



Scott-Moncrieff
business advisers and accountants

**International Primary Care Respiratory Group
(a company limited by guarantee)**

Directors' Report and Financial Statements

For the year ended 31 December 2017

Registered Company Number: SC256268

Registered Charity Number: SC035056

International Primary Care Respiratory Group
Directors' Report and Financial Statements
For the year ended 31 December 2017

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International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2017





The directors submit their report and the audited accounts of the charitable company for the year ended 31 December 2017.

Legal and administrative information set out on page 12 to 13 forms part of this report. The accounts comply with current statutory requirements, the Memorandum and Articles of Association and the Charities SORP (FRS 102).

Objectives and activities

The charitable mission of the International Primary Care Respiratory Group (IPCRG) is "to improve public health by carrying out, funding and organising research into the care, treatment and prevention of respiratory illnesses, diseases and problems in a community setting, and to make available the results of such research for the benefit of the public and healthcare professionals." It is the only international primary care respiratory organisation, and the only international primary care organisation with a respiratory research mission. Members believe that the best *place* to diagnose and treat people with respiratory problems is in the communities where they live and work, and the best way to do this is through the provision of high quality primary and community care. This requires testing of how best to provide high quality respiratory care, with the resources available in primary care.

The IPCRG is both an organisation of organisations and a global community of interest that enables us to work locally but collaborate globally to improve respiratory health in primary care. Increasingly, it is a global community of practice, and offers demonstration projects that show how primary care can contribute to improved public health. The IPCRG has four strategic objectives:

1.  **Promote good clinical respiratory practice**
2.  **Actively lead the respiratory health research and education agenda**
3.  **Identify and unlock the global potential of flagship conferences**
4.  **Appreciate and strengthen the core business enablers**

Underlined blue text throughout this report indicates a hyperlink to further information.

Achievements and performance 2017

1. Promote good clinical respiratory practice

The IPCRG believes the best way it can add value to this agenda is to demonstrate effective, affordable and innovative practice forged in the real world of primary care, in whatever way that operates locally. Some of our members' family physicians see 30-40 patients a day, others up to 200 patients a day, for a range of minor and serious respiratory infections and chronic illness including tobacco dependency. Our examples need to reflect that workload, diversity and complexity. In order to meet local needs and align with local healthcare systems, culture and access to therapies, we continue to follow our mantra: *we work locally, and collaborate globally to improve respiratory health in primary care.*

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World Health Organization (WHO)

The World Health Organization-Global Alliance against chronic Respiratory Diseases (WHO-GARD) has endorsed a number of our projects as demonstration projects and we have continued to represent primary care on WHO-GARD to link up theory and practice. Our President since May 2016, Jaime Correia de Sousa and Immediate Past President Niels Chavannes (until May 2016) sit on the Planning Executive as the Primary Care Representative and Scientific Representative respectively. Kristine Whorlow, IPCRG Treasurer, also represents the National Asthma Council Australia and the Global Allergy and Asthma Patient Platform. The activity of our country member, Bangladesh Primary Care Respiratory Society, was showcased by WHO-GARD in the first newsletter of its new communications strategy, <http://gard-breathefreely.org/newsletter/>.

WONCA (The World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians)

In October 2017 we signed a new Memorandum of Understanding with WONCA Global and with the Association of General Practice/Family Medicine of South-East Europe (AGPFMSEE). The IPCRG continues to be the Special Interest Group (SIG) for Respiratory Care for WONCA Europe. For the last eight years we have run the respiratory programme at WONCA Europe meetings, and in 2017 we ran several sessions at the annual meeting in Prague. We also issued a position statement on Treating Tobacco Dependence, endorsed by WONCA Europe and published in our peer-reviewed journal *npj Primary Care Respiratory Medicine*. Colleagues also represented IPCRG at WONCA South America, Peru, where they promoted the forthcoming 1st Ibero-American World Conference in Porto in 2018.

Asthma Right Care

In a partnership with AstraZeneca, the IPCRG is leading an international pilot that is exploring how to use social movement approaches to create a desire for change in the management of asthma. Starting in the last quarter of 2017, its focus, in the first phase, is on the over-reliance on short-acting beta₂ agonists (SABAs), and testing how to create a sense of discomfort and dissatisfaction with this amongst all stakeholders. We have set up a multi-national Delivery Team, drawn from four pilot countries, plus patient, pharmacist and nurse participants, which is discussing and designing ways to start conversations. Each pilot is then running its own "design charrette" where the ideas of the Delivery Team are tested out with national stakeholders.

European COPD Coalition (ECC), European Federation of Allergy and Airways Diseases Patients' Associations (EFA), European Lung Foundation (ELF)

The IPCRG worked closely with the European COPD Coalition (ECC) to advocate for political awareness of COPD and its impact across Europe, including a successful Faces of COPD campaign. Unfortunately, towards the end of 2017 IPCRG also worked with ECC to plan for its closure, due to lack of funding. This included how best to provide continued access to ECC assets and to continue its advocacy role for FRESH AIR, the project funded by a research grant from European Union's Horizon 2020 research and innovation programme under grant agreement No 680997 that aims to tackle the risk factors and problems of chronic respiratory disease in low and middle income countries. We have also worked closely with the European Lung Foundation (ELF) to publicise FRESH AIR through digital newsletters.

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2. Actively lead the respiratory health research and education agenda

Education

Strategy implementation

In 2014, the IPCRG published its Education Strategy that commends peer-to-peer teaching and therefore commits to testing Teach the Teacher programmes to build primary care teaching capacity. After the successful award of a second Global Bridges grant in 2016 to run a three-tier Teach the Teachers programme on treating tobacco dependence in primary care in Eastern Europe, we are ahead of schedule in terms of implementation and national roll out. Following the International Teachers workshop in March 2017, our in-country teams (5 in each country), by January 2018 have now completed the preparation of primary care educators, totalling 162 in four countries (target was 60 - 80). The next phase, which is the education of primary healthcare professionals is also ahead of the planned schedule, totalling 384 to date in 3 months (whole project target 1000).

Online learning

The IPCRG continued to work on its strategic priority to test the delivery and acceptability of online education through a partnership with a science agency, SciMentum, in a programme called AsthmaXChange.com, that was combined with a COPD education platform as RespiratoryXchange.com. The IPCRG convened an expert faculty to create real-life cases for discussion and learning. These have been used by our members, including our group in Bangladesh, as part of their national programmes. Conversations about potential projects were also held with several other medical communication and education agencies that offer medical writing, education and fundraising expertise, and some also offer online platforms.

Partnership with Public Health Foundation India (PHFI)

In the last quarter of 2017 we agreed a partnership between the IPCRG and Public Health Foundation of India (PHFI), New Delhi for the endorsement and adoption of a Certificate Course in Management of COPD & Asthma (www.ccca.org.in) for 5 years (2018-2022) to build the capacity and competence of primary care physicians in the field of COPD and asthma. This is a landmark initiative which is running successfully in India.

E-Quality programme

The E-Quality programme evaluates the impact of small-scale educational interventions on clinical behaviour, with an end goal of improving care and outcomes for patients. There was no new funding in 2017, but remaining projects from previous calls were kept under review to inform future calls.

