House
11-15 William Road, London, NW1 3ER

Dated:

THE NEUROLOGICAL ALLIANCE

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

YEAR ENDED 30 JUNE 2013

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds 2013 £	Total Funds 2012 £
INCOMING RESOURCES					
Incoming resources from generating funds:					
Voluntary income	2				
Donations		270	-	270	64
Dept of Health Grants		-	19,400	19,400	133,625
Activities for generating funds					
Subscriptions		61,001	-	61,001	57,469
Investment income	3	162	-	162	229
Miscellaneous		753	-	753	1000
TOTAL INCOMING RESOURCES		62,186	19,400	81,586	192,387
RESOURCES EXPENDED					
Charitable activities	4	43,709	117,372	161,081	179,373
Governance costs	4	13,869	-	13,869	14,072
TOTAL RESOURCES EXPENDED		57,578	117,372	174,950	193,445
NET INCOMING/(OUTGOING) RESOURCES FOR THE YEAR					
		4,608	(97,972)	(93,364)	(1,058)
Transfers between funds					
		-	-	-	-
RECONCILIATION OF FUNDS					
Total funds brought forward		49,364	115,699	165,063	166,121
TOTAL FUNDS CARRIED FORWARD		53,972	17,727	71,699	165,063

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared. It also complies with the requirements for an income and expenditure account under the Companies Act 2006.

All of the above amounts relate to continuing activities.

The notes on page 23 to 27 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE

BALANCE SHEET

30 JUNE 2013

	Note	2013 £	2012 £
FIXED ASSETS			
Tangible assets	7	-	-
CURRENT ASSETS			
Debtors	8	1,006	903
Cash at bank		83,474	208,393
		<u>84,480</u>	<u>209,296</u>
CREDITORS: Amounts falling due within one year	9	<u>(12,781)</u>	<u>(44,233)</u>
NET CURRENT ASSETS		71,699	165,063
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>71,699</u>	<u>165,063</u>
NET ASSETS		<u>71,699</u>	<u>165,063</u>
FUNDS			
Restricted income funds	10	17,727	115,699
Unrestricted income funds	11	53,972	49,364
TOTAL FUNDS		<u>71,699</u>	<u>165,063</u>

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 30 June 2013. No member of the company has deposited a notice, pursuant to section 476, requiring an audit of these accounts.

The directors acknowledge their responsibilities for ensuring that the company keeps accounting records which comply with section 386 of the Act and for preparing accounts which give a true and fair view of the state of affairs of the company as at the end of the financial year and if its incoming resources and application of resources, including its income and expenditure, for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to accounts, so far as applicable to the company.

The Trustees approved the financial statements on 2013 and signed on its behalf by:

Steve Ford
Chair, Board of Trustees

Sue Millman
Treasurer, Neurological Alliance

Company Registration Number: 2939840

The notes on pages 23 to 27 form part of these financial statements.

THE NEUROLOGICAL ALLIANCE

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 30 JUNE 2013

1. ACCOUNTING POLICIES

Basis of preparation

The accounts have been prepared under the historical cost convention.

The accounts have been prepared in accordance with applicable accounting standards, the Statement of Recommended Practice, '*Accounting and Reporting by Charities*', issued in March 2005 and the Companies Act 2006.

Incoming resources

Grants towards revenue expenditure and general donations are treated as income when they are receivable, and allocated over the period to which they relate.

Resources expended

Resources expended are included in the Statement of Financial Activities on an accruals basis inclusive of any VAT that cannot be recovered. Certain expenditure is directly attributable to specific activities and has been included in those cost categories. Where costs are attributable to more than one activity, those costs are apportioned on the basis of the time spent on those activities.

Governance costs are those incurred in connection with the administration of the charity and compliance with constitutional and statutory requirements.

Tangible fixed assets

Tangible fixed assets are stated at cost less depreciation. All assets have been fully depreciated in previous years.

Funds accounting

Unrestricted funds are those funds that can be used in accordance with the charitable objects at the discretion of the Trustees.

Restricted funds are those funds that can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purpose.

Income

Income represents subscriptions, revenue grants and donations receivable.

