



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 2018

Registered Company Number: SC256268

Registered Charity Number: SC035056

International Primary Care Respiratory Group
Directors' Report and Financial Statements
For the year ended 31 December 2018

Contents	Pages
President's Foreword	1
Directors' Report	3
Independent Auditor's Report to the Members and Trustees	19
Statement of Financial Activities	22
Balance Sheet	23
Statement of cash flows	24
Notes to the Financial Statements	25

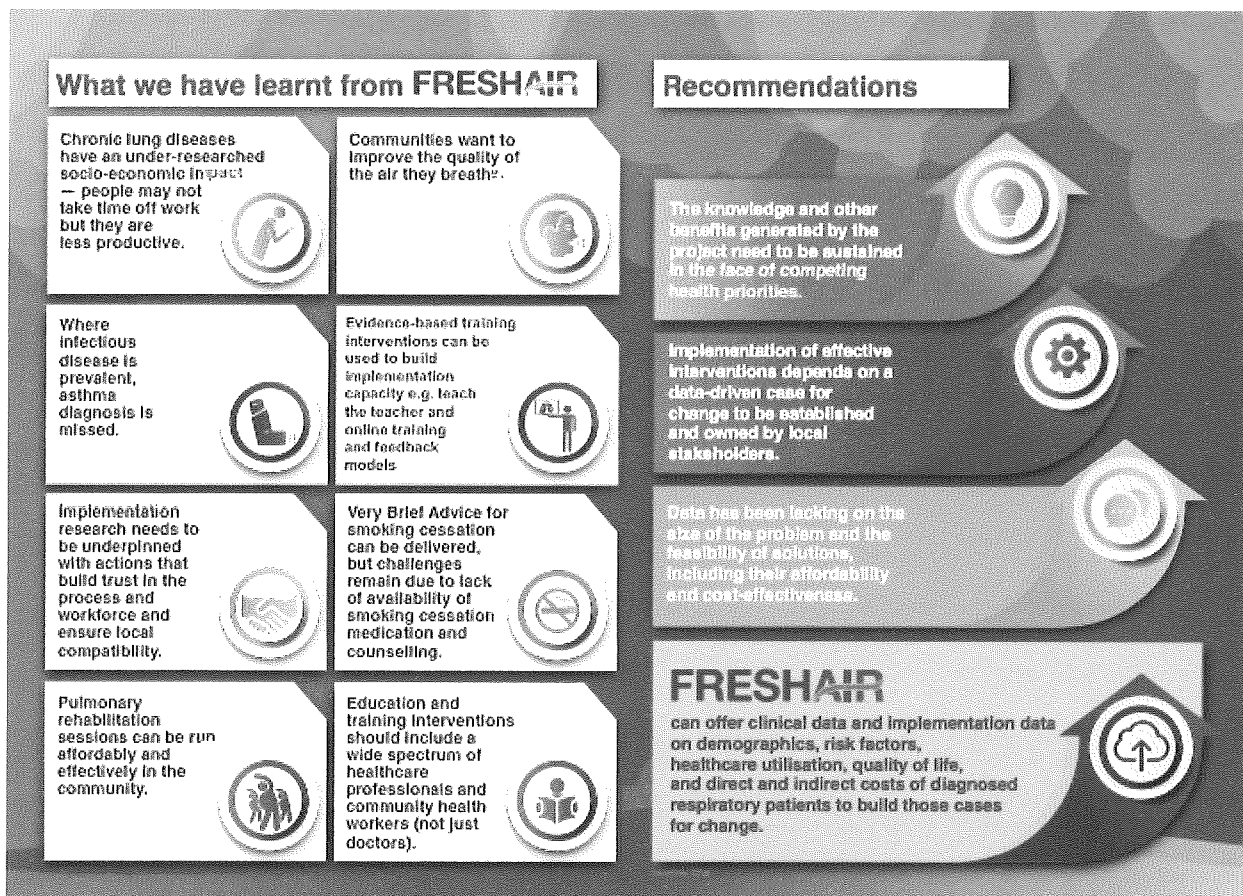
International Primary Care Respiratory Group

President's Foreword

For the year ended 31 December 2018

The last year, 2018, has seen a continued expansion of the IPCRG's role and influence internationally and reassuring improvements in IPCRG's financial position and sustainability. In July the Board of directors set a new vision for the charity, aligned to the World Health Organization goals: a global population breathing and feeling well through universal access to right care. We continue to progress towards this by working locally in primary care and collaborating globally because we understand the power of co-creating local solutions that add value to clinical care, to patient and public experience, and to funders.

2018 highlights include our 9th World Conference, attracting over 1,000 delegates from 49 countries; the successful completion of the Horizon 2020-funded FRESH AIR programme (see the infographic here); the launch and growth of our social movement for Asthma Right care, and two Teach the Teacher programmes to build teaching capacity; one on personalising care in Kyrgyzstan as part of our first Euro-Asian conference, and one on treating tobacco dependence in four Eastern European countries. We also continued to publish highly practical guidance that builds on the evidence and experience of family doctors, nurses, pharmacists and patients such as our work on personalisation of care. This engagement of all members of the primary care team and patients is a growing feature of our work and shows real promise for the future. Finally, through collaborations with several UK universities, funded by the UK National Institute for Health Research, eleven IPCRG member low and middle income countries are now on a pathway to build primary care research capacity so that they can inform national respiratory policy using locally-generated reliable findings.