Desktop helpers

The IPCRG two-page "How to" guides for practising clinicians are very well received wherever they are distributed. IPCRG receives unrestricted grants and organises the writing, production and printing, which is editorially independent of the funders. All desktop helpers are available digitally and country members can apply the helpers' Creative Commons licences to translate and adapt for their needs. A new guide Desktop Helper 6: Evaluation of appropriateness of inhaled corticosteroid (ICS) therapy in COPD and guidance on ICS withdrawal, received significant attention and was also translated into Spanish. Novartis Pharma AG funded the original literature review, typesetting, and printing. Desktop helper 7: Pulmonary rehabilitation: start-up guide emerged from a multi-national and multi-disciplinary experience-led care meeting, guiding those who want to set up a Pulmonary Rehabilitation programme, and those clinicians who want to build their expertise and confidence in referring patients who are breathless to pulmonary rehabilitation. This will be supported by the publication of a policy position paper in early 2018 and two films showing referral consultations. Boehringer Ingelheim funded the experience-led care meeting, writing and production but did not participate. Desktop helper 8: Improving care for women with COPD: guidance for primary care was written and reviewed in 2017, and published in January 2018. Novartis Pharma AG funded the IPCRG to undertake the writing, typesetting, and printing but did not participate. Work commenced in the second half of 2017 with an experience-led care meeting to generate "how to" advice to supplement the published evidence and enable the production of a position paper, desktop helper 9 and teaching slides on Personalisation in asthma care, supported by an educational grant from GSK.

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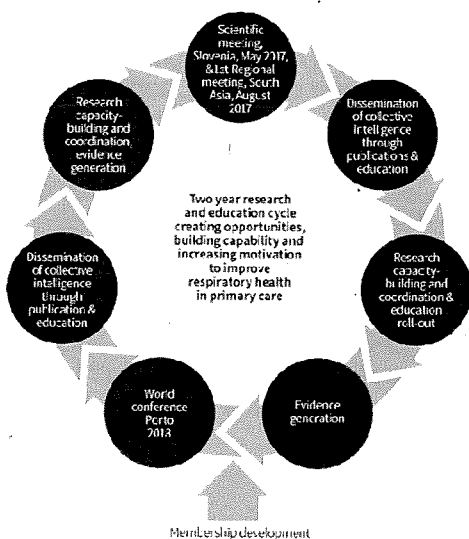
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Research

Building research capacity

Prizes

The Malaysian team, winners of the first IPCRG research prize presented their findings at our 1st South Asian Conference in Sri Lanka in August 2017, demonstrating how the new strategy putting IPCRG conferences as milestones in a two-year cycle of research and diffusion can work.



A bid to a European Union programme for infrastructure and programme support received a positive score, above the threshold for funding, but was informed there was insufficient funding, due to the number of bids that reached the threshold. A new application may be pursued.

The IPCRG fellowship programme

The first IPCRG Fellowship Programme, a multi-national collaboration between four universities and the IPCRG, supported by the IPCRG and an equipment grant from Aerocrine Ltd remains on course. The Fellow, Vinh Nguyen, visits the Department of Public Health and Primary Care, Leiden University Medical Centre, Leiden, Netherlands for supervision. Expenses are covered by the IPCRG.

Research in low and middle income countries (LMICs)

World Health Organization (WHO) figures show that about 80 million people have chronic obstructive pulmonary disease (COPD), which is now the third leading cause of death worldwide. Asthma affects an estimated 300 million individuals globally. Data shows that the greatest burden of lung disease occurs in low-resource settings. According to WHO figures, over 90% of COPD deaths and over 80% of asthma deaths occur in LMICs. The link between exposure to smoke, including tobacco smoke, indoor and outdoor environmental exposure, and lung diseases is well established by existing research. In addition, while tobacco use is decreasing in many high-income countries, it is increasing in many LMICs where by the year 2030, 80% of deaths caused by tobacco use are expected to occur. Therefore it is imperative, as a global organisation, that the IPCRG supports the development of research on the prevention and treatment of chronic lung diseases in primary care settings. Progress has been made in pursuit of this important goal.

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FRESH AIR funded by the European Union in the framework of Horizon 2020

FRESH AIR is an implementation science project to improve prevention diagnosis and treatment of chronic lung diseases where resources are limited. www.freshair.world funded by a research grant from European Union's Horizon 2020 research and innovation programme under grant agreement No 680997, TRIAL ID NTR5759. The second full year of FRESH AIR is now completed. All deliverables allocated to IPCRG are achieved including the setting up of a website www.theipcr.org/freshair; a Scientific Advisory Committee which has met twice – the second time at the 1st South Asian Scientific Meeting in Sri Lanka; a stakeholder engagement strategy and country plans, and a publication strategy.

FRESH AIR – additional activity

We continue to offer the original FRESH AIR protocol to interested researchers, to enable scale-up of the survey.

National Institute for Health Research (NIHR), UK – Global Health

IPCRG commenced two new major partnerships with established UK centres of academic respiratory excellence to build research capability in respiratory care in LMICs. This enables us to extend learning about respiratory research into new communities, connect our primary care colleagues with multi-disciplinary research teams, and build on our statement of prioritised research needs. It should IPCRG facilitated engagement with colleagues from eight countries as part of two programmes:

NIHR Global Health Research Unit on Respiratory Health – RESPIRE led by University of Edinburgh, UK

This kicked off on 1 August 2017 and runs until 31st March 2021. RESPIRE aims to reduce the impact and number of deaths caused by respiratory diseases in Asia in partnership with collaborators from Bangladesh, India, Malaysia and Pakistan. There are two programmes of research. 1. Infections which start suddenly such as pneumonia and bronchitis. 2. Long-term conditions which develop and worsen over time including asthma, chronic obstructive lung disease (COPD), lung cancer, and the long-term complications of the HIV virus and tuberculosis (TB). IPCRG co-leads one of the three research platforms that will increase the ability of our partners to plan, undertake and implement the findings of research in their countries: Stakeholder engagement and governance.

NIHR Global Health Research Group on Global COPD in Primary Care, led by the University of Birmingham, UK

This project kicked off in May 2017, and is due to complete in 2020, working in Georgia, China, FYR Macedonia and Brazil. The specific ambitions are 1. To strengthen research capacity in the partner countries in community-based COPD research 2. To develop and test community-based culturally-appropriate approaches for identifying undiagnosed COPD 3. To adapt and assess the feasibility of implementation of evidence-based behavioural approaches for management of COPD according to local needs and the local healthcare supply 4. To build a robust platform for future collaborative research within the partner countries & other similar settings.

GLOBAL RECHARGE Application from the University Hospitals of Leicester, UK

IPCRG supported this application and made introductions to colleagues in South Asia. The results will not be known until April 2018. The aim is to test implementation of pulmonary rehabilitation in low and middle income countries, building on the FRESH AIR work.

Research using primary care datasets: UNLOCK

The UNLOCK Group is an international collaboration of primary care researchers and practitioners from 15 countries that has coordinated and shared datasets of variables for COPD and asthma, over a six year period, to answer research questions meaningful to professionals working in primary care. Funding for the UNLOCK group ended at the end of 2016 and therefore there was very limited activity in 2017, except for the finalising of a paper for submission to a peer reviewed journal and a legacy project from the 2014 Amsterdam World Conference to create a Greek UNLOCK database.

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3. Identify and unlock the global potential of flagship conferences

Conferences form an important milestone in the normal IPCRG biennial cycle by providing a rare opportunity for our global network to meet face-to-face to discuss the challenges its members face, share solutions, plan collaborations, and provide a showcase for the best primary care respiratory practice and research.