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2013

2. VOLUNTARY INCOME

	Unrestricted Funds £	Restricted Funds £	Total Funds 2013 £	Total Funds 2012 £
Donations				
Donations	270	-	270	64
Grants receivable				
Department of Health - Manifesto	-	19,400	19,400	84,875
Department of Health - Partnership	-	-	-	11,250
Department of Health - S64	-	-	-	37,500
	<u>270</u>	<u>19,400</u>	<u>19,670</u>	<u>133,689</u>

3. INVESTMENT INCOME

	Total Funds 2013 £	Total Funds 2012 £
Bank interest receivable	<u>162</u>	<u>229</u>

4. COSTS OF CHARITABLE ACTIVITIES BY ACTIVITY

	Staff Costs £	Depreciation £	Other costs £	Total 2013 £	Total Funds 2012 £
Policy Development	95,257	-	22,115	117,372	112,225
Members Activities	40,908	-	2,801	43,709	67,148
	<u>136,165</u>	<u>-</u>	<u>24,916</u>	<u>161,081</u>	<u>179,373</u>
Governance	-	-	13,869	13,869	14,072
	<u>136,165</u>	<u>-</u>	<u>38,785</u>	<u>174,950</u>	<u>193,445</u>

5. NET INCOMING RESOURCES FOR THE YEAR

This is stated after charging:

	2013 £	2012 £
Staff pension contributions	6,924	4,317
Depreciation	-	-
	<u>6,924</u>	<u>4,317</u>

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2013

6. STAFF COSTS AND EMOLUMENTS

Total staff costs were as follows:

	2013	2012
	£	£
Wages and salaries	118,912	129,180
Social security costs	10,329	10,231
Other pension costs	6,924	4,317
	<u>136,165</u>	<u>143,728</u>

The average number of employees during the year was 3 (2012; 4).

No employee received remuneration of more than £60,000 during the year (2012 - Nil). No trustee received any emoluments in the year (2012: none). Trustees received out of pocket expenses of £584 (2012: £846) for travelling to board or trustee meetings. Trustees received further out of pocket expenses of £9 (2012: £436) for travel & subsistence in relation to the S64 project.

7. TANGIBLE FIXED ASSETS

	Computer equipment £	Office equipment £	Total £
COST			
At 1 July 2012	-	98	98
Additions	-	-	-
At 30 JUNE 2013	<u>-</u>	<u>98</u>	<u>98</u>
DEPRECIATION			
At 1 July 2012	-	98	98
Charge for the year	-	-	-
At 30 JUNE 2013	<u>-</u>	<u>98</u>	<u>98</u>
NET BOOK VALUE			
At 30 JUNE 2013	<u>-</u>	<u>-</u>	<u>-</u>
At 30 JUNE 2012	<u>-</u>	<u>-</u>	<u>-</u>

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2013

8. DEBTORS

	2013	2012
	£	£
Prepayments	1,006	903
	<u>1,006</u>	<u>903</u>

9. CREDITORS: Amounts falling due within one year

	2013	2012
	£	£
Trade creditors	9,925	387
Other creditors and accruals	2,856	13,421
Deferred income	-	30,425
	<u>12,781</u>	<u>44,233</u>

10. RESTRICTED INCOME FUNDS

	Balance at 1 July 2012	Incoming resources	Outgoing resources	Transfer to Unrestricted Funds	Balance at 30 June 2013
	£	£	£	£	£
Dept of Health: Manifesto	77,067	19,400	78,740		17,727
Dept. of Health: Section 64	38,632	-	38,632		-
Restricted Funds	<u>115,699</u>	<u>19,400</u>	<u>117,372</u>	-	<u>17,727</u>

The restricted income funds are fully explained in note 6.4 of the Trustees Report.

11. UNRESTRICTED INCOME FUNDS

	Balance at 1 July 2012	Incoming resources	Outgoing resources	Transfer from Restricted Funds	Balance at 30 June 2013
	£	£	£	£	£
General Funds	49,364	62,186	57,578	-	53,972

THE NEUROLOGICAL ALLIANCE
NOTES TO THE FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2013

12. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Tangible fixed assets £	Net current assets £	Total £
Restricted Income Funds	-	17,727	17,727
Unrestricted Income Funds	-	53,972	53,972
Total Funds	-	71,699	71,699