International Primary Care Respiratory Group

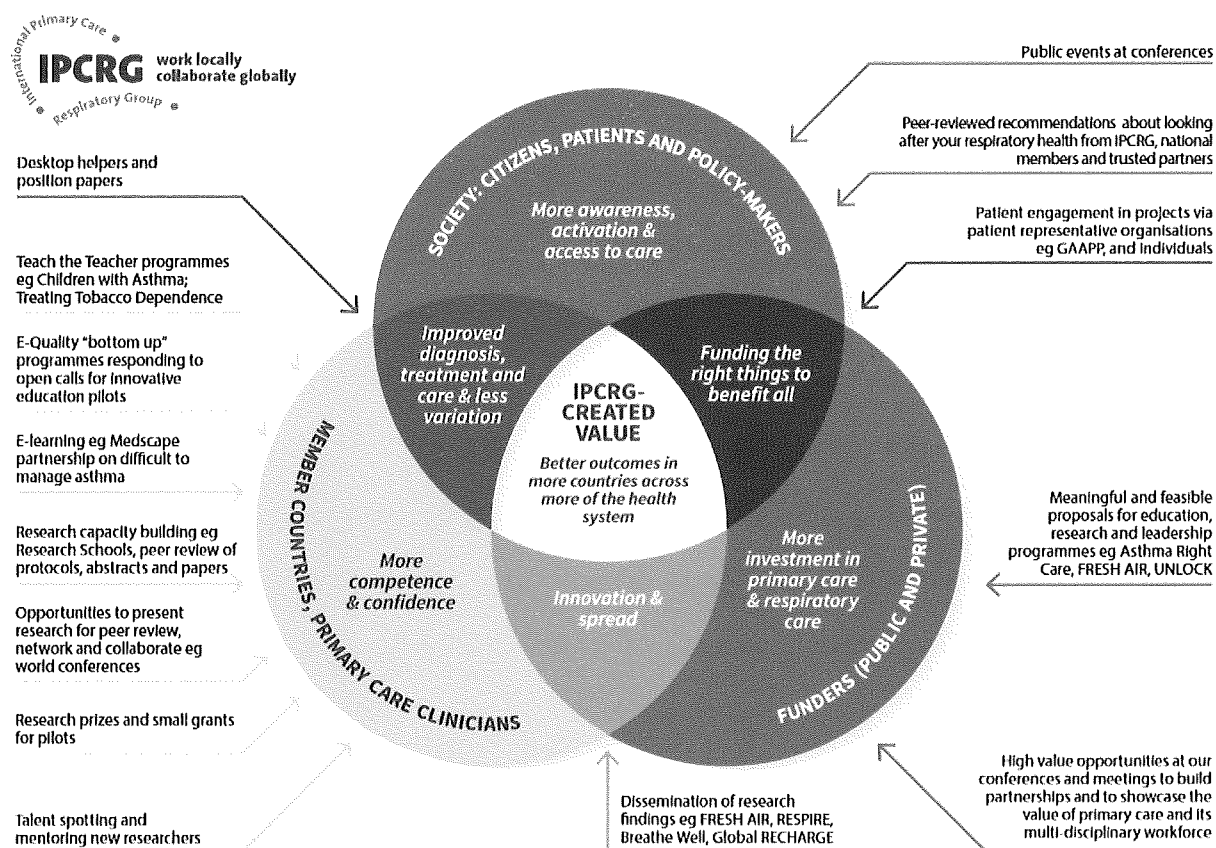
President's Foreword

For the year ended 31 December 2018

This report for 2018 shows how we meet our four strategic goals to deliver value, and our plans to scale up our activity over the next three years. We:

1. Create value for our country members (organisations and individual clinicians) by improving their confidence and competence, promoting good clinical primary care practice
2. Create value for society by raising awareness of respiratory health amongst citizens and policy-makers and influencing the availability of good quality respiratory care in their community
3. Create value for our funders by increasing the accuracy of diagnosis, reducing the variation in care and improving outcomes
4. Run an efficient organisation with effective cost control and create additional value from income-generation programmes to allow the organisation to invest in infrastructure and projects for which fundraising is more challenging.

These are summarised at-a-glance below and elaborated in detail in the report.



www.ipcrg.org/desktophelpers
www.ipcrg.org/asthmarightcare
www.ipcrg.org/difficultasthma

www.ipcrg.org/PR
www.ipcrg.org/freshair
www/ipcrg.org/personalisation

www.ipcrg.org/bucharest2018
www.ipcrg.org/dublin2020

I commend this report to you, and urge you to join our network to help us achieve our vision!

Ioanna Tsiligianni
President
March 2019

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

The directors submit their report and the audited accounts of the charitable company for the year ended 31 December 2018.

Legal and administrative information set out on page 15 to 16 forms part of this report. The accounts comply with current statutory requirements, the Memorandum and Articles of Association and the Charities SORP (FRS 102).

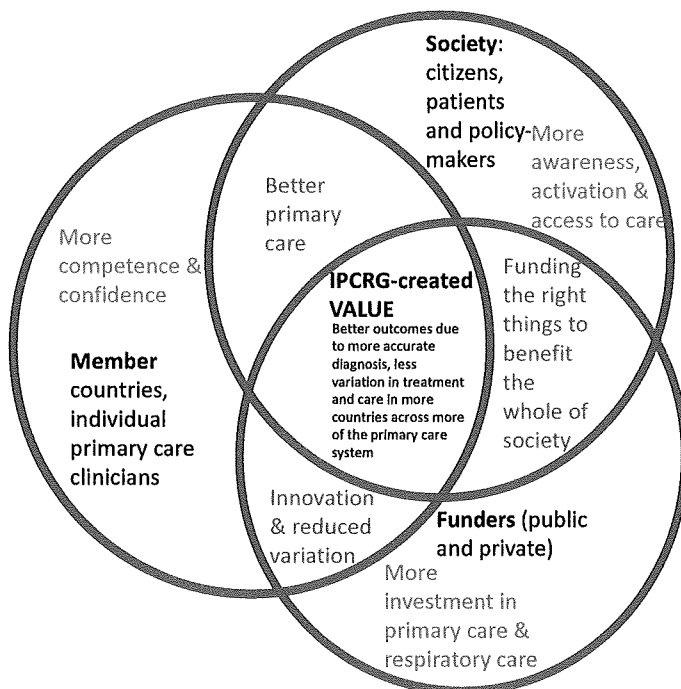
Objectives and activities

The formal mission of the International Primary Care Respiratory Group (IPCRG) agreed with the Office for Scottish Charities 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."

The charity's newly formed **vision** is of a **global population "Breathing and feeling well through universal access to right care"** and it aims to do that by working locally in primary care and collaborating globally to improve respiratory health. It believes that universal access to good quality care can only be achieved through improving access to primary care and universal access to good quality respiratory care can only be achieved if primary care is equipped with the confidence and competence to diagnose and treat people with respiratory problems in the communities where they live and work. IPCRG is the only international primary care respiratory organisation, and the only international primary care organisation with a respiratory research and education mission.

It is both an organisation of organisations and a global community of practice that shows how primary care can contribute to improved public health.

The IPCRG has four inter-connected strategic objectives to create value for our stakeholders.



International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

We:

1. Create value for our country members (organisations and individual clinicians) by improving their confidence and competence, promoting good clinical primary care practice
2. Create value for society by raising awareness of respiratory health amongst citizens and policy-makers and influencing the availability of good quality respiratory care in their community
3. Create value for our funders by increasing the accuracy of diagnosis, reducing the variation in care and improving outcomes
4. Run an efficient organisation with effective cost control and create additional value from income-generation programmes to allow the organisation to invest in infrastructures and projects for which fundraising is more challenging.

We define family physicians and other primary care professionals as neighborhood-based expert generalists skilled at:

- Dealing compassionately with patients
- Providing person-centred care by relating to patients as individuals
- Using problem-solving to help patients through uncertainty and marginalizing danger without medicalizing normality
- Using a collaborative approach to manage co-morbidity and coordinating complex care
- Understanding and utilizing the physical environment of practice populations and the interrelationships between health and social care
- Offering a holistic approach by understanding and respecting patients' values, cultures and family beliefs, and how these will affect the experience and management of illness and health

[adapted from Michelle Drage, 2016]

Achievements and performance 2018

1. **Create value for our country members (organisations and individual clinicians) by improving their confidence and competence promoting good clinical primary care practice**

This strategic objective has been approached in three ways:

- a. **Raising the profile of primary care**, demonstrating how good quality primary care adds value to respiratory health through its frontline and person-centred holistic approach
- b. **Framing the problems of delivering respiratory health from a global primary care perspective** to enable solutions to be generated by our network and others.
- c. **Providing opportunities** for personal and organisational improvement in research, education and leadership

a. **Raising the profile of primary care**

As the only primary care representative on the Planning Executive of the World Health Organization-Global Alliance, against chronic Respiratory Diseases (WHO-GARD) we have continued to advocate for the role of primary care at a global level. The 1st IPCRG Euro-Asian conference in Kyrgyzstan in October was hosted by the Ministry of Health, and subsequently IPCRG has provided it with advice on behalf of the IPCRG and the FRESH AIR consortium about the priorities for investment to improve respiratory health. Fundamentally, it advises on investment in the primary care workforce. As the primary care representative in three UK National Institute of Health Research (NIHR) research programmes (RESPIRE, Breathe Well and RECHARGE) we have introduced and subsequently supported our members in 12 low and middle income countries to show why respiratory research requires primary care engagement. At a national level, many of our members have run awareness raising events such as World Asthma Day marches to demonstrate that primary care should be the first point of access for respiratory problems.

b. Framing the problems of delivering respiratory health from a global primary care perspective