In 2017 we tested running additional meetings to meet the need of regional audiences. Therefore in addition to the 5th Scientific Meeting in collaboration with colleagues from Slovenia, we ran our 1st South Asian Scientific Conference in collaboration with our colleagues from Sri Lanka, and succeeded in webcasting this to China, supported by a partnership with Novartis and Vivinda TV. Both meetings boosted the IPCRG's reputation as a leader in primary care respiratory research and clinical best practice, and reached their financial targets. Planning also continued for the 2018 9th World Conference, also billed as the 1st Ibero-American Primary Respiratory Conference, including a track in Portuguese and Spanish. We also responded to reviews of our 2016 conference, reducing the length of the conference, improving controls on bursary places, and introducing further controls to reduce waste on accommodation and catering.



4. Appreciate and strengthen the IPCRG's core business enablers

Nature Partner Journals (npj) Primary Care Respiratory Medicine

The IPCRG Chief Executive sits on the management committee of the journal, now jointly owned by Primary Care Respiratory Society-UK and Springer Nature. This oversaw the appointment of a new Deputy Editor, improvements in the editorial structure and welcomed a new management team.

Member growth

In May 2017 the Senate approved the appointment of GRESP (Brazil), Chinese Alliance for Respiratory Diseases in Primary Care (CARDPC) and Deutsche Forschungsgruppe Pneumologie in der Primärversorgung (DFPP Germany) bringing the total of Ordinary Members to thirty.

Our Associate Corporate Members in 2017 were Boehringer Ingelheim, and Vitalograph, with whom we shared our experiences and insight about the international development of primary care and the population need for respiratory care. We thank them for their continued support.

Fundraising

Associate corporate membership remains an efficient and effective fundraising and strategic development model from the IPCRG perspective, but the trend remains that the majority of our industry partners have introduced new governance frameworks that prevent them continuing their subscription. Alternative funding models, including project funding and donations are being explored.

Director recruitment

We identified additional skills and experiences that would benefit the functioning of the Board, and subsequently advertised for new directors and were successful in appointing two new directors, Prof Khoo Ee Ming, Professor of Family Medicine from Kuala Lumpur, Malaysia and Mr Etienne Jap Tjoen San, an expert in strategy and the pharmaceutical industry, who commenced their term of office in 2017.

Sub-committees

We appointed a new Chair of Research, and started to implement new Terms of Reference, and also improve access to a range of research experts by setting up an Expert Research Faculty. Membership of the Education Sub-Committee was also reviewed and refreshed.

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Plans for future periods

Reflecting the global trends in chronic respiratory disease prevalence, the IPCRG's activities are extending further into low and middle income countries where there are less established systems of healthcare delivery, whilst at the same time maintaining a presence in high income countries where there remains scope to test improvements to reduce variation in respiratory care and scale-up high quality interventions in primary care.

Strengths and opportunities

The IPCRG is a clinically-led organisation with a robust track record demonstrating how primary care can detect and improve the lung health of populations and individuals. We are now the first point of contact for many policy-makers and organisations wanting to collaborate with, understand or influence the international primary care respiratory community, including the World Health Organization. We are regarded as a thought-leader offering practical solutions in tobacco dependence, asthma, allergic rhinitis, chronic obstructive pulmonary disease and respiratory infection. The IPCRG is both an organisation of organisations and also a global community of clinicians passionate about improving the lives of people with, or at risk of, chronic lung disease. We represent 30 national primary care respiratory organisations adding new countries each year. Through our network we reach at least 130,000 practising primary care clinicians.

What we offer that is different from other organisations is the ability to advise on and produce clinically-led high-quality research and education grounded in primary care. We can and do demonstrate things that work; "showing through doing." We have done this first in Europe, Australia, New Zealand, North America, then in Vietnam, Bangladesh, Pakistan, and are now working on demonstration projects in Brazil, Chile, Uganda, Kyrgyz Republic, FYR Macedonia, Greece and India. The United Nation's Declaration on Non-Communicable Disease, and the World Health Organization (WHO) Global Alliance against chronic Respiratory Diseases (GARD) commitments to national action plans for chronic lung disease, and to strengthening primary care, gives us opportunities to really make a difference. Our 2018 conference theme is "delivering value in a resource-constrained world". As part of the FRESH AIR consortium funded by a research grant from the European Union's Horizon 2020 research and innovation programme, which builds on our original FRESH AIR programme, we aim to illustrate our belief that everyone has something to teach and something to learn, and that implementation science offers the chance to test how to deliver evidence-based care in settings with limited resources. www.theipcrq.org/freshair.

Challenges

The principal risk and uncertainty facing the IPCRG is how to replace the income lost by a decline in Associate Corporate Membership (pharmaceutical and device company) subscriptions. Discussions are regularly held with potential Associate Corporate Members to understand their priorities, funding opportunities and constraints. We have moved to greater reliance on project funding, which involves more management resource to develop project proposals, set up and manage projects. The most successful projects have addressed identified primary care needs with a blend of IPCRG's clinical expertise, innovation, authority and reach, with project partners' complementary assets. Applications for larger grants from research and education funders and agencies may warrant the time and capital investment, as long as the funding criteria allow a contribution to overheads, but the odds of success are lower than building projects with established industry partners.

The Board is also committed to testing a range of conference types, to meet the needs of colleagues in different regions. This includes live and recorded webcasting direct to individuals and to locally-hosted meetings. This requires substantial resource in terms of planning, fundraising, marketing and evaluation.

Additional challenges are the available time of most of our community, and how we help them to create the time, energy, tools and relationships to deliver and share best practice. We want colleagues to use our web platform for knowledge management and to create a learning community. In some countries the primary care role remains limited, and so we must help them advocate for the value of primary care, develop appropriate training, agree appropriate reimbursement to incentivise the right activities and increase access to essential medicines such as stop smoking drugs and inhaled medicines. To achieve these goals, we must seek further investment to deliver large-scale programmes and explore approaches to task-shifting and task-sharing to improve universal access to good quality respiratory care.

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Plans 2018-2020

Over the next three years our priorities are as follows.



Promote good clinical respiratory practice

We will continue to advocate for primary care's role in lung health by identifying and celebrating practical solutions to prevention, case-finding, diagnosis and management that include not only general practice but also other primary care approaches. We will do this at micro (case study) and macro (whole systems) levels and engage WHO GARD wherever possible. We will also demonstrate the value of primary care in assessing and managing multiple morbidities by helping people change behaviours to stop smoking and/or inhaling indoor smoke, to eat a better diet and to increase physical activity as well as offering safe and effective pharmacological interventions. We will advocate for improved knowledge of risk factors and common chronic lung diseases such as asthma and COPD, and access for populations to effective respiratory medicines and behavioural support in primary care. We will take on a number of the assets from the European COPD Coalition including its Advocacy Toolkit, and Faces of COPD campaign and test how to maximize their impact through our network. We will also explore the use of new approaches such as generation of social movements for change working with patients and the widest range of primary care professionals including but not limited to pharmacists, nurses and community health workers.



Actively lead the respiratory health research and education agenda

Our research strategy is to promote the messages of our Prioritised Research Needs Statement either by dissemination or by supporting studies and to build research capacity in countries with little or no current primary care respiratory research including low and middle income countries. The two NIHR programmes, RESPIRE and Breathe Well, contribute to building research capability in eight countries. We have made progress testing the validity of our education strategy with a focus on blended learning. We will actively link education and research through implementation studies, feed research findings into our conference and education programmes, evaluate education initiatives and feed outcomes of education into new research. We will selectively scale up national projects into larger studies through cross-border collaboration. If we had only one single priority, it would be to improve the quality of diagnosis, and the communication of that to the individual and family, to ensure that people have a better likelihood of the right treatment at the right time.

Specific products and programmes that we seek to extend include:

- UNLOCK – Fostering the exchange of real life data across different countries to answer primary care research questions, working in collaboration with other partners
- FRESH AIR – “franchising” the FRESH AIR survey by providing IPCRG set-up and mentoring support and building an international FRESH AIR community that grows from the Horizon 2020-funded programme
- E-quality— a bottom-up education programme that tests what interventions make a difference to clinical behaviour
- Teach the Teacher – a three-tier cascaded educational programme to expand teaching capacity in primary care on different topics including difficult to manage asthma, treating tobacco dependence, and children with asthma and to roll them out nationally
- Adapting materials into multiple languages and contexts
- Blended learning approaches eg the PHFI COPD and Asthma Certificate
- Education evaluation

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Identify and unlock the global potential of our flagship conferences

We plan to expand these flagship products into new clinical and geographical areas:

- 9th World Conference/1st Ibero-American conference in Porto May 2018
- 1st Euro-Asian meeting in October 2018
- 6th Scientific Meeting in Europe in 2019 and
- 10th World Conference in 2020. Options for this include China as well as Europe.



Strengthen our core: membership and communities of interest

We will expand our reach beyond the 130,000 clinicians we reach now by supporting membership drives to new primary care groups, corporate members and associates. The Board and sub-committee chairs will actively seek new talent for Board and sub-committee positions. We will strengthen the web platform as the knowledge and communication hub for communities of interest and practice and continue to build our social media activity. One technical challenge is to improve the mobile-enabled version of the website.

Building on the relationships built at our scientific meetings in Singapore 2015 and Sri Lanka 2017, we will build groups in Asia. Marketing the journal npjPCRM to authors provides further opportunities to connect with and support primary care researchers. We are working towards our ambition to run a meeting in China, with our Chinese group by 2020. An important step is to have a presence at the WONCA regional meeting in Seoul in October 2018.

The World Conference in Porto has been planned with colleagues from Portugal, Spain and Brazil, which will generate resources in Spanish and Portuguese that can be shared in Latin America.

We will revive our Research Network to increase the opportunities for research-interested colleagues to meet and share ideas and opportunities. This will meet in Porto, and be combined with an invitation to education-interested colleagues to form a new Education Network.

Financial review

During 2017 the Board conducted its governance role by meeting regularly by teleconferences.

The IPCRG's principal funding sources were a number of substantial project grants, membership subscriptions from Associate Corporate Members, and conference income relating to Slovenia, Sri Lanka and Porto 2018. The level of the subscription is set at the AGM and is revised every three years. Rates were set at €36,750 for pharmaceutical companies and a lower rate for device companies. We had two Associate Corporate Members in 2017 and we thank them for their engagement with us. However, the reduction in numbers of Associate Corporate Members, means we must find alternative sources of funding.

On the positive side we met our work package deliverables within the Global Bridges and FRESH AIR programmes, which strengthened our performance record which, together with robust clinical networks, enabled us to be part of two new research consortia, although our role is smaller in these.

The IPCRG was not able to set a balanced budget, but through fundraising, tight cost controls and relying on goodwill of the network and existing contractors was able to improve the position at year end.

The statement of financial activities describes how our funds were spent. The financial result for the year is shown in the statement of financial activities. After accounting for an unrealised exchange gain of £8,391 (2016: £50,520), the net movements in funds for the year is a surplus of £312,449 (2016: deficit £84,124). If the detailed profit and loss figures are reviewed, the causes of that movement become apparent.

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Reserves

A new reserves policy was adopted in March 2016:

The reserve policy of the IPCRG is to build a general reserve fund to enable, as a minimum, the organisation to continue running for six months in the event of a catastrophe. This would permit the closure of the organisation, having fulfilled its financial responsibilities and with a minimum loss of reputation. In the event of the winding up or dissolution of the IPCRG, any funds remaining after any transfer of restricted funds to another organisation in connection with the transfer of an IPCRG contract to that organisation, and after satisfaction of the IPCRG's debts and liabilities, would be passed on to another charitable body or bodies that met the criteria laid down in the IPCRG's Articles of Association. At 31 December 2017 general funds were £118,239 (2016: £125,296), meeting the requirements of the reserves policy. At 31 December 2017 restricted funds were £451,042 (2016: £166,953).

Our risk management strategy identifies our biennial world conference as our single most important exposure to financial risk so, in addition to the general reserve, the Board has previously designated a specific conference reserve, sufficient to meet current risk assessments of IPCRG World Conferences and Scientific Meetings which was reduced from £175,000 to £100,000 to settle the 2016 World Conference shortfall. At this stage, it is being kept at £100,000.

Risk management

The Governance Sub-Committee regularly assesses the IPCRG's exposure to risk, in particular anything related to its reputation and finance. It makes recommendations to the directors on how best to deal with any identified risk, and reviews systems to manage any exposure.

Our policies and processes are kept under review to ensure they cover current exposures to risk. Each project and conference is analysed for its risk to reputation and finance. All projects and conferences have detailed budgets that are carefully reviewed and revised. This is particularly necessary in times of currency fluctuation. Project funding from the pharmaceutical sector tends to be confirmed only in January/February of each year, which creates uncertainty in the first 2-3 months of the IPCRG year in terms of budgeting.

The Board continues to review the feasibility of bringing conference management in-house and running more than one meeting in a year. It reviews performance against conference targets as a standing item at each Board meeting.

Structure, governance and management

Nature of governing document

The IPCRG is a company limited by guarantee (company number: SC256268) and a registered Scottish charity (charity number: SC035056). The charitable company is governed by its Memorandum and Articles of Association.

Organisational structure

A Board of Directors administers the charity. For 2017 this comprises a minimum of three and a maximum of eight individuals including:

- ex officio, the President of the Company;
- ex officio, the President Elect of the Company;
- ex officio, the Immediate Past President of the Company;
- ex officio, the Treasurer of the Company; and
- up to four persons co-opted by the Directors

The President, President Elect and Treasurer of the Company were elected by Ordinary Resolution.

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Organisational structure (continued)

It is the charity's policy to seek to appoint directors who have a specific interest in its objectives and whose skills complement those already in place. During 2017 all four co-optee positions were filled to provide geographical and topic expertise.

Each Ordinary Member of the IPCRG is entitled to appoint one individual as a member of the Senate. The function of the Senate is to advise and assist the directors and act as ambassadors of the IPCRG.

The Board is advised by sub-committees. During 2017 these sub-committees were Governance, Education, Research, 5th Scientific Meeting 2017 Organising Committee, 1st South Asia 2017 Organising Committee and Porto 2018 Organising Committee. The Terms of Reference of the Education and Research sub-committees were implemented. Directors agreed contracts with a number of individuals to provide management services to the IPCRG: Chief Executive, Siân Williams, to fundraise, manage relationships with members and partners and manage the the charity with support from a Business Manager, Samantha Louw assisted by a Communications Assistant, Linda Kennison; an Education Coordinator, Juliet McDonnell; Conference Director, Christine Lawson, and an UNLOCK Project Manager, Liza Cragg. Additional Project Support, was contracted at the end of the year to support Asthma Right Care.

Directors

The directors of the charitable company during the year ended 31 December 2017 are noted on page 13.

Recruitment and appointment of directors

The Board has agreed that succession planning, strategic planning and governance, recruitment and appointment of directors are core functions of the Board. The board uses the co-option facility to give people Board experience. The Board considers potential directors for appointment and recommends candidates for the posts of President and Treasurer for decision by members at the AGM. Any director may be removed by Ordinary Resolution of the members.