IPCRG has submitted consultation responses to three World Health Organization (WHO) consultations: on the future of primary care, on the global air pollution and health agenda and to a Lancet Commission, coordinated by the World Health Organization and UNICEF, that aims to raise the profile of child health in the global public health agenda. Several board directors and sub-committee chairs have worked closely with colleagues from European Respiratory Society (ERS), European Forum for Research and Education in Allergy and Airway diseases (EUFOREA) to ensure that the questions raised by our statement of Research Needs is addressed. The Chair of our Education Committee, Prof Hilary Pinnock presented the primary care perspective at the European Parliament and has just been elected as the first GP chair of the ERS main clinical assembly, Assembly 1. At a global summit on children with asthma hosted by GlaxoSmithKline (GSK), IPCRG represented the primary care voice, seeking answers to unresolved questions about diagnosing asthma in young children.

c. Providing opportunities for personal organizational improvement in research, education and leadership IPCRG ran two conferences in 2018: a world conference in Porto for over 1000 delegates from 49 low, middle and high income countries and the first Euro-Asian conference attracting 380 delegates from Kyrgyzstan, Kazakhstan, Uzbekistan and Tajikistan. At each, there were programmes specifically catering for the needs of the local delegates, as well as opportunities for the innovators and early adopters to network and learn about the latest research and public health leadership ideas. IPCRG bursaries were provided to support attendance by those who would otherwise be unable to attend given, in many countries, the low income levels of primary care doctors and even lower income levels of nurses and pharmacists. We ran 'Teach the Teacher' programmes in four countries in Eastern Europe to build teaching capacity. The topics were treating tobacco dependence and personalised care, but the teaching skills themselves are generic and will enable those countries to run evidence-based programmes of learning that may lead to changed practice. The programme in Kyrgyzstan, was developed in liaison with colleagues from the European Academy of Teachers in General Practice/ Family Medicine (EURACT). We were unsuccessful in a bid to fund a network for early career researchers and clinicians that would have significantly strengthened the opportunities we could offer members, particularly in countries where there are few academic departments of general practice, and few funding opportunities for clinicians to allocate dedicated time to develop research that exploits their primary care knowledge and experience. We are now seeking alternative ways to build primary care research capacity. We do now have some excellent role models from Vietnam, Malaysia, Kyrgyzstan, Greece, Bangladesh and India where IPCRG colleagues have now embarked on PhD and Masters programmes due to opportunities opened up by IPCRG with universities in Leiden, Heraklion, Edinburgh, Groningen and Leicester.

We have provided practical tools to enable clinicians to improve their care such as desktop helpers (www.ipcrg.org/desktophelpers) and position papers. These are well-received and translated and adapted for use by our members. In 2018 we published Personalised care: adults with asthma, funded by a grant from GSK, Improving care for women with COPD: guidance for primary care funded by Novartis, and two policy position papers: Making the Case for Personalised Care for Adults with Asthma funded by a grant from GSK and Pulmonary Rehabilitation (PR) helps people breathe better, feel good, and do more: Why you should invest in PR for your population, funded by a grant from Boehringer Ingelheim.

We successfully negotiated a partnership arrangement with Medscape, that will commence in 2019, to produce an e-learning resource on difficult to manage asthma. This is part of our implementation of our education strategy which includes a commitment to explore the value of online learning.

In addition, as part of NIHR RESPIRE we have explored the potential for a Massive Open Online Course (MOOC) on the recognition, diagnosis and management of chronic respiratory disease in low and middle income countries, subject to funding.

We have also facilitated links directly between members so that they can exchange knowledge through FRESH AIR but also by encouraging same-language connections eg between GRESP Portugal and Brazil and between GRAP and colleagues in Spanish-speaking Latin America.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

2. Create value for society by raising awareness of respiratory health amongst citizens and policy-makers and influencing the availability of good quality respiratory care

This strategic objective has been approached in three ways:

- a. **Improve awareness amongst citizens and patients** about the risk factors of, and primary care solutions to, poor respiratory health by generating evidence about risk factors and practical affordable solutions
- b. **Influence the quality and availability of respiratory care delivered by primary care** practitioners by improving the confidence and competence and connectedness of our members and networks.
- c. **Motivate more primary care to take an interest in good quality respiratory care** by offering role models, mentors and peer review

- a. **Improve awareness amongst citizens and patients** about the risk factors of, and primary care solutions to, poor respiratory health by generating evidence about risk factors and practical affordable solutions

Awareness raising of the main risks to respiratory health has been a core activity of our FRESH AIR programme, including the programme in four countries funded by a research grant from European Union's Horizon 2020 research and innovation programme, but also including related FRESH AIR projects in Turkey and Nepal. As dissemination partner of the Horizon 2020 programme we have published newsletters and guides for the public on the harms of smoke to lungs and breathing. These have been translated into relevant local languages. We have collaborated with the European Lung Foundation (ELF) to extend their Healthy Lungs for Life programme, including, for example, awareness raising activities in public spaces in Bishkek, just before our 1st Euro-Asian Conference.

Hand in hand with increasing awareness about risks is offering affordable solutions to reduce that risk. Through IPCRG's investment in the bid to Horizon 2020, we have been able to connect our country members with other investors, such as the World Bank and Global Alliance for Clean Cookstoves. We have made a voluntary commitment to the WHO/UN Environment BreatheLife campaign. This will constitute a core part of the implementation of the global air pollution and health agenda promoted by WHO and the collaborating partners through international resolutions and action. All three NIHR Global Health projects are researching how best implement and spread non-pharmacological programmes for breathlessness including physical activity and self-management education. The founder of our Bangladesh group is now undertaking a PhD at the University of Edinburgh in Pulmonary Rehabilitation as a result of our introductions and support. The prize-winners of our 2015 research school in Singapore completed the research they funded and are now also embarking on PhDs at the University of Edinburgh. These are exploring Malaysian population health beliefs about asthma in order to develop appropriate educational interventions.

We continue to make the case for investment in treating tobacco dependence and the availability of smoking cessation medicines. We have agreed with our new partner, Federation of International Pharmaceutical Societies (FIP) as well as the Finnish Public Health Association (FILHA) that this is an area of common advocacy interest. In particular, the availability of cytisine, an effective and affordable medicine that is not available outside eastern Europe.

Our Asthma Right Care programme, supported by grants from AstraZeneca, engaged many people with asthma in four countries in 2018, to talk about the over-reliance on a medicine, salbutamol, that should be kept for emergency asthma situations. A range of innovative "communication starters" has triggered substantial debate and discussion about the reasons and the alternatives.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

- b. Influence the quality and availability of respiratory care delivered by primary care practitioners by improving the confidence and competence and connectedness of our members and networks.**

In addition to the activities listed under our first strategic objective, we have spread our activity to more non-respiratory interested primary care practitioners through participation in meetings hosted by WONCA (The World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians). As the special interest group on respiratory care for WONCA Europe we led workshop programmes at their annual meeting attended by over 2000 family physicians. For the first time we also led programmes at the WONCA Asia Pacific meeting in Seoul. Applications have already been accepted for a repeat in 2019. We also work closely with colleagues in secondary care with the same commitment to improving primary care through an exchange of teaching, learning and research. Our Expert Research Faculty and our Individual Associate Members are drawn from primary care, secondary care and academia.

- c. Motivate more primary care to take an interest in good quality respiratory care by offering role models, mentors and peer review.**

Career researchers go where the funding is. Respiratory care typically receives less funding than other non-communicable disease, and so we lose researchers to other better-funded research areas. Equally, there is often more awareness raising, more investment in education, more availability of drugs and more incentives to diagnose in other non-communicable diseases and infection. Therefore it is critical that IPCRG invests in making the field of primary care respiratory medicine attractive. Over the last year we have involved at least 100 members of our network in peer reviewing abstracts, offering moral and technical support, highlighting areas of excellent practice and showcasing these in newsletters and developed plans for 2020 that go further in engaging members of our network in planning our conferences. In the last quarter the Board made the decision to actively seek more engagement of pharmacists, nurses and patients, and has begun to explore how best to develop networks, building on the success of Asthma Right Care in engaging community pharmacists.

In the last quarter of 2018 we also provided two keynote speakers for the national meeting of our China group, CARDPC that attracted several thousand delegates. Family medicine was only introduced as a separate discipline in medical teaching in 2011 and therefore there is a need to provide role models and mentors. This was our first step in this process. Meanwhile we continued to work with CARDPC to plan for the 1st IPCRG International (China) Conference in 2020.

- 3. Create value for our funders by increasing the accuracy of diagnosis, reducing the variation in care and improving outcomes**

This strategic objective has been driven forward by focusing on two outcomes:

- a. **Increase accuracy and comprehensiveness of diagnosis** of respiratory symptoms in primary care globally
- b. **Reduce unwarranted variation in treatment and care** between countries and between practitioners by reaching more practitioners, in more countries and affecting their actions with our education and information

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

a. Increase accuracy and comprehensiveness of diagnosis of respiratory symptoms in primary care globally

The theme of our 9th World Conference was value: improving health outcomes at an affordable cost. Key to that is ensuring that people receive an accurate and timely diagnosis so that they can understand what is causing their symptoms and how to manage it with the interventions available to them in their country. It also requires good communication from their clinician so that they accept the diagnosis and therefore agree the treatment plan. Nearly 50% of the questions in our statement of research needs are about diagnosis in primary care. Therefore we continue to seek ways to help our community. We continued to support the E-Quality programme in Sri Lanka that has rolled-out nationwide Spirometry 360, a distance learning and mentoring programme for spirometry in partnership with the University of Washington. This programme was also translated and adapted in all four of the FRESH AIR countries funded by the Horizon 2020 programme. We published guidance for policy-makers, clinicians and patients on how to personalise care, based on our network's experience blended with the evidence on shared-decision making and personalization. This was funded by GSK. We collaborated with clinicians globally to set the agenda for improving care for children with asthma. Diagnosis in young children remains a significant challenge, as shown in the FRESH AIR programme, and this will therefore be taken forward in a Teach the Teacher programme in 2019, that was kicked off in the last quarter of 2018.

Reduce unwarranted variation in treatment and care between countries and between practitioners
There is substantial variation in respiratory treatment and care that is not warranted by disease differences; that is, it is about clinical behaviour, not patient need. IPCRG aims to influence clinical behaviour to reduce that variation and improve the quality of care globally. In 2018 we worked on the FRESH AIR programme that was testing the feasibility of implementing evidence-based interventions that work in high income countries in low income settings. At the end of 2018 we were able to report to the European Union that it is feasible and acceptable to implement pulmonary rehabilitation and treatment for tobacco dependence in these settings. We continue to build capacity of our network in Eastern Europe, with Global Bridges funding, to treat tobacco dependence. Our involvement in the NIHR-funded programmes RESPIRE, Global RECHARGE and Breathe Well is enabling pulmonary rehabilitation and smoking cessation in primary care to be tested in additional countries in our network.

Asthma Right Care, funded from a grant from AstraZeneca, has used an innovative social movement approach to build awareness of the variation in care for people with asthma between individual clinicians. Our model is to spread this programme by reaching more parts of the health care system, in more geographies and affecting their actions with our education and information. In 2018 we co-created the programme in four countries, and set up sub-groups of pharmacists and patients. This has led to a new partnership with the Federation of International Pharmaceutical Societies and stronger relations with patient organisations such as the Global Asthma and Allergy Patient Platform (GAAPP). We presented the programme at WHO-GARD and at the Union conference to reach other countries and other audiences and secured funding to increase the spread in 2019.

We have evaluated all programmes thoroughly so that we can demonstrate return on investment to funders.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

4. **Run an efficient organisation with effective cost control and create additional value from income generation programmes to allow the organisation to invest in infrastructures and projects for which fundraising is more challenging**

As a charity, the IPCRG has chosen to focus its attention increasingly where it can make the biggest impact: where the largest populations at risk of respiratory ill health and death live. These are in low and middle income countries. However, low and middle income countries have fewer public funds available for healthcare than high income countries and many competing priorities for these reduced funds. In addition, these are often countries where the private sector is also less active. Therefore the directors seek to fundraise to offer funds that our members in these countries cannot raise. This requires IPCRG to find ways to raise funds for its own infrastructure including governance, fundraising, network development; and also for small incentives ranging from conference bursaries, research prizes, discounts for article submission charges, taking expert faculty to countries that cannot afford to invite them; and offering research and educational programmes.

In 2018 we ran a successful conference programme and were able to replenish our conference bursary funds that supports clinicians and early career researchers to attend our meetings. We were also permitted to allocate funds from the closure of the European COPD Coalition, one of the Horizon FRESH AIR collaboration to our 1st Euro-Asian meeting in Kyrgyzstan; this supported the expenses of our international faculty. We applied to two programmes to support the extension of such programmes but were unsuccessful. We continued to control costs, particularly travel and accommodation expenses for our 9th World Conference, which led to a strong financial performance after a loss-making 8th world conference.

Two Associate Corporate Members also supported us in 2018: Boehringer Ingelheim, and Vitalograph, which enabled us to maintain and spread our network. We had one new member join in 2018, Montenegro, and also began conversations with several more including Mexico, Uganda and Nepal.

The IPCRG Chief Executive continued to participate in the Joint Management committee of Nature Partner Journals (npj) Primary Care Respiratory Medicine to guide its development and marketing in support of IPCG's community.

Board and its sub-committees

Two longstanding directors stood down in May: our Treasurer, Ms Kristine Whorlow and past President Dr Ron Tomlins. Assistant Prof Ioanna Tsiligianni took over as President, Dr Janwillem Kocks was elected as President Elect and Michael Barron as Treasurer. Three directors were co-opted to add their expertise. Therefore for the second half of the year the Board had six members. The Board has three sub-committees with delegated authority for specific functions: governance and finance, education and research. Membership of all three was reviewed and refreshed in 2018.

Plans for future periods

Directors met in July 2018 to review the charity's strategy and agreed a new vision: **Breathing and feeling well through universal access to right care.** That is, it should support the World Health Organization's campaign for universal health coverage, agreeing that this can only be achieved through primary care, and only if that care is "right". Right respiratory care improves breathing and quality of life and is delivered to the right person at the right time in the right place in the right way: nothing more and nothing less. Directors acknowledged that there is a substantial body of evidence about right respiratory care, and therefore the priority is to ensure primary care globally is sufficiently informed and educated to deliver it. Education to be adapted and delivered locally in the places where people live and work, collaborating with the global IPCRG network to ensure best practice is known and implemented. However, there is still a need to research how to implement interventions locally to ensure they remain sufficiently faithful to the original design to be considered the same quality, but adapted to fit local health beliefs, workforce arrangements, language and culture.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

Strengths and opportunities

The IPCRG is a clinically-led organisation with a robust track record demonstrating how primary care can detect and improve the respiratory 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 31 national primary care respiratory organisations adding new countries each year. Through our network we directly reach at least 150,000 practising primary care clinicians who then share with their colleagues.

Core programmes include world and regional conferences, Teach the Teacher programmes and research capacity building as well as advocacy for the importance of investment in primary care. There is scope to look at how m-health and e-health can be an adjunct to care, by informing and supporting primary care globally; particularly where there are workforce shortages, eg in rural areas. There is also scope to join forces with other organisations wanting to understand and alter the impact of indoor and outdoor air pollution on respiratory health.