Induction and training of directors

Newly appointed directors are introduced to the workings of the Board through their first meetings. They are also provided with an induction pack, drawn from the Office of the Scottish Charity Regulator (OSCR) Guidance for Charity Trustees, which includes:

- The role and responsibilities of a director
- What the IPCRG does
- Its finances and reporting requirements
- Recent Board papers
- Organisational structure, and
- Governance policies such as risk management, declaration of interest, sponsorship and endorsement

As an international organisation with directors working in Europe, Australasia and Singapore, face-to-face training is not normally an option; therefore additional discussions about the role are maintained by email and telephone.

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Ordinary members

The following 30 organisations were ordinary members in 2017 and have the power to appoint an individual as a member of the Senate and to vote at general meetings:

Australia, National Asthma Council Australia
Bangladesh, IPCRG-Bangladesh
Brazil, GRESP Brazil*
Bulgaria, Bulgarian Primary Care Respiratory Group
Canada, Family Physician Airways Group of Canada
Chile, Grupo de Respiratorio de Atención Primaria (GRAP-Chile)
Chinese Alliance for Respiratory Diseases in Primary Care (CARDPC)*
Cyprus, Cyprus Respiratory Group
FYR Macedonia, Association of Family Medicine Specialists - Respiratory Group
Germany, Deutsche Forschungsgruppe Pneumologie in der Primärversorgung*
Greece, Greek Primary Care Respiratory Group
India, Chest Research Foundation India
Ireland, Irish Respiratory Group
Italy, Società Italiana Interdisciplinare per le Cure Primarie
Kyrgyzstan, IPCRG- Kyrgyzstan
New Zealand, New Zealand Primary Care Respiratory Group
Norway, Lunger i Praksis
Pakistan, IPCRG – Pakistan
Portugal, Portuguese Association of Family Physicians - respiratory group (GRESP)
Romania, Respiro
Singapore, COPD Association Singapore
Slovenia, Slovenia Primary Care Respiratory Group
Spain, Grupo de Respiratorio de Atención Primaria (GRAP)
Sri Lanka, Primary Care Respiratory Group, Sri Lanka
Sweden, Swedish Respiratory Group in Primary Care
The Netherlands, CAHAG
Turkey, NEFES
UK, Primary Care Respiratory Group-UK, (PCRS-UK)
United States, Primary Care Respiratory Group, United States
Vietnam – Primary Care Respiratory Group – Vietnam (Chăm Sóc Hô Hấp Ban Đầu)

* Elected at 2017 AGM

Related parties and affiliations

The Ordinary Members of the charitable company are national and international organisations.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2017

Administrative details

Directors

President: Associate Professor Jaime Correia de Sousa, Family Physician, Porto, Portugal, Community Health, School of Health Sciences, University of Minho

Treasurer: Ms Kristine Whorlow AM, Chief Executive Officer, National Asthma Council Australia

Immediate Past President: Dr Ron Tomlins, General Practitioner and Adjunct Associate Professor, Discipline of General Practice, University of Sydney, Australia

President Elect: Dr Ioanna Tsiligianni, Assistant Professor Clinic of Social and Family Medicine, Faculty of Medicine, University of Crete, Heraklion, General Practitioner, Crete, Greece

Co-optee: Dr Beraki Ghezai, Lovenstadtunet Medical Center, Lovenstad, Norway (until May 2017)

Co-optee: Mr Etienne Jap Tjoen San, Netherlands, Owner at PharInSights, Strategy and Market Intelligence Consultant, Netherlands from October 2017

Co-optee: Professor Ee Ming Khoo, Department Of Primary Care Medicine University of Malaya, Malaysia from October 2017

Co-optee: Dr Tan Tze Lee, The Edinburgh Clinic, Adjunct Assistant Professor & Visiting Consultant, Department of Medicine, National University Hospital, Singapore.

Co-optee: Dr Janwillem Kocks, General Practitioner, Assistant Professor, Department of General Practice and elderly care, University Medical Center Groningen

Secretary

Ms Kristine Whorlow AM

Registered Office

4th Floor 115
George Street
Edinburgh
Midlothian
EH2 4JN
Scotland

Auditor

Scott-Moncrieff
Exchange Place 3
Sempie Street
Edinburgh
EH3 8BL

Bankers

Bank of Scotland plc
Princes House
50 West Campbell Street
Glasgow
G2 6PZ

Solicitors

Morton Fraser
Quartermile Two
2 Lister Square
Edinburgh
EH3 9GL

Registered Company Number: SC256268

Registered Charity Number: SC035056

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2017

Statement of directors' responsibilities

The directors (who are also trustees of International Primary Care Respiratory Group for the purposes of charity law) are responsible for preparing the Directors' 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 directors 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 directors are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the charities SORP;
- make judgments and accounting 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 company will continue in business.

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and 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, the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended). 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.

Provision of information to auditor

To the knowledge and belief of each of the persons who are directors at the time the report is approved:

- So far as each director is aware, there is no relevant information of which the charitable company's auditor is unaware; and
- Each director has taken all steps that they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the charitable company's auditor is aware of that information.

The Directors' Report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Signed on behalf of the Board of Directors on 1/5/ 2018


Director – Professor Jaime Correia de Sousa

International Primary Care Respiratory Group
Independent Auditor's Report to the Members and Trustees
For the year ended 31 December 2017

Opinion

We have audited the financial statements of International Primary Care Respiratory Group (the charitable company) for the year ended 31 December 2017 which comprise the Statement of Financial Activities (incorporating the Income and Expenditure Account), the Balance Sheet, and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2017 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company's directors, as a body, in accordance with regulation 10 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Our audit work has been undertaken so that we might state to the charitable company's members, as a body, and the charitable company's directors, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company, the charitable company's members, as a body, and the charitable company's directors, as a body, for our audit work, for this report, or for the opinions we have formed.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and the provisions applicable for small entities, in the circumstances set out in note 16 to the financial statements, and we have fulfilled our ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

International Primary Care Respiratory Group

Independent Auditor's Report to the Members and Trustees - continued

For the year ended 31 December 2017

Conclusions relating to going concern

We have nothing to report in respect of the following matters in which the ISAs (UK) require us to report to you where:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Directors' Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Directors' Report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- adequate and proper accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit; or

International Primary Care Respiratory Group

Independent Auditor's Report to the Members and Trustees - continued

For the year ended 31 December 2017

Matters on which we are required to report by exception (continued)

- The directors were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemption in preparing the Directors' Report and take advantage of the small companies' exemption from the requirement to prepare a Strategic Report.

Responsibilities of the directors

As explained more fully in the directors' responsibilities statement set out on page 14, the directors (who are the directors for the purposes of company law and trustees for the purposes of charity law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

International Primary Care Respiratory Group

Independent Auditor's Report to the Members and Trustees - continued

For the year ended 31 December 2017

Opinion on other matters prescribed by the Companies Act 2006

In our opinion the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- the charitable company has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the directors were not entitled to prepare the financial statements in accordance with the small companies regime; or
- the directors were not exempt from the requirement to prepare a strategic report.