Discussions with the global movement Nursing Now offer opportunities to include more nurses in the IPCRG's activities as 50% of the global workforce are nurses, and, in the Euro-Asian region we uncovered significant interest in nurses for FRESH AIR.

Challenges

The principal risk and uncertainty facing the IPCRG is its type of funding, which is, with the end of the Horizon 2020 funding, grants from the pharmaceutical industry or foundations. This carries risk because it is dependent on an annual decision-making cycle of the industry and swings in the priority accorded to primary care. The Board commissioned a review of potential additional sources of funding in the autumn of 2018 and will continue to see which best align with its activity plans for 2019-20 and beyond.

Additional challenges include the need to work in multiple languages because English is not the universal language of primary care. Translation is straightforward, and our members excel at adapting materials to their local needs. However, interpretation for research collaborations and conferences remains a logistical and financial challenge if we want to avoid excluding members who are not comfortable working in English.

Succession planning in a charity is always challenging, but to date the Board and its sub-committees and projects have been able to recruit a high calibre of members. This is due in part to the collaborative non-hierarchical culture of the organisation, its inclusiveness, its role in raising the profile and respect for primary care and in the research and education opportunities it has offered. We have expanded the opportunities for participation in the sub-committees, for example four early career researchers are now on the Research sub-committee. This increases the pool of candidates with experience of IPCRG committees who may succeed to Board roles.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

Plans 2019-2021

Over the next three years our priorities are as follows.

1. **Create value for our country members (organisations and individual clinicians) by improving their confidence and competence promoting good clinical primary care practice**
 - a. *Raise the profile of primary care*
 - i. Continue to campaign for investment in primary care to deliver respiratory care at an international level including through WHO-GARD engagement and other partnerships
 - ii. Produce resources to support our members to make this case at a national level
 - iii. Prioritise 2-3 countries where there is a need to demonstrate how primary care adds value and develop appropriate programmes
 - b. *Frame the problems of delivering respiratory health from a global primary care perspective*
 - i. Produce a new statement of prioritised research needs that takes account of the progress made since 2012 and the perspectives of more parts of the system including patient voices, pharmacists, nurses, and environmentalists
 - ii. Influence investment in those prioritised research needs
 - c. *Provide opportunities*
 - i. Run inclusive conferences that provide opportunities for research collaboration, learning and personal development including 6th IPCRG Scientific Meeting, Bucharest May 2019; 10th IPCRG World Conference, Dublin May 2020; 1st IPCRG International (China) conference October 2020; 7th IPCRG Scientific Meeting May 2021.
 - ii. Build a larger cohort of trusted teachers to enable expansion of the IPCRG Teach the Teacher programme including through the Children with Asthma programme
 - iii. Expand the Asthma Right Care programme to more geographies, more parts of the healthcare system, and to a behavioural level.
2. **Create value for society by raising awareness of respiratory health amongst citizens and policy-makers and influencing the availability of good quality respiratory care**
 - a. *Improve awareness amongst citizens and patients*
 - i. Provide more exposure to existing materials that our members could use to inform citizens, patients and policy-makers
 - ii. Revise the website to make it easier to find good quality information
 - iii. Identify and fill any gaps in information eg a Massive Open Online Course (MOOC) on the recognition, diagnosis and management of respiratory problems in low income settings and evaluate the impact of such approaches
 - b. *Influence the quality and availability of respiratory care delivered by primary care*
 - i. *Achieve objective 1.*
 - c. *Motivate more primary care to take an interest in good quality respiratory care*
 - i. Run educational sessions about best practice at WONCA World and regional meetings to reach non-respiratory interested clinicians and teachers
 - ii. Find ways to hold early career researchers in the respiratory field by offering funded research opportunities in collaboration with other partners

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

Plans 2019-2021 (continued)

3. **Create value for our funders by increasing the accuracy of diagnosis, reducing the variation in care and improving outcomes**
 - a. *Increase accuracy and comprehensiveness of diagnosis*
 - i. Explore the link between the diagnosis and communication of the diagnosis to patient adherence to asthma treatments.
 - ii. Continue to develop ways to improve diagnosis in primary care settings including questionnaires, algorithms and history taking
 - iii. Provide excellent input into the development of e-learning resources on difficult to manage asthma in partnership with Medscape and review its impact
 - b. *Reduce unwarranted variation in treatment and care*
 - i. Explore innovative ways to disseminate research and project findings eg animation, open webinars, translation

4. **Run an efficient organisation with effective cost control and create additional value from income-generation programmes to allow the organisation to invest in infrastructures and projects for which fundraising is more challenging**
 - a. Control costs
 - b. Ensure all projects contribute to overheads
 - c. Develop and review the fundraising strategy
 - d. Build membership in new countries
 - e. Build collaborations with new partners to create strong groups able to bid successfully for funding
 - f. Actively identify and nurture new talent for the Board, sub-committees and projects

Financial review

During 2018 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 2018 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 loss of £4,341 (2017: gain £8,391), the net movements in funds for the year is a net income of £24,381 (2017: £312,449). If the detailed profit and loss figures are reviewed, the causes of that movement become apparent.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

Reserves

The reserves 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 2018 general funds, being the unrestricted free reserves of the charitable company, were £587,111 (2017: reclassified £526,367), meeting the requirements of the reserves policy. At 31 December 2018 restricted funds were in deficit of £3,784 (2017: reclassified £55,179).

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. At the AGM in May 2018 the Memorandum and Articles were amended to remove the position of Immediate Past President from the officers of the Board, although individual past presidents may still be co-opted as directors. For 2018 from May this comprised 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 Treasurer of the Company; and
- up to five persons co-opted by the Directors

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

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 2018 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 2018 these sub-committees were Governance and Finance, Education, Research, and Conferences. Directors agreed contracts with a number of individuals to provide management services to the IPCRG: Chief Executive Officer, Siân Williams, to fundraise, provide strategic consultancy, manage relationships with members and partners and manage contracts; Business Manager, Samantha Louw, Communications Assistant and Project Support, Nicola Connor; Education Coordinator, Juliet McDonnell; Conference Director, Christine Lawson, and Research Coordinator, Liza Cragg.

Directors

The directors of the charitable company during the year ended 31 December 2018 are noted on page 16.

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 and Malaysia, face-to-face training is not normally an option; therefore additional discussions about the role are maintained by email and telephone. However, a strategy meeting was funded in July 2018.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

Ordinary members

The following 31 organisations were ordinary members in 2018 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
Montenegro, Family Medicine Development Society of Montenegro, Respiratory Group (FMDSM)*
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 2018 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 2018

Administrative details

Directors

President to end May 2018: Associate Professor Jaime Correia de Sousa, Family Physician, Porto, Portugal, Community Health, School of Medicine, University of Minho (resigned 2 July 2019)

President from June 2018

Dr Ioanna Tsiligianni, Assistant Professor, Health Planning Unit, Department of Social Medicine, Faculty of Medicine, University of Crete, Heraklion, General Practitioner, Crete, Greece

Treasurer to end May 2018: Ms Kristine Whorlow AM, Chief Executive Officer, National Asthma Council Australia

Treasurer from June 2018

Mr Michael Barron

Immediate Past President to end May 2018: Dr Ron Tomlins, General Practitioner and Adjunct Associate Professor, Discipline of General Practice, University of Sydney, Australia

President Elect to end May 2018: Dr Ioanna Tsiligianni, Assistant Professor, Health Planning Unit, Department of Social Medicine, Faculty of Medicine, University of Crete, Heraklion, General Practitioner, Crete, Greece

President Elect from June 2018

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

Co-optee to May 2018: Dr Janwillem Kocks, General Practitioner, Assistant Professor, Department of General Practice and elderly care, University Medical Center Groningen

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 to end May 2018: Dr Tan Tze Lee, The Edinburgh Clinic, Adjunct Assistant Professor & Visiting Consultant, Department of Medicine, National University Hospital, Singapore.

Co-optee from end May 2018

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

Co-optee from July 2019

Dr Noel Baxter, Portfolio GP, Past Chair of the Primary Care Respiratory Society in the UK

Secretary

Ms Kristine Whorlow AM to end May 2018, then Mr Michael Barron.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

Administrative details (continued)

Registered Company Number:	Registered Office	Auditor	Bankers	Solicitors
SC256268	4th Floor 115 George Street Edinburgh	Scott-Moncrieff Exchange Place 3 Semple Street Edinburgh EH3 8BL	Bank of Scotland plc Princes House 50 West Campbell Street Glasgow G2 6PZ	Morton Fraser Quartermile Two 2 Lister Square Edinburgh EH3 9GL
Registered Charity Number: SC035056	Midlothian EH2 4JN			

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.

International Primary Care Respiratory Group

Directors' Report

For the year ended 31 December 2018

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 23 September 2019



Director – Michael Barron

International Primary Care Respiratory Group
Independent Auditor's Report to the Members and Trustees
For the year ended 31 December 2018

Opinion

We have audited the financial statements of International Primary Care Respiratory Group (the charitable company) for the year ended 31 December 2018 which comprise the Statement of Financial Activities (incorporating the Income and Expenditure Account), the Balance Sheet, the Statement of Cash Flows, and 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 FRS 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 2018 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).

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 UK, including the FRC's Ethical Standard, and the provisions applicable for small entities, in the circumstances set out in note 18 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.

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 directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. 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.

International Primary Care Respiratory Group

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

For the year ended 31 December 2018

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 where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- adequate 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
- certain disclosures of trustees' 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 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 directors

As explained more fully in the directors' responsibilities Statement set out on page 17, 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 trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

International Primary Care Respiratory Group

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

For the year ended 31 December 2018

Auditor's responsibilities for the audit of the financial statements

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 the 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 Councils website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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. Our audit work has been undertaken so that we might state to the charitable company's members 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 and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

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**

Date: 23 September 2019

International Primary Care Respiratory Group

**Statement of Financial Activities and
Income and Expenditure Account**

For the year ended 31 December 2018

	Notes	Unrestricted funds £	Restricted funds £	Total 2018 £	Total 2017 £
Income and endowments from:					
Grant income		456,882	241,839	698,721	581,086
Charitable activities		38,473	-	38,473	64,671
Total		<u>495,355</u>	<u>241,839</u>	<u>737,194</u>	<u>645,757</u>
Expenditure on:					
Raising funds	3	1,417	5,436	6,853	13,795
Charitable activities:					
- Membership services	4	42,447	-	42,447	29,830
- Education	4	352,291	274,545	626,836	289,141
- Research	4	11,515	20,821	32,336	21,198
Other – VAT recovered		-	-	-	(12,265)
Total		<u>407,670</u>	<u>300,802</u>	<u>701,472</u>	<u>341,699</u>
Net income/(expenditure)		87,685	(58,963)	28,722	304,058
Other recognised (losses)/gains:					
(Loss)/gain on currency conversion		(4,341)	-	(4,341)	8,391
Net movements in funds	9	83,344	(58,963)	24,381	312,449
Reconciliation of funds:					
Total funds brought forward (reclassified)		692,273	55,179	747,452	435,003
Total funds carried forward		<u>775,617</u>	<u>(3,784)</u>	<u>771,833</u>	<u>747,452</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 25 to 38 form part of these financial statements

International Primary Care Respiratory Group

Balance Sheet

As at 31 December 2018

	Notes	2018 £	2017 (reclassified) £
Current assets			
Debtors	10	121,780	53,341
Cash at bank and in hand		721,885	748,179
		<hr/>	<hr/>
		843,665	801,520
Current liabilities			
Creditors: Amounts falling due within one year	11	(71,832)	(54,068)
		<hr/>	<hr/>
Net assets		<u>771,833</u>	<u>747,452</u>
 Funds			
Restricted funds	13	(3,784)	55,179
Unrestricted funds:			
- General reserve	13	587,111	526,367
- Designated funds	13	188,506	165,906
		<hr/>	<hr/>
		<u>771,833</u>	<u>747,452</u>

These accounts have been prepared in accordance with the provisions applicable to companies subject to small companies' regime.

The financial statements were authorised for issue by the directors on 23 September 2019 and signed on their behalf by:



Director – Michael Barron

Company number: SC256268

The notes on pages 25 to 38 form part of these financial statements

International Primary Care Respiratory Group

Statement of cash flows

As at 31 December 2018

	Notes	2018 £	2017 £
Cash flows from operating activities:			
Net cash (used by)/provided by operating activities	15	(21,953)	277,805
Change in cash in the reporting period		(21,953)	277,805
Cash at the beginning of the period		748,179	461,983
Change in cash due to exchange rate movements		(4,341)	8,391
Cash at the end of the reporting period		<u>721,885</u>	<u>748,179</u>

The notes on pages 25 to 38 form part of these financial statements

International Primary Care Respiratory Group

Notes to the Financial Statements

For the year ended 31 December 2018

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), (as amended by Update Bulletin 1), 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 meet at least quarterly and at those meetings review a rolling cash flow forecast for the charitable company for the 12 months following the meeting as well as carefully considering the charitable company's cash reserves at that time including cash reserves held against unforeseen events and other contingencies. On that basis 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

- **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.
- **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.

International Primary Care Respiratory Group

Notes to the Financial Statements - continued

For the year ended 31 December 2018

1. Accounting policies – continued

(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.

(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.

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2018

1. Accounting policies – continued

(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.

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).

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2018

3. Raising funds

	Unrestricted funds £	Restricted funds £	Total 2018 £	Unrestricted funds £	Restricted funds £	Total 2017 £
Travel & accommodation	-	-	-	348	-	348
Secretariat	1,164	-	1,164	1,184	-	1,184
Consultancy	253	5,436	5,689	930	11,333	12,263
	<u>1,417</u>	<u>5,436</u>	<u>6,853</u>	<u>2,462</u>	<u>11,333</u>	<u>13,795</u>

4. Charitable activities

	Membership services £	Education £	Research £	Total 2018 £
Executive officer	4,124	49,224	3,219	56,567
Secretariat	3,604	17,097	1,127	21,828
Website	1,169	8,671	-	9,840
Travel & accommodation	1,978	58,155	-	60,133
Project costs	-	19,253	-	19,253
Support costs (see note 5)	31,572	474,436	27,990	533,998
	<u>42,447</u>	<u>626,836</u>	<u>32,336</u>	<u>701,619</u>

	Membership services £	Education £	Research £	Total 2017 £
Executive officer	4,362	62,519	2,970	69,851
Secretariat	3,729	19,598	1,165	24,492
Website	3,291	1,111	-	4,402
Travel & accommodation	1,596	44,556	855	47,007
Project costs	-	12,231	4,900	17,131
Support costs (see note 5)	16,852	149,126	11,308	177,286
	<u>29,830</u>	<u>289,141</u>	<u>21,198</u>	<u>340,169</u>

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2018

5. Support costs

	Membership services £	Education £	Research £	Total 2018 £
Governance costs (see note 6)	26,918	26,918	26,918	80,754
Professional fees	-	121,464	-	121,464
Audit and accountancy	-	2,935	-	2,935
Meetings - travel, room hire and refreshments	-	187,684	859	188,543
Conference and meeting expenses	-	53,263	-	53,263
Subscriptions	2,481	903	-	3,384
Administrative expenses	191	12,780	175	13,146
Consultancy	-	26,884	-	26,884
Other	1,982	41,605	38	43,625
	<u>31,572</u>	<u>474,436</u>	<u>27,990</u>	<u>533,998</u>