Michael Harkness

Michael Harkness, Senior Statutory Auditor
For and on behalf of Scott-Moncrieff, Statutory Auditor
Chartered Accountants
Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006
Exchange Place 3
Semple Street
Edinburgh
EH3 8BL

1 May 2018

International Primary Care Respiratory Group

Statement of Financial Activities and
Income and Expenditure Account

For the year ended 31 December 2017

	Notes	Unrestricted funds £	Restricted funds £	Total 2017 £	Total 2016 £
Income and endowments from:					
Donations and legacies	3	1,781	579,305	581,086	385,211
Charitable activities		64,671	-	64,671	39,139
Total		<u>66,452</u>	<u>579,305</u>	<u>645,757</u>	<u>424,350</u>
Expenditure on:					
Raising funds	4	13,795	-	13,795	25,669
Charitable activities:					
- Membership services	5	29,830	-	29,830	30,548
- Education	5	13,925	275,216	289,141	473,984
- Research	5	21,198	-	21,198	28,793
Other – VAT recovered		(12,265)	-	(12,265)	-
Total		<u>66,483</u>	<u>275,216</u>	<u>341,699</u>	<u>558,994</u>
Net (expenditure)/income		(31)	304,089	304,058	(134,644)
Transfers between funds		20,000	(20,000)	-	-
Other recognised gains/(losses) :					
(Loss)/gain on currency conversion		8,391	-	8,391	50,520
Net movements in funds	8	<u>28,360</u>	<u>284,089</u>	<u>312,449</u>	<u>(84,124)</u>
Reconciliation of funds:					
Total funds brought forward		<u>268,050</u>	<u>166,953</u>	<u>435,003</u>	<u>519,127</u>
Total funds carried forward		<u>296,410</u>	<u>451,042</u>	<u>747,452</u>	<u>435,003</u>

All of the results relate to continuing activities.

There were no recognised gains or losses for the current year or prior year other than those stated above.

The notes on pages 22 to 32 form part of these financial statements

International Primary Care Respiratory Group

Balance Sheet

As at 31 December 2017

	Notes	2017 £	2016 £
Current assets			
Debtors	9	53,341	25,476
Cash at bank and in hand		748,179	461,983
		<hr/>	<hr/>
		801,520	487,459
Current liabilities			
Creditors: Amounts falling due within one year	10	(54,068)	(52,456)
		<hr/>	<hr/>
Net assets		<u>747,452</u>	<u>435,003</u>
 Funds			
Restricted funds	12	451,042	166,953
Unrestricted funds:			
- General reserve	12	130,504	125,296
- Designated funds	12	165,906	142,754
		<hr/>	<hr/>
		<u>747,452</u>	<u>435,003</u>

The financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006.

The financial statements were authorised for issue by the directors on and signed on their behalf by:

----- *1/5/* 2018

----- *Jaime Sousa*
 Director – Professor Jaime Correia
 de Sousa

Company number: SC256268

The notes on pages 22 to 32 form part of these financial statements

International Primary Care Respiratory Group

Statement of cash flows

As at 31 December 2017

	Notes	2017 £	2016 £
Cash flows from operating activities:			
Net cash provided by/(used by) operating activities	14	277,085	(57,314)
Change in cash in the reporting period		277,805	(57,314)
Cash at the beginning of the period		461,983	468,777
Change in cash due to exchange rate movements		8,391	50,520
Cash at the end of the reporting period		<u>748,179</u>	<u>461,983</u>

The notes on pages 22 to 32 form part of these financial statements

International Primary Care Respiratory Group

Notes to the Financial Statements

For the year ended 31 December 2017

1. Accounting policies

(a) Basis of accounting

The financial statements have been prepared in accordance with Financial Reporting Standard 102, as issued by the Financial Reporting Council (effective 1 January 2015), the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended), the Companies Act 2006 and Statement of Recommended Practice (SORP) - Accounting and Reporting by Charities.

International Primary Care Respiratory Group meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transition value unless otherwise stated in the relevant accounting policy.

These financial statements are presented in pounds sterling (GBP) as that is the currency in which the charity's transactions are denominated.

The preparation of financial statements requires the use of certain critical accounting estimates. It also requires trustees to exercise their judgements in the process of applying the accounting policies. Use of available information and application of judgement are inherent in the formation of estimates. Actual outcomes in the future could differ from such estimates. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed in note 2.

(b) Going concern

The directors consider that the charitable company will continue in existence for the foreseeable future and are therefore of the opinion that it is appropriate to prepare these financial statements on a going concern basis.

(c) Income recognition

- Donations
Donations are included in the Statement of Financial Activities in the year in which the charity has entitlement to the funds, any performance conditions attached have been met, it is probable that the income will be received and the amount can be measured reliably.
- Membership services
Annual subscriptions are included in full in the year to which they relate, and the charity provides the services entitling it to the income. Subscriptions received in advance are released to the Statement of Financial Activities over the period to which they relate.
- Conference income
The company's share of the conference income, in respect of the biennial conference, is recognised when the charity has entitlement to the funds, any performance conditions attached have been met, it is probable that the income will be received and the amount can be measured reliably.

International Primary Care Respiratory Group

Notes to the Financial Statements - continued

For the year ended 31 December 2017

1. Accounting policies – continued

(c) Income recognition - continued

- **Grants receivable**
Income from grants, including capital grants, is included in the incoming resources when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably. The exception to this is where the charity has to fulfil conditions before becoming entitled to the grant or where the donor has specified that income is to be expended in a future period. In these circumstances income is deferred until those periods.
- **Interest receivable**
Interest 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.

(d) Recognition and allocation of resources expended

Resources expended are included in the Statement of Financial Activities on an accruals basis.

Expenditure is directly attributed to the relevant category in the Statement of Financial Activities where practical. Executive Officer and business support costs are allocated across activities based on time incurred in each area.

- Costs of raising funds comprise the costs associated with attracting voluntary income and the costs of trading for fundraising purposes.
- Charitable expenditure comprises direct and support costs, allocated on an activities basis, incurred by the charitable company in the delivery of its activities and services.
- Grants or instalments of grants offered in connection with projects with institutions are charged to the Statement of Financial Activities in the year when the offer is conveyed to the recipient except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attached are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as contingent liabilities, but not accrued as expenditure.
- Governance costs include those costs associated with meeting the constitutional and statutory requirements of the company and include costs linked to the strategic management of the company.

(e) Taxation

The company is recognised by HM Revenue and Customs as a charity and, as a consequence of the tax reliefs available in relation to the current year, income is not liable to taxation. The company is registered for VAT.

(f) Foreign currencies

Assets, liabilities, revenues and costs denominated in foreign currencies are recorded at the rates of exchange ruling at the dates of the transactions; monetary assets and liabilities at the balance sheet date are translated at the year-end rate of exchange. The resulting profits or losses are dealt with in the Statement of Financial Activities.

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2017

1. Accounting policies – continued

(g) Funds

Unrestricted funds include incoming resources receivable or generated for the objects of the charity without further specified purpose and are available as general funds. These funds can be used in accordance with the charitable objects at the discretion of the directors.

Designated funds are unrestricted funds earmarked for the directors for specific future purposes or projects. Restricted funds are to be used for specific purposes as laid down by the donor.

(h) Debtors

Trade debtors are amounts due from members for membership services and sponsorship. Trade debtors are recognised at the undiscounted amount of cash receivable, which is normally the invoiced amount, less any allowance for doubtful debts.

(i) Cash and cash equivalents

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

The charitable company did not hold any cash equivalents at the year end.

(j) Creditors

Trade creditors are obligations to pay for goods or services that have been acquired. Accounts payable are classified as creditors falling due within one year if payment is due within one year or less. If not, they are presented as creditors falling due after one year.

Trade creditors are recognised at the undiscounted amount owed to the supplier, which is normally the invoice price.

(k) Financial assets and liabilities

Financial instruments are recognised in the statement of financial position when the charitable company becomes a party to the contractual provisions of the instrument. Financial instruments are initially measured at transaction price unless the arrangement constitutes a financing transaction. Subsequent to initial recognition, they are accounted for as set out below.