	Membership services £	Education £	Research £	Total 2017 £
Governance costs (see note 6)	10,545	10,545	10,544	31,634
Professional fees	-	52,268	-	52,268
Audit and accountancy	-	6,289	-	6,289
Meetings - travel, room hire and refreshments	1,057	17,404	710	19,171
Conference and meeting expenses	-	34,121	-	34,121
Subscriptions	2,634	279	-	2,913
Administrative expenses	235	9,473	-	9,708
Consultancy	-	14,047	-	14,047
Other	2,381	4,700	54	7,135
	<u>16,852</u>	<u>149,126</u>	<u>11,308</u>	<u>177,286</u>

6. Governance costs

	2018 £	2017 £
Executive officer	24,169	7,158
Secretariat	3,011	2,331
Travel and accommodation	2,261	-
Executive Committee honoraria	31,984	9,494
Audit and accountancy	14,938	9,100
Legal and professional fees	1,642	990
Administrative expenses	2,749	2,561
	<u>80,754</u>	<u>31,634</u>

International Primary Care Respiratory Group
Notes to the Financial Statements – continued
For the year ended 31 December 2018

7. Employee benefit expenses

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

8. 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 £145,191 (2017: £151,465).

Dr Ioanna Tsiligianni, director, received honoraria totalling £8,334 (2017: £688) for her role in the charitable company's UNLOCK project in 2018, as allowed by the charitable company's article of association. At the year end £nil (2017: £nil) was outstanding.

A total of 9 (2017: 3) directors were reimbursed travel and subsistence expenses totaling £3,262 (2017: £1,086) in connection with undertaking the company's charitable activities.

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

	2018	2017
	£	£
Auditor's remuneration		
- audit fees	5,425	4,750
- non-audit fees	12,448	4,350
	<u>17,873</u>	<u>9,100</u>

10. Debtors

	2018	2017
	£	£
Trade debtors	83,439	53,341
Prepayments and accrued income	24,340	-
Other debtors	14,001	-
	<u>121,780</u>	<u>53,341</u>

International Primary Care Respiratory Group
Notes to the Financial Statements – continued
For the year ended 31 December 2018

11. Creditors

	2018	2017
	£	£
Trade creditors	5,977	17,133
Other creditors & accruals	33,772	4,107
Deferred income	32,083	32,828
	<u>71,832</u>	<u>54,068</u>

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

At 1 January 2018	32,828	31,315
2018 membership income released to income earned	(32,828)	(31,315)
2018 membership income deferred	32,083	32,828
	<u>32,083</u>	<u>32,828</u>
At 31 December 2018	<u>32,083</u>	<u>32,828</u>

12. Financial assets and liabilities

	2018	2017
	£	£
Financial assets at amortised cost	818,875	801,520
Financial liabilities at amortised cost – falling due within one year	(39,749)	(33,506)
	<u>818,875</u>	<u>801,520</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 2018

13. Funds

	At 1 January 2018 (reclassified) £	Income £	Expenditure £	Transfers £	Loss on currency conversion £	At 31 December 2018 £
General	526,367	495,195	(395,129)	(34,981)	(4,341)	587,111
Designated funds						
Future Conferences	100,000	-	-	-	-	100,000
Conference Bursary	33,836	-	(8,978)	-	-	24,858
Research	21,852	-	-	(232)	-	21,620
Education	5,474	160	(1,351)	-	-	4,283
ICT	626	-	(877)	251	-	-
E-quality	4,118	-	(1,335)	-	-	2,783
Portuguese Project	-	-	-	34,962	-	34,962
	<u>165,906</u>	<u>160</u>	<u>(12,541)</u>	<u>34,981</u>	<u>-</u>	<u>188,506</u>
Total unrestricted funds	692,273	495,355	(407,670)	-	(4,341)	775,617
Restricted funds						
UNLOCK	2,933	-	(2,933)	-	-	-
Global Bridges Project	41,870	-	(41,870)	-	-	-
FRESH AIR: Horizon 2020	(4,411)	17,735	(53,324)	-	-	(40,000)
Asthma Xchanges	3,919	4,017	(7,936)	-	-	-
Pulmonary Rehab	784	-	(784)	-	-	-
Personalisation in Asthma Care	33,376	515	(12,744)	-	-	21,147
RESPIRE	(3,172)	5,051	(3,640)	-	-	(1,761)
BREATHE WELL	(5,852)	29,894	(15,639)	-	-	8,403
Asthma Right Care	374	172,525	(147,056)	-	-	25,843
Improved Diagnosis	(8,096)	6,692	(3,782)	-	-	(5,186)
Paediatric Steering Committee	(6,546)	5,410	(7,390)	-	-	(8,526)
Teach the Teacher - Children with Asthma	-	-	(3,694)	-	-	(3,694)
NIHR Recharge	-	-	(10)	-	-	(10)
Total restricted funds	<u>55,179</u>	<u>241,839</u>	<u>(300,802)</u>	<u>-</u>	<u>-</u>	<u>(3,784)</u>
Total funds	<u><u>747,452</u></u>	<u><u>737,194</u></u>	<u><u>(708,472)</u></u>	<u><u>-</u></u>	<u><u>(4,341)</u></u>	<u><u>771,833</u></u>

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2018

13. Funds (continued)

	At 1 January 2017 (reclassified) £	Income (reclassified) £	Expenditure (reclassified) £	Transfers £	Gain on currency conversion £	At 31 December 2017 (reclassified) £
General	431,534	215,472	(119,572)	(9,458)	8,391	526,367
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
	<u>142,754</u>	<u>5,474</u>	<u>(11,780)</u>	<u>29,458</u>	<u>-</u>	<u>165,906</u>
Total unrestricted funds	574,288	220,946	(131,352)	20,000	8,391	692,273
Restricted funds						
UBIOPRED	(19,852)	22,102	(2,250)	-	-	-
UNLOCK	(882)	4,440	(625)	-	-	2,933
Global Bridges Project	(44,631)	156,815	(60,314)	(10,000)	-	41,870
FRESH AIR:						
Horizon 2020	(17,529)	63,434	(50,316)	-	-	(4,411)
Asthma Xchanges	(6,226)	30,588	(10,443)	(10,000)	-	3,919
Pulmonary Rehab	16,171	4,215	(19,602)	-	-	784
Personalisation in Asthma Care	(18,666)	70,127	(18,085)	-	-	33,376
RESPIRE	-	-	(3,172)	-	-	(3,172)
BREATHE WELL	-	-	(5,852)	-	-	(5,852)
Asthma Right Care	(47,060)	73,090	(25,046)	-	-	374
Improved Diagnosis	-	-	(8,096)	-	-	(8,096)
Paediatric Steering Committee	-	-	(6,546)	-	-	(6,546)
	<u>(139,285)</u>	<u>424,811</u>	<u>(210,347)</u>	<u>(20,000)</u>	<u>-</u>	<u>55,179</u>
Total restricted funds	(139,285)	424,811	(210,347)	(20,000)	-	55,179
Total funds	<u><u>435,003</u></u>	<u><u>645,757</u></u>	<u><u>(341,699)</u></u>	<u><u>-</u></u>	<u><u>8,391</u></u>	<u><u>747,452</u></u>

International Primary Care Respiratory Group
Notes to the Financial Statements – continued
For the year ended 31 December 2018

13. 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 reviewed its bursary programme for 2018, to integrate financial support for conference speakers, researchers and IPCRG committee members to enable the delivery of the IPCRG's strategic objectives.

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.