Financial instruments are classified as 'basic' in accordance with Chapter 11 of FRS 102.

At the end of each reporting period, basic financial instruments are measured at amortised cost using the effective interest method.

Financial assets are derecognised when the contractual rights to the cash flows from the asset expire, or when the charitable company has transferred substantially all the risks and rewards of ownership. Financial liabilities are derecognised only once the liability has been extinguished through discharge, cancellation or expiry.

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2017

2. Critical judgements and estimates

In preparing the financial statements trustees make estimates and assumptions which affect reported results, financial position and disclosure of contingencies. Use of available information and application of judgement are inherent in the formation of the estimates, together with past experience and expectations of future events that are believed to be reasonable under the circumstances. Actual results in the future could differ from such estimates.

Critical judgements are made in the application of income recognition accounting policies, and the timing of the recognition of income in accordance with the Charities SORP (FRS 102).

3. Donations and legacies

	Unrestricted Funds £	Restricted Funds £	Total 2017 £	Total 2016 £
Grant income	1,781	579,305	581,086	385,211

4. Raising funds

	Unrestricted Funds £	Restricted Funds £	Total 2017 £	Total 2016 £
Travel & accommodation	348	-	348	136
Secretariat	1,184	-	1,184	883
Consultancy	12,263	-	12,263	24,650
	13,795	-	13,795	25,669

5. Charitable activities

	Membership services £	Education £	Research £	Total 2017 £	Total 2016 £
Executive officer	4,362	62,519	2,970	69,851	39,522
Secretariat	3,729	19,598	1,165	24,492	26,204
Website	3,291	1,111	-	4,402	20,976
Travel & accommodation	1,596	44,556	855	47,007	62,578
Project costs	-	12,231	4,900	17,131	19,045
Support costs (see next page)	16,852	149,126	11,308	177,286	365,000
	29,830	289,141	21,198	340,169	533,325

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2017

5. Charitable activities (continued)

	Membership services £	Education £	Research £	Total 2017 £	Total 2016 £
Support costs					
Governance costs	10,545	10,545	10,544	31,634	31,177
Professional fees	-	52,268	-	52,268	33,422
Audit and accountancy	-	6,289	-	6,289	881
Travel, room hire and refreshments for meetings	1,057	17,404	710	19,171	179,367
Conference and meeting expenses	-	34,121	-	34,121	5,723
Subscriptions	2,634	279	-	2,913	2,208
Administrative expenses	235	9,473	-	9,708	5,572
Consultancy	-	14,047	-	14,047	32,989
Other	2,381	4,700	54	7,135	73,661
	<u>16,852</u>	<u>149,126</u>	<u>11,308</u>	<u>177,286</u>	<u>365,000</u>

6. Employee benefit expenses

The charitable company had no employees during either the current or prior year.

7. Directors' emoluments and expenses

The directors, along with the Executive Officer, the Business Manager, the Conference Director and the Project Manager are considered be the key management personnel of the charitable company. The total amount paid to key management personnel during the year was £151,465 (2016: £114,322).

Dr Ioanna Tsiligianni, director, received honoraria totalling £688 (2016: £1,519) for her role in the charitable company's UNLOCK project in 2017, as allowed by the charitable company's article of association. At the year end £nil (2016: £nil) was outstanding.

A total of 3 (2016: 5) directors were reimbursed travel and subsistence expenses totalling £1,086 (2016: £4,513) in connection with undertaking the company's charitable activities.

8. Net movement in funds for the year is stated after charging

	2017 £	2016 £
Auditor's remuneration		
- audit fees	4,750	5,700
- non-audit fees	4,350	1,945
	<u>9,100</u>	<u>7,645</u>

International Primary Care Respiratory Group
Notes to the Financial Statements – continued
For the year ended 31 December 2017

9. Debtors

	2017 £	2016 £
Trade debtors	53,341	12,896
Prepayments and accrued income	-	12,580
	<u>53,341</u>	<u>25,476</u>

10. Creditors

	2017 £	2016 £
Trade creditors	17,133	-
Other creditors & accruals	4,107	21,141
Deferred income	32,828	31,315
	<u>54,068</u>	<u>52,456</u>

Deferred income comprises membership and conference income received which is attributable to future periods:

At 1 January 2017	31,315	26,889
2017 membership income released to income earned	(31,315)	(26,889)
2018 membership income deferred	32,828	31,315
	<u>32,828</u>	<u>31,315</u>
At 31 December 2017	<u>32,828</u>	<u>31,315</u>

11. Financial assets and liabilities

	2017 £	2016 £
Financial assets at amortised cost	801,520	485,559
Financial liabilities at amortised cost – falling due within one year	(33,506)	(21,141)
	<u>801,520</u>	<u>485,559</u>

Financial assets at amortised cost comprises cash at bank, trade debtors and accrued income, Financial liabilities comprise trade creditors, other creditors and accruals all due within one year.

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2017

12. Funds

	At 1 January 2017 £	Income £	Expenditure £	Transfers £	Gain on currency conversion £	At 31 December 2017 £
General	125,296	60,978	(54,703)	(9,458)	8,391	130,504
Designated funds						
Future Conferences	100,000	-	-	-	-	100,000
Conference Bursary	6,542	-	(2,164)	29,458	-	33,836
Research	26,629	-	(4,777)	-	-	21,852
IPCRG Promotional Materials	1,824	-	(1,824)	-	-	-
Education	-	5,474	-	-	-	5,474
ICT	626	-	-	-	-	626
E-quality	7,133	-	(3,015)	-	-	4,118
	142,754	5,474	(11,780)	29,458	-	165,906
Total unrestricted funds	268,050	66,452	(66,483)	20,000	8,391	296,410
Restricted funds						
UBIOPRED	(15,280)	22,102	(2,250)	-	-	4,572
UNLOCK	9,371	4,440	(625)	-	-	13,186
Global Bridges Project	(1,404)	156,815	(60,314)	(10,000)	-	85,097
FRESH AIR: Horizon 2020	38,877	63,434	(50,316)	-	-	51,995
Conference	49,044	154,494	(93,803)	-	-	109,735
Asthma Xchanges	48,248	30,588	(10,443)	(10,000)	-	58,393
Pulmonary Rehab	38,097	4,215	(19,602)	-	-	22,710
Personalisation in Asthma Care	-	70,127	(12,945)	-	-	57,182
RESPIRE	-	-	(3,172)	-	-	(3,172)
BREATHWELL	-	-	(2,057)	-	-	(2,057)
Asthma Right Care	-	73,090	(19,689)	-	-	53,401
Total restricted funds	166,953	579,305	(275,216)	(20,000)	-	451,042
Total funds	435,003	645,757	(341,699)	-	8,391	747,452

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2017

12. Funds (continued)

	At 1 January 2016 £	Income £	Expenditure £	Transfers £	Gain on currency conversion £	At 31 December 2016 £
General	45,919	39,139	(110,695)	100,413	50,520	125,296
Designated funds						
Future Conferences	175,000	-	-	(75,000)	-	100,000
Conference Bursary	36,000	-	(29,458)	-	-	6,542
Research	34,725	-	(8,096)	-	-	26,629
IPCRG Promotional Materials	1,964	-	(140)	-	-	1,824
Education	9,220	-	(7,020)	(2,200)	-	-
ICT	5,232	-	(4,606)	-	-	626
E-quality	9,904	-	(2,771)	-	-	7,133
	272,045	-	(52,091)	(77,200)	-	142,754
Total unrestricted funds	317,964	39,139	(162,786)	23,213	50,520	268,050
Restricted funds						
UBIOPRED	(1,044)	-	(14,236)	-	-	(15,280)
Inhaler Device Project	219	-	(219)	-	-	-
UNLOCK	34,462	-	(23,541)	(1,550)	-	9,371
Global Bridges Project	1,983	-	(3,387)	-	-	(1,404)
FRESH AIR: Horizon 2020 Conference	107,008 58,535	- 296,445	(46,468) (305,936)	(21,663) -	- -	38,877 49,044
Asthma Xchanges	-	50,532	(2,284)	-	-	48,248
Pulmonary Rehab	-	38,234	(137)	-	-	38,097
Total restricted funds	201,163	385,211	(396,208)	(23,213)	-	166,953
Total funds	519,127	424,350	(558,994)	-	50,520	435,003

International Primary Care Respiratory Group
Notes to the Financial Statements – continued
For the year ended 31 December 2017

12. Funds (continued)

Designated funds

The conference designated funds have been set up to provide a fund for costs relating to loss or potential cancellation costs of future conferences.

The Board agreed to continue with their commitment to a bursary programme, increasing the amount for the next conference and have also agreed to allocate funds to support the delivery of the IPCRG's strategic objectives. A transfer from general funds was made to top this fund up to £36,000.

Research: The funds cover projects for the E-Faculty programme, IPCRG Research Fellow and FRESH AIR Kyrgyzstan project.

IPCRG Promotional materials: This is to cover our Highlights documents that are produced every 2 years.

Education: Education consultant.

ICT: Funds were set aside to re-launch our website, there is on-going support required so funds are held to cover these costs.

E-Quality: our E-Quality programme has supported projects in India, FYR Macedonia, Brazil and Sri Lanka. There are final project costs still to be claimed for these.

Restricted funds

UBIOPRED: The IPCRG is one of 41 partners across Europe participating in the U-BIOPRED study led by Dr Peter Sterk (Unbiased BIOMarkers used for PREDicting disease progression and medication efficacy in severe asthma) that has been selected for funding by the European Union Innovative Medicines Initiative. Our role has been in Ethics & Safety and Dissemination.

UNLOCK: The IPCRG received funding from Novartis in 2012 to support our big data project, UNLOCK.

Global Bridges Project: The IPCRG won grant funding from Pfizer Independent Grants for Learning & Change (IGLC) to enable them to support a programme hosted by the Global Bridges Healthcare Alliance for Tobacco Dependence Treatment in four Eastern European countries. All funds are received but expenditure will continue to the project completion in early 2019.

FRESH AIR Horizon2020: IPCRG are partners in an EU funded project and support 2 work packages; 2: Developing capacity for implementation science and 5: Improving diagnosis and treatment action and lead on work package 7: stakeholder engagement, maximising and spreading impact.

Conference: IPCRG host international conferences every year and receive sponsorship and grant income in support of the conferences. The conferences offer an opportunity for their global network to meet face-to-face and discuss the challenges they face, share solutions, plan collaborations and provide a showcase for the best primary care respiratory practice and research.

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2017

12. Funds (continued)

Asthma Xchanges: IPCRG provides SciMentum Agency with an expert clinical faculty to guide the development of a web-based education service called AsthmaXchange.com, producing case-based learning and news from our conferences.

Pulmonary Rehab: This fund will support the development of a "start-up" pack for clinicians and policy-makers showing them why to prioritise the implementation of pulmonary rehabilitation programmes in the community and how to do it even in low resource settings. It is funded through a restricted grant from Boehringer Ingelheim and will complete in 2017.

Personalisation in Asthma Care: This fund supports the development of educational and policy resources on the topic of delivering personalised care for adults with asthma. It is funded through a restricted grant from GlaxoSmithKline and will complete in 2018.

RESPIRE: See page 5. This fund will enable IPCRG to co-lead the dissemination activity of a research capacity building programme in China, FYR Macedonia, Georgia and Brazil, over three years from mid-2017 funded by the National Institute for Health Research (NIHR)-global research programme led by the University of Birmingham.

BREATHWELL: See page 5. This fund will enable IPCRG to lead the Dissemination of a research capacity building programme in South Asia, over four 4 years from autumn 2017 funded by National Institute of Health Research (NIHR) Global Health grants to the University of Edinburgh, that leads the programme.

Asthma Right Care: The IPCRG is leading a social movement approach to raising awareness about the over-reliance on short-acting beta2-agonists in asthma management. This is funded by AstraZeneca and is due to report at the 9th World Conference in May 2018.

Transfers from restricted funds to general funds: Overhead costs incurred in delivering two programmes have been reallocated to general funds.

13. Analysis of net assets between funds

	General fund £	Designated funds £	Restricted funds £	Total funds £
Debtors	53,341	-	-	53,341
Cash and bank	121,231	165,906	451,042	748,179
Current liabilities	(54,068)	-	-	(54,068)
Net assets at 31 December 2017	<u>130,504</u>	<u>165,906</u>	<u>451,042</u>	<u>747,452</u>

14. Reconciliation of net (expenditure)/income to net cash flow from operating activities

	2017 £	2016 £
Net income/(expenditure) for the reporting period	304,058	(134,644)
Adjustments for:		
(Increase)/decrease in debtors	(27,865)	115,140
Increase/(decrease) in creditors	1,612	(37,810)
Net cash flows from operating activities	<u>277,805</u>	<u>(57,314)</u>

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2017

15. Related party transactions

Control

Throughout the year the charitable company was controlled by the directors, who are also the trustees of the charitable company.

Transactions

Directors' emoluments and expenses are disclosed in note 7.

Dr Ioanna Tsiligianni, director, received £8,854 (2016: £nil) funding from the charitable company in relation to the Athens legacy project. At the year end £8,854 (2016: £nil) was outstanding.

Miegum, a company of Janwillem Kocks', director, received £3,170 (2016: £11,409) from the charitable company in relation to website work. At the year end £nil (2016: £nil) was outstanding).

Sian Williams, Executive Officer, received consultancy fees totalling £89,741 (2016: £80,899) (inclusive of 20% VAT) from the charitable company during the year for her services, reimbursement of £736 travel expenses, and £7,200 (inclusive of 20% VAT) towards the Pulmonary Rehab project. At the year end £nil (2016: £nil) was outstanding.

Sam Louw, Business Manager, received fees totalling £27,989 (2016: £29,443) from the charitable company during the year for her provision of support services, and reimbursement of £68 travel expenses. At the year end £nil (2016: £nil) was outstanding.

Christine Lawson, Conference Director, received fees totalling £21,600 (2016: £12,000) (inclusive of 20% VAT) from the charitable company during the year for her provision of support services, and £5,123 (inclusive of 20% VAT) funding in relation to the Asthma Right Care project. At the year end £nil (2016: £nil) was outstanding.

Eventage Limited, a company for which Christine Lawson is Director, received £23,457 (2016: £nil) from the charitable company in relation to conference expenses.

16. Legal status

International Primary Care Respiratory Group is a charitable company limited by guarantee, registered in Scotland, and not having a share capital. The members' liability in the event of winding up is limited by guarantee not exceeding £1 per member.

The address of the charitable company's registered office is: 4th Floor, 115 George Street, Edinburgh, Midlothian, EH2 4JN.

17. Non-audit services

In common with many other organisations of its size, the charitable company uses its auditors to assist with the preparation of the financial statements. Scott-Moncrieff is also engaged to provide advice on VAT and other tax matters.