Portuguese Project: Hosts of our 2018 world conference, GRESP, have been allocated funds by IPCRG for a research project in recognition of their efforts in planning, promoting and delivering the conference.

Restricted funds

UBIOPRED: The IPCRG is one of 41 partners across Europe that participated in the U-BIOPRED study led by Dr Peter Sterk (Unbiased BIOMarkers used for PREDicting disease progression and medication efficacy in severe asthma) Our role has been in Ethics & Safety and Dissemination. We continue to work with the UBIOPRED Collaborative to look for new opportunities to continue the programme that formally ended in 2017.

UNLOCK: The IPCRG coordinates a programme that aims to compare and contrast routinely collected data from 15 countries. We published a paper on our findings in 2018. However as universities and dedicated businesses become more involved in big data analysis, so IPCRG's role has changed to interpret and comment on the analyses produced by others and to encourage the setting up of datasets in new countries. <https://www.theipcr.org/display/RESUNL/About+the+UNLOCK+Group>.

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 Horizon 2020: IPCRG are partners in a three-year research programme funded under the Horizon 2020 Framework that ended at the end of 2018 although publications and dissemination activity is ongoing. The fund is in deficit at the year end, as the final grant receipt is due in 2019.

Asthma Xchanges: IPCRG provided 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. The products have now been handed to a different agency, and we await instruction about how to access and distribute them.

International Primary Care Respiratory Group
Notes to the Financial Statements – continued
For the year ended 31 December 2018

13. Funds (continued)

Pulmonary Rehab: This supported 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 was funded through a restricted grant from Boehringer Ingelheim; some funding remains for further translation and dissemination.

Personalisation in Asthma Care: This fund supported the development of educational and policy resources on the topic of delivering personalised care for adults with asthma. It was funded through a restricted grant from GlaxoSmithKline and will complete in early 2019 with the release of an animation.

RESPIRE: This fund will enable IPCRG to co-lead stakeholder engagement in 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.

Breathe Well: This fund will enable IPCRG to lead the dissemination activity of a research capacity building programme in China, Republic of North 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.

Asthma Right Care: The IPCRG is leading a social movement approach to raising awareness about the right care for people with mild asthma, starting with the over-reliance on short-acting beta2-agonists in asthma management and is funded by AstraZeneca.

Improved diagnosis: A project to scope out how to improve diagnosis in primary care. Funds are in deficit due to a timing difference, income is expected to be received in the next year.

Teach the Teacher - Children with Asthma: This is a pilot programme of our 3-tier Teach the Teacher programme focused on improving diagnosis and management of children with asthma. As well as our IPCRG international master faculty, we are working with our teams in Malaysia, Singapore, Spain and the USA. Funded by an education grant from GSK. Funds are in deficit due to a timing difference, income is expected to be received in the next year.

Paediatric Steering Committee: IPCRG is a member of a global steering committee developing a global charter for children with asthma. Activity in 2018 included preparation for and engagement in a summit meeting in the autumn. Funded by GSK. Funds are in deficit due to a timing difference, income is expected to be received in the next year.

NIHR- Global RECHARGE: A third NIHR-funded three-year global health project has started, focused on implementation of pulmonary rehabilitation, with IPCRG playing a critical role in introducing our members to the University of Leicester team, and in supporting dissemination. IPCRG activity will start in 2019. Funds are in deficit due to a timing difference, income is expected to be received in the next year.

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2018

14. Analysis of net assets between funds

	General fund £	Designated funds £	Restricted funds £	Total funds £
Debtors	121,780	-	-	121,780
Cash and bank	533,379	188,506	-	721,885
Current liabilities	(68,048)	-	(3,784)	(71,832)
Net assets at 31 December 2018	587,111	188,506	(3,784)	771,833

	General fund (reclassified) £	Designated funds £	Restricted funds (reclassified) £	Total funds £
Debtors	53,341	-	-	53,341
Cash and bank	527,094	165,906	55,179	748,179
Current liabilities	(54,068)	-	-	(54,068)
Net assets at 31 December 2017	526,367	165,906	55,179	747,452

15. Reconciliation of net income to net cash flow from operating activities

	2018 £	2017 £
Net income for the reporting period	28,722	304,058
Adjustments for:		
Increase in debtors	(68,439)	(27,865)
Increase in creditors	17,764	1,612
Net cash flows (used in)/provided by operating activities	(21,953)	277,805

16. 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 8. Miegum, a company of Janwillem Kocks', director, received £nil (2017: £3,170) from the charitable company in relation to website work. At the year-end £nil (2017: £nil) was outstanding).

Sian Williams, Executive Officer, received consultancy fees totaling £96,883 (2017: £89,741) (inclusive of 20% VAT) from the charitable company during the year for her services, reimbursement of £84 travel expenses (inclusive of 20% VAT) for the Porto Conference. At the year end £nil (2017: £nil) was outstanding.

Sam Louw, Business Manager, received fees totaling £26,124 (2017: £27,989) from the charitable company during the year for her provision of support services, and reimbursement of £51 travel expenses. At the year end £nil (2017: £nil) was outstanding.

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2018

16. Related party transactions (continued)

Christine Lawson, Conference Director, received fees totaling £22,050 (2017: £21,600) (inclusive of 20% VAT) from the charitable company during the year for her provision of support services, and £51 travel in relation to the Porto Conference. At the year end £nil (2017: £nil) was outstanding.

Eventage Limited, a company for which Christine Lawson is Director, received £117,678 (2017: £23,457) from the charitable company in relation to conference expenses.

17. 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.

18. 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.

19. Prior year reclassifications

During the year it was identified that certain project costs had not been appropriately allocated to restricted funds in prior years. Unrestricted surpluses made on conference were also being inappropriately held as restricted funds. The impact of reclassifying these costs and surpluses is detailed below:

	Unrestricted £	Restricted £	Total £
Funds at 1 January 2017	268,050	166,953	435,003
Costs reclassified	306,238	(306,238)	-
Funds at 1 January 2017 - reclassified	<u>574,288</u>	<u>(139,285)</u>	<u>435,003</u>
Net (expenditure)/income for the year ended 31 December 2017	(31)	304,089	304,058
Net reclassifications in the year	(64,869)	64,869	-
Net (expenditure)/income for the year ended 31 December 2017 - reclassified	<u>(64,900)</u>	<u>368,958</u>	<u>304,058</u>
Funds at 31 December 2017	296,410	451,042	747,452
Costs reclassified at 1 January 2017	306,238	(306,238)	-
Costs reclassified during the year	89,625	(89,625)	-
Funds at 31 December 2017 - reclassified	<u>692,273</u>	<u>55,179</u>	<u>747,452</u>

International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2018

20. Comparative statement of financial activities for the year ended 31 December 2017 (reclassified)

	Unrestricted funds (reclassified) £	Restricted funds (reclassified) £	Total 2017 £
Income:			
Donations and legacies	156,275	424,811	581,086
Charitable activities	64,671	-	64,671
	<hr/>	<hr/>	<hr/>
Total	220,946	424,811	645,757
	<hr/>	<hr/>	<hr/>
Expenditure on:			
Raising funds	2,462	11,333	13,795
Charitable activities:			
- Membership services	29,830	-	29,830
- Education	110,155	178,986	289,141
- Research	1,170	20,028	21,198
Other – VAT recovered	(12,265)	-	(12,265)
	<hr/>	<hr/>	<hr/>
Total	131,352	210,347	341,699
	<hr/>	<hr/>	<hr/>
Net (expenditure)/income	89,594	214,464	304,058
Transfers between funds	20,000	(20,000)	-
Other recognised gains/(losses) :			
Gain on currency conversion	8,391	-	8,391
	<hr/>	<hr/>	<hr/>
Net movements in funds	117,958	194,464	312,449
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>